Care Quality Commission

Bailey Employment Services Limited

Bailey Care Services

Inspection report

First Floor, Istabrak House
42-44 Commercial Road
Swindon
Wiltshire
SN1 5NX

Tel: 01793509850
Website: www.baileycare.co.uk

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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

We undertook an announced inspection of Bailey Care Services on 17 November 2016.

Bailey Care services provide a personal care service to people in their own homes within the Swindon area. On the day of our inspection 26 people were using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We were greeted warmly by staff at the service who seemed genuinely pleased to see us. The atmosphere in the office was open and friendly. The registered manager checked our identity on arrival at the office.

People told us they were safe. Staff understood their responsibilities in relation to safeguarding. Staff had received regular training to make sure they stayed up to date with recognising and reporting safety concerns. The service had systems in place to notify the appropriate authorities where concerns were identified.

People were supported by staff who were knowledgeable about people's needs and provided support with compassion and kindness. People received high quality care that was personalised and met their needs.

Where risks to people had been identified, risk assessments were in place and action had been taken to manage these risks. Staff were aware of people's needs and followed guidance to keep them safe. People received their medicines as prescribed.

There were sufficient staff to meet people's needs. Staffing levels and visit schedules were consistently maintained. People told us staff were rarely late and they had not experienced any missed visits. The provider followed safe recruitment procedures and conducted background checks to ensure staff were suitable for their role.

Staff understood the Mental Capacity Act 2005 (MCA) and applied its principles in their work. The MCA protects the rights of people who may not be able to make particular decisions themselves. The registered manager was knowledgeable about the MCA and how to ensure the rights of people who lacked capacity were protected.

People told us they were confident they would be listened to and action would be taken if they raised a concern. The service sought people's opinions through regular surveys and telephone monitoring calls. The service had systems to assess the quality of the service provided. Learning needs were identified and action taken to make improvements which promoted people's safety and quality of life. Systems were in place that

ensured people were protected against the risks of unsafe or inappropriate care.

Staff spoke positively about the support they received from the registered manager and senior staff. Staff supervision and meetings were scheduled as were annual appraisals. Staff told us the registered manager was approachable and there was a good level of communication within the service.

People told us the service was friendly, responsive and well managed. People knew the registered manager and staff and spoke positively about them. The service sought people's views and opinions and acted upon them.

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.

There were sufficient staff deployed to meet people's needs.

People told us they felt safe. Staff knew how to identify and raise concerns.

Risks to people were managed and assessments were in place to reduce the risk and keep people safe. People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the training and knowledge to support them effectively.

Staff received support and supervision and had access to further training and development.

Staff had been trained in the Mental Capacity Act 2005 (MCA) and understood and applied its principles.

Is the service caring?

Good

The service was caring.

Staff were kind, compassionate and respectful and treated people and their relatives with dignity and respect.

Staff gave people the time to express their wishes and respected the decisions they made. People were involved in their care.

The service promoted people's independence.

Is the service responsive?

Good

The service was responsive.

Care plans were personalised and gave clear guidance for staff

on how to support people.

People knew how to raise concerns and were confident action would be taken.

People's needs were assessed prior to receiving any care to make sure their needs could be met.

Is the service well-led?

Good

The service was well led.

The service had systems in place to monitor the quality of service.

The service shared learning and looked for continuous improvement.

There was a whistle blowing policy in place that was available to staff around the service. Staff knew how to raise concerns.

Care Quality Commission

Bailey Care Services

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 17 November 2016. It was an announced inspection. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that someone would be in.

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

We spoke with seven people, seven relatives, three care staff, the senior co-ordinator and the registered manager. We looked at five people's care records, three staff files and medicine administration records. We also looked at a range of records relating to the management of the service. The methods we used to gather information included pathway tracking, which is capturing the experiences of a sample of people by following a person's route through the service and getting their views on their care.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and notifications we had received. A notification is information about important events which the provider is required to tell us about in law.

In addition we contacted the local authority commissioner of services to obtain their views on the service.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments included; "I definitely feel safe with them. I get on with them and they put me at ease", "I have different ladies but I have got to know them all" and "Yes (I am safe) they have been very good".

People's relatives told us people were safe. One relative said, "We have a hoist so she feels safe and confident that she won't fall". Another relative said, "I have no concerns about them looking after my mother".

People were supported by staff who could explain how they would recognise and report abuse. Staff told us they would report concerns immediately to their manager or the senior person on duty. Staff were also aware they could report externally if needed. Comments included; "I'd phone the office and depending on the situation I can call the GP, police or local authority", "I'd report to the office, keep things confidential and call CQC (Care Quality Commission)". and "I've had this training. I would report to the supervisor or manager and document everything. I can also call the social worker or the police". Guidance for staff on how to raise a concern was displayed in the training room. The service had systems in place to report concerns to the appropriate authorities.

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to manage the risks. For example, one person self medicated. The risks to this person taking their own medicine had been identified and staff were guided on how to manage the risk. This included observing the person take their medicine keeping them safe. Daily notes evidenced this guidance was being followed.

Another person was at risk of falls. The person mobilised independently with the use of a walking frame. Staff were guided to support the person to use their frame, ensure the frame was within easy reach of the person and keep a clutter free environment. Other risks assessed and managed included skin care and environmental risks.

People and their relatives told us staff were punctual and visits were never missed. People's comments included; "I have no complaints about the time", "If they are a little bit late they always ring me" and "They always stay the (full) time and ask me if I want anything else before they go and do all their notes". A relative said, "They are mainly on time and ring if they are going to be late".

Staff told us there were sufficient staff to support people. Comments included; "For the amount of clients we have I think there is enough staff", "There is sufficient staff numbers" and "Yes there's enough (staff), there's always someone who can cover, they (managers) are very good".

Staff were effectively deployed to meet people's needs. The registered manager told us staffing levels were set by the "Dependency needs of our clients". We also saw many of the people had family members and other healthcare professionals who supported them in addition to the support provided by the service. The

service used an electronic system to monitor support visits. This enabled the service to inform the person, contact staff and make alternative arrangements if staff were delayed or running late.

We saw one member of staff had missed a visit due to a communication error. There was no risk to the person who received a visit later in the day. The registered manager revised the policy and introduced a new 'on call' communication procedure to reduce the risk of reoccurrence. We saw this new procedure was discussed at a staff meeting.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff were of good character and were suitable for their role. This allowed the registered manager to make safer recruitment decisions.

Where people needed support with medicines, we saw that medicine records were accurately maintained and up to date. Records confirmed staff who assisted people with their medicine had been appropriately trained and their competency had been regularly checked. Staff we spoke with told us they had received medicine training and were confident supporting people with their medicines. One member of staff said, "Yes, I do administer some medicine. I'm regularly checked to ensure I am up to speed". Another staff member said, "I help clients with medicines, it is mainly prompting to be honest but I am trained".

People and their relatives spoke with us about being supported with medicines. One person said, "They make sure I take my medication and they cream my feet and it is all recorded". Another person said, "I take tablets and they make sure I take them". One relative commented, "They give her (person) the medicine and record it on that MAR sheet".

Good

Is the service effective?

Our findings

People told us staff knew their needs and supported them appropriately. Comments included; "They know what to do and they always ask me before they do anything", "They seemed to be well trained and know what they are doing" and "I get all I want from them, they do a good job". One relative said, "Yes I think they are trained. I've met all of them".

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they received an induction and completed training when they started working at the service. This training included safeguarding, moving and handling, dementia and infection control. Induction training was linked to 'skills for care common induction standards' which is a nationally recognised program for the care sector. Staff spoke with us about their training. Staff comments included; "The training is good and I learnt so much on the job. The induction was good as it gave me confidence. I can access further training if I need it". And "I can't fault the training. If I need more I just ask. I always get it".

Staff told us, and records confirmed they had effective support. Staff received regular supervision. Supervision is a one to one meeting with their line manager. Supervisions and appraisals were scheduled throughout the year. Staff were able to raise issues and make suggestions at supervision meetings. For example, one staff member requested a change to their rota and this was actioned. One member of staff told us they found supervision meetings effective. They said, "I get regular supervisions. They are scheduled. I can raise issues and know something will be done".

Staff were also supported through spot checks to check their work practice. Senior staff observed staff whilst they were supporting people. Observations were recorded and fedback to staff to allow them to learn and improve their practice. Observations were also discussed at staff supervisions.

We discussed the Mental Capacity Act (MCA) 2005 with the registered manager. 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. The registered manager was knowledgeable about how to ensure the rights of people who lacked capacity were protected. We saw one person had appointed a relative to have lasting power of attorney allowing them to make decisions relating to the person's' property and affairs'. This had been authorised by the Court of Protection. The registered manager said, "One client has slowly got worse. We have reported this to the family and the local mental health team. We've updated the GP and we are closely monitoring the situation". We saw the person's best interests had been considered and involved the family, GP and the mental health team.

Staff demonstrated an understanding of the MCA and how they applied its principles in their work. Staff comments included; "I assume they have capacity and I let them make their own decisions" and "This is about people's decisions and their rights to make these decisions. I assume they have capacity".

We asked staff about consent and how they ensured people had agreed to support being provided. One staff member said, "I just ask them. I also know their body language and you can pick up on their moods when you know them". Another said, "I simply ask, always".

People told us staff sought their consent. People's comments included; "They ask my permission and will not carry on if I'm not comfortable and they understand that sometimes I want to make up my own mind of what I can and can't do like in the evening not insisting I go to bed too early" and "They always ask my consent I have no problems with that". We saw documents that supported people's comments. For example, care plans contained consent documents for 'administration of medication' and care provision. These had been signed and dated by the person.

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included people's GPs and district nurses. Details of referrals to healthcare professionals and any advice or guidance they provided was recorded in people's care plans. For example, one person had been referred to an occupational therapist when their condition changed. Their guidance was recorded and being followed.

Most people did not need support with eating and drinking. However, some people needed support with preparing meals and these needs were met. People either bought their own food or families went shopping for them. People had stipulated what nutritional support they needed. For example, one person had stated 'I am independent with the preparation of my meals'. Staff were guided to ensure the person's relative had gone shopping for the person so they could 'maintain a healthy diet'.

People and their relatives told us people's nutritional needs were being met. One person said, "I get plenty to eat. I like my cereal and toast in a morning and they leave me a fresh glass of water". Another person said, "Yes, they ask me what I would like (to eat) and what I want them to do, like washing up". One relative said, "She gets plenty to eat and drink and she likes to be independent by making some of her meals herself, but they are there to help if needed".

Good

Is the service caring?

Our findings

People told us they benefitted from caring relationships with the staff. Comments included; "They treat me like a human being and have a laugh and a joke with me. They also get the job done", "They are very nice with me", "They are very friendly and I get on so well with all of them" and "They treat me quite well, I am happy with them".

Relatives told us people benefitted from caring relationships with the staff. One relative said, "They have a chat and a laugh and a joke with her and they don't just come in to do a job". Another relative said, "She (staff member) is very friendly and professional with her and she (person) feels safe and happy in her company".

Staff spoke with us about positive relationships at the service. Comments included; "I like the clients, they are great. I thoroughly enjoy this work. I do care for them and I will go the extra mile for them. I often have time to sit and chat with them" and "I am a people person and I like helping others. I have a caring nature and I've built a good rapport with my clients. It's about building trust".

People's dignity and privacy were respected. When staff spoke about people to us or amongst themselves they were respectful and they displayed genuine affection. Language used in care plans was respectful.

People we spoke with told us their privacy and dignity was respected. One person said, "The carers are all wonderful and they are all good to me, very helpful it couldn't be better". Another said, "Oh yes, they knock on the door to let me know they are coming in". One relative spoke with us about dignity and respect. They said, "They will keep the door closed until she is ready. They are very good and respectful with her and they make a fuss of her because she is quite lonely and she says she enjoys her bath".

We asked staff how they promoted, dignity and respect. Comments included; "I draw curtains, shut doors and generally keep things private", "I treat them (people) how I would like to be treated myself" and "I always talk to them and do the usual things like close doors and draw curtains".

People and their relatives told us they were kept informed. For example, staff rotas were available to people informing them of who was visiting and when. People could choose to receive rotas via email, post or brought to them by staff. One person said, "I have a rota which tells me who is coming". Another person said, "I have a rota and they keep to it unless there is an emergency". A relative confirmed, "We have a rota so we know who is coming".

The service ensured people's care plans and other personal information was kept confidential. When we entered the offices of Bailey Care Services the registered manager greeted us and checked our identity before allowing us to proceed with the inspection. People's information was stored securely at the office and we were told copies of care plans were held in people's homes in a location of their choice. Where office staff moved away from their desks we saw computer screens were turned off to maintain information

security. We saw confidentiality agreements had been signed by staff. These gave staff information about keeping people's information confidential and highlighted conditions for sharing this information. It also stated information sharing should be on a 'need to know' basis.

People's independence was promoted. Care plans guided staff on how to promote people's independence. For example, one person liked to 'wash themselves'. Staff were guided to support the person to do this and to 'assist with drying and dressing' the person. We spoke with this person who said, "In the shower I do the most and they will do the rest I can't reach". One relative said, "They will put the laundry in the machine and mum will take it out and put it in the dryer".

Staff spoke with us about people's independence. Staff comments included; "This is choice. One of my clients likes to do things on their own so I encourage them" and "I allow them to do what they can".

People's care was recorded in daily notes maintained by staff. Daily notes recorded what support was provided and events noted during the visit. These provided a descriptive picture of the visit. For example, one staff member had noted in one person's care plan 'made a cup of tea, had a chat then washed up and put away. [Person] was well'.

Good

Is the service responsive?

Our findings

People's needs were assessed prior to accessing the service to ensure their needs could be met. People had been involved in their assessment. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. For example, one person's care plan stated 'I like watching TV, white wine and dogs. Staff we spoke with were aware of people's preferences.

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person was living with dementia and could sometimes 'lack understanding', especially if they were outside of their home. This could make the person nervous. Staff were guided to 'provide one to one support' on outings to give the person confidence and reduce the risk of social isolation. Daily notes evidenced this guidance was followed.

People received personalised care that responded to their changing needs. For example, following a change in one person's condition the person was referred to an occupational therapist and their care plan was reviewed to reflect new guidance and changes to support needs. We also saw evidence the service responded to people's requests. For example, where people had private or medical appointments they contacted the office and changes were made to the person's visit schedules. These changes were made in consultation with the person to reschedule visits at a convenient time for them. One person spoke with us about changing visit times. They said, "I tell the carers and the bosses if my needs change".

People were supported by staff who understood, and were committed to delivering, personalised care. Staff explained to us how they tailored people's care to suit their personal preferences. Staff comments included; "This could be something in the client's wish list. It is care to their choices and needs, specific to the client", "This is care for them, how they want it, so that's how I do it" and "Clients are all different so they make their own choices on their support".

People's care was regularly reviewed and involved people and their families. We saw reviews were scheduled throughout the year or when people's circumstances or needs changed. People and their relatives told us about reviews of care. One person said, "The supervisor comes out to see if everything is okay and if I need anything changing". One relative said, "They do it once a year. [Registered manager] will come to the flat and go through it all with me and my mum". Another relative said, "[Registered manager] reviewed the care plan at the start and then it's every six months and we'll probably have to change it again around the times because of mum's change of circumstances".

People knew how to raise concerns and were confident action would be taken. Everyone we spoke with knew how to raise a complaint and felt they were listened to. One person said, "I've never had to complain and the manageress came round to review the care plan and discuss things the other day". One relative said, "I ring and ask for what I want and they deal with it no complaints". Another relative said, "If I do ring the office they always try and sort it out for me".

We looked at the complaints folder and saw there were two complaints recorded for 2016. Both complaints had been resolved in a timely and compassionate manner in line with the complaints policy. Compliments to the service were also recorded. We saw numerous compliments from people and their families praising both staff and the service for care and support they had provided. We also saw one compliment from a local GP surgery in dealing with a person's condition.

People's opinions were sought and acted upon. People were called by the service and their conversations noted to enable the registered manager to act if people raised issues or concerns. For example, several people asked to have a 'key worker' appointed. A key worker is a member of staff appointed to oversee care and be a point of reference for that person and their family. We saw a key worker system had been introduced. People also received visits from senior staff to obtain their views. A provider survey was sent to people and asked questions relating to all aspects of care and support. We saw the results of the 2015 survey which were very positive. People had rated the service as 'good' or 'excellent'. 66% of people had stated they would recommend the service and 44% stated they 'probably would'. One person told us, "I filled a survey in the past and I said everything was okay".

Good

Is the service well-led?

Our findings

People and their relatives told us they knew the registered manager and felt the service was well led. One person said, "The manager is [registered managers name], she came to see me the other day and she is very good". Another person said, "I don't have much need to contact the office but when I have they have been okay". Relatives comments included; "The manager is okay and they do respond if I ring them", "The manager and the supervisor are approachable and they come out to visit us and even went to see her (person) when she was in hospital", "There is the manager and another lady there, they are very nice people" and "The management have been a help and very flexible. If I ask for anything they will always follow it up".

Staff spoke positively about the registered manager. Staff comments included; "She is really good and she has a lot of time for you, both in and out of hours. She is very supportive", "She is excellent, very understanding. I can't fault her at all and she is always there" and "She is nice and very supportive. I've no hassles whatsoever".

The registered manager motivated and empowered staff. The registered manager had introduced a 'carer of the month' award. The award was given to a staff member based on the comments received from people and healthcare professionals. Staff received a certificate and a shopping voucher. A similar award was awarded by the provider every three months and was based on similar criteria. We spoke with one staff member who said, "I have received this award, it's really nice to be appreciated and it motivates you to do well".

The provider's mission statement was displayed in staff areas of the office. It stated 'Bailey Care Services aspires to be a front runner in the provision of high quality care, high value domiciliary care and support to the most vulnerable people in our society'. When the registered manager and staff spoke with us this vision was mirrored in their comments and attitude.

Accidents and incidents were recorded and investigated. The results of investigations were analysed by the registered manager to look for patterns and trends. For example, one person had 'slipped off their chair'. The person was uninjured but a referral was made to healthcare professionals for further assessment. Following accidents and incidents regular referrals were made to GPs, the falls clinic and occupational therapists. Care was then reviewed to reduce the risk of accidents reoccurring.

Staff told us that learning from accidents and incidents was shared through staff meetings and briefings. One member of staff said, "We gain knowledge through our phone updates, briefings and staff meetings. We also get a newsletter every week with information". Another staff member said, "Anything happens and we know as soon as possible. We communicate well, it is effective".

Staff meetings were regularly held and staff were able to discuss and raise issues. Information, learning and changes to people's care was also shared at these meetings. For example, each staff meeting contained a brief review of each person's current condition and care requirements. Other issues discussed included revisions to paperwork, dress code, staff availability and training.

Staff surveys were also conducted and asked staff questions about support and communications. We saw the results of the latest survey. Staff responses were positive and none of the staff had raised any issues or concerns in the survey.

Staff received weekly news letters with information relating people's care, advice and information relating to training and general information. For example, we saw a recent newsletter that gave advice relating to the Mental Capacity Act 2005 (MCA) and announced the date of the next team meeting.

The registered manager monitored the quality of service provided. Regular audits were conducted to monitor and assess procedures and systems. Audits covered all aspects of care. Audit results were analysed and resulted in identified actions to improve the service. For example, one audit identified some staff were not consistently signing medicine records. The registered manager took action and further training was provided to staff. Some staff received advice and guidance through supervision meetings. All medicine records we saw were consistently and accurately maintained.

'Staff monthly audit sheets' were completed by staff to monitor documents and care plans held in people's homes. These reports were overseen by the registered manager and any issues identified were highlighted for action. For example, it was identified the daily notes for one person did not contain enough information. Action was taken and the issue was signed as complete by the registered manager. All the daily notes we saw were comprehensive and complete.

There was a whistle blowing policy in place that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.