

Bay Home Care Limited

Bay Home Care

Inspection report

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Grange Over Sands
Cumbria
LA11 6EG

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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

This announced inspection took place on 27 September 2017. We last inspected this service in July 2015. At that inspection we rated the service as good.

The service moved to a new address in March 2016. This meant the provider had to apply to change their registration with us. We carried out an assessment of the service as part of the registration application and found that the service was likely to be safe, effective, caring, responsive and well-led.

Bay Home Care provides personal care and support to adults living in their own homes. The agency is based in Grange over Sands and provides support to people living in Grange over Sands and the surrounding areas. At the time of our inspection there were 44 people receiving personal care from the service.

There was a registered manager employed at the service. 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.

People received the support they needed from staff who they knew. They were supported to remain living in their homes and valued the service they received.

The staff treated people in a kind and caring way. They treated people who used the service, their homes and families with respect.

There were appropriate arrangements in place to ensure the effective management of the service. The owners of the service worked providing people's care. This meant they maintained good oversight of the quality of the service.

People knew the owners well and could speak to them if they had any concerns about the service provided.

People were protected against harm and abuse and risks to their safety were identified and managed.

The staff were trained to provide people's care. There were enough staff to provide the support people required. Robust systems were used when new staff were employed to check they were suitable to work in people's homes.

People received the support they needed to take their medicines and to access health care services. People were supported to maintain good health.

People agreed to the care they received and their rights were protected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the

policies and systems in the service supported this practice.

Care was planned and provided to meet people's needs. The service was provided in a way that took account of people's preferences.

The registered manager had a procedure for receiving and responding to concerns. People were asked for their views and action was taken in response to their comments.

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.

People were safe and protected from abuse and avoidable harm.

There were enough staff to provide the support people required. People knew which staff would be attending their homes for each visit.

People received the support they required with taking their medicines.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were trained and skilled to provide their care.

People's rights were respected and they consented to their own care.

People received the support they needed to maintain their health.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring to people and treated them, their homes and families with respect.

People received a high standard of care and valued the service they received.

People's privacy, dignity and independence were respected.

Is the service responsive?

Good ●

The service was responsive.

People were included in planning and agreeing to their care and

received the support they needed.

The service was provided to take account of people's preferences and wishes.

The registered manager had a procedure for receiving and managing complaints about the service.

Is the service well-led?

The service was well-led.

People knew the managers of the service and how to contact them.

People were asked for their views and action was taken in response to their comments.

The owners of the service worked delivering people's support and maintained oversight of the quality of the service.

Good ●

Bay Home Care

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.

The inspection took place on 27 September 2017 and was announced. We gave the registered manager notice of our visit because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available to speak with us.

The inspection was carried out by one adult social care 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. The Expert by Experience had experience of caring for someone with complex needs.

We visited the agency office on 27 September 2017 and looked at care records for four people who used the service and at the recruitment and training records for four staff. We also looked at records relating to complaints and how the provider checked the quality of the service.

During our visit to the service we met one person who used the service and spoke with the service's registered manager and care manager. We spoke with six people who used the service and four people's relatives by telephone. We also contacted four staff members by telephone to gather their views.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service, including the information in the PIR, before we visited the service. We also contacted the local authority commissioning and social work teams for their views of the service.

Is the service safe?

Our findings

Everyone we spoke with told us people were safe receiving support from this service. One person told us, "Yes I do feel safe." A relative we spoke with said, [My relative] is absolutely safe."

People said they were visited by staff who they knew and who knew how to provide their support. They told us they received support from a small team of staff and received a copy of the staff rotas each week, so they knew who would be visiting their homes.

People told us that the care staff arrived at the times agreed. No one we spoke with had experienced an incident where staff had not attended for a planned call. One person told us the staff were "very much on time". Another person said there had been rare occasions where a staff member had been unavoidably delayed. They told us the staff member had contacted them to let them know they would be late. People told us the service was reliable and said this was important to them.

The staff we spoke with raised no concerns about how calls were planned. They told us they had the time they needed to support people and said they knew to contact the registered manager or care manager if they were going to be late for a planned call.

All of the staff we spoke with told us they had received training in how to recognise and report abuse. They told us they were confident that if they reported any concerns to the registered manager these would be investigated properly. The staff told us they had never seen any action by another staff member that caused them concern. They said they would report any concerns immediately and understood the role of the local authority in investigating safeguarding allegations.

The managers of the service were very experienced and understood their responsibility to report any allegations of abuse to the local authority. There had been no incidents that required reporting.

People's care records included information for staff about how to provide individual's care in a safe way. Hazards to people's safety had been identified and actions identified to reduce or manage risks. We saw that risk assessments were in people's care records to guide staff on the actions to take to protect individuals from harm. Where there were potential significant risks associated with providing an individual's care thorough and detailed risk assessments had been completed. The risk assessments around lower levels of risk were less detailed but included referring staff to training they had completed and to following the service's policies and procedures.

The staff we spoke with knew how to ensure provide people's care in a safe way. They told us that people's care records and the risk assessments contained the information they required to protect themselves and the individuals they visited. The staff told us that all new care workers worked with an experienced staff member before working on their own in people's homes. They said this provided additional guidance for new staff on how to support individuals safely. The staff told us that if a new hazard to people's safety was identified the managers of the service contacted the staff promptly to advise them on how to manage any

risk.

Most of the people we spoke with did not require support with taking their medicines. They told us they either handled their medicines themselves or were supported by a relative to do so. People who did require support handling their medicines told us they received the support they needed. They told us the staff who visited their homes knew the support they required and provided this. The staff we spoke with told us that all staff who handled people's medicines completed training in how to do this safely.

The registered manager carried out robust checks before new staff were employed by the service. All new staff had to provide evidence of their good character and conduct in previous employment to check they were suitable to work in people's homes. New staff were also checked against records held by the Disclosure and Barring Service to check they were not barred from working in a care service. People who used the service could be confident new staff had been checked appropriately.

Is the service effective?

Our findings

Everyone we spoke with said the staff employed by the service provided a good standard of care. People consistently told us the staff were professional and carried out their roles to a high standard. People said the staff who visited their homes were well trained and knew how to provide their support. One person told us, "They [care staff] are well trained, they are very professional and know that they are doing." Another person said, "They [care staff] are professional and well trained."

The care staff we spoke with told us they had completed training to give them the skills to provide people's support. New staff we spoke with told us they had completed training and worked with an experienced staff member before they worked on their own in people's homes. They told us the training and support provided prepared them for working on their own. One staff member told us, "The training was good and I knew the people I was visiting because I'd been before with [care manager]."

Most people who used the service did not require support from the care staff to prepare their meals and drinks. People told us they carried out these tasks themselves or were helped by their relatives. Where people did require support with the preparation of meals and drinks they told us the staff provided the assistance they required.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people live in their own homes applications to deprive them of their liberty must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

The registered manager was knowledgeable about the MCA and how to ensure that people's rights were respected. There was no one who was being deprived of their liberty when we carried out our inspection. The staff supported people to maintain their independence and to make their own choices about their care.

People told us that the staff who visited their homes asked what support they wanted and provided this. They told us the care staff always respected their wishes and only provided support with their consent. People told us they could refuse any part of their planned care if they wished and said the staff respected their decisions. One person told us, "[Relative] can refuse a shower if he does not want one." Another person said, "The staff are flexible with support [relatives wants] ... Mum can refuse a shower if she does not feel like one on a day, it happened this week."

All of the staff we spoke with showed they knew the importance of respecting people's wishes. One staff

member told us, "We have to respect the client's wishes." The staff said they would encourage people to agree to care that was essential to their health or wellbeing but would always respect individuals' wishes. They said they would record any refusal of care and report this to the service managers.

No one we spoke with needed support from the care staff to arrange health care appointments. People told us that they arranged their appointments themselves or were supported to do so by a relative. They told us that if they required support to visit their doctor a staff member from Bay Home Care would take them. Where appropriate people's care records gave advice for staff about how to monitor aspects of individuals' health and the health care services to contact if they had concerns about a person's welfare or wellbeing.

The staff we spoke with told us they knew people they visited well and would be able to identify if a person was unwell. They said that, if they were concerned about a person's health, they would advise and encourage them to contact their doctor and would do this for them if they wished. The staff told us they reported any concerns about an individual's health to the registered manager so they could ensure the person received support as they required. People received the support they needed to maintain their health.

Is the service caring?

Our findings

Everyone we spoke with told us the staff who visited their homes were "kind", "cheerful" and "helpful". One person said, "The ladies [care staff] are very friendly, very professional, it's like having a friend in the house, they are always smiling." Another person said the care staff were, "Nice normal people, the sort of people you would welcome to your home. The dog welcomes them, we have a laugh and a joke. They are very kind."

People told us they liked the staff who visited them. One person said, "They [care staff] are very kind, we get on very well." A relative we spoke with told us that, when staff were supporting their family member, "I hear gales of laughter from the bathroom, they have a good rapport."

All of the staff we spoke with were respectful when talking about the people they visited. People who used the service confirmed the staff treated them, their homes and families with respect. One person said, "They [care staff] are very considerate." Another person said all of the staff treated their homes with respect and told us, "One [staff member] even takes his shoes off."

Everyone we spoke with said the staff knew them well and knew how to make them feel at ease when they were providing their care. One told us, "They [care staff] have a joke and talk about football and music with me."

People told us the care they received supported them to remain living in their own homes and communities. They told us the staff supported them to maintain their independence and said this was important to them. One person said, "The service is brilliant, they [staff] support me to live as I want to." Everyone we spoke with told us the care staff provided a high quality of service that they valued.

The staff we spoke with said they were confident they were able to deliver a high quality of care and understood the importance of this. One staff member told us, "It's all about the care." Another said, "We have the time to care properly, how I'd want my own relative to be cared for."

People who used the service and the relatives we spoke with said the staff ensured individuals' privacy and dignity were protected while providing people's care. They told us the staff ensured doors and blinds were closed while people were supported.

No one we spoke with needed support from an independent person to express their wishes about their support. The registered manager of the agency knew how to contact local advocacy services if people needed support to express their wishes. Advocates are people who are independent of the service who can support people to make important decisions or to express their views.

Is the service responsive?

Our findings

Everyone we spoke with told us the service was responsive to their needs and wishes. One person told us, "I just need to call and they will help with whatever we need."

People told us that, if they wished for the times of their visits to be changed, their requests were agreed. One person told us, "Call times are flexible and can be changed to suit us." Another person told us that they had found the times arranged for their visits had not suited them. They said they had requested a change to their visit times and this had been agreed.

Each person who used the service had a care plan that detailed the support the staff were to provide. People told us they had been included in planning their care and had agreed to their own care plans. They told us the staff who visited their homes knew the support they needed and provided this.

During our visit to the agency office we saw that people who were able to do so had signed their care plans to show they had been included in agreeing to it.

The staff we spoke with told us the service had good systems to ensure they knew the support people required. They said that new staff worked with an experienced member of the care team before working on their own. They told us that this, along with reading people's care plans, ensured new staff were given information and guidance about how to provide people's care.

The staff told us that, if the care a person required changed, the managers informed the staff promptly and reviewed the individual's care plan. The staff also told us that, if they identified a person's care needs had changed, they knew to contact the managers of the service for the care plan to be reviewed.

The managers of the agency took account of people's preferences when allocating staff to support them. People were asked if they had any preference regarding the gender of the staff who provided their personal care. People told us their preferences were taken into account and they only received support from staff of the gender they preferred.

One person told us they did receive care from staff who were not of their gender and said this was "fine" with them. A staff member we spoke with told us they would not provide personal care to a person of the opposite gender "unless the client [the person receiving support] was 100% happy with that". The staff member told us there were times they worked as part of a mixed gender team to provide people's care. They explained how personal care would be provided by the staff member of the same gender as the individual, with the second staff member only supporting the person with non-intimate tasks. People could be confident that their preferences regarding their care would be respected.

Some people who used the service received personal care and also received support to access the local community. People who received this support as part of their care told us the staff provided the assistance they required.

Bay Home Care was based in the area where the service provided care. All of the people we spoke with told us that they knew the managers of the service. One person told us that they specifically chosen to use the service because they knew it was based in the local area. Another person said they liked to call at the agency office when they were in the town centre and knew they could speak to either of the service managers when they did so.

The registered manager had a procedure for receiving and investigating complaints about the service provided. People we spoke with said they knew how they could report any concerns about the care they received. One person told us, "I would know how to raise a concern and I have done, if I have any concerns the manager comes out or I would go to the office." They told us that, when they raised concerns, these were resolved promptly.

We looked at the actions taken in response to concerns that the service had received. We saw that concerns had been investigated thoroughly and written responses sent to individuals who had raised a formal concern. The registered manager monitored any concerns received so he could identify where the service could be further improved.

Is the service well-led?

Our findings

Everyone we spoke with told us the service was well-led. One person told us, "It [the service] is very well managed." Another person said, "They [registered manager and care manager] are very good people to deal with."

People told us they knew the managers of the service and consistently referred to the managers as being "professional" and "friendly".

Everyone we spoke with told us they would recommend the service to other people who required support. One person said, "I would definitely recommend the service" and another person said, "I would have no trouble recommending it [the service]."

People told us the managers of the service gave good guidance to the staff employed. They said the staff "know what is expected of them". This was confirmed by the staff members we spoke with. They told us they knew the managers of the service set high standards for staff to work to and were committed to providing a good quality service. The staff told us they received good support and guidance from the managers of the agency to meet this aim. One staff member told us, "[The registered manager and care manager] have been really supportive and helpful."

The staff told us they felt well supported by the managers of the service. They said they enjoyed working for the service and felt valued by the managers. One staff member told us, "I love my job." Another staff member said, "They [the managers of the service] appreciate the carers [care staff]."

People told us they were asked about their views of the service provided. We saw that when people telephoned the agency office, the managers used this as an informal opportunity to ask for their views and if there was anything in their care that needed changing. People had also been asked for their views at meetings held to review their care.

Each year the registered manager also asked people to complete a quality questionnaire to share their views of the service. We looked at the questionnaires that had been returned in 2016 and saw people had been very positive about the service provided.

People were able to complete the questionnaires without giving their names if they chose. This meant people could raise any concerns anonymously if they wished to. The questionnaires we saw raised no concerns but made positive comments about the staff employed and the managers of the service. We saw people had commented that the positive aspects of the service included the managers being available if they needed to speak to them.

We saw that, in the questionnaires completed in 2016, some people had indicated that they were not aware how to raise a complaint about the service. Other people had shared that they did not always receive a phone call from the registered manager if they raised a concern about the support provided. Following this

feedback the registered manager had ensured people were reissued with a copy of the service's complaints procedure. He had also revised the agency's complaints documents to include recording when people had been contacted by telephone after raising a concern. This helped the registered manager to check that people were contacted in line with the agency's procedure. When we carried out our inspection everyone we spoke with told us they knew how to raise a concern about the service. We saw that the registered manager had taken action in response to feedback received to improve the service provided to people.

Bay Home Care was a family run business and the owners worked as registered manager and care manager. As well as managing the service the registered manager and care manager worked delivering care to people. This meant people knew the owners of the service well and helped the owners to maintain oversight of the quality of the service.

Providers of health and social care services are required by law to inform the Care Quality Commission, (the CQC) of significant events which affect the service or people who use it. The registered manager of the service was very experienced and aware of the notifications that were required to be provided. At the time of our inspection there had been no incidents related to providing people's' personal care that needed to be notified to us.