

Beacon Home Care Services Limited

# Beacon Home Care Services Limited

## Inspection report

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09 August 2022

05 September 2022

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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?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Beacon Homecare Services Ltd (Carlisle) is a domiciliary care service providing personal care to people who live in their own homes. At the time of our inspection there were 39 people receiving personal care from the service.

Not everyone who used the service received personal care. CQC only inspects where people receive 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

The provider had a system to check the safety and quality of the service but it had not always been fully effective. The provider was upgrading its quality assurance processes and we have made a recommendation about this.

People and relatives praised the staff for their caring, friendly attitude. People said staff were kind, helpful and respected their dignity and independence.

The service was safe. Risks to people's health and safety were managed without compromising their independence. People enjoyed good relationships with the staff who supported them.

There were enough staff to meet the current number and needs of people using the service. People were supported by staff who had been safely recruited. Staff were trained and supported to carry out their jobs.

People were fully involved in the arrangements about their care service and their decisions were respected. The management had a good working relationship with other care professionals for the benefit of the people who used the service.

People said they were asked for consent when receiving care. People were supported in a person-centred way and their individuality was respected and celebrated. The service was quick to respond to changes in people's needs.

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

The service had a positive culture which focused on people receiving personalised care. People and staff said the management team were approachable and helpful.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 6 July 2021 and this is the first inspection.

#### Why we inspected

This was a planned inspection.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Beacon Home Care Services 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 was carried out by an 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.

#### Service and service type

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

#### 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

This inspection was announced. We gave a short period notice of the inspection because we needed consent from people and relatives to allow us to contact them. Inspection activity started on 28 July 2022 and ended on 5 September 2022. We visited the location's office on 2 and 9 August 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 15 people and relatives. We contacted 12 care staff for their views. We spoke with the registered manager, care managers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records including four people's care and medicines records. A variety of records relating to the management of the service were reviewed, including staff recruitment, training records, 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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to report and manage safeguarding issues. Staff had training in safeguarding adults. They understood their responsibility to report concerns.
- People and relatives told us they felt safe with the service. They commented, "I get on well with them, they are like friends and I feel safe" and "Staff have a nice relationship with [person] so they feel very safe."

Staffing and recruitment

- The provider used safe recruitment practices to check new staff were suitable to work with people.
- People and relatives said they were pleased to receive visits from regular staff who were usually on time. Their comments included "We get the same carers now and this works well" and "Generally they are on time unless there has been a crisis at a previous visit."
- Staff said it would be better if there were more staff to help cover sickness but they worked as a team to cover all calls. The provider was recruiting more staff to support this.

Assessing risk, safety monitoring and management

- The provider assessed and monitored potential risks to people's safety.
- People's care records included information about their individual risks, such as mobility and nutrition. These were kept under review and actions were taken to minimise risks to people's health.

Using medicines safely

- Medicines were managed safely for those people who required support. Staff had training in medicine management and regular competency checks.
- Staff recorded the administration of any medicine. Office staff checked the records each month to make sure if medicines had been correctly recorded.
- The records of support with creams and ointments would benefit from clearer guidance about where to apply these. The registered manager addressed this immediately.

Preventing and controlling infection

- The provider had made sure infection prevention and control systems were in place. Staff received training and competency checks in this area and had access to supplies of personal protective equipment (PPE).
- People confirmed that staff had followed PPE requirements during the pandemic. They told us, "They always wear masks, gloves and everything" and "Staff all wear PPE and clean up."

### Learning lessons when things go wrong

- The provider had a system for recording and dealing with incidents or accidents. There had been very few incidents but where these occurred they were managed.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The management team had a system for assessing people's needs before using the service to make sure the right care could be provided.
- Information about people's needs was used to develop individual plans of care.

Staff support: induction, training, skills and experience

- The provider made sure staff had essential training relevant to their role. Staff were also encouraged to complete the Care Certificate and national care qualifications.
- People and relatives said staff were competent in their roles. They told us, "All the staff we've met are very well trained and "They know what they have to do because they are regular and well trained."
- Staff said they received training, supervision and spot checks to support them in their performance.

Supporting people to eat and drink enough to maintain a balanced diet

- People were assisted with meal preparation if this formed part of their individual care package.
- People said staff were knowledgeable about their individual preferences as well as any specific dietary needs.
- Staff had regular special training to support someone to be fed by a tube in their stomach.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The management team and staff had an effective relationship with health professionals and supported people to access health services.
- People and relatives said the service was good at seeking medical assistance if this was required. Their comments included, "They are very aware about [person's condition] and definitely on the ball as they inform the District Nurse if something looks wrong" and "They are very observant about person's health, very attentive and know what to do if they have a seizure."

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The provider was aware of the Mental Capacity Act (2005) and people's rights. Staff respect people's rights to make their own decisions.
- People's said staff always asked permission before carrying out care. The service maintained records of the legal status of relatives or others who should be involved in decision-making.
- During the inspection there was not always written evidence of people's consent, for example for support with medicines or consent to share information. The registered manager stated these were kept in people's own homes but agree to keep a copy in the office for reference.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The provider's caring values meant people were well treated and respected. People and relatives had many positive comments about the caring, friendly attitude of all staff. Their comments included, "I would describe them as compassionate and kind" and "Staff are genuinely friendly."
- Some people commented that staff did more than the set tasks they required. They told us, "Staff even brought in a kitten to show my parent as they know she loves cats, and that made her day" and "Sometimes they stay longer than they should just to make sure [family member] is comfortable. They go above and beyond."
- Relatives described the way staff embraced people's diverse needs. They told us, "They never rush my parent - it's the opposite, they take all the time in the world with them" and "They treat my family member like a queen."

Supporting people to express their views and be involved in making decisions about their care

- People, and their relatives where appropriate, were fully involved in decisions about their individual care package. People had information about their service, including a rota and access to their own care records.
- People and relatives told us staff acted their instruction and choices. They told us, "They ask how she wishes to be cared for" and "They are good at asking if there anything else that I need."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their independence was promoted.
- People said care staff supported them to maintain an independent lifestyle wherever possible. For example, one person told us, "They help me put my tablets in the right compartments so I can take them myself."
- Relatives were very positive about the way people's dignity was upheld. Their comments included, "Staff take things very slowly with my parent and treat them with utmost respect" and "They respect [person's] dignity when creaming or washing them - we have the same carer so this avoids embarrassment."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care which met their individual needs. People and relatives commented positively on the consistent staff who knew them well and how they wanted to be supported. For example, a relative said, "They chat to my parent and got to know their history, which is so, so important."
- Care records were sufficiently detailed and person-centred. Care records fully respected people's individuality and the importance of their human rights, equality and diversity. Relatives told us, "We don't need to tell care staff what to do, they work from the care plan."
- Staff said the care plans helped them to provide individualised care. They told us, "Care plans are well laid out and information is easily found."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was aware of the AIS. The service provided a written information guide which could be adapted to different formats to suit people's communication needs.
- People's care records included information about their communication methods and the best ways of engaging them.

Improving care quality in response to complaints or concerns

- The provider had a system for dealing with complaints. People had information about how to make a complaint and said they would be comfortable about doing so if necessary.
- People and relatives said they knew how to contact the registered manager and office staff. They had confidence in the way they had managed any previous issues.

End of life care and support

- The service provided compassionate care to people who were at the end stages of their life.
- The service worked closely with local health services to make sure people and their relatives were provided with sensitive support at that time.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider's governance system did not always provide a comprehensive overview of the quality of the service. The nominated individual stated they were in the process of updating their governance policy and processes.
- Some areas for improvement had not been identified by provider's own audits. For example, the registered manager was not aware that there were no body maps in place for ointments until the inspection. The nominated individual stated the quality assurance system of audits was being revised and strengthened.
- Some policies required review as they contradicted information given to people or did not match the expected practices of the service. For example, the timescales in the complaints policy did not match the timescales in the service user information pack. The nominated individual addressed this immediately.

We recommend the provider improves their governance system to include a review of audit tools and protocols to ensure completeness.

- People and staff said the service was well-run and they had confidence in the management team.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a positive culture which focused on people receiving personalised care.
- People and staff said communication with the service was good. They confirmed the management team were approachable and helpful.
- Staff felt the service promoted an open culture that valued them. Their comments included, [Office staff] are all very lovely and supportive and do all that they can to help people and us" and "It's really nice that everyone really does work as a team and nice to feel appreciated by management."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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

- The provider sought the views of people who used the service using surveys and reviews.
- Overall, people and relatives were positive about their contact with the service. They told us, "The communication with the family is good and they take on board what I say" and "They come now and again

to chat to us [about the service]."

- Staff said communication was good and they were kept well-informed. For examples, one staff said, "There is good communication from office staff. They are great at keeping us up to date and passing on any messages."

Working in partnership with others; 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

- The provider worked with other health and social care services to support people.
- Care professionals and commissioners had no concerns about the way the service was managed.
- The provider and registered manager were aware of the duty of candour and their legal responsibility to be open and honest.