

Balby Care and Home Services Ltd

Balby Care and Home Services

Inspection report

Cadcal Offices
Somersby Avenue
Doncaster
South Yorkshire
DN5 8HD

Tel: 01302788203
Website: www.balbycare.co.uk

Date of inspection visit:
25 September 2019
01 October 2019

Date of publication:
20 November 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Balby Care and Home Services provides care and support for people living 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 our inspection the service was supporting 22 people with their personal care needs.

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

People told us they were very happy with the support they received. One person said, "They have become like my family. I trust them totally and am very happy." People's relatives were also happy with the service provided. One relative told us, "We have regular carers. They are reliable and know [person] well, I have no concerns, they are very good."

People were protected from abuse and risks associated with people's care were well managed. There were enough staff to meet people's needs and staff received support and supervision from their line manager. The provider continued to ensure staff were safely recruited. Staff used gloves and aprons when these were needed to protect people from the risk of infection. People's medicines were managed safely.

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.

Care staff were familiar with people's preferences and needs. Care staff were committed to promoting people's privacy, dignity and independence and supporting them to make choices. People who used the service spoke positively of the caring approach from all the staff.

Audits and checks were used to drive improvements to the service people received. People and their relatives were asked for their views about the care and support the service offered. Staff felt well supported and listened to. There was a positive, open and supportive culture at the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was good (published April 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Balby Care and Home Services

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

The inspection was undertaken 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

This inspection was announced. 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 registered manager would be in the office to support the inspection. Inspection activity started on 25 September and ended on 1 October 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 obtained the views of professionals who may have visited the service, such as service commissioners. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and four relatives by telephone on 25 September about their experience of the care provided to people. We visited the agency's office on 1 October 2019. We spoke with the registered manager and a care coordinator. We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with four members of care staff.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place that helped reduce the risk of abuse to people.
- People we spoke with said they felt safe in the care of the staff. One person said, "They have become like my family. I trust them totally and am very happy."
- Staff confirmed they received training about safeguarding people from abuse. They were clear about their responsibilities in relation to responding to and reporting any safeguarding concerns.

Assessing risk, safety monitoring and management

- Potential risks related to people's care had been assessed and included guidance for staff to follow to help reduce the risks.
- People's risk assessments were regularly monitored, reviewed and updated to keep pace with people's changing needs.
- Staff knew people well and spoke confidently about how they helped people manage potential risks.

Using medicines safely

- We found medicines were managed safely and people received their medicines as prescribed.
- Staff were trained in medicine administration.

Staffing and recruitment

- Safe recruitment procedures were in place. This helped to make sure people received care from staff who were of good character and suitable to work in care.
- People we spoke with said staff usually attended on time and, on the odd occasion they were delayed, let people know what was happening.
- Care staff told us the staffing arrangements for allocating work was organised well. They said they worked in small teams and this helped provide the care and continuity people needed.
- People confirmed they usually received care from the same staff. This helped to build positive relationships and provided consistency of support

Preventing and controlling infection

- Staff had received training in the prevention and control of infection and personal protective equipment (PPE) such as gloves and aprons were provided for them.
- People we spoke with confirmed staff wore gloves and aprons, when needed.

Learning lessons when things go wrong

- There were appropriate forms and processes in place for recording and investigating accidents and incidents. There were systems in place to learn when things went wrong.
- Staff members were aware to call the office to report any issues if there was an accident or incident.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before the service commenced. This ensured the service was able to meet the needs of people they were planning to provide support to.
- People who used the service, their relatives and other professionals were involved in the assessments to ensure they fully reflected people's needs.
- People we spoke with were very happy with the way care and support was assessed and delivered. One relative told us, "We have regular carers. They are reliable and know [person] well, I have no concerns, they are very good."

Staff support: induction, training, skills and experience

- Staff received training and support to carry out their roles effectively and people felt staff were skilled and competent in their role. They were also encouraged to undertake nationally recognised vocational qualifications, so several staff had attained these at levels two and three.
- Staff we spoke with had undergone a comprehensive induction and where necessary, had received additional training specific to the needs of the people they were supporting, such as diabetes awareness.
- Staff said they had regular opportunities to review their individual work and development needs in one to one supervision sessions and appraisals. The records we saw confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- Where people needed support with food and drink they were supported to have a balanced diet, which took their preferences and dietary requirements into consideration.
- People were happy with the support they received with meals and drinks. They told us staff prepared simple meals for them, as needed and encouraged them to drink enough to maintain their wellbeing.
- People's support plans included their needs and preferences in relation to food and drink.

Staff working with other agencies to provide consistent, effective, timely; Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare services to help them live a healthier life. Staff were proactive in identifying if people were unwell and contacted appropriate healthcare professionals as needed.
- One relative told us, "The care record which is completed on each visit is an integral document, which reflects any changes amendments that need to be made to maintain [person's] well-being."
- Advice provided by healthcare professionals such as occupational therapists was incorporated into people's care plans, to help staff provide care and support which met people's health needs

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to make decisions was considered and if able, people had signed their care plans to indicate they were happy with the planned care.
- If someone was unable to make decisions on their own other people had been involved in making decisions in their best interest.
- Care staff told us they always asked for people's consent before carrying out any care tasks.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People gave positive feedback about the staff. One person said, "The staff are just lovely. You couldn't ask for better." One relative said, "[Staff names] have a kind, patient and conscientious manner whether they are helping [person]."
- Staff received training in the Equalities Act 2010, and records showed people's equality, diversity and human rights were considered when their care was being assessed and planned.
- People told us they had regular care staff, who they knew well and were very kind and caring.

Supporting people to express their views and be involved in making decisions about their care

- People told us their views were central to how their care was assessed, planned, and delivered. The records we saw confirmed this.
- One relative told us, "From the initial assessment it was clear that as the care plan was formed that [person's] needs and wishes were of paramount importance, which gave [person's] confidence to go ahead."
- When managers carried out checks during people's care calls, they asked the person for their views about how their care was being delivered.

Respecting and promoting people's privacy, dignity and independence

- People's plans placed a strong emphasis on treating people with dignity, respecting their privacy and encouraging people to be as independent as possible.
- People told us they were cared for well and their privacy and dignity was always respected by care workers. One person told us, "I get on very well with [staff name]. They are lovely and thoughtful. Always very respectful."
- People were encouraged to maintain as much independence as possible. People that required support with their personal care had care plans which included information about the aspects of their care they were able to do for themselves. Staff told us they encouraged people to do as much for themselves as possible.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's likes, dislikes and what was important to them were recorded in their care plans and people's care was reviewed regularly.
- Care staff usually supported the same people, which meant they knew people well and were aware of their preferences. Staff described how they endeavoured to ensure the care provided was tailored to each person's individual needs. One person's relative said, "A routine is important for people with dementia and as there are three carers involved in [person's] care this creates stability, so building trust."
- Managers reviewed daily notes made by staff at the point of care delivery, to make sure people received their care as assessed and planned.
- The management team also carried out 'spot visits' observing how staff provided care. They asked the person if they were happy with how their care was delivered. This gave people the opportunity to share their views or make adjustments to their planned care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified as part of the initial referral and assessment process and reflected in their care plans.
- Documents were available in different formats, such as, large print to meet people's needs.
- To enhance staff's knowledge and awareness the service signed up to be Dementia Friends. This meant staff learned more about what it is like to live with dementia, so they were able to do small everyday things that helped.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and people told us they knew how to raise concerns if they needed to.
- The registered manager kept a log of concerns and actions taken to resolve them. We saw that the provider's complaints procedure had been followed appropriately.

End of life care and support

- The provider had supported people who were receiving end of life care. We also saw several compliments people had made to the service about the sensitive and person-centred care provided to people at this time

of their lives.

- All staff received training in this area and the registered manager was passionate about ensuring people's needs and wishes were maintained at this time.
- There was evidence they worked very well in partnership with healthcare professionals when people were receiving end of life care, to ensure people received an individual and person-centred approach

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 good. At this inspection this key question has remained the same, good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We found there was a positive culture of openness, and support within the service.
- The management team were committed to providing a good quality of care and involved people in their care and support to ensure their preferences and choices were considered.
- There was an emphasis on continuity of staff and people we spoke with really appreciated this as they build good relationships and felt comfortable with the staff who cared for them regularly.

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

- The management team and the care staff were clear about their roles and responsibilities and were committed to in ensuring good quality for people who used the service.
- Staff we spoke with felt valued and were recognised for their achievements.
- The management team understood their duty of candour. The registered manager told us their ethos was to be open and transparent with everyone involved with the service. Feedback from people and their relatives confirmed they were informed and told about any concerns or issues.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team understood their roles and legal responsibilities.
- People, relatives and staff were all very positive about the way the service was managed.
- The registered manager had submitted notifications to the CQC in line with regulations. Notifications are information we receive from the service when significant events happen.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us managers visited them and listened to them. They said they were regularly asked to give their opinions and feedback about the service they received.
- People and their relatives were given opportunities throughout the year to complete feedback forms. We saw evidence of what action had been taken in response to people's comments.
- Staff were also asked to give their feedback through surveys and staff meetings. Staff spoken with said they felt listened to and involved with making improvements to the service.

Continuous learning and improving care

- We looked at several different records that showed the quality and safety of the service was monitored to drive improvements.
- Several audits were completed by the management team. These included audits on medication, care records, accidents, incidents, complaints and staff related issues such as recruitment.
- We saw reports were completed and any actions identified were addressed.

Working in partnership with others

- The management team were committed to working with external healthcare professionals to ensure people received the best possible care. Working relationships had been developed with the local GP's, district nurses, occupational therapists and dietitians.