

Belong Limited

Belong at Home Domiciliary Care Agency - Macclesfield

Inspection report

Belong Care Village, Kennedy Avenue
Macclesfield
Cheshire
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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: Belong at Home Macclesfield is a domiciliary care agency which supports people in their own homes. At the time of our inspection 38 people were in receipt of the regulated activity 'personal care'. They provided services to adults with a variety of health needs.

People's experience of using this service:

People felt safe and spoke of being supported by a consistent staff team who knew them well and took the time to chat with them on visits and were on time and never rushed.

Staff had travel time built into their rotas in order that they could get between visits and still arrive at each call on time. Where they noticed changes in people's health needs and people needed more time within visits, staff were able to raise this, and call times would be adjusted accordingly. Calls were monitored via a telephone system which activated the office staff if a member of staff had not turned up at a call and action could be taken to resolve this.

Risks were managed safely, and staff had clear instructions on how to keep people safe. They were aware of safeguarding policies and what steps to take if they suspected someone may be at risk of harm.

Medicines were managed safely, although we noted there was some written guidance on medication that is given when necessary in care plans, this could be clearer. The registered manager agreed to improve this guidance immediately.

Staff were recruited safely and given enough support to develop their knowledge and skills to do their job. They underwent a tailored induction into the company and ongoing training to do their job. They spoke with pride of working for Belong and felt that the provider invested in their development and supported them in their roles.

People and their relatives spoke of staff who were kind, patient and caring. They commented that staff knew them well, always asked permission before carrying out any tasks and often asked if there was anything else that they could do. Family members spoke of staff communicating well with them about any changes to their loved one's health or wellbeing, so they felt secure in the knowledge their loved one was receiving good care.

Care plans and documentation was clear, detailed and was regularly reviewed. People and their relatives felt involved in the care as regular reviews were held to discuss their care.

The service was responsive to people's needs and flexible. People and their relatives could request additional calls, and these were accommodated by the service.

People were clear on how to make a complaint and were confident that their concerns would be acted

upon.

People, relatives and staff were positive about the registered manager and felt that the service was well run. They considered that the service displayed the provider's values of 'putting customers at the heart of all we do'.

The provider had robust quality assurance systems that were effective at identifying areas for improvement and these were acted upon in a timely manner. Regular staff meetings were held so staff were kept up to date with any changes and good practice. The service worked well with other professionals and acted upon advice to support people's health and wellbeing.

Rating at last inspection: Good (Report published 27 October 2016)

Why we inspected: This was a planned comprehensive inspection based on the previous rating.

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

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

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 remained good

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained good

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained good

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained good

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remained good

Details are in our Well-Led findings below.

Good ●

Belong at Home Domiciliary Care Agency - Macclesfield

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of an adult social care inspector and an expert by experience on the first day of the inspection and one adult social care inspector on the second day of the inspection. 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:

Belong at Home – Macclesfield is a domiciliary care agency that provides care to people in their own homes. They support adults with a variety of health needs.

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

Notice of inspection:

We gave the service 2 working days notice of the inspection visit because the manager is sometimes out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 7 May 2019 and ended on 10 May 2019. We visited the office location on 7 and 10 May 2019 to see the manager and office staff; and to review care records and policies and procedures. We conducted phone calls and home visits on both days of the inspection.

What we did:

Before the inspection, we reviewed information the provider had sent us since the last inspection. We assessed information we require the provider to send us at least annually within their provider information return (PIR). This provides key information about the service, what the service does well and the improvements they plan to make. We considered information about incidents the provider must notify us about and looked at any issues raised in complaints and how the service responded to them. We requested information from the local authority commissioners. We used all this information to plan our inspection.

During the inspection we spoke with eleven people using the service to ask about their experience of care and seven family members. We also spoke with the registered manager, practice development facilitator and four support staff. We undertook three home visits and spoke to a healthcare professional who regularly visits people and works with the service.

We looked at four people's care records and a selection of other records including those related to medicine administration, recruitment and the quality and safety of the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff were familiar with the provider's safeguarding policies and procedures and they knew their responsibilities for protecting people from the risk of abuse. They described what constituted harm and what action they would take if they became aware of any incidents of concern.
- There had been no recent safeguarding incidents within the service, however there was a system in place for recording and reviewing such incidents.
- People felt safe and comfortable with the carers. Comments included, "I felt my [relative] was safe and cared for and that took all the stress off me", "I feel safe with them coming in my house" and "I can rely on them to look after my [relative]. They send out the rota beforehand, so we know who is coming".

Assessing risk, safety monitoring and management

- Risks to people were identified and measures put in place to minimise any identified risks and to support the person to stay safe.
- People received care from a consistent group of carers. Staff were knowledgeable about risks to people and were updated on any risks or changes through a weekly update email.
- Environmental risks were identified so staff were aware of any potential hazards when supporting people in their homes.
- There was a business continuity plan to advise staff in the event of an emergency on how to safely maintain the service. Staff had fire training so knew what action to take in an emergency. There were clear procedures about entering and leaving people's homes safely and staff wore identity badges.
- People had access to emergency contact details and were aware of who to contact in an emergency. Where required, people were provided with call systems, such as pendants, that were within easy reach to use in the event of an emergency.

Staffing and recruitment

- People, relatives and staff told us that there were enough staff to safely meet people's needs. People also told us they had the same group of carers and knew in advance which staff were visiting them.
- Staff were allocated travelling time in between visits and had enough time with people to safely meet their needs. Comments included, "They turn up on time and stay for the allocated amount of time", "I feel that my relative is safe and that reassures me" and "I can't fault them. They are usually on time and normally let me know if they are late".
- Staff had phones which they scanned at each person's house which recorded their visit arrival and departure times. Where staff were over half an hour late, office staff were alerted and could contact both the person and carer to resolve the issue and office staff may attend the visit if necessary.
- Staffing and dependency was regularly reviewed by the registered manager and additional visits were only

accepted if there were sufficient staff available to safely meet people's needs.

- Recruitment was safely managed. Pre-employment checks were completed prior to staff starting work including Disclosure and Barring Service checks to ensure that people were safe to work with vulnerable adults.

Using medicines safely

- Staff administering medication were trained and underwent regular checks on their competence to ensure they knew how to administer medication safely.
- Audits were completed to monitor medicine procedures. Senior staff addressed gaps in Medicine Administration Records (MARs) or any errors with care staff. Staff then underwent further training and their competency was reassessed before they administered medication again.
- Care plans were clear on what support people needed with their medication and where this was stored.
- Where people were prescribed medication when required (PRN), there was some written guidance for staff in administering them, however this could be clearer. At the time of the inspection everyone receiving this medication was able to tell staff when they needed it. The registered manager agreed to update all care plans and policies to improve this guidance.

Preventing and controlling infection

- Staff received training in the prevention and control of infection and they followed good practice guidance.
- Staff were provided with enough personal protective equipment.

Learning lessons when things go wrong

- There was a process in place for recording accidents and incidents and analysing them for any patterns or trends. Incidents had been recorded in people's homes and appropriate action had been taken. Any learning from incidents was shared at team meetings or in supervisions.

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

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

- A pre-assessment was carried out prior to people receiving a service to consider people's support needs and choices and this formed the basis of their care plan.
- Staff were aware of people's needs and received weekly updates on any changes to people's health and wellbeing. People's comments included, "They [staff] always gave [relative] choice, never forced them to do things", "They usually get the same carers and they know them well" and "Staff know [relative] well and they are very insistent that things are done a certain way and staff respect this".

Staff support: induction, training, skills and experience

- Staff received an induction when starting with the service. The induction process was aligned to the principles of the Care Certificate, which is a nationally recognised induction process.
- Staff received ongoing training relevant to people's needs and their job role. Training had been adapted by the practice development facilitator and was specific to domiciliary care. Where specific needs were identified, the registered manager would source additional training for staff.
- Staff felt very supported in their roles. They received regular supervision, spot checks and knowledge tests to ensure their skills and knowledge remained up to date.

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

- People were supported by staff with their meals in their own homes and care plans recorded their preferences.
- People's care plans identified if they could make their own meals, or where they had family support with this or needed staff support. Records were maintained of people's food and fluid intake.

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

- The service worked in partnership with local district nurses, GPs and other health professionals in meeting people's healthcare needs. Discussions and advice was clearly recorded on care files and any changes to people's health or wellbeing were communicated through weekly email updates, or via their daily progress notes.
- Feedback from a healthcare professional was positive about the communication with the service and how flexible the service was in terms of working alongside the Belong Care Village.

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 with appropriate legal authority. In the community any restrictions need to be referred to the Court of Protection for authorisation.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- At the time of our inspection there was no-one who required a referral to the Court of Protection.
- Staff showed good knowledge of the MCA and were aware of the importance of offering people choice and control over the care they received.
- Records showed that people with capacity had provided consent to care and treatment; where people lacked the capacity to do so, relevant others with legal authority had provided consent on their behalf.

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

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 felt they were treated with care and kindness. People told us, "They do anything I ask them to in a very caring manner" and "I enjoy having them visit, they chat to me whilst carrying out their duties".
- Relatives told us that people received good care and felt staff knew their loved ones. They told us, "They are absolutely great. Excellent".
- People's needs were assessed and identified prior to receiving a service. Protected characteristics, such as age, gender, disability, cultural and religious support needs were identified and whether any support was needed to support these.

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

- People and family members were encouraged to share their views about the care. They told us regular reviews took place and they were encouraged to share their views and the service was very responsive when any changes to care packages were needed.
- The service encouraged people to share their views on an independent rating website. The registered manager had also tried surveys previously but had identified this as an area for improvement as the response rate was low.
- Information about advocacy services was included in the service user guide. No-one at the time of the inspection was receiving an advocacy service.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them kindly and with respect. Comments included, "I can't sing [staff member's] praises enough, such a caring nature", "They are very respectful and kind in all their communication" and "Staff are very pleasant and kind".
- Staff were clear on respecting people's privacy and confidentiality. They knew not discuss people's confidential information to protect their privacy and spoke of closing curtains when delivering care.
- People were supported to retain as much independence as possible and care plans provided detail of what assistance people needed to maintain their independence. For instance, where people were able to take their own medication, the risks had been considered and clearly documented.
- People's personal information was kept confidentially in the service's offices and electronically.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received person-centred care that was based on their individual needs. Staff knew people's likes, dislikes and preferences and provided care and support in the way people wanted. Care plans gave a good overview of people's preferences and life history in order that staff could respect their wishes. They were updated and reviewed on a regular basis.
- Relatives, staff and people had access to an admiral nurse. The nurse could provide support or offer advice for people, and their relatives, who were living with dementia.
- People and their relatives spoke of how responsive and flexible the service was as they worked closely with the Belong Care Village. One person told us that following a fall, they moved into the Village for respite where they received care. Staff from the Belong at Home continued to visit them until they were able to move back to their own home. Another relative told us how seamless and stress free they found it, when their loved one moved from their own home into the Belong Care Village.
- We saw additional calls were accommodated at short notice if people's health needs changed or if people wanted additional support to attend appointments or events.
- People, and their family members where appropriate, were involved in the planning of their care. Relatives told us that communication in the service was very good and they were updated about any changes in their loved one's health or wellbeing.
- The service recognised and met the communication needs of people with a disability or sensory loss.

Improving care quality in response to complaints or concerns

- There was a complaints policy contained in the service user guide. People told us they had no complaints but knew who to speak to if necessary. People and their relatives were confident that issues would be dealt with immediately. One person told us they raised an issue, and this was dealt with very quickly and to their satisfaction.
- The service had not received any complaints in the last 12 months.

End of life care and support

- At the time of our inspection no one using the service was in receipt of end-of-life care. However, people were supported to make decisions about their preferences of care at the end of their lives.
- Staff had received training in end of life care.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The values of the service were 'putting customers at the heart of all we do'. It was clear that the service was caring and focused on ensuring people received person-centred care that met their needs in a timely way. It was evident staff knew people well and put these values into practice. One staff member told us, "We give continuity of care and get to know people. It makes such a difference to be able to build upon those relationships".
- People felt involved in their care and family members spoke of how communication was very good in the service. One relative told us, "I see it as a partnership. I am 100% confident they will look after [relative]".
- Staff were proud to work for the service and spoke highly about the provider and how supportive they were and the positive culture within the service. They told us it was open and transparent, and staff felt able to raise any concerns.

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

- There was effective management oversight of what was happening in the service and when asked questions, the registered manager could respond immediately, demonstrating a comprehensive knowledge of the service.
- The service was run by a registered manager who had the support of a senior carer, practice development facilitator and area manager. They worked well together and were focused on delivering good quality care and striving to improve the service.
- The registered manager understood their responsibilities in terms of informing CQC of any events that needed to be notified by the service. The rating from the last inspection was clearly displayed on both the provider's website and within offices.
- People, family members and staff spoke positively about the registered manager. Comments included, "The manager is brilliant, so supportive. I feel well supported", "I find them very helpful" and "[Manager] carefully selects their staff as they are all brilliant".

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

- The provider sent surveys to people and their relatives as a way of obtaining their feedback about the service and their ideas for improvement. The response to the most recent surveys was low for the Belong at Home service. The registered manager had identified this as an area for improvement and had plans to develop this. People were encouraged to feedback via an independent rating website also.

- Regular newsletters for Belong at Home service were sent detailing information about all the services and any new staff. The provider also had a newsletter informing people of what events were taking place within the Care Village that people receiving a service and members of the public could join in with.
- Staff meetings were held, and staff felt that changes were communicated well via the weekly email updates. Spot checks were completed on staff to monitor their performance and check care was being delivered safely.

Continuous learning and improving care

- Quality assurance systems were robust, and any areas identified were quickly acted upon and improvements made.
- Where things went wrong, we saw that the registered manager acted to look at how things could be improved, and learning was shared with staff in supervisions, staff meetings and regular emails.

Working in partnership with others

- The service worked in partnership with other health professionals to ensure people's support needs were met.
- When referrals to other services were needed, we saw that these referrals were made in a timely way.
- The service engaged with local initiatives, such as the Herbert Protocol with the police, working to keep people safe who were living with dementia and may become disorientated when away from home.