

Bells Home Care Ltd

Bells Home Care Limited

Inspection report

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04 February 2022

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Bells Homecare is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 11 people receiving a regulated activity. 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

Systems in place to monitor the quality of the service were not robust. We have made a recommendation regarding this.

Measures in place to reduce the risk of spread of infection were not always in line with government guidelines. We have made a recommendation about this.

Staff were not always recruited safely and appropriate checks on staff were not always completed. We have made a recommendation about this.

People were consistently positive about the support they received from Bells Home Care and the caring nature of staff. Staff knew people well and knew how to mitigate any risks to people. Some improvements were required to people's records.

People received their medicines as prescribed. Staff had received training and competencies to ensure they had the knowledge and skills to safely administer medicines.

People felt safe receiving support from Bells Home Care. Staff had knowledge of safeguarding procedures.

People and staff shared positive feedback regarding the management. They felt there was effective communication and that the registered manager was approachable.

The provider worked in partnership with health professionals and the local authority. They had offered support to cover care calls for other providers during the height of the pandemic.

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

Rating at last inspection

The last rating for this service was good (published 09 January 2019)

Why we inspected

We undertook a targeted inspection to follow up on specific concerns which we had received about the

service. The inspection was prompted in part due to concerns received about measures in place to reduce the risk of spread of infection. A decision was made for us to inspect and examine those risks.

We inspected and found there was a concern with infection control measures, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bells Home Care on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Bells Home Care Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We received information of concern about infection prevention and control measures at this service. This was a targeted inspection looking at the infection prevention and control measures the provider has in place.

This inspection took place on 28 January 2022 and was announced. We gave the service 48 hours' notice of the inspection.

Inspection team

One inspector carried out this inspection. An Expert by Experience supported this inspection making telephone calls to people and their relatives. 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.

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

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (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.

During the inspection

We spoke with one person who used the service and six relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, and three care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures and quality assurance records.

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 as good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- Staff had not been carrying out covid tests in line with government guidelines.
- Risk assessments had not been carried out to look at any increased risks to people and staff, although some measures were in place. The registered manager started implementing these during the inspection.
- Staff wore PPE in line with government guidelines and had received training in how to put on and take off PPE.

We recommended the provider review their procedures in relation to infection control.

Staffing and recruitment

- Recruitment was not robust. Staff recruitment processes were in place, but these were not always consistently followed.
- Records to evidence the safe recruitment of staff was not always in place. For example, references were missing from two files.

We recommended the provider reviews their processes regarding recruitment.

- The registered manager was having to cover care calls due to staffing shortages. They were actively recruiting.
- People told us staff turned up on time. One relative told us, "The staff are 100% reliable, always on time, give or take the odd traffic issue."

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe receiving care from Bells Home Care.
- Staff had good knowledge on how to mitigate individual risks to people. However, risk assessments were not always detailed.
- Environmental risks had been assessed to ensure people were supported with any increased risks from the environment.
- The provider supported people to ensure they had the appropriate equipment in place.
- Staff had received safeguarding training and were confident in what action to take should they suspect abuse was occurring.

Using medicines safely

- People received their medicines as prescribed.
- People were happy with the support they received with their medicines. Feedback included; "Medication is recorded in the medication administration record chart and signed by the carer, they automatically go to the chemist and collect my medication every time they are due"
- Staff received medicines training and competency assessments to ensure they are had the skills to administer medicines safely.

Learning lessons when things go wrong

- Accident and incidents were recorded. The registered manager monitored accident and incidents to ensure appropriate action had been taken.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

- Systems and process to manage quality were not robust. The provider undertook some audits; however, these could be further detailed to ensure all areas were monitored.
- Further oversight was required to ensure government guidelines and best practice was followed in relation to COVID-19 and recruitment.

We recommended the provider seek advice from a reputable source regarding their quality monitoring systems.

- The registered manager had been covering a high amount of care calls. During the inspection they employed a deputy manager which would support with oversight and monitoring of the service.
- The registered manager started developing monitoring systems such as supervision matrixes to improve oversight during the inspection.

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

- We received consistently positive feedback about the service. Feedback included "[Name] couldn't have better care" and "[Name] is getting more of a one to one experience compared to a previous company. They are now more relaxed. These are reliable people."
- The provider had supported people's wellbeing during the COVID-19 pandemic. They had held craft days at the office and staff had supported people with hair dressing tasks when they could not access their appointments.

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

- Staff felt supported by the registered manager. One staff told us, "The registered manager is very supportive and appreciative, and they address any issues."
- People felt engaged in the service and that there was good communication. One person told us, "There is good communication it's a two-way process. It is not easy to have total strangers come into your house every day; the carers are a good bunch."

Working in partnership with others

- The provider had worked with the local authority to support other care providers to cover calls during the height of the pandemic.

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 registered manager understood their responsibilities in relation to duty of candour.
- The provider had submitted notifications in line with requirements.