

Baines Care Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Baines Care Limited is a domiciliary agency providing care and support to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection Baines Care were providing personal care to 36 adults and older people.

People's experience of using this service and what we found

People told us they felt happy with the service being provided. One person said, "Since I have been with [Baines Care Ltd] I have not had any complaint whatsoever." People knew care staff well and who the provider and registered manager of the service were.

Staff told us, "It's a great place to work. I'm very supported. [The registered manager] is approachable and fair to all of us. I enjoy being out and about, speaking and seeing all my service users. Its one of the few care agencies I have worked for where I have regular people to see. Which is good for me, but especially beneficial to the people who use this service."

People had their care needs assessed appropriately. These were reviewed regularly and updated if there were changes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Risks had been identified and there were detailed actions to keep people as safe. Staff had been safely recruited and there were appropriate numbers to carry out people's assessed care and support. People we spoke to said that they felt safe and staff knew what to do to ensure this continued.

The provider and registered manager promoted an open and transparent culture within the service and feedback from people we spoke to supported this.

Rating at last inspection and update

The last rating for this service was requires improvement (published 10 December 2019) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve Regulation 12 safe care and treatment. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 5 November 2019. A breach of

legal requirements was found.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Baines Care Ltd on our website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Baines Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 20 April 2021 and ended on 28 April 2021. We visited the office location on 22 April 2021.

What we did before the inspection

We reviewed information that we had received about the service since the last inspection. We received feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with seven members of staff including the providers, registered manager, senior care workers, and care workers.

We reviewed a range of records. This included three people's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures and multiple audit records were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly work the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to do all that was reasonably possible to assess, manage and mitigate risks to people's health and safety. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- At the last inspection, risks to people's health and safety were not consistently assessed, identified and managed. Guidance for staff on how to reduce risks to people was not always detailed. At this inspection, further training and information had been given to staff, to allow risks to people's health and safety to be assessed, identified and managed appropriately. Guidance was in place for staff to reduce risks to people.
- At the last inspection, information about how to move people safely using a hoist was not consistently recorded. At this inspection, people who required moving and handling equipment such as hoists, had guidance for staff in their care plans and appropriate assessments were completed with professionals, such as Occupational Therapists to ensure correct use.
- People had specific risk assessments that were appropriate for their individual needs, such as risk of smoking, communication needs or mental health needs. One person's care plan reviewed highlighted the need for specialised nutrition equipment. The risks had been assessed and specific training had been given to staff with step by step guides on how to manage this.
- People's home environments were assessed to make sure they were safe for staff to work in.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and discrimination. Staff had uniform and ID badge. There was an electronic copy of this on staff smart phone app with instructions for people to verify their identity.
- Staff have completed training on keeping people safe. Staff demonstrated the different types of abuse and what to do if they had concerns. A staff member said, "If I had any concerns, I would report it straight to my supervisor or manager. I would also complete the written concern on our app so there is a record and other colleagues would be aware."
- People told us that they feel safe receiving support from Baines Care. One person told us, "I absolutely feel safe. I always see the same faces and trust them. If I do have different carers, I am always told who will be coming to me."

Staffing and recruitment

- Records showed that staff had been recruited in a way that ensured they were suitable to work in the community care setting. Staff employed since the last inspection had completed an application form and competency-based interviews. There were references that provided full employment history and a Disclosure and Barring service (DBS) check to assist in preventing unsuitable staff from working with people who use services.
- People were supported by regular staff and there were enough to provide the right support. People told us that they have carers who arrive on time. Every person we spoke with told us that they were contacted by the carer if they were going to arrive late or if there were changes to the scheduled staff.

Using medicines safely

- People were supported to have medicines safely and on time. Guidance was in place in people's care plan of what medicines were needed and when.
- The service had an electronic monitoring system ensuring medicines were given. This monitored what tasks are completed. Staff were unable to log out of a care visit until all tasks were completed.
- People had been assessed of how much support with medicines they required. If people did not have physical assistance, the service encouraged people to complete this as independently as possible.
- Medicine audits were completed regularly from electronic records by the registered manager.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Incidents had been reported by staff and fully recorded. The registered manager completes audits of the electronic monitoring system and investigates incidents to see if they could have been avoided.
- Complaints were discussed with the registered manager. The registered manager had knowledge of the incidents and what had led to complaints being made. There were records of outcomes from investigations documented with the manager then updating staff with actions taken.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the last inspection, quality audits and checks had not been consistently effective. Shortfalls identified during the inspection had not been identified. At this inspection, the registered manager had robust systems in place to check the quality and safety of the service including care plans, medicines, infection control and recruitment file audits.

- The provider had implemented an electronic system which held confidential personal information. Each member of staff had a smartphone app used to log in and out of visits and to access relevant information about the person they were supporting. Records of daily activities, tasks to complete, concerns etc were updated on the system allowing staff to access the most up to date information when supporting people.

- The provider and registered manager had team structures in place. Staff were clear on who to report to and what responsibilities they had.

- Feedback was positive about the management of the service. People knew who the registered manager was and how to contact them if needed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives told us that the service was well led, and they had no complaints regarding the service they were receiving. The provider and registered manager welcomed feedback and people's comments were positive.

- The provider and registered manager led by example. The registered manager told us, "I would not expect my [carers] to do or deal with something I myself, would not."

- The provider stated that Baines Care LTD has high values and, "Learnt from what we hear other services may not be getting quite right. We want to make a difference." Staff supported this telling us, "It's a good place to work, it's without a doubt the best domiciliary care agency I have worked for."

- People gave feedback to the registered manager about the service received. Feedback that indicated dissatisfaction, had records of the registered manager contacting people to discuss their concerns personally. Any actions and changes that were decided, were recorded.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- When things went wrong or there were complaints, the provider and registered manager were open and

transparent and informed people, relatives and commissioners as appropriate.

- The registered manager was open to suggestions and learn constantly. The registered manager was receptive to suggestions made during inspection.
- Registered managers are required to notify CQC about events and incidents such as abuse, serious injuries and deaths. The registered manager had understood their role and responsibilities, had notified CQC about all important events that had occurred and had met all their regulatory requirements. Baines Care had displayed the current CQC rating in the registered office and on the website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People's care plans were person centred and tailored to the individual. One person told us, "They asked me what I needed help with, What would make life easier for me. They are really good at doing anything I need them to."
- Initial assessments were completed to ensure enough suitably trained staff were available to complete all tasks at the time requested.
- Staff used a team wide messaging service, that was created as a response to the COVID-19 pandemic, allowing staff to support each other, ask advice or communicate any important details from care visits.
- Staff told us that they felt, "Very supported by supervisors and management." There is an on-call system in place outside of office hours which worked well.
- During the COVID-19 pandemic staff had video and telephone supervisions and these were completed every 3- 4 months. Staff meetings had not been completed due to adhering to social distancing guidelines. The provider and registered manager operate an 'open door' for staff to visit if there are issues or concerns before this time and the registered manager had met staff in the community.
- A quality assurance annual survey had been designed and was due to be sent to people by the end of the year. Responses were analysed and used to identify any areas for improvement. Registered manager told us that feedback was the survey was too long. This year's survey had been adapted.
- Staff worked closely with health care professionals to make sure they provided joined-up care and we had received positive feedback.