

Bay Care Domiciliary Care Ltd

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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 caring?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Bay Care Group is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to younger and older adults. Not everyone using The Bay Care Group received a regulated activity. CQC only inspects the service being received by people provided with 'personal care', for example help and support with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

The service operated a number of different teams commissioned in partnership through the relevant local authority. The service had a 'Rapid Response Team', an 'Urgent Response Team', a 'Peripatetic Night Team', a 'Reablement Team', a 'Care Home Team' and a 'Living Well at Home Team'. All of these teams operated separately within the service with both administrative and care staff allocated to each specific team.

At the time of this inspection, the service provided personal care to approximately 305 people, however due to the business model of the service this number continually changed. People who used the service lived in Torbay, Paignton, Newton Abbot and the surrounding areas. At the time of the inspection, the service delivered a total of approximately 1200 daily care visits which amounted to approximately 34,000 care appointments every 4 weeks.

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

Most of the people we spoke with commented positively on the care they received and the staff that supported them. We received some less positive feedback about people not being supported by care staff of the same sex and appointments times not being in line with people's preferences.

We spoke with the provider and registered manager about these points. They told us that people received their care in line with the commissioned package funded by the local authority and records they held supported this. They told us that at the commencement of a care package, people were advised of their commissioned appointment timeframes and also that care could be delivered by either male or female care staff.

We saw contracts that people signed at the outset of a care package showed that care could be provided by male or female staff and the contracts also highlighted that on occasions, circumstances out of the providers control may result in appointment being late. The provider also told us people were able to decline accepting the package of care commissioned for them if they were unhappy with the proposed contract.

The provider and registered manager remained committed to recruiting a diverse workforce of both male and female staff from both within the United Kingdom (UK) and internationally. Internationally recruited staff were subject to pre-employment checks and language assessments prior to coming to the UK. Where required, additional support was given to internationally recruited staff through a mix of in-house training,

the use of technology such as translator earpieces and additional language classes through local educational facilities.

Staff demonstrated an understanding of safeguarding and were able to identify what might constitute abuse and the reporting process they needed to follow to escalate concerns. Staff were confident any concerns raised would be handled effectively by the service management. One person told us, "They really look after me. They always leave me comfortable. I'm very happy with all my care."

People's individual and environmental risks were identified and care was planned in a way to reduce identified risks. The provider worked in partnership with Devon and Somerset Fire Service to reduce fire risks in people's homes and care plans contained information around a national police missing persons protocol.

People had variable needs around their medicines and told us how they received different levels of support. The provider operated an electronic medicines system which sent alerts to the locations office when an administration had not been completed as prescribed. This allowed immediate action to be taken to establish why an administration had not happened.

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.

Staff had access to Personal Protective Equipment (PPE) such as gloves, aprons and face masks. People we spoke with told us staff wore PPE. One said, "They do wear PPE and some still wear masks as well." There were systems to ensure that staff compliance with PPE and infection control practice was monitored through quality assurance visits and spot checks.

Most people we spoke with told us that staff treated them with privacy and dignity. A relative said, "Yes, very good, they are lovely with her." Another told us, "They treat her with respect and always talk [person's name] through everything. They are just very patient with her." Staff we contacted understood the importance of promoting people's privacy and gave examples of how they achieved this.

There were examples of where the service had gone above and beyond in some elements of care provision. This had positively impacted people's lives. One person had been identified as being at risk of self-neglect through poor personal hygiene. The service adapted the person's care package to ensure the same member of care staff worked consistently with this person. This build-up of trust resulted in the person showering, changing clothes and increasing their personal hygiene. This evidenced the positive outcomes good care continuity could achieve.

There were systems in place to monitor the standard of care provided by the service. People and staff were invited to give feedback on the service provision. For people using the service, there were quality assurance processes in the form of telephone calls, surveys and home visits. People we spoke with gave mixed responses on the opportunities they had to provide feedback. Some people that did feedback told us there had been no change as a result. From the people we spoke with, this was again primarily based on if they received care from male or female staff.

Whilst some concerns were raised, most of the people when asked told us they would recommend The Bay Care Group to others. One person told us, "I have recommended them already." Another said, "We are very happy with them and I would recommend this agency."

Staff we spoke with during the inspection process were overall positive about most aspects of their employment. Nearly all staff asked would recommend The Bay Care Group as a good place to work. Nearly all said they would recommend the service to friends and family for care provision.

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 Outstanding (published 3 May 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

The overall rating for the service has changed from Outstanding to Good based on the findings of this inspection.

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.

Is the service caring?

Good ●

The service was caring.

Is the service well-led?

Good ●

The service was well-led.

Bay Care Domiciliary 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 Health and Social Care Act 2008.

Inspection team

The inspection was conducted by two inspectors, a CQC bank inspector, and 3 Experts by Experience. An Expert by Experience is a person who had 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 houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

We gave the service 72 hours' notice of the inspection. The provider was given notice because the location provides a large domiciliary care service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also needed to ensure appropriate consent had been

obtained from people and staff we spoke with for us to have their contact details.

Inspection activity started on 21 February 2023 and ended on 27 February 2023. We visited the location's office on 21 February 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 also reviewed additional information we held about the service, this included previous inspection reports and statutory notifications. A statutory notification contains information about certain incidents and events the provider is required to notify us about by law. We used all this information to plan our inspection.

During the inspection

We spoke with the provider and the registered manager during our visit to the locations office. We reviewed a range of records including records relating to the care and support provided to people. We reviewed records which included staff files in relation to recruitment, and various audits/reports relating to the quality and safety of the service. We requested a variety of records were sent to us relating to staff training and regarding the management of the service.

After the inspection

After our visit we continued to seek feedback from people using the service, relatives and staff to obtain their views of the service provided to people. We spoke with 59 people who either used the service or were relatives/representatives of people and were acting on their behalf. We communicated with 18 staff via email about their experience of working for The Bay Care Group and spoke in person with 5 others. We also contacted 7 healthcare professionals and received feedback from 6 of them. We continued to seek clarification from the provider to validate evidence found.

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. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- People who provided positive feedback told us this was primarily due to the fact they had a regular care team. Comments we received included, "I have brilliant carers; I would recommend them. My regular carers are excellent. I prefer to have them." Another comment was, "We have regular carers and 6 that we know really well." Less positive comments around care continuity included, "I do have a lot of different carers which isn't so good, just a couple of regulars who I know." Another person said, "The regular carers are good, but the 'newbies' as we call them just don't know the job. It's nice to have the regulars." A further comment was, "All our carers are different. We never have the same ones, hardly ever."
- We received further mixed feedback in relation to the time people received their care appointments. Some people were positive about this and said, "The times that they come suit me and the carers will let me know what my times are. They are very good with me. If they are going to be late they ring and tell me and I have never had a missed visit." Another said, "Times can vary a bit but 8 out of 10 times they call and let us know if they are a little late, but it doesn't bother us. We get told of our times by the carers and the agency have agreed the times that are available to us."
- Less positive feedback we received in relation to times of calls appeared to be in relation to calls not being in line with people's preferences and that they were continually variable. One person told us, "They arranged to come between 8am and 8.30am but sometimes it can be 9.45am."
- People that required support from 2 staff members told us they received the correct level of support. For example, one person told us, "I always have 2 at a time and they come in together. If they are running a little late they call me and tell me."
- The provider had a system in place to monitor the timeliness of care appointments, and where possible aimed to provide a consistent staff team for people.
- We received some mixed feedback around communication in relation to care appointments. People had access to a smartphone/tablet application that gave them current information on care appointments. Where people were unable or unwilling to use this, rotas could be sent or staff would verbally communicate appointments. In general, people told us that staff stayed for the correct length of time at appointments and the provider had systems to monitor this where staff logged in and out of appointments.
- We received mixed responses from staff in relation to the allocated travel time between appointments. Whilst some commented positively that there was sufficient time, a number of others did not agree. Some staff members told us that due to the travel time they had to reduce call times to achieve this. One said, "We get 5 minutes travel time between clients, sometimes I'll have to travel up to 12 minutes between clients and to do this I have to rely on clients not using the full time of their visit, which isn't fair on them." We communicated this information to the provider.
- There were recruitment and selection processes in place for new staff. Pre-employment checks, which included references from previous employers and Disclosure and Barring Service (DBS) checks, were

completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

- The provider recruited from both within the UK and internationally. There was a system in place that ensured all relevant documentation was in place, including the correct right to work documentation, prior to the employee supporting people in the community.

Systems and processes to safeguard people from the risk of abuse

- Most of the people we spoke with told us they felt safe in the company of staff. We received some very positive comments from people and their relatives. One person we spoke with told us, "We've only been using them for three weeks so far. I think we feel safe." Another person we spoke with said, "They really look after me. They always leave me comfortable. I'm very happy with all my care."
- Due to the care being commissioned through the local authority, people were advised at the outset of their care package with the provider their care may be provided by either male or female staff. The provider understood this was not always in line with people's preferences although it was made clear to people at the outset of a care package commencing they may receive support from male or female staff. There was a system in place where people could be placed on a list to receive care from only male or female staff.
- The provider had appropriate policies and systems and processes to manage safeguarding concerns.
- Staff were aware of their responsibilities in relation to the identification and escalation of safeguarding concerns. Staff received training in safeguarding. Staff told us they had previously raised concerns that were escalated as required by the service management.
- There were systems operated by the service management that ensured any safeguarding concerns were investigated and escalated to the relevant third party agencies.
- Healthcare professionals did not raise concerns around safeguarding processes and felt the provider was open and transparent. One commented, "I find Baycare to be open and honest about any concerns they have received and they have the systems in place to undertake any investigations."

Assessing risk, safety monitoring and management

- People's individual risks were assessed and risk management or mitigation measures were recorded.
- People's care plans detailed their known risks, for example in relation to falls, nutrition and medication. The care plans detailed the level of support required by staff to reduce these risks, and outlined the person's level of independence to ensure they were empowered to live as independently as possible. One person we spoke with commented, "I feel confident with Bay Care, they encourage me and don't push me."
- People's environmental safety was assessed and recorded in their care records. This ensured that risks to people within their homes were identified and also that staff were aware of any internal or external risk and hazards.
- The provider engaged with additional risk management measures with emergency service agencies. The providers care plans included information for the local police in relation to a scheme known as the 'Herbert Protocol'. This encouraged providers, carers or family members of people living with dementia to collate information on those who are vulnerable onto a form in the event they went missing. The provider had implemented the protocol previously on a number of occasions when people's whereabouts were unknown. The police subsequently located the people safe and well.
- The provider had worked in partnership with Devon and Somerset Fire Service since 2019 and encouraged people receiving care to have a fire safety visit from the local fire service to identify risk within the home. The provider had made over 330 referrals and had received an award from the fire service in relation to this.

Using medicines safely

- The provider told us people required variable support with their medication. For example, some required full support from staff and others were completely independent. Care records we reviewed showed how the

level of support required was recorded.

- People we spoke with told us how their support varied, for example some people told us they were independent, some said they were supported and some family members told us they were responsible for medicines.
- The provider had medicines policies in place. Staff received medication training with periodic updates and there was a system to check staff competency. One staff member we spoke with said they had not had their medicines competency assessed.
- There were governance systems in operation to help ensure medicine management was safe and met people's needs. The provider operated an electronic medicines system which sent alerts to the locations office when an administration had not been completed as prescribed. This allowed immediate action to be taken to establish why an administration had not happened.
- A sample of electronic medication records we reviewed did not identify any concerns. The provider maintained records of medication errors and actions taken.
- Healthcare professionals we spoke with did not raise any concerns around medicine administration by the service. One told us that there had been only 6 reported administration or medication record errors over a 12 month period from a total of 235,000 medication visits.

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- At the time of our inspection, there were no people subject to any Court of Protection orders to deprive them of their liberty.
- People's capacity to consent had been assessed as part of the care planning process and this was recorded. Staff understood the principles of the MCA and how it impacted on their work.

Preventing and controlling infection

- Staff told us they had received training in infection control to ensure good hygiene practices were delivered during care and support.
- The provider had relevant policies in place to support staff in promoting good infection control practice.
- The provider supplied staff with masks, gloves and aprons to use when supporting people with their personal care. This helped to minimise the risk of infections spreading. Staff told us that PPE was always available to them.
- Most of the people we spoke were positive about staff practice with PPE. We were told staff wore PPE and guidance was regularly communicated to staff about PPE requirements. One person we spoke with told us, "They do wear PPE and some still wear masks as well."

- There were systems to ensure that staff compliance with PPE and infection control practice was monitored through quality assurance visits.

Learning lessons when things go wrong

- There were systems in place to ensure that learning could be identified where incidents or accidents had occurred. This included in relation to falls and safeguarding incidents.
- There were governance systems in place to monitor reported accidents or incidents to establish patterns or trends.
- Learning was identified following a review. For example, the review would identify if any safety issues were evident as a result of the incident the immediate actions taken, and lessons learned. The review findings were shared with staff via internal platforms and on people's care plans where needed.

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 our last inspection we rated this key question Outstanding. At this inspection the rating has changed to Good. This meant people were supported and treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- Whilst people received their service as commissioned, we were given some examples of how people felt their care being provided by a member of the opposite sex had compromised their dignity and caused them to become embarrassed. However, before accepting a care package people were informed that there may not always be a female carer available.
- Whilst some people told us they received support in line with their preferences, others told us this was not always the case. For example, one comment we received was, "They only send males. She doesn't like having a male carer and she won't let the male carer do her personal care, so I end up having to do it."
- The provider and registered manager explained staffing arrangements matched the support commissioned and the service aimed to minimise the amount of different care staff people had to increase continuity in care. However, due to the size and complexity of the service this was not always achievable. They told us that where possible they accommodated individual preferences and had systems to try and achieve this, but their priority was to ensure that the commissioned package of care to meet people's care and support needs was delivered. They said that all people that received care were aware of there may be male or female carers supporting them at the point they accepted the care package. We reviewed examples of the contracts people signed that showed care can be provided by either male or female staff. The provider told us people have the right to decline to receive a care package if receiving care and support from a male member of staff would not be acceptable.
- Most people we spoke with told us that staff treated them with respect and dignity. A relative said, "Yes, very good, they are lovely with her." Another told us, "They (staff) treat her with respect and always talk [person's name] through everything. They are just very patient with her." Staff we contacted understood the importance of promoting people's privacy and gave examples of how they achieved this.
- No significant concerns were raised about the privacy afforded to people when they were supported by the staff at the service. One comment we received was, "[Care staff name] is very respectful and will stand outside the bathroom door talking to [person's name] and supporting her but giving her privacy."
- People were encouraged to be as independent as possible; support plans detailed the level of support people needed. This included, for example, in relation to their independence with mobility and personal care. People and relatives commented positively on this with one person saying, "They do encourage me to make my own mind up and if I can manage something they let me get on and do it, which is good for me." A staff member told us, "I am there to support people to be as independent as possible, I don't want to take over."

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

- Nearly all of the people we spoke with commented very positively on the staff that supported them in their

lives and their caring nature.

- The comments we received from people and their relatives included, "They are very caring, very much so. They treat me with respect, I feel comfortable with them when they are here." Another comment was, "The carers are very pleasant and nice and my regular carer I like to have a chat and a laugh with, I like that – knowing someone when they come to help." One person also told us, "They are lovely and encourage me to do extra things, and last night I hadn't washed my hair for such a long time so I started and the carer helped me finish it off, it was lovely." One person described the staff as, "Angels".
- Staff were clearly invested in their roles and wanted to make a positive difference to the people they supported. Comments we received from staff included, "I love finding about new clients and finding out about their lives, it helps to bring them alive, it's a privilege to work and understand them." Another told us, "I treat people how I would like my Mum and Dad to be treated." Another said, "I treat people the way I would want to be treated."
- The service had received several written compliments from people who had called in to feedback on the care they have received. One person's compliment read, 'Many thanks for the wonderful care I get from [staff member's identities]. Their care and professionalism is second to none, they are a credit to your company.' Another compliment we saw read, '[Staff member name] is an amazing carer, he can't do enough for me when he is here and always does extra without asking.'

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

- Whilst we identified that some people did not always receive care from their preferred choice of male or female care staff, people told us they were always involved in making day to day decisions about their care and support and that staff were supportive. When we asked if people were supported by staff in line with their wishes during personal care, one person told us, "My carers are really good, they are lovely and so nice to me. They never rush me and always ask if I need anything else." Another told us, "They are absolutely caring, they just get on with the job and they always explain what they are going to do."
- Staff we spoke with understood the people they supported and acknowledged they were working in other people's homes. One told us, "I make sure they [service users] are happy and make sure that I am providing the support in the way that they want it." Another staff comment was, "We need to treat people as human beings and involve them in their support. They are entitled to be themselves and have the right to make choices."
- People were encouraged to share their views and people received calls from the service to ensure they were satisfied. There were numerous quality assurance processes in place which included home visits to monitor care and speak with people and also telephone calls to receive feedback. Some people fed back they were aware or had received a quality monitoring call or visit but this was variable on the length of the care packages, as some packages were only in place for a small number of days on occasions.
- People at the service received a welcome pack from the provider when a package of care commenced. This gave key information such as the management structure, how people could request additional support with communication, the complaints procedure and other important operational information relating to their care.
- There were examples of where the service had gone above and beyond in some elements of care provision. This had positively impacted people's lives. One person had been identified as being at risk of self-neglect through poor personal hygiene. The service adapted the persons care package to ensure the same member of care staff worked consistently with this person. This build up of trust resulted in the person showering, changing clothes and increasing their personal hygiene. This evidenced the positive outcomes good care continuity can achieve.
- Another person chose to remain in bed for a long period of time due to the discomfort caused by their wheelchair. The staff at The Bay Care Group identified this and made a referral for more specialist equipment. This resulted in the person's quality of life improving and is no longer permanently in bed and

spends time in other areas of the house and can see their pets again.

- There were other examples of positive outcomes for people. One care staff member paints the nails of a person who can no longer leave their house and the person commented, "It makes such a difference to how I feel." Another member of staff had made a hand mitt for a person to reduce their anxiety. One person who was low and lonely was supported by staff to introduce a cat to their home from a local shelter and this has impacted greatly on the person.
- The provider runs an annual appeal where they reach out to the local community to request donations for Christmas gifts. This is primarily aimed at the people using the service who do not have immediate family and friends and would be alone to ensure they receive a present at Christmas.

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 Outstanding. At this inspection the rating has changed 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

- There were systems in place to monitor the standard of care provided by the service. People and staff were invited to give feedback on the service provision.
- For people using the service, there were quality assurance processes in the form of telephone calls, surveys and home visits. People we spoke with gave mixed responses on the opportunities they had to provide feedback. Some people that did feedback told us there had been no change as a result. From the people we spoke with, this was again primarily based on if they received care from male or female staff as reported on in the 'Caring' section of this report.
- Spot checks of staff were also conducted on a periodic basis. These enabled the registered manager to ensure staff were arriving on time and supporting people appropriately in a kind and caring way. People we spoke with confirmed that checks happened and we reviewed documentation that supported this.
- The provider told us that on the back of feedback they received, they produced a 'You said, we did' document to share with people. We reviewed recent records of this that showed matters such as improved communication, care times and continuity, the language barrier with international staff were raised. The provider had responded to each point, for example with care time and continuity it was highlighted that remapping of care routes and delivery was being undertaken and this was an ongoing project.
- There was a clear management structure in place and staff held individual roles specific to their function within the organisation. There were systems in place to supervise and evaluate staff performance. The provider and registered manager worked closely together and each team had designated staff to achieve operational requirements.
- The service had notified the Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities.
- Performance ratings were displayed within the service location and on the provider's website.

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 service was open, honest and transparent with people when things went wrong. The management team recognised their responsibilities under the duty of candour requirements and followed the service' policies.

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

- We received mixed feedback from people and their relatives about the leadership and management of the service. The details of the senior management team were communicated through the 'Client Welcome Pack' people received.

- Whilst people did not always know or had met the provider or registered manager, which would be understandable for this service size, we received positive comments about the staff who were involved in care. One comment was, "I am not sure who the manager is but the office are all very approachable and then times that I have called in they are helpful and always get back to me." Another person said, "The office are very helpful although I rarely need to call them about anything. I have no complaints. I do know who the manager is."

- Some people provided less positive feedback about the culture of the service. For example, one person commented, "To be honest I've given up talking to them. The management is not good and very disorganised." Another comment was, "I don't want to put in a complaint as I don't want [person's name] to suffer. One or two of the carers could be a lot better. If I make a call to the office, they become guarded and defensive." These comments were fed back to the provider.

- Some feedback we received about the language barrier between international staff and people was less than positive. Whilst some people had no concerns, others told us they could not communicate effectively with certain staff. For example, one person told us, "I have reservations about some of some staff's English, some don't know what slippers are. I have to explain everything to them." Another comment we received was, "Their English is really poor, some of them have no conversational English. [Staff members identify] is one of the carers and there is no friendliness at all."

- We discussed the language barrier concerns raised with the provider and registered manager. They told us that in addition to international staff completing exams prior to entering the UK to confirm their level of English, additional support was given from the provider. Where the need is identified, staff were supported through courses at South Devon College to enhance their English. Additionally, technology was used during international staffs initial training and changes had recently been made to training delivery. Technology such as translator earpieces were purchased by the provider to support staff. The provider was committed to continuing to employ a diverse workforce.

- Whilst some concerns were raised, most of the people when asked told us they would recommend The Bay Care Group to others. One person told us, "I have recommended them already." Another said, "We are very happy with them and I would recommend this agency."

- Staff feedback about the service leadership and culture varied. Most staff we spoke with were positive about their employment. We received some very positive feedback about the inclusivity and enjoyment of staff within their roles. One staff member commented, "You can ask for help and they will give you help, they [senior management] are very approachable." Another said, "They are definitely open to improvement and suggestions, we have team meetings monthly one for general staff and one for night teams." A further comment was, "Bay Care are the best company I have worked for in the care sector."

- A very small number of other staff were not always as positive and felt improvements were needed in some areas, including in relation to communication.

- The provider ran different staff appreciation schemes and incentives and staff we spoke with commented on these when we spoke with them. One said, "[There's] Lots of positive about the organisation, they have a staff award scheme and always give staff a birthday card." Another commented, "Yes definitely, I feel valued and wanted and have received gifts as part of staff appreciation month, and had emails - great feedback."

- Staff we spoke with during the inspection process were overall positive about most aspects of their employment. Nearly all staff asked would recommend The Bay Care Group as a good place to work. Nearly all said they would recommend the service to friends and family for care provision.

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

- People were engaged and involved in the service. People were involved in choices about their care delivery package and were encouraged to express themselves. This was evidenced through the people we spoke with and their care records. It was however highlighted to the provider that although in line with people's commissioned care package, we received some less positive feedback about care being provided by members of the opposite sex.
- People received a monthly newsletter from the provider to keep them updated with various aspects of the service. This included announcements about staff and food recipes, events being held in the local community. The newsletter also provided people with hints and tips to keep warm in the winter period.
- Most of the staff felt they were kept updated within the service and told us they received calls from office staff. Staff feedback on daily communication was positive and when short notice change happened. Comments we received included, "They always get back to answer staff questions." Another told us, "There are for staff communication channels in place."
- The provider and service manager engaged with staff through online platforms and other internal measures. In addition to this, the service management produced briefing sheets to communicate higher level information that contained significant detail, for example updates on national Covid-19 guidance.
- Staff were afforded the opportunity to complete periodic surveys that covered areas such as feedback on training, the level of support they received, leadership and outcomes for people. Approximately 1 in 5 staff answered the last survey and most of the feedback was positive.
- The provider had a 'You said and we did' feedback system for staff. This responded to questions raised by staff or systems implemented by the provider, for example in relation to care appoint planning and support from management. This showed feedback to staff was provided.
- The provider and registered manager ran a 'Check-in' scheme where staff could email them or speak with them about any matter. We saw the records of some of these events and feedback was provided to staff who had contacted them.
- The provider held meetings with staff to discuss service delivery and to deliver other key staff messages. The provider had used innovative methods in holding these meetings in person and offering an online attendance option to maximise attendance. Staff confirmed these meetings occurred and we saw supporting minutes.
- The provider also involved themselves with community events, for example a fun day was held at a local rugby club for staff, their families and the local community. A coffee morning was held in support of Children in Need where cakes were made by staff and local people. The provider also supported the local Salvation Army children's Christmas present appeal.
- People told us the service communicated with them, but we received mixed feedback from people about the consistency of receiving a rota every week showing their care appointments. This was discussed with the provider who told us the service were currently working with people and their families about accessing a digital smartphone/tablet application which will give more accurate information about appointment times.
- People's equality, diversity and human rights were respected. The service's vision and values centred around the people they supported. The organisation's 'Client Welcome Pack' documented a philosophy of maximising people's life choices, encouraging independence and people having a sense of worth and value.

Continuous learning and improving care; Working in partnership with others

- The service maintained a record of falls and other adverse events including medicine errors. The records showed details, action taken and outcomes. Information was communicated to staff via internal reporting systems and care plan updates. This supported any future learning from such events.
- The provider had an annual development plan in place that was designed to continually evolve and develop the service. This focussed on matters such as recruitment targets, training targets, operational requirements and audits and governance.
- The service worked closely with other health and social care professionals. As part of their business model

the provider commissioned and had contracts with the local NHS Foundation Trust. As part of the services ongoing development, they were in the process of launching a complex care team to provide additional clinical support in the local community.

- The provider also worked closely in partnership with the local hospice. This enabled people who wished to remain at home to be supported in the best possible way when they were at the end of their lives.
- All of the feedback we received about the provider from the healthcare professionals we contacted was positive. All said they found the service to be reliable, transparent and honest in their approach and a positive asset to the local community. One commented, "Many of my patients are supported by Bay Care Carers. We find the carers to be well trained, courteous and conscientious." Another said, "I always find Bay Care to be responsive and open/transparent. They are keen to innovate and support the community services. [Provider] and [Registered Manager] escalate any concerns and incidences appropriately and we formulate a plan between us."