

HC-One Beamish Homecare Limited

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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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

HC-One Beamish Homecare Limited provides personal care and support to mainly older people in their own homes. Services were being provided to 46 people who lived in the Newcastle upon Tyne, Gateshead, North Tyneside and Northumberland areas.

At the last inspection in August 2015 we had rated the service as 'Good'. At this inspection we found the service remained 'Good' and met each of the fundamental standards we inspected.

We found that measures were in place to ensure people using the service were safely cared for and protected from abuse. Enough staff were employed to provide reliable and consistent care. The staff team were appropriately trained and supported to meet people's needs effectively.

People were suitably assisted, where required, in taking their prescribed medicines and maintaining their health. Staff helped with shopping and prepared food to support people's nutritional needs.

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

The people we consulted were happy with their care workers and had formed good relationships. They told us they were treated as individuals, with dignity and that staff were caring and respectful.

People were given information about the service and were regularly asked for their feedback. No complaints had been received and people and their relatives had no concerns about their care.

Care plans were personalised to the individual's preferences and the outcomes they wished to achieve. People's services were routinely reviewed and adapted when needed, or upon request.

Positive comments were received about the companionship that care workers provided. The service was flexible in accommodating support to enable people to engage in activities and access the community.

The management provided leadership and promoted an inclusive culture. There was good governance of the service, with regular monitoring of standards and the quality of care provided.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

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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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was announced and took place on 23 August and 20 September 2017. We gave short notice that we would be visiting as we needed to be sure someone would be in at the office. The inspection was carried out by an adult social care 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.

Before the inspection, the provider had 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 reviewed the PIR and other information we held about the service prior to our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We contacted a local authority commissioner and Healthwatch, the local consumer champion for health and social care services.

We used a range of methods to gather information and feedback about the service. During our inspection we had telephone contact with nine people using the service, two relatives and three care workers. At our visit to the office we talked with the registered manager, the interim home care manager and the regional director. We examined five people's care records, staff recruitment, training and supervision, and reviewed other records related to the management and quality of the service.

Is the service safe?

Our findings

People using the service said they felt safe with the care workers who provided their support. Their comments included, "I feel very safe with the girls. I don't walk well, so they provide support for me so that I can safely go out" and "I'm very safe with her (regular worker)." Relatives told us, "Yes I feel comfortable that my (family member) is safe with the carers. We've certainly not had any cause for concern. It's reassuring to me to know that they are in and out of the house caring for him when I am so far away" and "I feel they are totally trustworthy and I can go out knowing that my (family member) is in good hands and will be well looked after."

People were given information in the guide to the service about their rights to be protected from abuse, bullying and harassment and how to raise any safeguarding concerns. All staff had access to safeguarding and whistle-blowing (exposing poor practice) procedures and completed annual safeguarding training. The care workers we talked with confirmed they knew how to recognise, prevent and report abuse and the manager understood their responsibilities to act on any allegations received.

The service had a 'duty of candour' policy. This duty requires providers to be open, honest and transparent with people about their care and treatment and the actions they must take when things go wrong. The manager had implemented this duty in practice in response to the one safeguarding concern that had been raised in the two years since the last inspection.

Financial transaction records were completed and audited to account for the safe handling of any money by workers on people's behalf. Care records showed risks to people's safety and welfare were appropriately assessed and managed. Measures to reduce risks included the use of aids/equipment and, where necessary, providing two workers to safely meet the person's needs. No accidents or untoward incidents had been reported. Health and safety meetings were held and issues were disseminated to staff, such as providing and encouraging people to have extra drinks during hot weather.

All necessary pre-employment checks were undertaken before new staff were appointed. The service had sufficient staffing capacity to provide continuity of care and cover absence. People were allocated worker(s) and most were given their rosters in advance. Changes in staff were kept to a minimum and people were always informed so they knew who would be visiting them. The management were able to be contacted during and outside of office hours, so care workers could get advice or support at any time. Details of people, their relatives and staff were held electronically, enabling the service to be managed remotely in the event of an emergency.

People and their relatives had no concerns about the staffing. They told us, "I've never had a missed call. They have very occasionally been late, but I always get a phone call to tell me"; "My carer is always on time - I could set my clock by her and she's never not turned up. If there's a problem such as illness and someone else is coming then the office ring me and let me know"; "I've never been left with nobody coming and nothing is too much trouble for them"; and, "Sometimes they've been late, but not by much, and although we have different carers it's not been a problem."

People were appropriately supported in taking their prescribed medicines. Care workers had received relevant training and had their competency assessed. A good level of information was made available for workers to follow, including lists of current medicines and care plans specifying the individual's regime and the extent of support they required. Clear directions for administering medicines were evident, with separate records and body maps for topical medicines applied to the skin. The records we viewed supported that people had been given their medicines correctly at the times they needed them. A relative told us, "It's all recorded properly in the book." Records of administration were also routinely returned to the office and audited to check that medicines were being managed safely.

Is the service effective?

Our findings

People told us they felt the support they received from the service was effective in meeting their needs and that their care workers were appropriately skilled. Their comments included, "I'm very impressed with their knowledge. I couldn't be at home without their help and I wouldn't be able to get out and about"; "I like to have a bath and (care worker) comes in and dons her apron and gloves and knows the best way to help me getting in and out of the bath."; "I can't say I've seen any improvements in the service but I'm satisfied that it meets my needs"; and, "I've had someone sometimes who is training, but they aren't allowed to come alone while they're training." A relative told us, "From what I've seen they are very well trained. We have considered moving (family member) closer to us when it becomes necessary for full time care, but over the time that we've had this team of carers it's been the best care for him by far."

The service arranged for new workers to shadow experienced staff and have training that prepared them for their caring roles. Their induction was aligned to the 'Care Certificate', a standardised approach to training for new staff working in health and social care. Thereafter, we saw a range of training was undertaken in safe working practices and relevant courses such as caring for people with dementia. Following changes to the provider, a new online learning programme had been introduced which care workers were being afforded time to complete. This was subject to monitoring to check that training was kept up to date. Most of the staff team had also achieved nationally recognised health and social care qualifications.

All care workers were provided with individual supervision every two months and annual appraisals to support their personal development. In addition, spot checks took place, to observe care workers' carrying out their duties and assess their competencies. The supervision process was being reviewed, looking at the frequency, incorporating spot checks and having sessions themed to different areas of care practice. Care workers said they were given the training they needed, had regular supervision and opportunities to attend meetings held every three months with their peers. They told us, "I get plenty of training and supervision", "The new training is good" and "I get the meeting minutes if I can't attend."

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.

The service worked within the principles of the MCA and trained staff to understand the implications for their practice. Any power of attorney arrangements were established to ensure people's representatives were involved in decision-making. The manager reported there were no restrictions or 'best interest' decisions in place for any person currently using the service. We observed people had signed to confirm they agreed to their care plans and, where applicable, strategies to minimise risks associated with their care. This documentation was being amended to make the giving of consent more explicit.

People confirmed care workers sought their permission prior to providing support. They told us, "They

always ask before helping me with personal care" and "The girls talk to me all the time and if they see I'm having difficulty with anything they ask if I need more help, but they don't push it at me - it's offered and it's my choice whether to say yes or no." A relative commented, "It (the support) gives him the least restrictive life he can have at the moment."

Where needed, workers shopped for food and prepared meals, snacks and drinks. People's dietary requirements were assessed and care planned, including their preferences. People and their relatives were happy with the support provided. They told us, "Whatever I want to eat she (worker) preps for me. It's always my choice"; "They are very good with food"; and, "He goes shopping with them and they help him choose things to eat and then prepare it for him." No-one using the service had nutritional risks identified and all were able to eat and drink independently. We were told food and fluid intake would be recorded and monitored, if necessary.

Whilst not required at present, some care workers had previously been trained to enable them to deliver enteral feeding (where food and supplements are given through a tube in the abdominal wall into the stomach). Workers had also received training specific to people's health-related conditions, including diabetes, stroke and Parkinson's Disease. The manager told us staff were vigilant towards people's health and welfare and often worked in conjunction with health care professionals. One person commented, "If they thought I needed to see a doctor they would make the appointment for me." Requests to accompany people to health care appointments were also accommodated, wherever possible, by the service.

Is the service caring?

Our findings

The people we talked with had formed good relationships with their care workers and felt they were very caring. Their comments included, "They know me well and are really kind. We get on well together"; "My girls are so kind to me - one of them is like a daughter to me. I don't know what I'd do without them, they're wonderful, all of them. I've never had a girl that I didn't like, they're all so friendly in the nicest possible way"; "My carers treat me very well. It's like having family in my home. There's always lots of laughter and chat, we get on extremely well and we've got a lot in common"; "I am very happy with my regular carer, she does everything possible for me bless her, she's like family. She always looks to see if there's anything that needs doing before she leaves me. She's a godsend"; and, "They're wonderful. I know them personally, they're very friendly girls and I have every confidence in them."

Relatives told us, "The girls he's got now all know him and treat him very kindly. I've never had any concerns that he was receiving anything but the best care"; "The girls are very good and always seem to be keeping an eye out for any problems that might need sorting"; and, "(Family member) has perhaps four or five different girls and they're all very good."

Staff had been trained in equality and diversity, privacy and dignity and delivering person centred care. The care workers we talked with displayed caring values, spoke warmly about the people they supported and took a pride in their work. For instance, one worker told us, "I previously cared for my (relative). It taught me patience and tolerance. I really enjoy my work and have regular clients who are happy and have continuity. We've built up relationships and I've got to know them well. One lady calls me her adopted daughter."

People spoke positively about their care workers' approaches and felt they were treated with dignity and respect. They told us, "The carer we have now is really brilliant, lovely. She always has a smile and asks before doing anything. She treats me like a whole person. She offers me a choice of what to wear, what to eat. It's good care"; "Of course they treat me with respect, I'm an elderly lady and should be treated with respect"; "They come in with a smile on their face and that's not always easy. Nothing seems to be a problem or too much trouble for them. The starting point is always - how are you today, what would you like me to do first?"; "I feel they treat me as an individual and that's lovely. You often feel no more than a number in lots of situations now, but I feel they treat me as me"; and "They treat me well, are very respectful. I think it's very good care, they're doing a great job." We found care plans also demonstrated the ways in which workers would provide dignified care and promote people's independent abilities.

The manager said they aimed to match care workers according to people's preferences. Workers were always introduced and if there were any compatibility problems, they would be changed. This was confirmed by a person and a relative who both told us issues they had in the past had been readily resolved by changing care workers. The service continued to have an all-female staff team, however the manager said they would consider recruiting male workers if they were ever requested.

Visits of less than 30 minutes were not provided to ensure workers had enough time to provide the care required. People felt their workers were mindful of providing support at their preferred pace and in line with

their choices. They told us, "She's very considerate, you can see her thinking about the jobs as she's going along, but I never feel chased along or rushed"; "Whenever they come they don't organise me. I never feel as if I am being pushed to do what they want me to do, they always ask what do I want to do"; and, "They know I don't walk well, but they give me time and make sure that if we go out I get the chance to sit down regularly to rest."

People had been given information that explained what they could expect from using the service. They received an informative guide to the service, with a charter of their rights, a welcome leaflet and regular newsletters. People were encouraged to express their views about their care and the service in general. They were involved in care planning, took part in reviews of their care and gave feedback about their satisfaction with the service. One person told us, "I was involved in setting up the care plan and I feel very blessed to be with this agency." Where appropriate, relatives were consulted and, if needed, the manager could signpost people to independent advocacy services.

Is the service responsive?

Our findings

People and their relatives described reliable support from the service that was tailored to their needs. Their comments included, "I was fully involved in deciding what help I needed from the agency and it all works very well"; "We have built his care plan round his routine"; "Sadly (relative) doesn't really have any hobbies as such now, but they do a very good job at keeping him well and as able as possible"; "I was fully involved with my care plan. It's absolutely what I want - lots of support to help me stay independent and in my own home"; and, "When the care started they came and talked it all through with me so I knew what I would be getting and it was all written in the care plan. I think they're quite good."

Care records showed thorough assessments were carried out and personalised care plans were in place. The care plans addressed all identified needs and highlighted how the individual preferred to be supported. Attention to detail was recorded, including directing workers to clean a person's spectacles and specifying people's preferences of food, drinks and the toiletries they used. Some people had set goals for themselves, such as regaining independence with personal care and mobility, which care workers supported them to achieve. Where more extensive care was needed, we saw care plans covered all aspects of ensuring the person's comfort and safety.

Care workers said the care plans gave them clear guidance that they followed to meet people's needs. They told us, "The plans are always up to date" and "I report any changes so the care plans can be adjusted." We saw workers recorded each visit they made, commenting on the person's well-being and accounting for the care and support they had provided.

People confirmed regular reviews of their care were held. They told us, "My care plan was reviewed last week and before that it was reviewed in April, so they check regularly to make certain it's working for me" and "I get regular six monthly reviews, but honestly I think they are reviewing things all the time." Relatives told us, "We don't have formal review meetings as I live a long way away, but we have informal reviews on the phone and his care package definitely reflects his personal needs at the moment. I was involved in the setting up of it and they keep me up to date about anything that changes" and "The office contacts me regularly to let me know how things are going on and update me on anything of significance that happens. I feel they keep me well informed and in general I think they are a very good service."

The service was adapted to fit in with people's changing needs and requests. For example, additional security measures, involving the use of technology and practical steps, had been implemented to support an individual's personal safety when out in the community. The service also helped organise respite stays, including in emergency circumstances, for people in the provider's local care homes. People agreed their services were or could be flexibly arranged. They told us, "They do bits like ironing for me while they're there"; "They come when they should, do what they are supposed to do and more besides quite often"; and, "As I'm housebound I don't need the girls to change the times that they come, but if I wanted to change something I'm sure they would sort it out for me."

A number of people said they valued the companionship of their care workers and some were supported in

accessing the community. The manager recognised the importance of preventing social isolation. They explained some people had time built into their service specifically to help meet their social needs. Support to visit and take part in events at the provider's care homes was offered. A range of 'fun and friendship' experiences had also been devised and were offered at extra cost with one to one support.

People were given information about the service's complaints procedure. No complaints had been made in the past year and none of the people and relatives we talked with expressed any concerns. They told us, "The care has been really well planned. If there were any problems with the carers I would contact the office"; "I can't say a bad word about them, they're lovely"; "I couldn't fault the help they provide"; and, "I've never had to complain and if it goes on as it is I never will." Letters and cards had also been received, giving thanks and praising the service, which were shared with staff.

Is the service well-led?

Our findings

The service had an experienced registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 manager understood their registration responsibilities, including notifying the CQC of any incidents or events affecting the service.

In the period since the last inspection, there had been changes in the provider's company and name. The service had also moved address and registration details were in the process of being updated. The manager told us they were consolidating the service and maintaining standards. They said they were supported in their role by an interim home care manager, the regional director and were looking to recruit an administrator to strengthen the office resources.

People and their relatives felt the service was well managed. They told us, "I think they do a really good job. I know the girls in the office and they're always on the end of the phone if I need them"; "I'm so grateful for their help and support. They do review the help we have regularly and I think it's a very well run organisation"; "The office are very good and if you've any problem they deal with it very quickly"; "I know the manager and they are very good and approachable. If I have any problems or questions I know I only have to pick up the phone and speak to someone in the office and it'll be dealt with. I've had a lot of contact with care agencies because of my job and I think this is very well run."

The manager attended local authority domiciliary care meetings and had regular contact with their peers and regional director. They shared best practice through staff meetings, memorandums and supervised care workers directly. The staff we talked with said they received good leadership and support. They told us, "There's always plenty of communication" and "The management are good." Benefits and incentives for staff included an employee assistance programme, mileage costs, use of a 'pool' car, and being paid for time spent on e-learning training. Permanent contracts were being offered to staff who were currently on 'zero hour' contracts to encourage job security. A 'kindness in care' scheme had also been introduced, which a staff member was recently nominated for and awarded.

The service continued to work inclusively with people and their relatives, including imparting information through newsletters and regularly seeking their views. People confirmed they were asked for their feedback and were satisfied with the service. Their comments included, "I would recommend them to anyone who needs help at home"; "I think they offer a five star service"; and, "They send out feedback forms from time to time and I've never had to complain or find fault with them at all."

A range of methods were used to assure the quality of the service. Audits of records and spot checks of staff were carried out to validate the care that people received. The latest survey findings were positive and were being published in the next newsletter to show how people rated the service. The regional director monitored and was kept apprised of the service's performance. The provider's compliance team had also

visited the service in July 2017 and conducted an audit based on the CQC standards of quality and safety. An action plan with identified areas for improvement was almost complete.

The management told us about further developments for the service which were either in progress or planned. These included embedding the staff training model, introduction of a tool to aid the consistency of internal audits, and continuing to promote links with the provider's care homes.