

Beacon Case Management Ltd

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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

About the service

Beacon case management is a case management service for people with acquired serious injuries, specialising in neurological damage, such as brain and spinal injuries. Beacon case management provide a service to legal teams who are working on behalf of their clients to gain compensation for care or as a result of a personal injury or clinical negligence. This service may also continue when any settlement has been reached. The service have a team of professionals such as physiotherapists and occupational therapists who provide ongoing assessments and advice to the legal teams to ensure the care is what people need. At the time of this inspection 58 people were using 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

People were protected from the risks of abuse and staff were trusted to keep them safe. Medicines were managed safely. People received their medicines and staff were trained to administer medicines. People's care needs were risk assessed and care plans provided staff with the information they needed to manage any identified risks. Staff received training in infection prevention and control and told us Personal Protective Equipment (PPE) was available to them.

The service does not directly employ the care staff. The service supported legal teams with recruitment where necessary and maintained an overview of the care team involved to ensure the staff who worked with the service were suitable.

Staff received an induction when they first started working at the service and training relevant to their roles and the people they supported. Staff had regular training and opportunities for supervision.

People's needs were assessed prior to starting with the service and care plans were developed according to people's needs. The service worked with a wide range of services to ensure people received the care they required. The service liaised with organisations and professionals to ensure people's health and social needs were met.

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

Staff had received training in equality and diversity and they were committed to ensuring people were treated well. People's views and decisions about care were incorporated when their care packages were devised. This helped staff to support people in a way that allowed people to have control over their lives and

make day to day decisions. People were treated with dignity, privacy and respect. People's independency was encouraged where possible and their care plans reflected this.

People's communication needs were met. People were supported to take part in activities in their home and access the community as part of their care planning to ensure their interests were maintained. End of life care was not routinely provided. Staff could be provided end of life training and end of life care could be facilitated alongside community healthcare professionals, if required.

Complaints were minimal and the service had responded to complaints as per the provider's processes.

The registered manager and staff demonstrated a commitment to people, and they displayed person-centred values. The registered manager and staff worked effectively in partnership with other health and social care organisations, professionals and networks to build connections and achieve better outcomes for people using the service. Governance systems were in place to monitor the standard of care people received.

People and their relatives' views had been sought through regular contact, surveys and quality monitoring. Feedback from people was positive and any negative comments were followed up. Staff praised the registered manager and wider management team, they felt supported in their roles.

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

Rating at last inspection

This service was registered with us on 29 April 2021 and this is the first inspection.

Why we inspected

This is the service's first inspection since registration with the CQC.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Beacon Case Management Ltd

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

One inspector carried out the inspection.

Service and service type

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

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.

Notice of inspection

We gave the service 48 hours' notice of the inspection visit because we needed to be sure that someone would be in the office.

Inspection activity started on 24 June 2022 and ended on 21 July 2022. We visited the location's office on 15 July 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 professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, clinical governance manager, case managers and carers. We also spoke with three professionals who worked with the service.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at records in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We reviewed the provider's end of life care plan template.

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 safe. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse and staff were trusted to keep them safe. People told us, "I feel safe" and "I feel safe with them [staff]." A professional who worked with the service added, "Yes [person is in receipt of safe care]. They [service] are excellent at ensuring compliance to care standards and when to report matters to safeguarding."
- Staff had received training in how to safeguard people. Staff we spoke with were confident to report concerns and satisfied that action would be taken to investigate them. A staff member told us, "I would report concerns straight to the case managers or the manager at Beacon case management. I could go higher up and also contact the CQC [if needed]."

Using medicines safely

- Medicines were managed safely. People received their medicines and staff were trained to administer medicines. One person told us, "The carers help me with my tablets and I get them on time." A staff member added, "I have had training [in administering medicines] and a competency check.."
- Medicine records were used daily and complete. Monthly auditing systems were in place for Medication Administration Records (MARs) and any follow up action required was completed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's care needs were risk assessed and care plans provided staff with the information they needed to manage the identified risk. People's ongoing risk assessments were reviewed on a regular basis and when needs changed. Professionals such as occupational therapists and physiotherapists were involved in care planning.
- The service had systems in place to learn from incidents and used this learning to drive improvement and reduce future risks. Systems were in place for recording and analysing any trends.

Preventing and controlling infection

- Staff received training in infection prevention and control and told us Personal Protective Equipment (PPE) was available to them. People confirmed staff wore PPE when completing care tasks.

Staffing and recruitment

- The service does not directly employ the care staff. Some people had pre-existing staff whom they used when they transferred to the service. Where recruitment was needed, people and their legal teams recruited staff members, and staff were matched to ensure compatibility. The service supported legal teams with recruitment where necessary and maintained an overview of the care team involved to ensure the staff who worked with the service were suitable.

- People had consistency in their care staff as they recruited a small staff team to support their day to day needs. The service had access to an agency if needed to manage staff absence. A relative told us , "[The service] is absolutely great, they [service] are really proactive. We already had staff working with us and we wanted to bring our staff directly with us as we had already built a rapport with the current staff."

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 of this newly registered service. This key question has been rated safe. 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

- People's needs were assessed prior to starting with the service and care plans were developed according to people's needs. The service receive referrals from legal representatives including the court of protection for people involved in litigations about their care. The service provides a comprehensive assessment of people's needs. A relative told us, "We have had meetings with other agencies, as soon as we met them [service and staff] we had a feeling that our [relative] would be taken care of. The initial contact did reassure us and we chose them. They [staff] were very knowledgeable and came across very confident."
- Each person had an allocated case manager overseeing their care needs. The case managers liaise with all parties concerned, and their role involves reviewing and updating people's care plans and assessments, and monitoring their ongoing care needs.
- People and relatives were involved in their care planning, which was reviewed regularly or when people's needs changed. A relative told us, "As [person's relative] we are involved in [person's] overall care plan and well-being."

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.

- Mental capacity assessments and best interest decisions were considered. People's care plan contained information about people's cognition and decision making skills. Formal capacity assessments and best interest decisions were in place where required.
- Staff received training in MCA and DoLS. Staff understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. One staff member told us, "MCA involves assessing if the

person has the capacity to make their own choice and decision for themselves."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- The service liaised with organisations and professionals to ensure people's health and social needs were met. For example, the service worked with people's physiotherapists to assess and support with people's mobility.
- People's records included detailed information about each person's health needs and guidance for staff to show how these were met. People had access to healthcare professionals who provided guidance and support to ensure people lived as healthy a life as they could.
- Where people required support with their food, the level of support was agreed and documented in their care plan. Where required, professionals such as speech and language therapists (SALT) were involved in people's care which was reflected in their maintaining nutrition and hydration section of their care plan.
- Staff had a good understanding of people's needs, including their dietary requirements. One staff member told us, "[Person] eats [name of religious diet] food and I know what foods to give [person]."

Staff support: induction, training, skills and experience

- Staff had received an induction when they first started working at the service and training relevant to their roles and the people they supported. One staff member told us, "I had an induction with training, it was good."
- Staff had regular training and opportunities for supervision. A staff member commented, "I have supervisions and appraisals four times a year, the case manager does them. It is helpful and very nice."

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 of this newly registered service. This key question has been rated safe. 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

- People's protected characteristics were taken into account when planning care. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.
- Staff supported people with their religious needs. For example, staff supported one person to attend their place of worship on a daily basis.
- Staff had received training in equality and diversity and they were committed to ensuring people were treated well. Staff knew people's history and preferences and used this knowledge to support them in the way they wanted. People told us, "[Staff are] all superb, very kind and caring" and "I trust the carers, they are kind and caring"

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

- People's views and decisions about care were incorporated when their care packages were devised. This helped staff to support people in a way that allowed people to have control over their lives and make day to day decisions. A staff member told us, "[Person's] choices are respected. If [person] wants something they are not able to have [it is not a good option for them], sometimes we will have to explain the risk, [person] has capacity to ask for things and knows what they want. We always give [person] choices in daily tasks, like when to have a shower."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, privacy and respect. A person told us, "They [staff] treat me with respect." A staff member commented, "I ensure people's privacy and dignity by making sure I give them their towels during a wash and I close the curtains in [person's] bedroom when they are getting dressed."
- People's independency was encouraged where possible and their care plans reflected this. A relative told us, "[Person] has their own independence with support from carers." A staff member added, "Encouraging independency is something we do every day. We encourage [person] to do things for themselves. [Person] can sometimes ask us to do something [the task], and we say for them to try first and if [person] can't [manage] we will help them."

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 of this newly registered service. This key question has been rated safe. 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

- Care plans were detailed and person-centred. The care plans provided guidance for staff about how best to support people's needs and preferences. Staff completed daily care records for people, which showed staff were meeting people's individual needs as recorded in their care plans.
- People and relatives were involved in reviews and had access to daily records via an electronic application. A relative told us, "They [service] have an app and it is very easy for staff to use and for us [relatives] to access." Another relative added, "[Person] has benefited from changing case management providers. [Person] is less anxious and this is reflected in their day to day behaviours, and it's obvious that the new company are having a positive impact on staff."

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.

- People's communication needs were met. The service was aware of the AIS and each person's specific communication needs were detailed in their care records. Staff had a good understanding of people's communication needs and staff were matched to overcome language barriers. For example, one person was supported to interact with their communication aid, and another person who did not communicate in English was matched with a staff member who spoke their mother tongue.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in activities in their home and access the community as part of their care planning to ensure their interests were maintained. We saw people were supported with activities in line with their likes and dislikes.
- People were supported to go away on holiday which had positive impacts on people and their well-being. For example, one person was supported to visit their relative abroad. The person's holiday experience was blogged and one part of the blog informed us, "After a period of time not seeing [relative], this was a well anticipated moment, and [person] had a big ear to ear grin from the moment [person] woke up to the moment [person] went to sleep that night."

Improving care quality in response to complaints or concerns

- Complaints were minimal and the service had responded to complaints as per the provider's processes. There was an up to date complaint policy in place and the provider ensured the quality of care could be assessed, monitored and improved upon. A person told us, "I would speak to them [staff] if I had a complaint. I have no complaints. I would recommend the service. I am very happy with the service and carers."

End of life care and support

- End of life care was not routinely provided. Staff could be provided with end of life training and end of life care could be facilitated alongside community healthcare professionals, if required. The provider had an end of life care plan template that would be used when people were receiving end of life care. People's end of life wishes were not documented as part of people's care planning. We discussed this with the registered manager and they assured us they would make this option available to people moving forward.

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 of this newly registered service. This key question has been rated safe. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Person-centred care was promoted. The registered manager and staff demonstrated a commitment to people, and they displayed person-centred values. People's choices were respected, and staff supported them to achieve good outcomes. A professional who worked with the service told us, "I have had a positive experience of Beacon case management. They keep me informed of relevant information and can be trusted to act in the best interest of our clients. They are excellent at dealing with grievances, but also ensuring that our clients live their best lives."
- The culture was open and inclusive. Staff said they enjoyed their roles and the culture between staff and people was positive. A staff member told us, "I have worked as a case manager for over 10 years, and I am extremely experienced in this area of work. Having worked for two previous companies, I wanted to transition to an organisation that had the same values. I have a high opinion of the company as it is well organised, well-led, and as a worker you are listened to. I feel my clients' voices are heard and changes will be made based on any feedback."

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

- People and their relatives' views had been sought through regular contact, surveys and quality monitoring. Feedback from people was positive and any negative comments were followed up.
- Staff views were sought through regular meetings, supervisions and surveys. Staff we spoke with were positive about the service and one member of staff told us, "The service is well-led, I have never had any concerns. I would definitely recommend the service to a family member."

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; Working in partnership with others

- The registered manager understood their responsibility to let people and their relatives know if something went wrong under their duty of candour.
- The registered manager and staff worked effectively in partnership with other health and social care organisations, professionals and networks to build connections and achieve better outcomes for people using the service. For example, the service built relationships with local community organisations and worked closely with professionals. Learning was shared with the team and success stories were blogged on their website.

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

- Governance systems were in place to monitor the standard of care people received. Staff had regular contact with people and completed regular reviews, which also reviewed the quality of care received. Various regular meetings took place with different staff teams, which also looked at the quality performance and regulatory requirements.
- Various auditing systems were in place and timely action was taken if follow up work was required. Regular audits of people's care plans, medicine records, recruitment files and daily records took place. An audit of the service was carried out by an external company in May 2022, and during this inspection we found all the concerns/issues noted had been actioned.
- Staff praised the registered manager and wider management team, they felt supported in their roles. Staff told us, "I believe [registered manager] is a very organised, pro-active caring registered manager. As the manager I would describe them more as a leader, in the sense that, right from the start they set the standard of a very high quality service, where we strive for only the best" and, "[Registered manager] is very proactive and is responsive to issues or incidents. [Registered manager] will always follow up any communication or actions to ensure that these are clear and actioned in a timely manner."