

Bellevie Care Ltd

BelleVie Abingdon, Oxford, Witney, Wantage, Henley- on-Thames

Inspection report

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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

BelleVie Abingdon, Oxford, Witney, Wantage, Henley-on-Thames, referred to as BelleVie in this report, are a new service registered to provide support to people living in their own homes in Oxfordshire and surrounding areas. The people the service supported include younger adults and older people including those living with dementia. Not everyone using BelleVie receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'. Where they do, we also take into account any wider social care provided. On the day of our inspection BelleVie were supporting 20 people with the regulated activity of 'personal care'.

People's experience of using this service

People benefitted from the team that wholeheartedly demonstrated the provider's aim "To reinvent the future of care work." The provider operated a model built on self-managing, local teams of wellbeing support workers, as they referred to their staff, who put people first. As the results the entire team worked to create a 'world where people who give and receive care and support are valued and thrive together'.

The very initial contact with a person looking to arrange the support always started with asking the person, "What makes it a good day for you?" This way people were a driving force behind any decisions about how they wished to have their care delivered and spend their day. This was demonstrated in feedback we had from people and their relatives who described the service as exceptional and told us staff went an extra mile to meet their needs. People's privacy, dignity and confidentiality was respected at all times.

The provider believed in care being delivered 'per person not per hour' therefore they invented a unique approach that allowed staff to focus on people, and not on the clock. This also meant the flexibility was being maintained - whether this meant some days people needed staff to stay a little longer or needed someone to pick up their shopping.

The real strength of the team was to ensure the provider's values that aimed to "Encourage ambition and creativity" were being achieved. Staff excelled in their creativity to ensure people were empowered to pursue their interests and hobbies and worked with partners organisations to encourage people to reduce any social isolation. We saw numerous examples where the staff supported people to fulfil their wishes.

People were supported to meet their healthcare and nutritional needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People benefitted from suitably trained, competent and skilled staff whose competencies had been regularly assessed.

People were supported to take their medicines as prescribed and where needed they had risk assessments in place surrounding their mobility or other individual conditions. The provider had good system to record and review accidents and to ensure good infection control.

The provider had various quality assurance systems and worked on a new project where the aim was to create a whole "Wellbeing Operating System" with the framework and tools necessary for a model of self-managing teams to support people to live their best lives. There was a registered manager who acted as a coach to provide guidance to the team of wellbeing workers. There was an open, transparent and a very positive culture demonstrated by the entire team.

The provider's innovative approach to care was recognised and the provider won in the 'Best start-up home care service or new franchise' category at the national Home Care Awards 2021. The judges commented on BelleVie's goals to make support work a sought-after, professional career and congratulated the team on the outstanding feedback they received from the people they supported.

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

Rating at last inspection

This service was registered with us on 28 April 2020 and this is their first inspection.

Why we inspected

This was a planned inspection based on the date of registration of the service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme.

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 exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

BelleVie Abingdon, Oxford, Witney, Wantage, Henley- on-Thames

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 completed by one 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.

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 are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 48 hours notice of the inspection. We visited the registered office location on 27 July 2021.

What we did before the inspection

We reviewed information we had received about the service. The provider was asked to complete and returned to us their Provider Information Return (PIR) 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 looked at the intelligence we held and notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection

During the site office visit we met the registered manager and reviewed a range of records. This included three staff files in relation to recruitment and training. A variety of records relating to the management of the service including audits and alerts logs were also viewed. We reviewed three people's electronic care records and samples of medicine records. We telephoned one person and four relatives to seek their views.

After the inspection

We received feedback from eleven staff members. We contacted four external professionals and received feedback from two. We received additional feedback from two people's relatives. 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The provider operated a model based on self-managing, local teams situated in geographical areas linked to local towns. This meant people experienced a continuity of care by being supported by a small number of regular staff who knew them well.
- People praised the staff and how they experienced care in an unhurried way. One person said, "I don't feel rushed at all."
- The provider followed safe recruitment practices that ensured people were protected against the employment of unsuitable staff.

Assessing risk, safety monitoring and management

- People's care records included risk assessments based on people's individual needs. These were such as surrounding mobility or using equipment. Risk management information included details required for staff to provide safe support. For example, one person used a piece of equipment to aid mobility and the risk assessment included the details of the equipment and how to use it safely.
- Staff visited regular people therefore they had a good understanding of people's needs and any risks.
- The risk assessments included people's environmental safety. People's living areas had been assessed to ensure the safety of them as well as of the staff.

Using medicines safely

- Where people needed support with taking their medicines, they had their medicines as prescribed. Staff received training in medicine management and their competencies had been assessed.
- The provider used an electronic system which meant medicine administration records (MAR) were completed in a real time. The system would not allow for the visit to be marked as complete if any part of the assessed support required, such as assisting with medicines was not completed. This added security and ensured an extra layer of assurance that people had their medicines as needed.
- People's care records listed people's prescribed medicines, the correct route and the frequency in which these needed to be taken which was in line with good practice.

Preventing and controlling infection

- The provider had ensured there was a sufficient stock of the personal protective equipment (PPE). A staff member said, "BelleVie have PPE champions in each department who always carry stock around for us to go and collect or we could always just ask."
- Staff received training in infection and prevention control that included COVID-19 specific information. Early into the pandemic the provider partnered with a local research lab and arranged weekly COVID-19 testing for their staff which they continued until the government wider testing scheme became available.

- People's relatives told us staff followed safe practices and wore PPE. One person said, "(Staff) always wear PPE."

Learning lessons when things go wrong

- The provider's electronic system was set up in a way that flagged up any changes to people's conditions or any near misses. These occurrences were gathered and discussed by the local teams on weekly basis to ensure right action was taken to make sure people were safe. For example, when a concern was raised around one person's deteriorating mobility they had been referred to an Occupational Therapist (OT).
- The provider based their business model on organisations, both based in and out of the country that operated a similar model. This meant they were able to identify what worked well and which aspects needed adapting to the local needs.

Systems and processes to safeguard people from the risk of abuse

- People's relatives told us people were safe receiving care from the team. One relative said, "Oh yes we trust the carers, because they are so good in every way."
- Staff received training in safeguarding adults and regularly discussed the best practices in this area.
- The provider had safeguarding and whistleblowing policies in place and team were aware how to report safeguarding concerns or how to contact the local safeguarding team.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- The provider's structure identified a role of a Trusted Assessor who ensured people's needs had been assessed before they started to receive support. This included areas in line with the good practice, for example, people's oral hygiene.
- The assessment included the same areas as the care planning sections; people's physical, emotional, communication and health needs. These assessments then were being discussed by the local teams to ensure if they were able to meet people's needs.
- People's relatives, where appropriate, were involved in the assessment process.
- People and external professionals praised the quality of care provided by the team.

Staff support: induction, training, skills and experience

- Staff received a structured induction which included five days classroom based training. This had not been compromised by the pandemic and was replaced when needed with online meetings. The induction breakdown included such areas as the Care Certificates standards. This is a nationally recognized set of training modules that as a good practice should be completed by staff working in social care. The training also incorporated some practical skills, such as around PPE and getting familiar with the provider's policies and ethos. Staff also received specialist training if a person's needs required so, such as catheter care.
- Staff told us the training they had prepared them well for their roles. One staff member said, "BelleVie are exceptional in supporting their staff with training. I have received a really good amount of training with the company and they are always passing on different courses or training modules to help us work with individual clients according to their needs."
- The traditional way of staff supervision was replaced by a Confirmation of Practices system that took place between staff. To do so they followed a template that guided them to consider their own strengths and competencies in various areas, receive feedback from a buddy (a colleague) and commit to an improving practices or developing skills in certain areas if required.
- People's relatives praised staff's skills. One person told us, "Yes, we are happy with the support that our family member gets" and "Yes, and they seem very good on inducting new staff."

Supporting people to eat and drink enough to maintain a balanced diet. Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's dietary needs were outlined in people's care records. For example, one person's care plan stated how the person needed support with their nutritional needs and they were likely to be reluctant to eat with other people present.

- Staff assisted people with meals preparations and encouraged good nutrition.
- People were supported to maintain good health and wellbeing. People had support as needed around liaison with various health professionals. For example, one person's daily record notes showed staff were making a referral for a piece of equipment required. Another person was prescribed a new medicine and the staff liaised with the local dispensing practice to ensure the medicine was included in the medicine monitored system (MDS) known as dosette box.
- People's care plans included information of people's health histories and past diagnosis.
- BelleVie worked well with various external professionals to ensure people's healthcare needs were met. This included, the Single Point of Access Team, District Nurses, Palliative Care teams, Occupational Therapists, Physiotherapists, Speech and Language Therapists and Continuing Health Care teams. The company attracted a number of experienced professionals, for example, the team was joined by two qualified Occupational Therapists and a retired District Nurse.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- All the feedback we received reflected people's rights to make their own decisions were respected at all times.
- Information about people's Power of Attorney was included in their care records.
- Staff received training in MCA and gave us examples how to respect people's rights. One staff member said, "Everything is a choice. I always involve clients in decision making by offering choice and guidance but ultimately it is their choice. I talk directly to the clients asking them what works for them, how can we maintain their independence and how my assistance would be best used for them. Everyone is deemed to have capacity until proven not, this to me means that the client is the decision maker and I am the guidance."

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- There was evidence the provider's values that included: "Make life worth living", "Build trusted relationships" and "Be driven by compassion" were demonstrated by the entire team. Everyone at BelleVie had people's wellbeing at heart and people were in the centre of the care delivery. Demonstrating this ethos in daily care delivery meant the team successfully created and embedded a meaningful, compassionate, strong and visible person-centred culture.
- The registered manager explained the organisation operated a structure which could be described as an inverted triangle with people on top, then teams (staff) and the leadership at the bottom. As the registered manager advised this was to recognise the leadership were to serve the staff and having people on top led 'all they did'. This structure reflected the way the entire team operated which always put people first. A staff member said, "Our clients come first, we (the team) – we've got each other."
- Everyone we spoke with, felt this aim was being achieved because of emphasis the provider had on ensuring they recruited the right staff. The registered manager told us a valued based recruitment was used and it aimed to attract people from all walks of life, often new to care but those who chose caring industry as they really wanted to make a difference. A staff member said, "I think we're unique. The process of applying was different - the questions they ask you really make you think outside the box it's also about how you will fit within the team." Another staff member said, "You can't train someone to be a compassionate and a decent person."
- People and their relatives were extremely positive about the caring nature of the team. People told us how this positively impacted their lives. Comments received included, "They are an exceptional agency" and "Absolutely, they show great care towards me in all areas."
- External professionals were also highly complementary. One professional said, "Patients' care is exceptional, especially psychological and emotional support, not just personal care."
- Since the company had started operating BelleVie received several compliments recorded via an independent, external source, a leading home care review website. Comments received very positive and included, "So far our experience has been excellent", "As a family, we got to know the BelleVie team too and they were individually amazing and made such a difference to [person]" and "All aspects were good but what deeply impressed me was the professional yet human approach of everyone I came into contact with and willingness to go the extra mile."
- The provider's ethos was to celebrate diversity. People's care records included information about their diverse needs, this included faith, cultural needs and sexuality. One person's care plan said, "[Person's] faith is important to them and [person] enjoys going to church when possible. During the lockdown [person] did try to join some online services but couldn't get on with these."
- Staff received equality and diversity training and more importantly had an in-depth appreciation how to

support people ensuring their diverse needs are met. For example, the team supported one person whose faith meant they had very specific needs regarding their care. This included, how the person was bathed, the importance of prayer and reflection as part of the routine, the importance of being able to listen to choral music. The staff followed the person's wishes, also involving the person's relative which ensured the person's cultural needs were met.

- The provider's caring culture was also extended to the entire team and confirmed by the feedback we received from staff. Staff gave us numerous examples where the team showed care and supported each other with any issues around their personal circumstances recognising their need for the wellbeing especially after the year of working throughout the pandemic.
- Additionally, the provider was an accredited Living Wage Employer. This meant they were committed to paying the real living wage, rather than the minimum wage.

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

- The ethos to appreciate the importance of involving people was well embedded into the organisation's culture. The very initial contact with a person looking to arrange the support always started with asking the person, "What makes it a good day for you?" This way people were a driving force behind any decisions about how they wished to have their care delivered and spend their day. Upon starting supporting people a link wellbeing worker was being allocated whose role was to continuously find out more about the person they supported.
- People and their relatives were highly complimentary about the way they were being involved and listened to. Comments included, "We just had an excellent assessment and it was very thorough!" and "The assessment was well carried out that's why we chose that agency in contrast to other interviews we carried out with other agencies!"
- There was an emphasis on matching people with likeminded staff. In order to enable people this choice, people's care files contained short bio summaries for the staff working within their areas. For example, one staff member's bio stated they liked cooking and knitting. Another staff member's bio stated they loved singing. This information was used to empower people to express their wishes about any additional activities they would like to do.
- Staff knew what mattered to people and what was important to them. For example, one person was a big fan of one of the local football teams. The staff organised for the person to go and see their favourite team play. They also ensured the person had their favourite teddy with them dressed up in the outfits that corresponded with the football team's colours. Another person's wish was to be able to sit in the sun with their pet on their lap. Despite the person being bed bound the team organised for the person to enjoy the sun safely and even their pet cooperated to make their wish come true.
- People and their relatives told us, and records confirmed, people were actively involved in making decisions about the support. We saw people's views had been gathered during the regular reviews which discussed their needs, goals, wishes and feedback.

Respecting and promoting people's privacy, dignity and independence

- People told us, their dignity and privacy were always maintained. Comments included, "Yes, very they have a lovely attitude" and "I can't praise the more highly".
- People's care plans highlighted the importance of promoting independence and clearly stated which tasks the person required support with. For example, one person's care plan stated how the person was 'fiercely' independent and staff were to help them with changing of the bedding which the person was no longer able to do.
- Staff gave us examples of how they promoted people's independence.
- The provider had good systems that ensured people's confidentiality was always respected. Staff received training in information handling. Each staff member had own login details to access any information stored electronically. Staff appreciated the importance of maintaining confidentiality. Comments from staff

included, "I protect their personal information and only share information within the company as per company policies and procedures and always treat clients with the utmost respect and dignity" and "I do not use the client's names or identifying information outside work."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Providing a person-centred care was well embedded in the culture of the organisation. It started with a thorough person-centred assessment which looked at a person as a whole and not just their care needs. We reported on in the previous section of this report. Then each person was matched with a wellbeing link worker which meant they acted as a key carer and their role was to get to know the person and their wishes well. A wellbeing link worker's role was also to liaise, where appropriate with the person's family to ensure smooth and clear communication route. People were being encouraged to raise any comments or feedback directly to their wellbeing link workers on ongoing basis, there were monthly catch ups meetings to review how the person found the care and six monthly reviews with where applicable the involvement of the person's family and friends.
- People and their relatives shared with us their views of the experiences of care which highlighted the significant, positive impact this way of delivering support had on people. One person said, "Yes, the carers and I discuss it all together". One relative said, "The service really listens to the family and we feel very involved in [person's] care." Another one said, "They go above and beyond they are a super agency."
- The provider recognized the traditional model of delivering care in a 'time and task' way could be leaving those being supported feeling like tasks on a tick list. Additionally, it could discourage staff from considering working in care what should be a fulfilling, meaningful career. Their person-centred approach focused on more than just the practical side of care with staff going above and beyond to connect with people on a personal level to bring joy to each visit. As the provider's website stated they believed in care being delivered 'per person not per hour'. This approach, completely unique to BelleVie, allowed staff to focus on people and not on the clock. This also meant the flexibility was considered - whether this meant some days people needed staff to stay a little longer or needed someone to pick up their shopping.
- This innovative approach to care was recognised and the provider won in the 'Best start-up home care service or new franchise' category at the, national Home Care Awards 2021. The judges commented on BelleVie's goals to make support work a sought-after, professional career and congratulated the team on the outstanding feedback they received from the people they supported.
- An external professional commented on the excellent support the team provided, "They (BelleVie) are always the first agency that we recommend in the area as they are very professional and caring."

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

- There was an abundance of evidence that one of the provider's values that aimed to "Encourage ambition and creativity" was being successfully implemented by the staff working together with people. This was to

ensure people were empowered to pursue their interests and hobbies as well as working with other stakeholders to reduce any social isolation.

- People's care plans included a detailed information about their life histories and how they wished to spend their time. For example, one person's care plan said how the person had a passion for literature and the theatre. Another person's care plan stated, "[Person] was a professional dancer and loved to travel. Also loved to cook but needs support with this now. [Person] was very active in the community and loves to meet new people and chat to them. Still enjoys gentle exercise."
- There was a role of a community link wellbeing worker whose role was to search for any local clubs and activities that then could be suggested to people. This meant they would signpost people's link wellbeing workers to any activities that might interest people. People's reviews included the following prompt questions; "If I could, I would..." and "What things would you love to do, see or are there any places you'd love to go?"
- We saw numerous examples where the staff supported people to fulfil their wishes. For example, one person was assisted for a lunch out and we saw pictures of the person enjoying their pudding. Another person was assisted to bake a cake. We saw the picture of the person proudly presenting their cake and the caption said, "It tasted better after getting some fresh air on the walk to the local shop." These ad hoc social outings possible due to the flexibility of the support the team provided.
- There were further numerous plans on how to materialize people's wishes with the easing of the lockdown restrictions. A staff member said, "We've got lots of trips planned once people feel it's safe to go." One relative asked to comment on how the staff supported the person with social stimulation commented, "Oh my world they are so good, they try their best in all areas."

End of life care and support

- When people required end of life care, the team worked closely together with other external professionals, such as the local hospice to ensure the person had a dignified and a pain free death. Staff had training surrounding end of life care and an in depth understanding of how an excellent end of life should look like. Staff also told us they were able to choose if they felt they wanted to be involved in the delivery of end of life care, which could be upsetting at times for example, depending on personal circumstances.
- Information about people's resuscitation status was reflected in their care records. Staff excelled in ensuring people's last wishes were met. A staff member said, "One person was a huge dog lover and told me they loved dogs, I took my small dog and the person was stroking the dog, crying and saying how happy they were. It brought him such joy; the family told us the person was really looking forward to visits. We went to funeral too to pay the respect and we continued to emotionally support the family."
- We received excellent feedback from two relatives of people who recently were supported by BelleVie with end of life care. The feedback demonstrated the families not only appreciated the care given to the person but also the care, attention and compassion given to the families. One relative said, "The care was absolutely wonderful. Couldn't ask for better care, excellent. (They did) little things that made huge difference, [person] died peacefully, I could not wish for a better outcome. I couldn't have managed without them." Another relative said, "Outstanding, made our lives easier the last few weeks. What a blessing it was for us, I had such peace of mind, I was able to go home with a smile on my face knowing they were here (with the person)."
- An external professional told us about how they worked with BelleVie supporting a person whose family struggled to come to terms with person's deteriorating condition. They said, "The team excelled at maintaining good communication. Worked as a one team." They also added, "They always strive to improve. They're particularly keen to learn and we have done group work, debrief with the team following the person's death." This meant the team were proactive in accessing ways of getting feedback if there was anything they could have done better or different which showed a transparency and an approach that advocated a continuous learning.

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.

- People's communication needs were included in people's assessments and known to staff. The team excelled at recognising where people's wellbeing could be affected by their communications needs not being met. For example, the team supported one person who was being discharged from hospital and was thought to be at the end of her life. The person stopped eating, drinking, taking medication and had been withdrawn. At the first contact with this person BelleVie staff identified the person did not have their hearing aids, glasses or dentures with them in the hospital. On return home and having all aids in place, the person began drinking and eating and their overall wellbeing improved.
- The provider ensured the team reached out to people in several different ways, using pictures, videos, through printed literature or using pictures and text in the recommended font size. The communication way was adapted to the person's needs, for example using a phone, via teleconference, in person or via email. The registered manager told us they conducted some conversation's via teleconferencing facility which enabled families who lived some distance away to participate. Or when they communicated with a deaf person looking for support, they did so via email as this was their preferred method of communication.
- The provider also used 'hospital passports' as appropriate when for example a person had a planned treatment and to ensure the relevant information about how they preferred to communicate their preferences was available to the hospital staff.

Improving care quality in response to complaints or concerns

- The provider had a policy on how to record and manage complaints and it was available to people and included in their care folders. The policy highlighted people were encouraged to make suggestions and comments as the organisation saw this as an opportunity to improve.
- No people or relatives we with spoke with raised any complaints and all knew how to raise any issues if needed. Comments included, "I would raise concerns, but I have none" and "Yes, if I wasn't happy about anything, I would complain but then I haven't complained as I am happy with the service."
- The provider's complaints log demonstrated ten complaints were received in the last year. The management team looked at trends and patterns to improve the service for people. For example, the provider carried out the root cause analysis and found four of these complaints could have been avoided by better communication processes. To address it they reviewed the systems of informing teams and clarified the process of relaying the messages on needs to be relayed to and how. They then reviewed the effectiveness of these actions in a review with people concerned and the outcome was the complainants were 'extremely happy' with it.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider operated a model built on self-managing, local teams of wellbeing support workers. This meant the entire team worked together to ensure people received outstanding care and quality assurance was everyone's business.
- The provider used various electronic systems to record information about people, to capture any risks, near misses and areas that needed to be focused on. These were being discussed by the teams on weekly basis to ensure appropriate action was taken. We saw examples of these alerts and where some related to a person's changing condition, we saw action was taken to address it.
- The team demonstrated they promoted continuous learning and improving. This approach was demonstrated by individual staff when we spoke with them. Staff were keen to learn if there were any areas they could improve in order to enhance the service provided to people.
- The provider gathered and monitored on regular basis a number of metrics, such as around staffing, training and care delivery to ensure there was a good capacity of skilled staff and enough flexibility to meet people's needs.

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

- People and relatives praised the service and told us it was well managed. One person said, "They go over and above when it comes to caring for [person], they have been excellent. I would highly recommend this agency."
- Staff told us they liked the self-managing aspect as it was empowering and made them valued and listened to. One staff member said, "I was with NHS before which was hierarchical - now is flat structure, we're all even."
- Feedback received from staff demonstrated their experience of working for the company was very positive. One staff member said, "We have (staff's) friends' joining the company as they saw how happy we were."

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

- The provider used satisfaction surveys office to gather people's views. They shared with us the results of the most recent survey and we saw the results were overwhelmingly positive.
- People and their relatives were able to share their feedback their views during regular reviews and by speaking with people's link wellbeing workers or any other staff.
- Due to the team operating a model of self-managing teams, involvement of staff was a very much an

ongoing process. One staff member said, "Self-managing teams are great; genuine discussions and we reach agreements as a team only guided by coaches. We know the people the best as we spend the most time with them."

Working in partnership with others

- The team worked well in partnership with local health professionals and a range of stakeholders.
- The provider worked closely with various external organisations, such as Innovate UK creating a digital project called "Wellbeing Operating System". The project's aim was to create a whole "Wellbeing Operating System (OS)" with the framework and tools necessary for a model of self-managing teams to support older adults to live their best lives.
- The provider also empowered their staff to showcase the way BelleVie operated. Two of the staff volunteered to deliver a presentation to a group of staff and service user of another provider who were considering adapting their operating model in a similar way to BelleVie's self-managing teams. A staff member told us referring to the director, the co-founder of the company, "She really believes in empowering every one of us, she wholeheartedly embraces this approach, she said she could talk about her ethos etc. but it was more important to hear from us as a team."
- The external professionals complimented the service. Comments we received included, "All of my interactions with the team have been fantastic. They listened and took any feedback on board."

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 management team were aware of their responsibilities in relation to duty of candour and people's relatives complimented the ease of communication.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The provider was aware of their responsibilities to submit relevant notification appropriately to CQC.