

Bayliss and Wilcox Community Support Ltd

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Community Support Ltd

## Inspection report

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Tel: 01530271492

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Bayliss & Wilcox is a domiciliary service providing personal care to people in their own homes. They were providing personal care for one person at the time of this inspection. The service supported a total of 10 people.

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

The care provided was safe. Staff knew how to protect people from avoidable harm and abuse. Systems were in place to record and report any concerns regarding people's safety and welfare. The provider had protocols in place for the safe administration of medicines.

Staff were experienced and skilled in their role. They made prompt referrals to healthcare services when required, and supported the person to monitor their health. Staff practice complied with the requirements of the Mental Capacity Act.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were kind and compassionate. Systems within the service supported people to be involved with decisions about their care as much as possible. Staff practice promoted people's rights and independence.

Care was tailored to the person who received the support. Care plans were comprehensive. Staff supported person to access the community and educational opportunities. The provider had a complaints procedure in place.

The registered manager and their team maintained good oversight of the service. They supported staff to fulfil the responsibilities of their role. They completed regular checks and audits to monitor the quality of care people received.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 11 July 2017)

### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

## 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Bayliss and Wilcox Community Support Ltd

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### 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

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.

Inspection activity started on 16 January 2020 and ended on 20 January 2020. We visited the office location on 16 January 2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require

providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager, operations manager, frontline care manager and deputy manager.

We reviewed a range of records. This included care records of the person who received personal care . We also reviewed two staff files in relation to recruitment. A variety of records relating to the management of the service including minutes of meetings, audits, policies and procedures were reviewed.

#### After the inspection

We contacted relatives of person who received care and a senior support worker. We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had policies and systems in place to keep people safe from avoidable harm and abuse. Staff had good knowledge of what would constitute abuse and were confident to report any concerns they may have.
- Staff maintained robust records of any concerns. Records showed concerns were reported to relevant authorities and managers took required actions to keep people safe.

Assessing risk, safety monitoring and management

- Risk assessments were in place to manage risks associated with the care the person who used the service received. They guided staff on the appropriate actions to take to ensure person's safety.
- Feedback we received from staff showed they applied information in risk assessments in their practice.

Staffing and recruitment

- The registered manager deployed enough staff to meet the assessed needs of the person who used the service.
- Staff recruitment protocols were safe. The provider completed relevant pre-employment checks which assured them staff were suitable to work with people who use care services.

Using medicines safely

- The provider had a comprehensive policy which supported the safe administration of medicines.
- The person who used the service required minimal support with medicines. Staff received training and support to enable them to competently provide support with medicines when required.
- The registered manager completed regular audits to check medicines were managed safely. Audits showed medicines were administered as prescribed.

Preventing and controlling infection

- People were protected from the risk of infections. The provider had policies and procedures in place to promote good hygiene standards in people's homes and safe disposal of waste.
- Staff had access to, and wore protective equipment such as gloves when they provided personal care support.

Learning lessons when things go wrong

- Incidents and accidents that occurred were recorded. The managers reviewed these and made referrals to other agencies such as the local safeguarding authority.

- The registered manager and staff team told us how they had learnt lessons and improved their practice following incidents. This minimised the risk of reoccurrence and showed incidents were used a tool for improving the service.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff completed a holistic initial assessment of needs before people used the service. This was to ensure the service would be able to safely meet people's needs.
- Assessments included information which reflected people's needs, history and preferences. For example, information about their styles of communication, life story and routines.
- Records showed the person who received the service, their relatives and other professionals involved in their care were involved in their assessment.
- The provider had systems in place to ensure staff practice was non-discriminatory. This supported them to ensure people received a good standard of care regardless of gender, beliefs or cultural identity.

Staff support: induction, training, skills and experience

- Staff had access to relevant training. They told us the registered manager was proactive to meet any identified training need they may have. This included specialist training to understand and support specific needs of people they care for such as autism, epilepsy and diabetes.
- Senior staff had completed higher level health and social care qualifications.
- Staff were skilled and experienced in their role. They received regular supervision support. They told us this supported them to be confident in their role.

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

- Staff supported person with preparing their meals. They ensured they had supply of nutritious meals and drinks they enjoyed. They provided supported with managing their nutritional needs.

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

- The service had protocols in place which supported the person to access health care services and ensured they received consistently good care. For example, care records included a 'hospital passport'. This is a document which detailed the needs and preferences of people with a learning disability, and supports health professionals to understand and meet their needs.
- Staff supported the person with monitoring their health and referred them to health care services where required.
- Staff worked collaboratively with other professionals to meet the person's needs. For example, they worked with an occupational therapist to understand and meet the person's sensory needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- At the time of our inspection, the person who used the service was not deprived of their liberty.
- Staff had a good understanding of the MCA, and their practice showed they complied with the requirements of the MCA. For example, they sought consent from the person or their representative before they provided support to them. Their representative had the relevant authority to represent the person who received the service.
- The provider's policies and procedures acknowledged people's rights.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff demonstrated kindness and compassion for the person that used the service.
- In our conversations with staff, they demonstrated an interest in the person's wellbeing and proudly stated person's achievements and positive outcomes person had reached.

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

- Records of care showed staff involved and supported the person to express their views in all aspects of their care. Records reflected staff had respected their wishes and supported them according to their preferences.
- Records showed the person was supported by an advocate when required. Advocates are professionals who support people to understand and promote their rights and wishes.
- Staff demonstrated they followed the person's care plans relating to the level of support they required to communicate their views and wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff feedback showed promoting the rights and independence of person who used the service was at the centre of care delivery.
- The service had protocols in place to ensure the care the person received promoted their rights to privacy.
- Staff treated person with respect.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care delivered was tailored to the needs of the person who received the service. Staff provided support according to person's needs and preferences.
- The person's care plan was comprehensive and in an easy read format. They showed the person and their relatives were involved in developing their care plan.
- Information in the care plan was written from the person's own point of view, detailing their interests, preferences and history. This guided staff to provide support that met the person's needs.
- Staff regularly reviewed care plans to ensure they reflected any changes in the person's needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had systems in place to ensure people could understand relevant information about their care. For example, assessment and care plans were in easy read format to aid people's understanding of their care records.
- Records of people's care needs included their communication styles. This supported staff to provide information in a way that would be easy for people to understand and be involved in their care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported the person to visit and maintain a relationship with their family and loved ones.
- Staff supported the person to access activities within their local community. This ensured they were not socially isolated.
- Staff worked collaboratively with education professionals to support the person to access educational opportunities.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy. The operations manager told us they had not received any complaints about the service.

End of life care and support

- The provider had an end of life policy. This meant the service had plans and systems in place to provide

dignified and comfortable care when people came to the end of their life. Nobody at the service received end of life care.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had a transparent and enabling culture which sought to improve outcomes for people who used the service. Their ethos and aims promoted an inclusive, person centred approach which put people at the centre of service delivery.

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 managers demonstrated a good understanding of their responsibility to act on the duty of candour. They spoke openly of any challenges they had encountered and the actions the service had taken to overcome these.

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

- There were clear tiers of accountability and support within the service. Staff were all clear about the expectations of their role and were supported at all levels to fulfil them.
- Staff had regular supervision with their line manager. They told us they found their supervision meetings effective for reflecting on their practice and receiving support to fulfil their role.
- The registered manager was knowledgeable about the requirements of their role including their regulatory responsibilities. They knew how and when to notify the CQC of relevant incidents that occur at the service.
- The registered manager completed comprehensive audits and checks on the quality of care staff provided; they used the findings from these audits to continually improve the service.

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

- The service had protocols and policies in place to promote an inclusive approach to care provision, considering people's requirements with respect to their religion, disability, needs and preferences. This included maintaining links with the health and education professionals to ensure the support people received was diverse.
- Staff involved the person who received care and their family in decisions about care planning.
- Staff were engaged with service planning and were supported by their managers to share ideas for improving the service.

Continuous learning and improving care; Working in partnership with others

- The service sought feedback from people who used the service and their relatives about their experience of care. Records of responses received showed people and relatives had a positive experience of receiving care at the service.
- Records showed there was a multi-disciplinary approach for meeting needs. This involved other professionals from health, local authorities and education agencies. This supported staff in delivering good outcomes.