

Bay Home Care Limited

# Bay Home Care

## Inspection report

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23 March 2023

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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

Bay Home Care is a domiciliary care service providing personal care to people in the community. The service provides support to both older and younger people, people with dementia, mental health needs, learning disabilities, and/or autism. At the time of our inspection there were 45 people using the service.

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 inspection 21 people received personal care.

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

Most people were happy with the support they received. They told us they felt safe with their support, and staff knew their needs well. There were some people who were not always happy with the times of their care, however they were happy with the care workers supporting them.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Support:

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. Support was delivered in people's own private homes.

### Right Care:

The care was person-centred, dignified, and promoted individuals' human rights. People had different interests and activities and their care was designed to their own personal needs.

### Right Culture:

The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive, and empowered lives. Relatives told us that they are happy with the support their relative receives and they are happy with Bay Home Care

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 15 November 2017).

### Why we inspected

We undertook this focused inspection as part of a random selection of services rated Good and Outstanding to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains 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 Bay Home Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

# Bay Home Care

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### 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 the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 15 March 2023 and ended on 4 April 2023. We visited the location's office on 23 March 2023.

#### 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We reviewed a range of records. This included 3 people's care records, 3 staff files, and a variety of records relating to the management of the service.

We talked with 8 relatives and 6 people who used the service about their experience of care from this service.

We spoke with the registered manager, the nominated individual, and 6 care workers.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- Staff were recruited safely and had undertaken Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- We found a couple of gaps in staff records. We noted these to the registered manager during inspection so they could be closed quickly. We recommended there was a staff file audit to determine and close all relevant gaps.
- The staff were inducted personally by the registered manager and other experienced staff members. This included office training and shadowing shifts of experienced members of staff. This meant new staff were introduced to clients before they started supporting them alone.

We recommend the provider follows and keeps evidence of their requirements under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 Schedule 3 guidance.

### Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy in place with procedures which allowed the registered manager to review the events and identify lessons learned. Records showed these procedures were followed.
- Staff were trained in safeguarding and could tell us what this meant.
- Most people we talked to who receive care and support from this service said they were happy with their carers as they had a small team of carers they knew. One relative told us, "The [staff] do know [relative]; [relative] knows all of their names. There's not a huge turnover of staff, not much change, and they use a shadowing system so any new carer is introduced gradually to the clients."
- The registered manager had recently started using an electronic care system. This meant people receiving care and their relatives were having changes to the paper systems they were used to. This registered manager knew of the changes and was working with the software provider to improve the software to repair this.
- Care records included information about people's preferences and needs. Most people told us their preferences are listened to. One person we talked to did not want a male carer to support them with their bathing and told us female carers are scheduled to help them with bathing.

### Assessing risk, safety monitoring and management

- The registered manager had policies and procedures in place to review and respond to risks both in the office and in people's homes.
- Staff are trained by the registered manager personally to ensure she is happy with their competency

regarding skills in moving and handling and medication administration. Every person and relative we spoke to agreed the risks are managed well. One relative told us, "They have some good [staff]: friendly, handled [relative] well, helping [relative] to move about. Staff noticed [relative] was deteriorating and gave us good advice [about next steps]."

- We found the service was working within the principles of the Mental Capacity Act. All staff interviewed were clear about respecting people's individual wishes and understood their professional responsibilities with regards to risk and their role in raising any concerns.
- Relatives consistently told us the staff leave homes secure when they leave, "They use the key safe and always leave the house secure when they go."

#### Using medicines safely

- Medicines were managed safely. Records were kept, policy, procedures, and audits in place, although there had been a gap. Systems were in place to review any medication errors to look for learning to lessen the possibility of the error happening again.
- Staff were trained in medication administration and checked to ensure they understood how to support with medication.
- The service had recently converted from paper medication records to electronic records. This had enabled staff to administer better, although some family members found they were not able to see this as they had previously with paper records.

#### Preventing and controlling infection

- The registered manager had inducted staff and ensured staff were trained in current infection prevention and control measures.
- All people who receive the service and their relatives we contacted confirmed staff are following good practices. One relative told us, "[Staff] wear gloves, masks and aprons, and dispose of them [safely] before they go."

#### Learning lessons when things go wrong

- There had not been many incidents of things going wrong, although where there were there was evidence the registered manager reflected on these and looked for learning to prevent them from happening again in future.
- The service maintained a record of compliments and complaints. There was a current Compliments and Complaints Policy.

# 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 our last inspection we rated this key question good. The rating for this key question has remained 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

- The registered manager was able to communicate and demonstrate her passion for good care, both for the people supported and for her staff. There was good evidence of established systems in place promoting a positive culture within the staff team.
- Everyone we spoke to told us their care plan had been centred around what they needed. These needs were identified before the support started. People also told us the manager would call them to ensure things were as they wanted them.
- The new electronic system had not yet been fully embedded, and this meant some people did not know which carers were coming to their visits. The registered manager was aware of this and was working to complete the change to the digital platform to improve this.
- All staff we talked to shared the registered manager is fair, supportive, and Bay Home Care is a great place to work. One staff member told us, "I enjoy it. [Registered manager] knows all her clients completely. She listens." Another told us, "I'm in a company now, where I have stayed because I do feel valued."

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 provider had a current Duty of Candour Policy. We discussed this with the registered manager, and they understood their responsibility.

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

- The registered manager ensured people had a good point of contact to ensure any needs were responded to. Family members told us they were contacted by the staff or the registered manager when things changed. One person who uses the service told us, "I've had no concerns so far and never had a problem when I've rung the office about anything. I find them all very friendly and have nothing to complain about."
- Bay Home Care was a family run business and the owners worked as registered manager and care manager. As well as managing the service they also provided care to people in the community. This meant people knew the managers well and the managers knew the people well.

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

- The provider involved people and their relatives in surveys, meetings and in daily choices. A general survey

of all clients had not been done in recent times during the pandemic, although people told us the registered manager called them and checked on their care.

#### Continuous learning and improving care

- The registered manager encouraged staff to speak up if there were changes needed with people's care. This meant staff could raise any issues to find out what could be done. One staff member told us, "Even if I thought it was silly, nothing is too silly." This meant the registered manager and the staff worked together with the people they support to make the care as smooth as possible.
- The registered manager had started using the electronic care software so managers could have direct and immediate insight into the care being provided. This meant anytime there were changes they could be notified immediately, and all staff had access to the relevant information at their fingertips. As part of this implementation the registered manager was working with the software designer to make it more user friendly for her staff and relatives.

#### Working in partnership with others

- People were supported with the tasks relevant to them. This varied from person to person and while some people had minor problems in the past, the registered manager had worked with the people supported and their family members to improve systems.
- We had feedback from external healthcare professionals the service, staff, and managers were well thought of. Some of the comments we received, "[From] my perspective, and work I have done with them, nothing but praise. I find them very, very good.", "I've done several visits with different carers and [registered manager]. [They are] really client centred. I have seen them do things absolutely spot on. They won't challenge if families want them to do unsafe practices, they will ask for advice from myself.", "Really approachable. Manager has a good grasp of what is going on the ground, will do visits. Will highlight concerns.", and "[The registered manager] escalates all the time. I've had various joint meetings with [the registered manager] over the years. [The registered manager] will take things on board and act on them."