

Beda Homecare Ltd

Beda Homecare Ltd trading as Home Instead Senior Care

Inspection report

Suite 2, 106A Bedford Road
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MK43 9JB

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 3 and 5 February 2016 and was announced.

Beda Homecare Ltd trading as Home Instead Senior Care provides personal care for older people and people with dementia care needs within their own homes. At the time of our inspection, the service was providing support to 22 people.

The service did not have a registered manager, but a manager was in place who was going through the registration process. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe. Staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse and people had risk assessments in place to enable them to be as independent as possible.

Effective recruitment processes were in place and followed by the service and there were sufficient numbers of staff available to meet people's care and support needs

Medicines were administered safely.

Staff members had induction training when joining the service, as well as regular ongoing training.

Staff were well supported by the manager and had regular one to one supervisions.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met.

People were able to choose the food and drink they wanted and staff supported people with this.

People were supported to access health appointments when necessary.

Staff supported people in a very caring manner. They knew the people they were supporting well and understood their specific requirements for care. Staff had created unique and innovative experiences for people so that they were able to express themselves and feel like an individual.

People felt involved in their own care planning and were able to contribute and direct the way in which they were supported.

People's privacy and dignity was maintained at all times.

People were encouraged to take part in a range of activities and social interests of their choice.

The service had a complaints procedure in place and people knew how to use it.

Quality monitoring systems and processes were used effectively to drive future improvement and identify where action was needed

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.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

Is the service effective?

Good ●

The service was effective.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision.

People could make choices about their food and drink and were provided with support if required.

People had access to health care professionals to ensure they received effective care or treatment.

Is the service caring?

Outstanding ☆

The service was very caring.

Staff treated people with kindness, warmth and compassion. They recognised people as individuals and placed them at the centre of their service.

People were introduced and matched with staff members who they either had interests in common with.

Staff members created and shared innovative ways of personalised care.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good ●

The service was responsive.

Care and support plans were personalised and reflected people's individual requirements.

People were involved in decisions regarding their care and support needs.

There was a complaints system in place, of which people using the service were aware of.

Is the service well-led?

Good ●

The service was well led.

People knew the manager and owner, and were able to see them when required.

People were asked for feedback on the service they received. Systems were in place to respond to feedback appropriately...

Quality monitoring systems were in place.

Beda Homecare Ltd trading as Home Instead Senior Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 February 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff and the manager would be available on the day of the inspection to help respond to our questions and to provide us with information.

The inspection was carried out 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 also reviewed the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We spoke with four people who used the service, five relatives of people that used the service, four support workers, one senior support worker, an administration staff member, the manager, and the owner of the service. At the time of the inspection there was no registered manager in place. There was a manager who was going through the registration process as the previous registered manager had left the service.

We reviewed six peoples care records to ensure they were reflective of their needs, two medication records, six staff files, and other documents, including quality audits.

Is the service safe?

Our findings

People told us they felt safe when receiving care. One person told us, "I feel safe and secure when they visit me." A relative of a person receiving a service told us, "I'm very happy that the staff care for my mother in a safe manner." All of the people we spoke with made similar positive comments.

The staff we spoke with all had a good understanding of the signs of abuse and how to report it. One staff member said, "I would immediately call my manager and let them know. I'd make sure the person was safe, and report to the police if that was necessary." All the staff we spoke with during our inspection had a good understanding of safeguarding and whistleblowing procedures and we saw that they had received training in these areas. We saw that there was a current safeguarding policy in place to guide staff, and that the service had notified CQC of any incidents as required. Safeguarding information and contact numbers were displayed within the office team meeting room for staff to see.

People had risk management plans in place. Needs assessments had been carried out to cover many areas of a person's life including physical, social and emotional, environmental and personal care. Within these areas, details were broken down and included the specific details for a person and any risks that were apparent. Guidelines were then written for staff to follow. Written prompts were present to remind them to assess a person's mood and current condition on each visit, recognising that some people may have fluctuating ability and therefore risk levels would change.

Each person had an environmental risk assessment. This enabled the staff visiting to familiarise themselves with a person's home, and noted where important points were such as gas, water and electricity cut off points, should they encounter any problems.

People were supported to understand what staying safe meant. The owner of the company showed us information about an 'Anti-Scam' campaign which she had made links with and volunteered her time to. It focused on informing older people about potential fraudulent phone calls, emails or sales people. She informed us that this had been rolled out for the staff to promote with the people that they visited.

Safe recruitment practices were observed by the service. The manager told us, "All staff have a full Disclosure and Barring Service check (DBS) and six references before they start work. Once the checks are complete, we then put people on our induction programme. It is only after the induction learning is complete that we offer them a post." This was to ensure they were suitable, competent and safe to work with people who used the service. The staff we spoke with confirmed that they had gone through these pre-employment checks. Records showed that all necessary checks had been verified by the provider before each staff member began to work within the home.

People told us that there were enough staff working for the service. People told us that they always had the same members of staff visit them, and when those staff were on holiday or unavailable, someone else would always come out. All the people we spoke with told us that they had never had a visit missed. The staff we spoke with also felt that staffing levels were good. One person told us, "If we are on leave or ill, then our clients are always covered by other staff, including the manager and owner who also go out on visits." The

owner of the company told us, "We are very conscious of the amount of clients we take on. We always make sure that we have enough staff to cover all of our clients needs." We saw staff rotas which showed us that shifts were being covered by a consistent amount of staff.

Medication was administered safely. The people we spoke with were happy that they received the support they needed to take medicines within their home. Staff told us that most of the people they supported administered their own medication, and their role was simply to prompt and remind people. We saw Medication Administration Records (MAR) for two people who did need support to administer. These records were accurately filled out. We saw that staff had received medication administration training.

Is the service effective?

Our findings

People were well matched with staff members to enable effective care and positive relationships. One person told us, "The manager came out with a staff member who she thought that I would get on well with. We had a good chat and then I was happy for her to regularly visit me." The staff told us that they were matched with people according to the person's wants and needs. One staff member said, "For example, one of the people I support used to be a teacher, and I used to be a teacher as well. The fact that we have that in common was very important to create a good match. We have lots to talk about." All the staff we spoke with told us that they had initial introductions with people they supported so that people could decide on who provided their care. All the staff we spoke with felt that this was a very effective way of providing good care, as they could get to know and understand people's needs

People told us the staff were well trained. A relative of a person said, "I have always been very impressed with the staff. They really know what they are doing." Staff also told us they felt well trained. One staff member said, "We cover all the basic training on our induction, but then we have refresher training as well." Another staff member said, "After the basic training such as manual handling, safeguarding and health and safety I shadowed other staff." All the staff we spoke with confirmed that they went through the induction process before starting work, and also regularly attended new and refresher training. We saw records within staff files that showed us induction had taken place, as well as certificates obtained. We also saw a training matrix used to collate the training information and keep track of when people required updates. The manager also carried out regular competency checks to make sure that standards were kept up. We saw that the service had an interactive training kit, that allowed staff to role play and experience various sensory deprivation. This enabled the staff to have a better idea of what certain people felt like whilst being cared for.

Staff were receiving regular supervision and told us that they felt well supported within their roles. One staff member said, "Supervisions are regular. We cover all topics and it's very helpful to have the time to sit and discuss things." We saw records that supervisions were happening on a regular basis within staff files.

Staff members obtained consent from people that they supported. People told us that the staff would ask for their permission before carrying out any care tasks. One person we spoke with said, "The staff always ask me first." Staff told us that they would always gain consent from a person before carrying out care, and if the person did not have capacity, then they would consult a family member. The staff we spoke with all had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the (MCA). 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 were supported to maintain a healthy and balanced diet. One person said, "The staff help with cooking, they are very good." Staff told us that family members supported people with food preparation,

but some people did need support with cooking. One staff member said, "I help one person with her cooking, I try and make it a fun and sociable experience. I find that the best way to encourage a person to eat is to eat with them so that they have the company." We saw that some people had eating and drinking information within their care plans.

People were supported to access healthcare services. One relative said, "I support [person's name] to appointments, but I know that the staff can also help out if I'm not available." A staff member told us, "I support one person to all of her medical appointments." We saw that people had information within their files that detailed medical needs and support that they had been given.

Is the service caring?

Our findings

People told us they were extremely well cared for by the staff. One person said, "I couldn't hope for better care, they are so good to me." One relative said, "We have had the same staff member come in and support [person's name] from the start and they are fantastic." Another relative said, "I'm so happy with them, I looked around at different companies and none of them were right. I then found this one, spoke with the owner and I knew straight away they were the right ones. I would recommend them to anyone."

All of the people we spoke with were able to tell us of the immediate contact they had with the provider and how they felt that her caring approach came across straight away. People said that she was able to relate to their needs or needs of family members and that her caring nature was instilled throughout the staff team. One relative said "[Persons name] has completely changed since being cared for by the service. They used to be quite depressed, but they have really come out of themselves now. Little things like the owner sending a postcard when she was on holiday make all the difference."

Staff told us they put the person at the centre of what they do. All the staff we spoke with were able to tell us how much they cared for the people they were supporting. They felt this was helped by the fact that they were matched up with people and had become their regular member of staff, which meant they could concentrate on providing individualised care for them. Staff told us that they were given plenty of time to get to know the people they supported by reading care files and risk assessments, as well as the initial meetings with people and their families. Staff told us they focussed on the personality, history, likes and dislikes of people, as well as the care tasks that were required.

Staff and people we spoke with were able to tell us about the positive caring relationships that had been developed, and gave examples of some innovative ways in which this had happened. One example was a staff member who had worked with a person across a number of weeks to write a poem. They supported them to write about how they felt as an older person, reflecting back upon their life and their experiences and expressing their views so that the staff could understand things from their points of view. This poem and the work that was put into creating it, was shared with the staff team as a positive example of developing a caring relationship. This work enabled the person to express themselves and have their thoughts and feelings valued. The staff member was extremely motivated to express how much they valued recognising a person's skill and talents, to the rest of the staff team. We saw a record of notes detailing the work that had taken place with the person within their file.

One person had been encouraged to share information about their personal history with the staff member supporting them. This resulted in the staff member organising a trip to the church where the person had got married 47 years previously. We spoke with the person who was able to tell us how important the staff member was to them and how well cared for she felt. The trip enabled them to reflect upon and remember an important event in their life, and feel that their history and life story was valued and respected. We saw that photographs of the trip were taken and shared within the staff team. Our conversations with the provider and the manager confirmed that they were determined to use examples such as this to encourage the staff team to all develop caring relationships and focus on the details that mattered to people.

Another person had spoken with a staff member about memories of regularly seeing an airship from a local hanger as a child. The staff member was then inspired to go and source some old photographs from a local camera club of the very same airship. This allowed the person to vividly recall positive memories from their past and enjoy them with others. We saw that this process was documented and shared within the staff team to inspire other staff to come up with ways to stimulate people's memory and engage in meaningful conversations.

Staff knew people's individual communication skills, abilities and preferences. One relative said, "The staff always give [person's name] time. They are never rushed. It's so important as they are able to express themselves when given enough time." One staff member said, "People we support have different abilities, and even with one person, their ability to communicate and understand can regularly change. We are given enough time on our visits to communicate properly with people. We don't just rush in and rush out."

People felt involved and supported in planning and making decisions about their care and support. One person said, "The staff and the owner are regularly checking that I am happy with things. I am fully involved." A relative said, "We were all involved right from the start. We met with the owner and the staff to go over everything in detail and make sure we were happy." A staff member said, "People's care is regularly reviewed with them and nothing is missed. From day one we are told to check with people and involve them and their families as much as possible." We saw records that showed people and their families had been involved in their own care planning and had signed care plans to say they were happy with the content. The care plans we saw were focused on the individuals' personality and preferences. The care plans gave staff clear guidance to concentrate on a person's likes and encouraged the staff to use time to make meaningful conversation with people. The care plans we saw also reminded the staff that people's needs and wants may change on a day to day basis, so to always make sure that they were feeling okay with anything that was happening.

The staff recognised the importance of enabling people to remain independent. We saw an action plan that one staff member had put together for a person they support. It detailed various short term and long term goals that they were working on with the person and how they were going to achieve it together. For example, a person had successfully rebuilt the confidence to use the toilet within their own home instead of a commode. The staff member had detailed the difficulties that needed to be overcome to achieve this, and had worked with the person to regain their independence safely. We saw that this approach of realising goals with people was promoted throughout the staff team.

People's privacy and dignity was respected by the staff. People and relatives we spoke with felt that the staff were very conscious of respecting their privacy and dignity. One staff member told us, "We always respect people's rights to privacy. It can be difficult when a person's family member asks you something about them and you know that the person doesn't want certain information revealed, but we always promote the person's right to privacy." We saw that staff had been able to consistently support the same people, and were given the time to get to know people as individuals. Staff told us this meant they considered the privacy and dignity of people in the same way as they would a family member or close friend. We saw that the service had a privacy and dignity policy and that it was promoted within the staff team.

The owner was aware of advocacy services and had promoted them within the service. Nobody had the need to use any as of yet.

Is the service responsive?

Our findings

People had their needs assessed before receiving care from the service. The manager and provider showed us that the service had an initial assessment policy, and that individuals were assessed by them to make sure that their needs could be met by the service.

People received care that was personalised to their needs. A relative said, "I've been around when the staff are visiting and I can see that they know [person's name] really well." We saw that people's care plans had information that was personalised to them. Their likes and dislikes were documented as were their personal routines.

The service supported people to maintain relationships with family members. The provider had set up a support network for family members of people with dementia. This enabled people to meet and discuss similar issues that they were going through. We saw emails from a relative of a person that confirmed they were encouraged to speak to other people in a similar position and that it helped their relationship with their own family member.

The service supported people to maintain social relationships and take part in activities. We saw evidence that one person was being supported to a music for memory session. This enabled them to take part in an activity with other people as well as being able to stimulate their memory.

People's needs were regularly reviewed and updated as required. Staff were able to relay any changes to a person's needs, and the manager reviewed people's care plans and risk assessments regularly. People had the same staff members providing care to them. This meant that staff had the responsibility of taking a lead role in updating information about a person and being the main staff link to a person's care within the service.

People were given the time they need to receive their care in a person-centred way. The manager, provider and all the staff we spoke with told us that this was enabled by taking on 30 minute visits as a minimum. Many of the staff were able to tell us that in previous employment, 10 or 15 minute visits were the norm, but this did not allow people to receive good care. The provider said, "Ideally we like to have one hour long care visits, but we do have a few 30 minute visits that work for some people. We will not take on anything less than 30 mins as we don't believe that you can provide a quality or person centred service in anything less than that." We saw that staff rotas had been put together that showed both the consistency of staffing and the minimum of 30 minute visits for those receiving care. We saw that the staff were using an electronic monitoring system to ensure that people received the full amount of time allotted to them.

The service listened to people's concerns and complaints. People we spoke with were aware of the formal complaints procedure. We saw that one complaint had been made, and that actions and responses were recorded and carried out.

Is the service well-led?

Our findings

People told us the manager and the provider were very open, easy to talk to, and approachable. A relative of a person told us, "I speak with the owner and manager regularly, they are lovely people and very easy to contact when I need to." All the staff we spoke with told us that they felt well supported by the manager and owner and that they enjoyed working for the service. One staff member said, "This is by far the best care service I've worked for. We are given the time that we need to do things right." Another staff member said, "The manager and owner have high expectations of us. It's really good and I feel motivated to do my job well." The manager told us that the office had an open door policy and that staff were encouraged to come in and see them. During our inspection, we saw several staff members had come in to the office to speak with the manager and provider.

The service was organised well and the staff we spoke with felt confident that they could provide good care and do their job well. The staff were aware of the visions and values of the service and were all motivated to continue to work for the service and help it grow. We saw that the service had a staff structure that included a manager, a senior carer and carers. The senior carer's role was a newly developed role that the company had introduced and the person in that role felt confident about taking it on. None of the staff we spoke with had any issues with the running of the service or the support they received. The staff all knew the provider of the service well and reported to us that she regularly supported them and carried out care visits herself.

The manager of the service was newly appointed and going through the process of registration. She was aware of the needs of the people and staff and was able to express which areas of the service she wanted to improve upon. Our observations were that the relationships between the provider, manager and the staff were open and transparent and that the manager had good knowledge of the staff team and the skill sets that staff had.

We saw that accident and incident recording procedures were in place and that actions were created to address any issues or update risk assessments as required. We confirmed that the manager had a good understanding of when to send appropriate notifications to CQC as required by registration regulations.

Staff meetings were held for staff to share information and discuss the service and a newsletter was circulated to staff to keep them informed. We saw minutes from staff meetings that confirmed they were taking place and that a range of topics were being discussed such as training, people that use the service, and general service updates.

The service sought feedback from the people that used the service. All the people we spoke with told us they were regularly being asked to feedback on their satisfaction with the service. We saw that a system was in place to contact people once every three months to check on the quality of the service they were receiving. This was done via phone calls and visits. The service carried out quality audits in several areas including care planning, risk assessments, and staff files. The documented audits that we saw all had space for comments and actions to be created where necessary.