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Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

This inspection took place on 28 August 2018. Berean Healthcare and Training Agency is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a personal service to both older adults and younger disabled adults. At the time of this inspection the service was providing personal care to one person during weekends. Therefore, we were not able to rate the service against the characteristics of inadequate, requires improvement, good and outstanding. This was the first inspection of the service since they registered in November 2016.

The service had a registered manager in post. 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 registered manager was aware of their CQC registration requirements including submitting notifications of significant incidents.

Risk assessments were in place and detailed actions to reduce identified risks to people to keep them safe. Staff had received safeguarding training and understood how to recognise signs of abuse and how to protect people from the risk of abuse. Staff supported people to take and manage their medicines in a safe way.

The service carried out recruitment checks to ensure staff employed to work with people were suitable to do so. There were sufficient numbers of staff available to support people. Staff knew how to report incidents and accidents. Staff followed infection control procedures to reduce the risk of infection and contamination.

The service assessed the needs of people and delivered care and support to meet people's individual needs and preferences. People and their relatives were involved in planning and reviewing their care. People were supported to eat and drink appropriately and to meet their dietary and nutritional requirements.

Staff supported people to access healthcare services where required and staff worked in collaboration with other agencies to ensure people's needs were met. Staff were supported through induction, supervision and training to provide appropriate care to people.

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. People consented to their care before it was delivered. Staff and the provider understood their responsibilities within the Mental Capacity Act 2005.

Relatives told us staff treated their loved one with kindness, compassion and respect. People's dignity and privacy was respected by staff. The registered manager told us they had completed training in end-of-life

care and were able to provide this service if people needed it.

Relatives knew how to raise their concerns and complaints about the service. The provider had improved the way they audited the service. Relatives and staff told us that the registered manager listened and acted on their views about the service. Staff received the direction and guidance to do their jobs. The provider worked in partnership with other organisations to meet the needs of people.

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. People were supported with their medicines safely. There was a medicine policy and procedure in place to guide staff.

Recruitment was conducted safely. Appropriate checks were carried out before new staff started work.

Risks to people were identified and managed in such a way that they received their care and support safely. Staff had been trained on safeguarding and understood the various forms of abuse and how to report their concerns.

There were sufficient numbers of suitable staff to support people safely. People had their care services delivered at the right time.

Staff knew how to report incidents and accidents. Staff had received training in infection control and understood effective ways to prevent risk of infection.

Inspected but not rated

Is the service effective?

The service was effective. People's care and support needs were assessed appropriately. Staff received training and support in their roles.

Staff supported people to access healthcare services if they needed this. The service liaised and shared information appropriately with other agencies to enable effective joint-working to improve people's care.

People consented to care and support. Staff and the registered manager understood their responsibilities in under the Mental Capacity Act 2005.

People were supported by staff to meet their nutritional needs.

Inspected but not rated

Is the service caring?

The service was caring. Staff were kind and caring to people. People were treated with dignity and compassion. Staff knew to respect people's privacy and promote their dignity and independence.

Inspected but not rated

People and their relatives were involved in making decisions about their care.

Is the service responsive?

The service was responsive. Staff delivered people's support in line with their individual needs and preferences.

People were supported to do the things they enjoyed and to relax. Staff respected people's diversity and differences. Staff communicated with people in the way they understood.

People knew how to make a complaint if they were unhappy with the service.

The registered manager told us they had completed training in end-of-life care and were able to provide this service if people needed it.

Inspected but not rated

Is the service well-led?

The service was well led. Relatives told us that their views were listened to. Staff told us they had the direction and leadership they needed. Staff told us they felt supported.

The provider monitored the quality of the service and they used feedback received to improve the quality of the service.

The service worked in partnership with other agencies to improve and develop the service. The registered manager was aware of their CQC registration requirements including submitting notifications of significant incidents.

Inspected but not rated

Berean Healthcare & Training, Anerley Business Centre

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 site visit took place on 28 August 2018 and was announced. The provider was given 48 hours' notice because the service is a domiciliary care service and we needed to be sure that the provider would be in. We visited the office location to see the manager and to review care records and policies and procedures. The inspection was carried out by one inspector.

Before the inspection, we looked at all the information we held about the service. This information included the statutory notifications that the service sent to the Care Quality Commission. A notification is information about important events that the service is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help inform our inspection planning.

During the inspection, we spoke with the one relative, one staff member and the registered manager. We looked at care records and medicines record for the one person using the service. We also reviewed three staff records and records related to the management of the service, such as accidents and incidents, safeguarding, health and safety, and policies and procedures.

Is the service safe?

Our findings

The relative we spoke with told us they and their loved one felt safe with staff and in the way, they managed risk. They commented, "[Loved one] is comfortable with the staff. They [staff] are careful when they carry out moving and handling tasks so that [loved one] does not feel pain or get hurt."

People were protected against risks associated with their care. The provider completed risk assessments for people covering physical health conditions, pressure sores, nutrition, moving and handling, health and safety of the environment, and medicine administration. Management plans were available for staff to follow about how to manage identified risks to people appropriately. For example, there was guidance available for staff to follow to perform moving and handling tasks in a safe way. Staff had also recently received training from an occupational therapist on how to carry out safe transfers. Staff told us they followed the plan and the relative we spoke with confirmed staff ensured their loved one was cared for in a safe way.

The provider had systems and processes to safeguard people from abuse. There was a safeguarding policy and procedure in place; and staff had been trained to identify the different types of abuse and neglect and what steps to follow to report any concerns. One staff member told us, "I will let [registered manager] know if I suspect any abuse." Staff told us they trusted the registered manager and felt confident that they would take necessary actions but they knew how to contact social services or CQC should the registered manager not act on concerns. The registered manager demonstrated they understood their responsibilities in ensuring people were safe and in dealing appropriately to allegations of abuse including carrying out an investigation if necessary and alerting the local safeguarding team and CQC.

The provider had ensured people were supported by staff who had undergone appropriate checks. Recruitment records we checked contained an application with employment history, two references, Disclosure and Barring Service (DBS) checks, proof of identity, and right to work in the UK. A DBS is a criminal record check employers carry out to help them make safer recruitment decisions.

The provider had enough staff to support the person they currently deliver a service to. The provider currently provided weekend care and support to one person. The relative we spoke with told us their loved one received the level of support they agreed with the provider and at the right time. The relative told us their loved one had a regular care staff who supported them which, they were happy with. The registered manager provided cover where required and had a pool of staff available to cover care visits when needed.

People were protected from the risk of infection. The service had an infection control policy and procedure in place and staff had completed training in this area. The relative we spoke with told us that they had no concerns regarding the infection control practices of staff. Staff told us they used personal protective equipment (PPE) such as aprons and gloves appropriately.

The service had a system in place to report incidents, accidents and near misses. Staff knew how to report incidents. The registered manager had taken actions to address two recent incidents. One related to wrong

medicines being delivered from the pharmacy. Staff were reminded of the need to always check the medicine label against the medicine administration record (MAR) before administering any medicine. The registered manager had regular contact with staff to discuss any incidents, and concerns and together they agreed actions and lessons.

Staff supported people to take their medicines as required. The relative we spoke with told us that staff managed their loved one's medicines safely. Records showed that staff had received training and had their competency assessed in safe medicine administration and management. Staff were confident in supporting people with their medicines. MARs were completed with no gaps. The registered manager carried out regular audits to identify any issues or discrepancies.

Is the service effective?

Our findings

The relative we spoke with told us that staff and the registered manager were trained, knowledgeable and they supported their loved one well. They commented, "[Registered manager] and care staff care for my [loved one] well. They have learned to work with my [loved one] and to make them comfortable. They [registered manager and staff] did training recently and it helped them improve their moving and handling techniques with my [loved one]."

The registered manager assessed people's needs before delivering a service to them. The registered manager told us they reviewed referral documents to gather information about people's needs; and then they arranged a meeting with the person and their relatives to further discuss the person's needs. The assessment looked at people's medical conditions, physical and mental health, mobility, nutrition and social activities. The input of professionals such as an occupational therapist, GP and physiotherapist were sought where required.

People were supported by staff who were trained. Staff told us that they received an induction based on the care certificate before they started supporting people. The Care Certificate is the benchmark that has been set as the standard for new social care workers. One staff member told us that they shadowed the registered manager initially to gain experience on how to work with the person they supported before they could work on their own. Records showed and the relative we spoke with confirmed that the registered manager worked alongside staff to show them what to do and how to safely deliver care. Records also showed and staff confirmed they had completed training in key areas of care such as safeguarding, the Mental Capacity Act 2005 (MCA), medicines administration, food hygiene, infection control, moving and handling and health and safety. The registered manager told us they ensured new staff members received induction, training and handover to enable them to provide effective care to people.

Staff felt supported to do their job. The staff member we spoke with told us that the registered manager was always supportive. They commented that the registered manager carried out regular observations, spot checks, supervision and on the spot training. We saw records which confirmed that the registered manager provided support to care staff using various methods such as spot checks, observation and one-to-one supervision. Where a performance issue was identified they addressed this with the staff member and provided training and supervision to help the staff improve.

The 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. If the service wished to restrict the liberty of any person an application would have to be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

Staff had received training in MCA and they knew to obtain consent from people before undertaking any task or activities with them. They told us they always sought consent from people and their relatives before delivering care. Relative we spoke with told us they were involved and their consent was sought in decisions about their loved one's care. The registered manager and staff understood their responsibilities under the MCA to ensure people's rights were protected.

Staff supported people to meet their nutritional needs. The relative we spoke with told us that staff supported their loved one to prepare their meals and encouraged them to eat enough. Records showed that the service maintained a food chart to help monitor the food intake of the person using the service following concerns regarding food intake.

People were supported to meet their day to day healthcare needs where required. Records showed the registered manager had involved the person's GP following an incident. They had also made a referral to the occupational therapy service and physiotherapy services for mobility assessment.

Staff worked with other services to ensure effective joint-working. They worked with another care provider to provide support to the person using the service. They shared information with the other care provider and gave a handover of work done. The registered manager told us staff knew to provide healthcare professionals or emergency services with relevant details about people such as medical history, care and support needs, communication requirements, allergies, next of kin and GP details if the people were being transferred to other services.

Is the service caring?

Our findings

People were cared for by staff who were caring. A relative told us, "[Registered manager] and the care staff are polite and friendly. They are very nice and my [loved one] is comfortable and happy with them."

The service was interested in the people they supported and they showed consideration in the way they cared for people. A relative commented, "There used to be a communication difficulty due to a language barrier but that has improved as [registered manager] has learned a few words in my [loved one's] native language. The care staff are trying to learn too. They [Registered manager and care staff] have also learned how to work with my [loved one] and what makes them happy, it has helped and improved their relationship." The registered manager and care staff also demonstrated they knew how to support people with their emotional needs. The registered manager told us they understood people's emotional needs and showing empathy, and providing reassurance was important to support people appropriately when they were anxious or distressed. The registered manager told us they discussed with staff the importance of ensuring people's emotional needs were met.

Care records detailed people's backgrounds, preferences, likes and dislikes and how they wanted their care delivered. Staff told us they had developed positive working relationships with the person using the service and knew how they preferred to be cared for. Staff told us care records provided them with the relevant information they needed to understand people's situation and needs.

The relative we spoke with told us that the registered manager and staff involved them in planning their loved one's day to day care and support. They confirmed that staff followed and respected their preferences and choices.

People were treated with dignity and respect by staff. The relative we spoke with told us that staff made their loved one comfortable and were respectful to them. Staff had received training in dignity in care and knew to maintain people's privacy, independence and self-worth while supporting them.

Is the service responsive?

Our findings

People received support that met their needs. The relative told us, "My [loved one] receives the care they want. Staff support them with everything they need – personal care, meal preparation, moving and handling and to transfer out of bed." There were detailed care plans in place and these covered personal care, nutrition, skin care, social activities, mobility/transfers and physical health needs such as diabetes. Information about people's background, communication needs, likes and dislikes, hobbies and interests were also detailed in the care plans. Staff told us care plans provided them guidance on how to support people in line with their requirements. Daily care record showed staff supported the person using the service with their needs as detailed in their care plans. The registered manager reviewed care plans as required to reflect changes in people's care needs. For example, a moving and handling care plan was updated following a reassessment of the person's needs and changes in the moving and handling techniques used.

People were supported to do the things they were interested in. Staff supported people with activities they enjoyed. The person's care plan read, "Staff to support [person name] as required to do the things they enjoy. Ensure their TV remote is within their reach as they enjoy watching TV." Staff also supported people with domestic tasks such as cleaning and laundry. The registered manager told us people were at the centre of the service provided and the service was flexible to ensure people's needs were met.

Care records contained information about people's disability, culture and religion. Staff had received training in equality and diversity. They knew to respect people's individuality and differences.

From April 2016 all organisations that provide NHS care or adult social care are legally required to meet the requirements of the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information they can easily read or understand to support them to communicate effectively. Information about the service was available to people using large text where they had poor eyesight, and in an easy read format where appropriate. The registered manager told us that they could produce information in different formats such as large prints, easy read or in pictorial format if people required this to make information more accessible to them

The service had a complaint procedure in place which people and their relatives received when they first started using the service. The relative we spoke with told us, "If we have anything to complain about we will do so first with the registered manager, if she doesn't sort it out as we want we will report to the care manager and take it higher from there. We have no problems with the service so far." There had not been any complaints about the service.

The registered manager told us they had completed training in end-of-life care and were able to provide this service if people needed it.

Is the service well-led?

Our findings

The service had a registered manager in post who was also the provider. They were a registered nurse and had experience of delivering a care service to people. They understood their responsibilities in line with the requirements of their CQC registration including submitting notifications of significant events at their service and to display the CQC inspection rating of the service as required.

The registered manager was open to feedback and used these to improve the service. The relative we spoke told us that the registered manager regularly sought their feedback about the service provided. They commented, "The registered manager always calls to check if we are happy. She always wants to know how they can improve the care and do their job better. We tell her if we have any problem and she makes sure it is sorted and that we are happy." The registered manager also requested feedback from people and their relatives using satisfaction questionnaires. We reviewed satisfaction questionnaires completed and people were satisfied with the service provided. One relative commented, "The carers keep to time and respond to telephone calls promptly. They are friendly, hardworking and patient. My [Loved one] is always happy with the care. I would definitely recommend the care provider to anyone who requires care of any condition."

The registered manager monitored the quality of the service. They audited the medicine administration records and daily care notes to ensure they were completed to the required standard and were up to date. They also used their process to identify and follow up on any concerns regarding people's well-being. For example, from reading through people's daily care notes they had picked up that the person using the service may not be eating sufficiently so they had updated their care plan to include support staff should provide to enable the person to improve their nutritional intake. The registered manager had also picked up that staff were not always correctly completing food/fluid charts put in place for one person. This was addressed with the staff member during supervision. The staff member we spoke with told us that they had the support, direction and leadership they needed from the registered manager. They told us they could discuss any concerns and share ideas with the registered manager and they felt part of the organisation.

The provider had systems in place to ensure they operated smoothly and provided high quality care to people. There were various policies and procedures in place to provide guidance on the running of the service and delivering effective care to people. These included medicine management, safeguarding, MCA, health and safety, and dignity in care. The provider had developed tools and systems to help to achieve detailed care assessments, care planning and report writing.

The provider aspired to develop and improve the service. There was a business development and continuity plan in place. The registered manager explained that they were currently embarking on a recruitment drive so they could have a pool of staff ready to work when the number of people using the service increased.

The registered manager told us they attended care road shows, local authority's care forums and liaised with local service commissioners and advertised in the community. They told us that these events and partnership working gave them opportunity to learn, share ideas from other providers; and made commissioners aware of the service they provide. The registered manager subscribed to the Skills for Care

and Social Care TV. They told us their subscriptions provided resources and training materials for staff development.