

Belmont Homecare Services Limited

Belmont Homecare Services

Inspection report

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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

Belmont Homecare Services is a domiciliary care agency providing personal care to older people, people living with dementia, mental ill health or physical disabilities. At the time of our inspection there were 9 people receiving personal care from 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.

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

The provider had not always ensured people's risk assessments contained enough detail or that protocols were in place for the safe administration of creams. There had been a lack of oversight of the recruitment process which meant some references had not been requested in some instances. However, people were supported by staff who were skilled, trained and well supported which had reduced the level of risk to people receiving care.

People received effective care from staff who had received a detailed induction. Senior staff ensured staff were confident in providing support through training, observation and regular spot checks of their practice.

People and their relatives were overwhelmingly positive about the care provided. They liked that they saw the same staff on a regular basis for continuity and that care calls were on time and not rushed. They said the care provided was personalised to their needs.

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 were responsive to the needs of each individual. They used a range of skills to aid communication and considered people's religious and cultural needs. Complaints and concerns were managed well and responded to in a timely way.

Staff spoke highly of the support they received which helped them to do their jobs well. They felt the culture of the service was positive and everyone was working to provide good care.

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

Rating at last inspection

This service was registered with us under a different address on 19 May 2021 and reregistered at a new address on 27 September 2022. This is the first inspection.

Why we inspected

This was a planned inspection to provide a rating for the service.

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?

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 caring.

Details are in our caring findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Belmont Homecare 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 Health and Social Care Act 2008.

Inspection team

Two inspectors visited the service and an Expert by Experience made telephone calls to people and relatives off site, to gain their views about the care provided. 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 houses and flats.

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

Inspection activity started on 17 January 2023 and ended on 24 January 2023. We visited the location's office on 17 January 2023 and 24 January 2023.

What we did before the inspection

We reviewed information we had received about the service and the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 3 relatives about their experience of the care provided. We spoke with 8 members of staff including the registered manager, senior staff, care staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records, including 3 people's care records. We looked at 3 staff files in relation to recruitment and staff support and a range of records relating to how the service operated and was managed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's risks had been identified and plans put in place to support them. We found some instances where risk assessments did not always contain enough detail. For example, use of a profile bed. The risk assessment did not detail how this should be adjusted or used to ensure the person and staff were safe. The risks, however, were mitigated by the fact staff were extremely well trained and generally supported the same people.
- The registered manager acknowledged improvements could be made to the risk assessments and had started this process by the time of our second day of inspection.
- The registered manager shared lessons learnt from incidents through updates on the electronic recording system, regular meetings and a weekly newsletter.

Staffing and recruitment

- Although staff were recruited in line with the providers policies, we found when the registered manager had taken on staff they knew from a previous role they had failed to get a previous employers reference for these individuals because they knew them. This was rectified straight away. This had not impacted on the care people received as these staff were experienced and well trained and their practice promoted people's safety. Other checks such as those with the Disclosure and Barring Service had been carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People and relatives said there were enough staff to meet their needs. They said staff arrived on time and calls were never rushed. Staff knew people well and encouraged people to do things for themselves where possible. One staff member said, "It doesn't feel like work. I like the fact there is time and work doesn't feel rushed." One relative said, "They seem to be well staffed, efficient and caring."
- The registered manager said they had no issues with recruitment and were currently staffed to more hours than they needed.

Systems and processes to safeguard people from the risk of abuse

- People felt safe using the service and relatives confirmed this. One relative said, "I do think they [relative] is safe with them. They are very good and really show interest in her."
- Staff understood their responsibilities to keep people safe. They gave examples of what to report and how to do this.
- The registered manager had safeguarding systems in place. They ensured staff received training and understood what to do to keep people safe from harm.

Using medicines safely

- Most people using the service managed their own medicines. For one person staff were applying prescribed moisturising skin creams but no protocol was in place for staff to know how these should be applied. The registered manager ensured this was completed straight away.
- Staff received training in giving medicines. Senior staff checked they were competent to do this on a regular basis.
- The registered manager ensured staff training and observations of practice were up to date and logged on the electronic system they used.

Preventing and controlling infection

- People and their relatives said there had been no concerns with staff using personal protective equipment (PPE) while providing care. One person said, "[Staff wear] aprons and gloves, yes, and sometimes masks."
- Staff had received training in the use of PPE and followed the guidance set out in the provider's policy.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 and their relatives views were central to the assessment process. Their needs had been assessed before they started to receive care. One person said, "They came out to the house we worked through the care plan together."
- People's assessments had considered the protected characteristics under the Equalities Act 2010 which included people's cultural needs. One person confirmed they had female carers which was their preference.

Staff support: induction, training, skills and experience

- People said staff were trained and knew how to meet their needs. One person told us, "I do think there trained certainly for my needs."
- Staff received a full induction which included mandatory training and shadowing experienced staff before completing visits on their own.
- The registered manager ensured staff received a wide range of training both online and face to face. This included specialist training so they could meet people's needs. For example, for certain equipment which was provided by an occupational therapist.

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

- People said staff supported them to prepare meals and heat up food if they needed it. This ensured people had enough to eat so they would remain well.
- Care plans did not always give enough guidance to staff to support people. For example, where people required a specific texture of food to remain safe. However, staff spoke in detail about how they approach this and spend time with the person. This ensured they had time to taste the food and texture before being supported to eat which mitigated the risk.
- The registered manager had made improvements to the care plan by the time of the second day of inspection.
- One relative said, "In the evening to give me a break they warm up their meal and help to feed [relative's name]. They are very patient and say it takes as long as it takes."

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

- People receiving care had a range of professionals involved and staff liaised with them and followed the advice they provided, so people had the best health outcomes possible. provided.
- Relatives said staff knew people well and identified when they needed additional support and treatment. One relative said, "They notice things about [relative's name] and point them out to me. It's helpful if I need

to call the doctor."

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.

- The service was not supporting anyone who was deprived of their liberty.
- The registered manager and staff understood the requirements under the Mental Capacity Act and the need for people to be given choice within the decision-making process unless they lacked capacity.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; Respecting and promoting people's privacy, dignity and independence

- People said staff were caring and supportive and knew them well. One person told us, "They [staff] are caring, kind, I can't fault that at all."
- People confirmed they received care from the same staff. This helped to ensure staff knew people's risks and safety needs well. One person said, "I get a regular group come in so we all know the routine have got to know each other and I can have a chat with them."
- Relatives told us staff cared about them too which they valued. One relative said, "I have severe mobility problems and the carers look out for me as well. Heat my lunch up with [relative's name] as well as making me hot drinks." Another relative said, "We have a key safe they come in and call out a nice welcome greeting always using our names."
- Staff respected people and delivered care in a way which was respectful and considered the choices and preferences of each person. One person said, "I have only ever had female carers and would only want females."
- Staff gave examples of how they treated people with dignity and respect for example using curtains and towels to promote their privacy during personal care. One person said, "I do think they respect my privacy and make sure the curtains are closed hand me my towel straight away."
- The registered manager and deputy knew people well and ensured care plans were person centred and that staff received the right training to provide good care.

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

- People and their relatives where appropriate were involved in making decisions about care. We saw this in the care plans and from the positive feedback we received. One relative said, "I was part of the review and care plan."
- The provider ensured an office-based member of the team who was not involved in the delivery of care made regular calls to people and relatives for feedback. This started within 24 hours after the first visit and again every 3 months. This allowed people to give feedback which was open and honest.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Some care plans needed to provide more detail about people's preferences. Staff knew people very well and had supported them for a long time and this meant less detail had been put into the plans. The registered manager confirmed the plans would change to ensure when new staff were recruited, they would have the information and guidance they needed to ensure people's preferences would continue to be met.
- People said they received personalised and responsive care from staff who knew them well. One person said, "They came out to the house and we worked through the care plan together." Another person said, "They're always very careful with me, don't rush me. I can't fault them for that."
- The registered manager had recruited enough staff so that people had continuity of care from staff to help them in the way they preferred and this was something everyone we spoke with appreciated.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager demonstrated they understood the accessible information standard and information was available to people in a format they could understand.
- Staff gave examples of how they communicated with the people they supported including using simple language, touch and gentle prompting, for someone who was non-verbal.

Improving care quality in response to complaints or concerns

- People and relatives said they could contact the office staff if they had any concerns. One person said, "There was one carer [staff member name] I didn't take to. I told the office and they never sent [staff member name] again."
- The service had a complaints and compliments policy in place which the registered manager used to manage any concerns people raised with them.

End of life care and support

- At the time of our inspection the service did not support anyone who was at the end stage of their life although they had previously done so. The registered manager told us end of life care and support in line with people's wishes was planned in partnership with other professionals. This helped to ensure people's needs were met at this key stage of their lives.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The provider had not always had good oversight of the service. This included collecting up to date references for staff and completing detailed risk assessments. The registered manager used an electronic system for auditing, but this did not have enough detail to support quality improvement. However the registered manager was in regular contact with people receiving care and ensured staff were observed so they knew good care was being provided.
- The registered manager acknowledged the areas CQC identified needed improvement and was keen to address these and develop systems for ongoing improvement.
- The staff team felt well supported which enabled them to provide good care to people.. They received regular supervision and attended team meetings. We observed the relaxed and happy atmosphere in the office, and it was clear the registered manager had a good rapport with staff.
- The registered manager understood their role and responsibilities to inform CQC when key events happened within the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were very positive about the service, staff and management team. One person said, "Absolutely brilliant superb care." A relative said, "I have dealt with many agencies in the past and in my opinion, they are second to none." Another relative said the service was "Quite simply excellent."
- People and relatives said it was easy to contact the office, and someone always responded quickly. One relative said, "I know [staff name/s] in the office and all are courteous and helpful."
- Staff told us the service was well-managed. They said it was a good company to work for. Staff said they felt listened to and the management team were supportive and approachable. They said the registered manager would always respond to concerns even out of hours. They said allowances were made for their needs for flexible working, and this meant they were happy at work.
- The registered manager made sure staff remained up to date with the service through monthly team meetings, regular updates and a weekly staff newsletter. Staff confirmed they felt included and able to comment on improvements which could be made to the service.

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

- People and relatives said they were informed if something went wrong, or if staff were going to be delayed. One relative told us, "The office or the carer [staff] rings me if they are running late."
- The registered manager understood their role and responsibilities for informing CQC when events happened within the service. For example, raising a safeguarding concern. They knew how to communicate with people, so they were fully informed.

Working in partnership with others

- The registered manager and staff ensured each person had the right professionals involved in their care and support, so they felt safe and happy. This included health professionals and social care staff.