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# Berean Healthcare & Training, Anerley Business Centre

## Inspection report

Anerley Business Centre  
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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: Berean Healthcare & Training Agency is a domiciliary care agency. It provides personal care to people living in their own homes. 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. At this inspection, one person was receiving personal care from the service.

People's experience of using this service:

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.

Risk to people were assessed and management plans put in place to reduce risks. 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. Recruitment checks were carried on staff before they started work. There were enough staff available to support people. There were systems in place to report and manage incidents and accidents. Staff followed infection control procedures.

People's needs were assessed. People were supported to eat and drink enough and to meet their dietary and nutritional needs. Staff supported people to access healthcare services they needed. 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 support this practice. People consented to their care before they were delivered. Staff and the provider understood their responsibilities under the Mental Capacity Act 2005.

People were treated with dignity and respect. Relatives knew how to raise their concerns and complaints about the service. The registered manager checked and assessed the quality of service delivered to people. The provider worked in partnership with other organisations to develop and improve the service.

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: At the last inspection of the service (published 10 October 2018), we were unable to rate the service as we did not have sufficient information to rate against our characteristics of inadequate, requires improvement, good and outstanding. This is because the service had only just started providing a

service at that time.

Why we inspected:

This was a planned inspection based on regulatory requirements to rate the service.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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?

Good ●

The service was well-led.

Details are in our Well-led findings below.

# Berean Healthcare & Training, Anerley Business Centre

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

### Inspection team:

This inspection was carried out by a single inspector.

### Service and service type:

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

The service had a manager registered with the Care Quality Commission. 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 it is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The Inspection site visit activity took place on 13 June 2019. We visited the office location to see the manager and to review care records and policies and procedures.

### What we did:

Before the inspection, we reviewed information we had received about the service since the last inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection, we spoke with the registered manager and reviewed the care record of one person using the service, three staff files including recruitment, training and supervision; quality assurance records and other records relating to the management of the service. After the inspection, we spoke with one relative and one member of staff to obtain their feedback about the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was not rated. At this inspection this key question has now been rated as Good. People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- People were safeguarded from abuse. A relative told us, "[Loved one] is safe with them [registered manager and staff]. 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. They knew to whistle-blow to external agencies if they needed to protect people.
- The registered manager demonstrated they understood their responsibilities to keep people safe, respond to allegations of abuse appropriately and notify CQC as required.

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

- People were protected from avoidable harm. Risk assessments were carried out looking at people's physical health conditions; risks of pressure sores, nutrition, moving and handling, health and safety of the environment, and medicine administration.
- Management plans were developed to guide staff to reduce identified risks to people. Appropriate equipment was available to transfer people if required. An occupational therapist was involved in drawing up the moving and positioning and in training staff to ensure it promoted people and staff safety.
- Risks management plans were reviewed regularly and updated regularly to reflect any changes in people's circumstances.
- Staff knew to report any concerns about people's care; including incidents and accidents to the registered manager who reviewed them and took appropriate actions to address incidents. For example. registered manager had updated one person's care plan and risk assessment following concerns expressed about their eating and drinking to reflect the changes in risks.

Staffing and recruitment

- Staff were recruited safely. Staff had undergone appropriate checks before they started working with people. Recruitment records contained two references, criminal record checks, employment history, proof of identity, and right to work in the UK.
- There were enough staff to support people with their needs. A relative told us, " The registered manager [registered manager] sends the same carer to [ my loved one]. They come themselves to care for [my loved one] if there is no carer to come. [My loved one ] always gets attended to and we are satisfied with the care."
- The service had a team of staff available to work as when required.

Using medicines safely

- Staff supported people to take their medicines as required. Staff had received training in the safe medicine administration and management and their competency assessed.
- Medicines administration records [MAR] were completed with no gaps. The registered manager carried out regular audits to identify any issues or discrepancies with the MAR.

#### Preventing and controlling infection

- 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.
- Staff used personal protective equipment (PPE) such as aprons and gloves appropriately. The registered manager carried out practice observations on staff to make sure they followed infection control procedures.



# 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.

At the last inspection this key question was not rated. At this inspection this key question has now been rated as Good. 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 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 face-to-face assessment with people and their relatives where possible.
- Assessments covered people's medical conditions, physical and mental health; mobility, nutrition and social activities. The input of professionals were sought where required. Care plans were developed based on people's needs.

Staff support: induction, training, skills and experience.

- Staff were trained and supervised to be effective in their roles. Staff received an induction when they started in their roles. The Induction included shadowing, training and competency assessments. Record showed staff had completed training in areas relevant to their jobs.
- Staff told us they were supported through regular supervision, observation, spot checks, performance review meetings and reflective practice. One member of staff told us, "The [Registered manager] is available to support me with anything I need. I feel well supported by them."

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

- Staff supported people to meet their nutritional needs. A relative we spoke with told us that staff encouraged them to eat and drink enough. Staff liaised with the people's relatives to provide food that met people's dietary and cultural requirements.
- The service maintained a food chart to help monitor one person's eating and drinking following weight loss. Staff shared concerns with the registered manager, the person's relative and involved relevant professionals as necessary to reduce risks.

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

- People were supported to meet their day to day healthcare needs where required. A relative we spoke with told us, "The [Registered manager] is very observant. They get on the phone to the GP or relevant services if they think my loved one was unwell. They are proactive and we find this reassuring."
- Records showed the registered manager had involved people's GP's following concerns with a person's recent weight loss. An occupational therapist had also been involved to provide moving and handling equipment.
- Staff worked with other services to ensure an effective joint-working. They worked with another care provider to provide support to the person using the service. They shared information and gave a handover of

the support provided. Staff knew to provide healthcare professionals or emergencies services with relevant details about people such as their medical history, care and support needs, communication requirements, allergies, next of kin and GP details if people were being transferred to other services.

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 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 Mental Capacity Act (MCA) 2005 and they knew to obtain consent from people before undertaking any task or activities with them.
- Relative we spoke with told us they were involved, and their consent was sought before decision were made about their loved one's care. The registered manager and staff understood their responsibilities under the MCA to ensure people's rights were protected.

# 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.

At the last inspection this key question was not rated. At this inspection this key question has now been rated as Good. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People received kind and compassionate care from staff. A relative told us, " The [Registered manager] and the carers are absolutely caring. They do the job from their hearts and look after my loved one like their own relative. We are lucky to have them."
- Staff showed they were interested in the people they supported. They had learnt a few words in the person's native language, so they can communicate with them effectively. The relative told us, "My [Loved one] doesn't speak English but the carers manage to communicate with them and support them express their needs. They understand each other which is good."
- Staff knew what people liked and disliked and how to support them. Care records detailed people's backgrounds, preferences, 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 people 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.
- A relative we spoke with told us that the registered manager and staff involved them and their loved one in planning their day to day care and support; and respected the choices and preferences. They commented, "The [Registered manager] discusses everything with us. They explain the plan, ask us if we agree with it and takes our suggestions on board."
- 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. Staff supported people to have food which reflected their culture and preferences

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect by staff. A relative we spoke with told us that staff respected their loved one's dignity in the way they cared for them. They said, "My loved one is comfortable with them. There has not been any situation or time I feel their dignity has not been respected."
- Staff had received training in dignity in care and knew to maintain people's privacy, independence and dignity. The registered manager monitored how staff promoted people's dignity through spot checks and observation.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was not rated. At this inspection this key question has now been rated as Good. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's individual needs were met. There were detailed care plans that covered people's 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 their care plans.
- Daily Care records completed by staff recorded the support people received and a relative we spoke with confirmed this. They said, "My loved is very well cared for. [Registered manager] and the staff are thorough." Care plans were reviewed and updated as required to reflect changes in people's care needs.
- Staff supported people to do the things they enjoy for relaxation and stimulation. Staff made sure the TV was left on programmes people liked watching.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- 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.
- Staff communicated with people in the way they understood. They used basic words and gestures to promote effective communication where necessary.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place. People and their relatives received a copy when they first started using the service. A relative we spoke with told us, they had not needed to complain but know what to do if they needed to. They said, "I would first speak to [the Registered manager] about any concerns but if the matter involves the registered manager, I would go straight to social services or CQC." There had not been any complaint about the service.

End of life care and support

- At the time of our inspection, the service was not supporting anyone with end of life care. The registered manager had experience providing end of life care. Care records noted the Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) status of the person they supported
- The registered manager told us they discussed people's needs in this area with people and their relatives as part of the care reviews. They told us that where people wished to discuss this, their wishes would be considered and care plan developed to meet their needs. The registered manager knew how to involve

other health professionals to meet people's needs when this was needed.

# 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 the last inspection this key question was not rated. At this inspection this key question has now been rated as Good. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The registered manager and provider was a registered nurse and had previous experience of delivering care service to people. They understood their responsibilities under their CQC registration. They had submitted notifications of changes as required and had displayed the CQC inspection rating of their last inspection. They understood their responsibility under the duty of candour regulation.
- The staff member we spoke with told us they felt supported in their role and had direction and leadership they needed from the registered manager. Staff were trained to provide effective care to people. Staff knew to share information, concerns and to report incidents appropriately.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care.

- The registered manager sought feedback from people and their relatives about the service. The relative commented, "The service is excellent. [the Registered manager] is very good. They are proactive and want the best care delivered to my loved one."
- The registered manager monitored the quality of service delivered through audits of daily care records, medicine administration records; and spot checks on staff. These were used to improve the service. For example, they had involved healthcare professionals in a person's care following concerns picked up from auditing care logs.

Working in partnership with others.

- The registered manager told us they attended care road shows, local authority care forums and liaised with local service commissioners. 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.