Beaumont Healthcare Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

Beaumont Healthcare is registered to provide personal care to people who live in their own homes. At the time of this inspection a service was provided by 115 care staff to 380 people living in the Cambridgeshire and Mid Bedfordshire areas.

This announced inspection took place on 20 and 21 July 2016.

The service had a registered manager in place. 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.

The provider's policy on administration and recording of medicines had been followed, which meant that people received their prescribed medicines. Audits had identified issues with medicines' management and action had been taken.

People had their needs assessed and reviewed so that staff knew how to support them to maintain their independence. People's care plans and risk assessments contained person- focussed information. The information in the risk assessments was not up to date for three people.

There was a sufficient number of staff available to ensure people's needs were met safely. The risk of harm for people was reduced because staff knew how to recognise and report abuse. Staff were aware of the procedures for reporting concerns, systems were followed and concerns were investigated.

Staff were only employed after the provider had carried out comprehensive and satisfactory pre-employment checks. Staff were well supported by the registered manager and senior staff through supervisions and staff meetings.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. We found that staff were trained in the principles of the Mental Capacity Act 2005 (MCA) and could describe how people were supported to make decisions.

People received care and support from staff who were kind, caring and respectful to them. Staff treated people with dignity and respected their privacy.

People knew how to make a complaint. The provider investigated any complaints and as a result made changes to improve the service.

The registered manager was supported by a staff team that included a number of other managers and care

workers. The service had an effective quality assurance system in place. People and relatives were encouraged to provide feedback on the service and their views were listened to and acted on.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risks to people's safety were not always managed effectively.

Staff were following safe practices when they administered or recorded medicines, which meant people received their medicines as prescribed.

The recruitment process ensured that only suitable staff were employed to work with people using the service. Sufficient numbers of staff were employed to meet the care and support needs of people.

Is the service effective?

Good

The service was effective.

Staff understood the Mental Capacity Act 2005 so that people's rights to make decisions about their care were respected.

People received care from staff who were trained and supported to provide safe and appropriate care. Staff knew the people they cared for well and understood, and met their needs.

Is the service caring?

Good

The service was caring.

People received care and support from staff who were kind, caring and respectful.

People were involved in the decisions about their care.

Staff treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People were involved in the assessment and reviews of their care. Care plans had been updated to enable staff to meet

people's needs effectively.

People and their relatives knew how to raise a concern or complaint. A complaints procedure was in place and the registered manager investigated and actioned any concerns or complaints.

Is the service well-led?

Good

The service was well-led.

The registered manager was experienced and staff were trained to provide people with safe and appropriate care.

People and staff were supported in case of emergencies as there was an out of hours system in place.

There were systems in place to continually monitor and drive improvement of the standard and quality of care that people received.

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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 20 and 21 July 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. It was undertaken by one inspector and an expert-by-experience whose area of expertise included domiciliary care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. We also asked for feedback from the commissioners of people's care and the local authority safeguarding team.

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.

Nineteen people using the service, three relatives and seven community professionals responded to the CQC questionnaires sent prior to the inspection.

During our inspection we spoke with six people who used the service and two relatives on the telephone. In addition to the registered manager, we spoke with the regional manager, one senior staff member who audited medication administration records, a senior review officer and four members of staff.

As part of this inspection we looked at records in relation to keeping people safe from harm and medication administration records. We also checked the care plans and risk assessments for seven people. We checked the files of three staff. We looked at records in relation to the management of the service including audits, complaints and meeting minutes. Information was provided in relation to a monitoring report from the local authority dated 20 April 2016.

Requires Improvement

Is the service safe?

Our findings

The level of risk to people and staff was not always managed effectively. We saw that risk assessments about each person's home environment had been completed. Other areas of risk that had been identified included moving and transferring, falls and medication administration.

Although information in the PIR showed risk assessments were 'undertaken allowing us to manage any potential risks' we saw that risk assessments were not always completed or updated with the most current information. For example, in relation to one person, the information from the local authority commissioners had not been used to complete a risk assessment about the person's mental health, safety and wellbeing. This meant the person and staff were at risk and staff did not have the necessary information to meet the person's needs safely. Another person had recently had a review but the information about an incident had not been included to update the risk assessments to protect them or the staff.

On the second day that we visited the office, evidence was provided that the risk assessments for those people we had discussed with the registered manager had been completed or updated. The registered manager and area manager said that improvements would be made as a result of this inspection. They would complete random audits of people's files to check that all risk assessments were up to date after reviews had taken place. They also said that people new to the service would have their care plans and risk assessments scrutinised by another member of staff. That staff member would ensure all information from external assessments had been incorporated in the person's care plan and risk assessments.

People told us that staff had been trained in relation to the use of the equipment used to support them in their moving and transferring. One person said, "Things work fine and staff know how to use it [equipment used in their home] safely."

People told us they felt safe with the service and the staff who cared for them. One person said, "Yes I do [feel safe]. They [staff] are very friendly and confident." All 19 people who used the service and three relatives, who responded to the CQC questionnaire, agreed they felt safe from abuse or harm from the staff.

The registered manager said all staff had received training in safeguarding people from harm, including refresher training where necessary. Staff confirmed that they had undertaken training in safeguarding people from harm and were able to explain the process to be followed if incidents of harm occurred. New staff told us they had undertaken training during their induction. One staff member said, "We safeguard vulnerable adults and children. There are different types of abuse and we have a duty to look out for mental, physical and other types [of abuse]. We make sure the information is confidential. We write everything down and document the facts." Another member of staff said, "I have completed my updated [safeguarding] training. I would always report [to seniors in the office] and talk to the [registered] manager. [If necessary] I would report outside Beaumont and we [all staff] have the phone numbers on cards [carried at all times]."

The registered manager showed us information about one issue that had been raised with the local authority as a safeguarding. The registered manager was informed on the day of the inspection that the

issue had been graded as an issue of concern not a safeguarding by the local authority. Procedures had been followed and the issue had been investigated by the registered manager. There was information that showed action had been taken as a result of the issue and staff had received further training.

People were satisfied overall with the level of staff who provided their care. One person told us that there had only been occasional times when staff had arrived late and there had never been any missed calls. They also said that sometimes they had been contacted to say the staff member was due to be late, which was usually due to traffic problems or emergencies that cropped up when providing care to other people. One person said, "The timekeeping's fine and I know who is coming when." People told us that in general they had regular staff to support them. One member of staff said, "70 per cent are the regular people I care for."

The provider followed robust staff recruitment procedures. Staff confirmed the checks that had been completed. For example, a satisfactory employment history, Disclosure and Barring Service (DBS) check, (this check is to ensure that staff are suitable to work with people who use this service) and proof of previous employment. Staff said that they had provided other identity documents including recent photographic identity and a declaration of their health status. The regional manager stated that the service did not update staff DBS checks but in supervision staff were asked of any changes in their status.

Staff told us they had training in medication administration and competency checks were made through a booklet style questionnaire and also by senior staff. Senior staff told us they observed staff competency in medication administration when they completed spot checks in people's homes. There was evidence on file that confirmed the checks had taken place. One person told us they had assistance from the service as staff always ensured their medication was accessible, although they (the person) took the medication themselves. Medication administration records (MAR) had been completed and audits had taken place. Any issues were noted together with the action that had been taken. Action included staff supervision, further training or competency checks.

All 19 people who used the service and three relatives, who responded to the CQC questionnaire, agreed that the staff minimised infection and cross contamination because they used the appropriate personal protection equipment (PPE) such as gloves and aprons where appropriate.

Good

Is the service effective?

Our findings

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.

The registered manager and all staff had an understanding of the MCA. The MCA protects people who might not be able to make informed decisions on their own about their care or treatment. Where it is judged that a person lacks capacity, a person making a decision on their behalf must do this in their best interests and in the least restrictive manner. All the people we visited or spoke with were able to make their own decisions. The registered manager and staff said there was no-one who was not able to make decisions about their care needs or who would require a specific assessment under the MCA in relation to best interest decisions.

Staff understood people's needs well and they were able to tell us about aspects of people's care. Staff ensured that the care provided was only with the person's consent, and the people we spoke with agreed that was the case. A member of staff said, "The MCA is that we have capacity to take a medication, yes or no, if we want to take it. If you can't decide [or understand why you take it or need it] you may not have capacity. The best interests are the duty of care to look after the service user [person]. Treat them like family." Another member of staff said, "Everyone has capacity to [make] decisions unless proven otherwise. A [person] has the right to accept medication [or not], have a choice of clothing [and so on]. It's about the best interest of the [person] to be comfortable." Thirteen out of 19 people who responded to the CQC questionnaire felt the care and support they received from staff was consistent.

Staff told us about the induction training programme, which provided all the mandatory training expected by the provider. Staff confirmed that following their induction they were supported with shadow visits (working with a more experienced member of staff). They then worked as a second member of staff where people required two staff to assist them. Staff told us that the methods were useful and as a result felt more confident before they then had to provide care on their own to people in their own homes.

People were supported by staff who had the necessary skills and who knew the people they cared for well. Staff confirmed that their competency was assessed through observations in areas such as medication administration and moving and repositioning people. One staff member told us, "I am training today in strokes and Parkinson's [Disease]. It's new training. I've recently done my safeguarding competency. " Staff told us that during all training they had undertaken, the trainers made sure staff understood the learning and how it impacted on people. One staff member said, "You can ask for more training. Also during the training like hoists or learning disability, the trainers ask if we need any [further] training we just have to let them know." Eighteen people who responded to the CQC questionnaire felt the staff had the skills and knowledge to provide the care and support they needed.

People said that at times it could be difficult with staff where English was not their first language. They indicated that this had not caused any concerns regarding their (people's) safety but it could be difficult to establish effective communication. The provider had recognised that there were issues and had provided

the necessary training. This was to ensure staff who spoke English as a second language had assistance with 'everyday' conversation to enable them to communicate with people they supported. Staff confirmed that this training was provided. People told us they felt the staff had the skills to be able to provide their care. One person said, "They [staff] go for training so they are up to date."

Staff told us that they received regular supervision and appraisal. One staff member told us, "I get supervision every three months and I think I get an appraisal about every six months." Another member of staff told us, "I had supervision last month. It's very useful and helps me improve if I have made small mistakes."

People told us they were supported with their meals. One person said, "'They [staff] make me drinks and nice food." Another person told us they just had assistance with drinks, which they indicated worked well and they were happy with it. People we asked told us that staff always left them with sufficient food and drinks that they (the person) had chosen. Where snacks and meals had been provided by staff, audits showed where suggestions had been made to improve the nutritional benefits to people.

People told us that staff would help them make any necessary appointments for healthcare such as GP visits, chiropody, eye tests and hearing tests. One person when asked said, "Yes. They would do if I asked them to." Staff told us that they would ring the emergency services when required and then inform the office staff. There was evidence in some people's daily notes that a GP or district nurse had been called. We saw staff reported any healthcare concerns or issues, which they dealt with in people's homes, to the office staff. This showed that any changes in people's health were monitored and referrals made when necessary.

Good

Is the service caring?

Our findings

People told us that the staff were caring and kind. People said things such as, "Oh yes. Whatever they do, they do it because they want to do it. I can't fault them," and, "They always ask if I need anything else." Information in the quality assurance report showed that one person had commented, "The staff are all very kind and helpful." Another said, "They are good carers [staff] dedicated to helping those needing help."

People told us that they had a good relationship with the staff who provided their care. One person, who received support of two staff at each call, told us they always knew at least one of the staff who supported them. Information in the PIR showed that the induction of staff was used to 'put people at the centre of everything they do'. This was confirmed by staff who were undertaking induction training during the inspection.

People were able to speak up for themselves or were supported by a relative who would speak up for them if it was necessary. The regional manager said that, if necessary, an independent advocate would be sought to help anyone if they wanted it. Advocates are people who are independent of the service and who support people to make and communicate their wishes. Staff said they would ask for information from staff in the office about advocates if necessary.

People told us staff treated them with dignity and respect. One person said, "Yes I feel respected." In the responses received from the CQC questionnaires everyone who responded said they were always treated with dignity and respect. Nineteen people and three relatives who responded to the CQC questionnaire said that staff were caring and kind.

Staff told us how they ensured people's privacy and dignity by closing the curtains, keeping doors closed and covering people when providing personal care. They told us how they involved people in their everyday decisions about their care and how they provided choices to them. One person said, "Yes they do [ensure respect, privacy and dignity], as much as anyone can when they are wiping your bottom."

Seventeen people who use the service and three relatives who responded to the CQC questionnaire said the support they received helped them remain as independent as possible. One person we telephoned said, "Yes by them helping me do the things I need help with, but not with things I can do myself."

Seventeen people and three relatives who responded to the CQC questionnaire said they would recommend the service to other people.

Good

Is the service responsive?

Our findings

Information in the PIR showed that initial assessments were completed with people or their representatives. Evidence in people's files showed that, where applicable, the local authority who was commissioning care provided a written assessment. The information provided was used as the basis for the person's care plan for the service. However we found in one file that a significant piece of information from the local authority had been omitted in the written care plan for the person. The regional manager said that a new care plan would be written. We received evidence that this had been done. The registered manager and area manager said that improvements would be made as a result of this inspection. They said that people new to the service would have their care plans scrutinised by another member of staff. That staff member would ensure all information from external assessments had been incorporated in the person's care plan.

CQC questionnaires showed that 15 out of 19 people said that they had been involved in developing and reviewing their care. One person said, "Yes I am [involved in the reviews] and have them regularly." Staff said they had a responsibility to inform the office staff if there were any changes in people's health and wellbeing. One member of staff said, "If there is something to say about the [person using the service] they [office staff] always do it [deal with the issue or change for the person]." Where reviews had taken place they had been recorded and agreed with the person. However we saw that three care plans out of seven had not been updated, which meant staff did not have current information to meet some people's needs. For example one person had changes in their behaviour that had not been addressed to ensure staff were able to deal with them effectively.

Information in the PIR showed that the service was flexible to meet people's needs. For example if a person needed a different call time because of a GP or hospital appointment the time was changed. There was evidence in the daily notes that one person had the time changed for their usual call because of an appointment. People we telephoned told us they felt the regular staff understood them saying, "Yes. I've got a small team of regular carers," and "Yes they [staff] do [know of my likes and dislikes]. I'm happy with them all."

The provider had a policy and procedure in place that enabled people to raise any concerns or complaints about the service. There was information on how to make a complaint about the service in each person's file in their home. There were details of the telephone numbers including the out of hour's number when the office was closed. Information from the CQC questionnaire showed that 17 people knew how to raise a complaint but only 13 said the service responded well to the concerns raised. People we spoke with were aware that they could complain and to whom. One person told us that they would have no hesitation in making a complaint if it was necessary.

We saw that there had been seven written complaints since January 2016. We checked the complaints logged in the service, the investigations that had been undertaken and the actions taken as a result. Following a complaint about staff not closing keypads safely the provider had changed a policy in relation to keypads. In another complaint the time spent by staff in the person's home was disputed, which resulted in the provider introducing electronic monitoring in one geographical area. Although the registered manager

and regional manager said that each person making a complaint had been informed with the actions taken there was no evidence of this on the file.

Good

Is the service well-led?

Our findings

There was a registered manager in post at the time of the inspection and they were supported by a general manager, the regional manager, two area managers, four full time support managers and one part time and care staff. One person said, "I think [the service is] very well managed."

People said they would telephone the staff in the office if they needed to. Information from the quality assurance report showed 109 people out of 125 knew how to contact the office. One person said they had telephoned the service and always had a response. Staff said they could always talk to the staff in the office and were able to pop in at any time to discuss anything. One member of staff said, "We all need each other. We need the senior carers; the seniors need the managers and so on so that we know what people need." Another member of staff said, "The managers are always asking if we [staff] need anything."

All staff said they would feel confident about reporting any concerns about poor practice (whistleblowing) to the registered manager and senior staff in the office and that action would be taken where necessary. Staff were aware of the whistleblowing policy and where to find all the necessary telephone numbers. One staff member said, "I would have no remorse to report [any concerns]." Another said, "[Whistle blowing] is if something is not right or policies and procedures haven't been followed [by staff]. [Confidentially] we can take it to a higher authority." They confirmed how they would raise concerns, but had never had to do so.

The registered manager told us there were systems and processes in place to monitor the quality of the service provided so that people could be confident their needs would be met. They told us that there was a system of spot checks to observe the care provided by staff on a regular basis as well as quality checks. Staff confirmed that was the case and evidence supported it. One person told us they had a visit from a senior staff member to observe their staff member at work. The registered manager said that all people who used the service were sent a newsletter. The last newsletter was Spring 2016. This included information about the next quality assurance questionnaire and that feedback was vital; information on 'how to contact us' together with a photograph of the support managers; new policies and procedures that had been updated and how to request a copy; and an invitation to attend a 'service user forum'. This was a social event but the registered manager said it was hoped that any issues about the service or improvements that could be made could be discussed.

People we telephoned told us they had been given regular opportunities to provide feedback. One person said, "I can't fault it [the service]." Fifteen people and three relatives who responded to the CQC questionnaires said the service asked them about the provision of care. The provider indicated in the PIR that there was a quality assurance system 'to meet our registration and commissioning standards to effect continuous improvements to the service'. The last quality assurance report was 2014/2015. The registered manager said that all people who used the service were sent a questionnaire.

All staff told us there were regular staff meetings. There were also review team meetings and managers' team meetings. Staff said the meetings were useful and it was where it could be checked if there were any problems for people or if they were happy. We saw that memos were sent to all staff each month to update

them on all aspects of the service. For example staff were told to record the correct codes on the medication administration records (MAR); not make changes to times of scheduled calls; and that details of people's food and care should be recorded in the daily notes.

Audits had been completed in relation to people's files. Information in the contract monitoring report showed that the 'asset of having a review team enables continuous monitoring'. They also noted that audits of daily care notes and MARs were audited together, which meant cross referencing had taken place and discrepancies highlighted. Those discrepancies were then followed up with the staff at supervision.

Records we held about the service, and our discussions with the manager, showed that notifications had been sent to the Care Quality Commission (CQC) as required. A notification is information about important events that the provider is required by law to notify us about. This showed that the registered manager had an understanding of their role and responsibilities.