Bailey Employment Services Limited

Bailey Care Services

Inspection report

2a Bury Street
Abingdon
Oxfordshire
OX14 3QY

Tel: 01235537124
Website: www.baileycare.co.uk

Date of inspection visit:
27 October 2017

Date of publication:
27 November 2017

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 Domiciliary Care Agency (DCA) on 27 October 2017. We told the operations manager two days before our visit that we would be coming. Bailey Care Services Domiciliary Care Agency (DCA) provides personal care services to people in their own homes. At the time of our inspection 30 people were receiving a personal care service.

At the previous inspection in December 2016 we found two breeches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. In that the provider had not taken the necessary action to ensure that medicines were managed safely. People's Medicine administration records (MAR) did not always contain accurate information relating to the administration of medicines. Not everyone had up to date or accurate risk assessments in place. We also found that people were not always supported in line with the principles of the Mental Capacity Act 2005 (MCA).

At this inspection we found that the registered manager had made significant improvements to address the areas of concern and bring the service up to the required standards. Where people needed support with taking their medicines we saw that medicine records were accurately maintained and up to date. People received their medicines as prescribed.

People's care records contained up to date and accurate information and guidance for staff to mitigate the risks associated with people's care.

The manager was knowledgeable about the MCA and how to ensure the rights of people who lacked capacity were protected. People were supported in line with the principles of the MCA.

The service did not have a registered manager. 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. However, the operations manager had submitted an application to become the registered manager. On the day of our inspection the operations manager was undergoing an interview with our registration team.

People told us they were safe. Staff understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse. Staff had completed safeguarding training. The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their role.

People were supported by staff who had the skills and training to carry out their roles and responsibilities. People benefitted from caring relationships with staff who had a caring approach to their work.

Staff spoke positively about the support they received from the leadership team. Staff had access to

effective supervision. Staff and the operations manager shared the visions and values of the service.

The provider conducted regular audits to monitor the quality of the service. These were carried out by the operations manager. Audits covered all aspects of care and were used to improve the quality of the service.

The service sought people's views and opinions. People and their relatives told us they were confident they would be listened to and action would be taken if they raised a concern.

People were supported to maintain good health. Various health professionals were involved in assessing, planning and evaluating people's care and treatment.

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 told us they felt safe.

Where people were identified as being at risk, assessments were in place.

People received their medicines as prescribed.

Staff understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse.

Is the service effective?

Good

The service was effective.

People were supported by staff who had been trained in the MCA and applied it's principles in their work.

Staff had the training, skills and support to meet people's needs.

The service worked with other health professionals to ensure people's physical health needs were met.

Is the service caring?

Good

The service was caring.

Staff were kind and respectful and treated people with dignity and respect.

People benefited from caring relationships.

The staff were friendly, polite and compassionate about providing support to people.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed to ensure they received personalised care.

Staff understood people's needs and preferences.

The service was responsive to peoples changing needs.

Is the service well-led?

Good

The service was well led.

The manager conducted regular audits to monitor the quality of service. Learning from these audits was used to make improvements.

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

The service had a culture of openness and honesty.

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 checked whether the provider was 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 27 October 2017 and was an announced inspection. We told the manager two days before our visit that we would be coming. We did this because the 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 conducted by one inspector.

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 looked at previous inspection reports and notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern.

We spoke with seven people, three relatives, seven care staff, two coordinators, the office coordinator, the administrator and operations manager. We looked at seven people's care records, five staff files and medicine administration records. We also looked at a range of records relating to the management of the service.

Good

Is the service safe?

Our findings

At the previous inspection in December 2016 we found the provider had not taken the necessary steps to mitigate the risks associated with people's care, in that not everyone had up to date or complete risk assessments in place and medicines were not managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

At this inspection we found that the provider had made significant improvements to address the areas of concern and bring the service up to the required standards. For example, people's care plans contained risk assessments which included risks associated with moving and handling, falls, medication and environmental risks. Where risks were identified plans were in place to identify how risks would be managed. For example, one person was at risk of falls. This person's care record gave guidance for staff on the level of risk associated with each care task and guidance on the appropriate use of moving and handling equipment. Staff were aware of this guidance and told us they followed it.

Another person was at risk of not taking their medicine. The person's care record gave guidance on how to best support and prompt this person to ensure their medicines were taken as prescribed. Staff we spoke with were aware of this guidance and told us they followed it. We spoke with this person who told us, "They make sure I take my tablets".

Where people needed support with taking their medicines we saw that medicine records were accurately maintained and up to date. Records confirmed staff, who assisted people with their medicines, had been appropriately trained and their competency had been regularly checked.

People told us they felt safe. Comments included; "They are absolutely fine, they really look after me", "I can't walk, I depend on them and they always make sure I am safe and well", "I trust them I feel extremely safe" and "I feel safe when they are here". A relative told us; "I don't have any concerns with the staff".

The service took appropriate steps to ensure that people remained safe in their own homes. For example, we saw evidence of how the service had communicated with the local authority and sent out individual letters to people, following concerns that bogus charity workers were operating in one of the geographical areas of the service. The letter contained information designed to keep people safe and what actions they could take if they had any concerns about unfamiliar people coming to their doors. This letter was sent to everyone using the service and people's relatives.

Staff were aware of types and signs of possible abuse. Staff had completed safeguarding training and understood their responsibilities to identify and report all concerns in relation to safeguarding people from abuse. Staff we spoke with told us that if they had any concerns then they would report them to the manager. One member of staff told us, "I would contact the manager straight away and report it. I would also make sure that I recorded it in the person's care plan and daily notes". Another staff member said, "I would report any concerns to the office immediately".

Staff were also aware they could report externally if needed. One staff member said, "I would go to social services, the person's G.P. if I felt it was really serious then I would call the police". Another staff member said, "I would raise it with (The Care Quality Commission)".

Staffing rotas confirmed there were enough staff to meet people's needs. People told us there were enough staff to meet their needs. One person told us, "They always turn up on time". Another person told us, "They turn up when they are supposed to. They let me know if they are running late because of traffic". A relative told us, "We get a copy of the staff rota for the week and it lets us know who and when they are coming". A staff member told us, "I think we have enough staff. They are good at keeping you with the same clients".

The service had an electronic telephone monitoring system to manage care visits. The system logged staff in and out of people's homes and alerts the service if staff were late. The operations manager told us and records confirmed that the service regularly monitored its visits. Records confirmed that there had been no missed visits.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised in people's homes. These included employment references and Disclosure and Barring Service (DBS) checks. These checks identify if prospective staff were of good character and were suitable for their role. One new member of staff told us, "I had to have a DBS done". We saw evidence that prior to recruiting new staff members the operations manager wrote to people asking them if they wished to be involved within the recruitment process.

Good

Is the service effective?

Our findings

The Care Quality Commission (CQC) is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and to report our findings. The 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.

At the previous inspection in December 2016 we found that people were not always supported in line with the principles of MCA. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

At this inspection we found that the manager had made significant improvements to address the areas of concern and bring the service up to the required standards. The manager was knowledgeable about how to ensure the rights of people who lacked capacity were protected. They told us, "We must assume capacity until proven otherwise. We must support people were necessary to make safe decisions and not just take it upon ourselves to make decision for people". The operations manager also told us "MCA has now become a standing agenda within supervision sessions". We saw evidence that this was happening.

Staff we spoke with had a good understanding of the Act. Comments included, "We must assume everyone is capable of making the right decisions, if someone makes an unwise decisions then we must not just label them as not having capacity", "We must always explore the least restrictive options first", "Decisions made must always be in the persons best interest" and "If decisions do need to be made for people then it is really important that we involve family, nurses, G.P's, social services, anyone who is involved with the person. But most importantly the person's family".

People told us staff were knowledgeable about their needs and supported them in line with their support plans. Comments included; "They are very good and very knowledgeable", "They know what needs doing" and "It's clear they have had specialist training to support me and my needs".

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff completed training which included; moving and handling, safeguarding, infection control, food hygiene, first aid, person centred care, equality and diversity, mental capacity and medication. Staff told us the training supported them in their roles. One staff member told us, "I like the training. The moving and handling training was very good". Another staff member told us, "I think the training is good".

Newly appointed care staff went through an induction period which was matched to The Care Certificate. The Care Certificate is a set of standards that social care workers are required to work to. It ensures care workers have the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support'. This included training for their role, shadowing an experienced member of staff and having their competencies assessed prior to working independently with people. One staff member told us,

"The induction was good. I shadowed the other girls for a week. I have really got to know the clients" and "I felt I could ask any questions whenever I needed to".

Staff told us, and records confirmed they had effective support. One staff member we spoke with told us "I feel totally supported". Staff received regular supervisions. A supervision is a one to one meeting with their line manager. Supervisions were scheduled throughout the year. Staff were able to raise issues and make suggestions at supervision meetings. One staff member told us, "We discuss everything and anything about our clients". Another staff member said, "I get supervision every three months and they always come out and do checks on us".

Staff told us and records confirmed that staff had access to further training and development opportunities. For example, staff had access to national qualifications in care. One staff member we spoke with told us, "I have just done my NVQ level 2 and now I have asked for my level three". Another staff member said, "I am currently doing my care certificate once I have completed the view is I will have the opportunity to do my level two (NVQ)".

Staff were also supported through spot checks to check their work practice. The manager and 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. One staff member told us, "We get regular checks. They do them to make sure we are doing everything within the persons care plan. We get a one to one afterwards with our seniors to discuss anything".

Most people did not need support with eating and drinking. However, some people needed support with preparing meals and these needs were met. People who did need support told us they received appropriate support. One person told us, "They help me with my meals and they do a good job". One person was at risk of malnutrition. This person's care plan gave guidance for staff to provide snacks and fluids for the person to have in between care visits. This person's daily records confirmed that this person was being supported in line with their care plan.

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.

Good

Is the service caring?

Our findings

People were complimentary about the staff and told us staff were caring. People's comments included; "The staff are wonderful", "They work hard", "They are fantastic", "My carers are brilliant" and "The staff are very helpful and kind". A relative told us, "The carers are very good". Another relative said "I think the staff are absolutely fantastic".

People told us staff were friendly, polite and respectful when providing support. One person told us, "They are ever so polite". Another person said, "The staff are cheerful and always polite".

People told us they were treated with dignity and respect. One person told us, "They cover me up and make sure things are done in private". Another person said, "They treat me properly in a way I expect to be treated". A relative told us "Doors and windows are always closed, whenever they are helping [person]".

We asked staff how they promoted people's dignity and respect. Staff comments included; "We always make sure other people have left the room", "It's important we ask people what care they want and how they want it doing", "Windows and blinds must be drawn to ensure privacy from the outside world" and "Cover people up as much as possible and always let people know what you are doing so they don't feel exposed".

Staff told us the importance of informing people of what was going to happen during care. One staff member told us, "The people we support are vulnerable and frail, so communication is important. It makes people feel safe and looked after. The last thing we want is people feeling frightened or afraid". Another staff member said, "It is about consent and dignity. I always think of putting myself in their position, I would want to know what was happening. For example, if the cream was cold. It also helps to build up a rapport and trust with a person". A person told us, "They are decent they let me know what's happening"

People told us they felt involved in their care. One person told us; I am always involved. They ask for my input". Another person said, "I definitely feel involved". A relative told us, "We are always communicating [persons] needs".

Staff told us how they supported people to do as much as they could for themselves and recognised the importance of promoting people's independence. One staff member told us, "It's about treating people as human beings and helping them to reduce any feelings they may have about losing control of their lives".

People's care plans guided staff on promoting independence. For example, people's care records gave guidance for staff on supporting people to be independent during personal care tasks that matched their individual wishes and needs. Staff were aware of this guidance and told us they followed it. One person told us, "They encourage me to do what I can".

The service ensured people's care plans and other personal information was kept confidential. 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.

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 plans contained a document titled 'about me'. This document captured person specific information that included people's preferred names, people that were important to them, favourite foods and pastimes, dislikes and were appropriate details of peoples pets.

Staff we spoke with were knowledgeable about the person centred information within people's care records. For example, one member of staff told us about how a person preferred to spend their time and people that were important to them. The information shared with us by the staff members matched the information within people's care records.

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's care records highlighted the importance of following a person's set routine when supporting them with personal care. The information shared with us by the staff members matched the information within people's care records.

Care records contained details of people's medical histories, allergies and on-going conditions. Care plans had been developed from the information people provided during the assessment process. Care plans were updated regularly to ensure the information was accurate. People we spoke with told us their care was regularly reviewed by the service. A relative told us, "We sit down now and again and go through things".

We saw evidence of how the service responded to people's changing needs. For example, one person needs had a change in relation to a medical condition. The service responded and sought guidance from a healthcare professional. We spoke with this person and they told us, "They got (healthcare professional) out to see me straight away". They are good with things like this". A relative told us; "If there are any changes to [person] then they are on it straight away. They get the help they need. They always let us know".

Another person's needs changed and as a result they were required to attend an appointment at a local hospital. As a result the service changed the time of the care visit to match the person's needs. We spoke with this person's relative and they told us "They helped by moving our appointments around. They are very good at things like this. They try their best".

The home sought people's views and opinions through satisfaction surveys. We noted that the results of the satisfaction surveys were positive. People told us they felt confident in giving feedback on the service and that they would feel listened to. One person told us, "I have said things before and they have listened". Another person said, "We get annual surveys asking us for our thoughts, I think they would act on anything I said, but to be honest I've never had to raise anything".

People knew how to raise concerns and were confident action would be taken. The service's complaints policy was available to all people, and a copy was kept within people's care records. Records showed there

had been nine complaints since our last inspection. One person told us, "I would what to do if I had a compliant. But I haven't had one yet".

Good

Is the service well-led?

Our findings

The service did not have a registered manager. 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. However, the operations manager had submitted an application to become the registered manager. On the day of our inspection the operations manager was undergoing an interview with our registration team.

Staff spoke positively about the operations manager. Comments included; "[Manager] is present", [manager is approachable", "I really like her and feel I can go to her if I need to" and "I think [manager] is very good and efficient".

The operations manager told us their visions and values for the service were, "To ensure that the care we deliver is person centred. We want to make sure people are safe and we deliver a safe service" and "We need to sustain the positive changes that we have made". There was a positive and open culture in the office and the manager was available and approachable. Staff in the office spoke with the operations manager in an open and trusting manner.

The operations manager was actively involved with other organisations, commissioners and the local community. We saw evidence of how the operations manager had contributed by offering ideas and suggestions to these groups on how to promote effective care.

Team meetings were regularly held where staff could raise concerns and discuss issues. The meetings were recorded and made available to all staff. One member of staff told us, "We get regular meetings and we talk about what's going on".

Regular audits were conducted to monitor the quality of service. These were carried out by the Operations Manager. Audits covered all aspects of care including, care plans, risk assessments medication and the day to day running of the service.

Information was analysed and action plans created to allow the manager to improve the service. For example, a recent audit of care plans identified that there were inconsistencies in the level of person centred information that was being captured. The operations manager then arranged for people to have a care plan review to further explore and capture important person centred information.

A recent audit of medicines records had identified shortfalls in people's MAR charts. We saw evidence that initially the information from the audit was cross referenced with people's daily records to ascertain that people had received their medicines as prescribed. Once the operations manager was confident that people had received their medicines, they then addressed this with staff at a team meeting. We also saw evidence of how the operations manager had offered additional training for staff who felt they may need it. As a result the standard of records improved.

Accidents and incidents were recorded and investigated. The manager used information from the investigations to improve the service. For example, a number of incidents surrounding staff punctuality were identified. The operations manager addressed this with staff in individual supervisions and team meetings. As a result staff time keeping improved.

Staff understood the whistleblowing policy and procedures. Staff told us they felt confident speaking with management about poor practice. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The manager of the service had informed the CQC of reportable events.

The service worked in partnership with visiting agencies and had links with G.P's, district nurses and healthcare professionals.