

Beyond Support Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Beyond Support Ltd is a domiciliary care agency which provides personal care to people in their own homes. At the time of our inspection the service was providing the regulated activity personal care to 18 people. CQC only inspects the service being received by people provided with personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

Risks associated with people's care were assessed and staff understood their responsibilities to keep people safe. However, some care records required further information to provide staff with clearer guidance on how to support people safely.

Some people told us their call times could be better managed, stating they would like a smaller time frame of when to expect staff. People told us they felt safe and had confidence in the staff that supported them. Staff were recruited safely, and medicines were administered as prescribed, by staff trained in medicine management.

Management oversight of the service had improved since our last inspection. A range of quality monitoring systems and processes had been introduced. However, further time was needed for these to fully embed and ensure improvements made were sustained. The provider had a contingency plan in place, to minimise any risks to the service running safely in the event of, for example, adverse weather conditions. Staff felt supported by the management team.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 21 November 2019) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Beyond Support Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection team consisted of two inspectors 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. Both inspectors visited the service and the Expert by Experience gathered feedback about the service from people and their relatives via the telephone.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave 24 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We sought feedback from the Clinical Commissioning Group (CCG) who work with the service. We used the information

the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspection. We also used information gathered as part of monitoring activity that took place on 22 October 2021 to help plan the inspection and inform our judgements.

During the inspection

We spoke with six people who used the service and four relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, care staff and administrator.

We viewed a range of records including three people's care records. We looked at three staff files in relation to recruitment and staff support and a range of records relating to how the service operated and was managed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at the providers policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Care plans and risk assessments were in place for people. However, some lacked detailed guidance to inform staff how to support people safely, for example, with catheter care. Despite this short fall, staff demonstrated they knew how to support the person to keep them safe. We highlighted this to the registered manager who told us they would update the care records to include more detail.
- Risks associated with people's home environments had been assessed and regularly reviewed.
- The provider had a contingency plan to minimise any risks to the service running safely. For example, in the event of adverse weather.

Staffing and recruitment

- People provided mixed feedback regarding their call times, some people told us, they did not always receive their calls on time. One person said, "The timings are all over the place." Another person said, "Staff are always on time, I've never had a problem."
- The provider had an electronic system in place to monitor the time staff arrived and left people's homes. This was monitored by staff in the office to ensure people had received their planned care and ensured that calls were not missed.
- Staff were recruited safely and there were enough staff to provide people's planned care calls.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with staff. One person told us, "I trust them, I have never had any trouble, they look after me well."
- Staff had received safeguarding training and understood their responsibilities to report any concerns to managers. One staff member said, "I would report any concerns straight away, I know the manager would take action to keep people safe."
- The registered manager understood their responsibility to report any concerns to the local authority and to us (CQC) to ensure any allegations or suspected abuse were investigated.

Using medicines safely

- People received their medicines as prescribed. There were systems in place to ensure this was done safely. One relative said, "The staff deal with their medication, they are very good at giving it to them, as needed."
- Staff completed training to administer medicines and competency assessments were completed to confirm they did so safely.

Preventing and controlling infection

- People told us staff wore personal protective equipment (PPE). One person said, "Their PPE has been excellent, the staff all wear gloves, aprons and a mask."
- Staff received training in infection control and demonstrated the importance of this, to keep people they supported safe. One staff member said, "It's important to maintain good hand washing and use PPE correctly, to help reduce spreading infections."

Learning lessons when things go wrong

- The provider had systems and processes in place for recording and reviewing accidents and incidents to identify patterns and trends to prevent reoccurrence. For example, referrals to the occupational therapy team to seek specialist support.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to demonstrate robust procedures to review and update people's care were in place. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 17. However, further improvement was needed.

- Management oversight and monitoring of the service had improved. The registered manager had introduced a range of quality monitoring systems including audits of care and medication records. This demonstrated lessons had been learnt. However, further improvement was required to ensure audits always identified when improvements were needed. For example, audits had failed to identify issues with the timings of care calls and deficiencies in some risk assessments that we identified, during the inspection.
- Relatives spoke positively about the staff. One relative told us, "{Person} has really taken to them. I can't fault them; the care has been very good."
- Staff felt supported and received the guidance needed to fulfil their roles through individual and team meetings.
- A training matrix monitored and showed staff were up to date with training and planned future training needs.
- The registered manager understood the need to be open and honest when things went wrong in line with the responsibilities under the duty of candour.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were encouraged to share their views and provide feedback about the service. The registered manager regularly contacted people to seek feedback about the care delivered and demonstrated an understanding of people's needs.

- Staff gave positive feedback regarding the open, honest and supportive culture of the service. One staff member said, "I really enjoy working for them, the manager is the best I've, ever worked for."
- The providers policies and procedures prompted inclusion and diversity and reflected protected characteristics as defined by the Equalities Act 2010.

Working in partnership with others

- Records showed staff liaised with a range of health and social care professionals involved in people's care to support their physical health and wellbeing.