

Beckland Care Limited

# Beckland Care Limited

## 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?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Beckland Care Ltd is a domiciliary care agency providing personal care for to people in their own homes and supported living settings. The service provides support to older people, young adults, autistic people, people suffering from symptoms of mental health, learning disabilities or physical disabilities. At the time of our inspection there were 3 people 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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

### Right Support:

The registered manager worked closely with people, staff and families to ensure close oversight of daily activities. 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 received safeguarding training and knew how to keep people safe.

Care plans, risk assessments and positive behavioural plans contained clear and individualised information for staff to follow to enable them to meet people's needs and support people to achieve their goals.

All staff received training in medicine administration and their competencies were assessed. The registered manager carried out weekly audits of medicine administration records (MARs) for all service users, and appropriate guidance was in place for administration of as required (PRN) medications.

### Right Care:

People received care from staff who were familiar to them and knew them well. Staff engaged well with people, their relatives and external agencies involved in their care to ensure the best outcomes for people.

### Right Culture:

We made a recommendation in relation to documenting investigations and lessons learned in relation to accidents and incidents. This meant we rated Well-Led as Requires Improvement on this inspection. This

was discussed with the registered manager who told us the service would work to implement the changes required to meet the regulations.

The registered manager inspired confidence in the staff team and led by example. Feedback from staff and health and social care professionals was positive about the service and the registered manager.

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 and update

This service was registered with us on 6 July 2022 and this is the first inspection.

Why we inspected

This was a planned comprehensive inspection as a newly registered service. This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

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.

# Beckland Care 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 one 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 and provides care and support to people living in 'supported living' settings, so they can live as independently as possible. It also provides personal care to people living in their own houses and flats. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We looked at all the information we held about the service including notifications. A notification is

information about events that the registered persons are required, by law, to tell us about. prior to this inspection. We used the information the provider sent us in the provider information return (PIR). 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. We checked information held by Companies House and we looked at online reviews. We used all this information to plan our inspection.

#### During the inspection

We spoke with 1 person who uses the service and 3 relatives about their experience of the care provided. We spoke with 5 members of staff, including the registered manager. We reviewed a range of records. These included 3 people's care records, 4 staff files and a variety of records relating to the management of the service, including 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 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.

### Staffing and recruitment

- We reviewed 4 staff recruitment records, all records had gaps in employment history at the time of the inspection. However, when this was raised with the registered manager, she took action to rectify it and provided the information required to the inspection team.
- People's relatives told us staff were punctual and were allocated enough time to fulfil their roles. One relative told us, "They are on time. They finish what they begin. They don't rush her. They leave things as they should be."
- Staff recruitment records showed evidence of staff member's conduct in prior employment.
- The registered manager had completed new Disclosure and Barring Service (DBS) checks for all staff to ensure they were still safe to provide care to people. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe using the service. One person told us, "I think it is an excellent service."
- Staff received training in safeguarding and understood their responsibilities to identify and report concerns.
- The service had a close working relationship with the local authority and worked collaboratively with professionals and families to facilitate the care needs of people.
- The registered manager had a demonstrated an understanding of her role in promoting learning lessons when things go wrong.
- The registered manager provided examples of lessons learned, and was open to learning, however, lessons learned had not always been documented following accidents and incidents.

### Assessing risk, safety monitoring and management

- The registered manager took a proactive approach to assessing and mitigating risks to people's safety.
- Risks associated with the provision of people's care and support had been assessed in detail. Risk assessments were comprehensive and person centred, and were updated annually, or as people's needs changed.
- Where required, people had positive behaviour support plans in place, which detailed how to keep people and staff safe. Positive behaviour support (PBS) is 'a person centred framework for providing long-term support to people with a learning disability, and/or autism, including those with mental health conditions, who have, or may be at risk of developing, behaviours that challenge.
- Environmental risks within and around people's homes had been assessed, and care plans contained

clear guidance on actions required to ensure people and staff were safe.

#### Using medicines safely

- Staff ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- Where people had 'when required' (PRN) medicines there were clear protocols in place with comprehensive guidance for staff to follow when administering PRN medicines.
- The registered manager carried out weekly audits of medicine administration records (MAR's). This meant any errors or missed medicines were promptly identified by the service.
- Staff had received training in the safe administration of medicines and their competency was assessed annually by the registered manager to ensure they maintained good practice.
- Where people were safe to continue to manage their own medicines, this was supported.

#### Preventing and controlling infection

- People told us staff adhered to infection control standards when providing care. One person told us, "They look smart and wash their hands."
- The provider had infection control policies which were in line with current practice.
- All staff had completed infection control training.
- Staff were knowledgeable about protecting people from the risk of infection and had access to personal protective equipment (PPE).



# 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.

Staff support: induction, training, skills and experience

- The training matrix used by the service at the time of the inspection was not up to date and did not reflect the current training needs of staff. The registered manager told us this was because the service had migrated to a new system. However, the registered manager provided evidence after the inspection which showed staff were up to date with mandatory training.
- Staff received training in learning disabilities and autism. During the inspection it was noted staff had not received mandatory Oliver McGowan training for people with learning disabilities and autism. When this was raised with the registered manager, she took immediate action to rectify it.
- The registered manager worked closely with staff and people to ensure people were receiving safe and appropriate care.
- The registered manager told us all staff receive an induction training which includes completion of The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The registered manager told us after initial mandatory training, junior staff shadow senior staff and are competency assessed before providing care. She also told us junior staff are always placed to work alongside senior staff until they have developed in their role.
- In response to feedback from staff, the service provided additional refresher training for The Care Certificate which involved face to face training over a 4 day period. This was provided to staff after 3 months of working for the service.
- Most people and their relatives told us staff had the necessary skills and training for their role. Comments from relatives included, "He gets the best care I could dream of" and, "They are not allowed to be with [Person] unless they have the full training."

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

- People and their relatives told us they felt involved in their care. One person told us, "Whatever I ask for they will do." One relative told us, "They ask him to choose what he would like for lunch and where he would like to go."
- Peoples' care plans were personalised and included information about their physical and mental health needs and goals.
- Staff we spoke with confirmed they were confident in the service's ability to provide care to people. One staff member told us, "Staff work according to the care plan of each service user making sure their needs and preferences are recognised."

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

- People's care plans identified people's allergies, dietary requirements, and if they required support with their meals or drinks. Where people required support, their food and drink preferences were documented within their care plans.
- People were involved in choosing their food, shopping, and planning their meals, to support them to eat and drink enough to maintain a healthy diet. Staff promoted people's independence by supporting them to participate in preparing their own meals where possible.
- The service used menus with pictures of meals, food and drink items to enable people to communicate their preferences.

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

- Care plans specified the support people needed to live healthier lives, which included goals and outcomes.
- The registered manager was in regular contact with local authorities and professionals involved in people's care. The registered manager provided multiple examples of ways they have worked collaboratively to support people.
- We found evidence of conversations between the provider and other professionals to ensure the best outcomes for people. Feedback from professionals was positive and demonstrated the service's effective working relationships with health and social care professionals.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's care plans identified if people had capacity to consent to receiving care and if they required support to make decisions.
- Where required, people had positive behavioural support plans in place to ensure staff understood how best to support people.
- All staff received training in the MCA, and this was renewed annually.
- The provider had documented evidence where people had a Lasting Power of Attorney in place. This means they had a legally appointed representative to make decisions on their behalf and in their best interests.

# 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

- People's care plans contained an 'About me' section which comprehensively detailed people's backgrounds, their equality and diversity characteristics and what was important to them.
- Staff received training on equality and diversity as part of their induction process.
- People's human rights were respected by staff who had a good understanding of people's life histories, needs and preferences.
- The registered manager worked to ensure people received consistency in care by allocating the same staff to the same visits as much as possible.
- During the inspection we observed people receiving support from staff who used positive and respectful language, which people understood and responded well to.

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

- People and their relatives told us they were involved in decisions about their care and felt comfortable expressing their views. When asked if they were involved in care planning one relative told us, "Very much so. We do review it. ... We will talk through what is going well, what is not going well. It is easy to suggest things to them. They will try it."
- People were supported to express their views and were encouraged to be involved in making decisions about their care and support, and this was demonstrated throughout their care plans.
- The registered manager reviewed people's care plans annually or when people's needs changed. This ensured they were accurate and reflected people's current needs and preferences.

Respecting and promoting people's privacy, dignity and independence

- Staff were observed treating people with respect and dignity. Feedback from people and their relatives supported this. One relative told us, "I would never doubt that they would treat him with respect" and, "They make his life as happy as possible. We are very grateful to them."
- Care plans included individualised plans to support people to maintain their independence.
- Staff spoke positively about their roles and their ability to support people to maintain their independence. Comments included, "Our main aim is to promote independence and choice to our service users" and, "I would with no doubt recommend this care agency to a member of my own family."
- The service followed data protection law. Information about people was kept securely to maintain confidentiality.

# 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 were supported by a small team who knew them well and worked closely and collaboratively to deliver care. One person told us, "They come when I want and do what I want."
- Care plans were comprehensive, individualised, and contained up to date information about people and the care they required.
- People and their relatives told us they were involved in their care planning. One relative told us, "They are not doing it on their own, they consult me on everything."
- People's needs were reviewed annually or if there were changes, and staff were updated of changes by the management team who were in regular contact.

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 service had an information and communication policy in place which includes the Accessible Information Standard guidance.
- Care plans contained an assessment of communication needs and guided staff to ensure they communicated effectively with people. For example, "Make sure you have my attention first before communicating with me...Please use clear short sentences. Do not use long sentences or ambiguous words."
- Staff were aware of people's individual communication skills, abilities and individual preferred methods. They were able to communicate effectively with people through speech, pictures, symbols, or by interpreting gestures, signs and body language.
- During a home visit we found evidence of communication aids in people's homes to enable people and staff to communicate effectively.

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 and their relatives told us staff supported them to maintain relationships and avoid social isolation. One relative told us, "He does swimming, bowling, and pool. He goes out on day trips to a disco; all

sorts of activities, including crazy golf."

- People's care plans contained comprehensive and detailed descriptions of people's social needs and goals.
- Staff promoted people's independence by supporting them to take part in activities according to their wishes and abilities. Staff supported people to maintain relationships that mattered to them, such as family, community and other social links.
- During a home visit, evidence of recent activities was found in people's care files. Examples included supporting a person to attend a family wedding and a holiday.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make complaints or raise concerns.
- The service had a complaints policy in place which contained relevant information including contact details of external agencies and advocacy services if needed.
- The registered manager responded to complaints promptly and appropriately. The service's complaints and investigations log detailed the nature of the complaint or concern, the investigation, and the outcome.

# 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. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We reviewed records of the service's incidents and accidents. We found incidents were not always fully investigated, lessons learned were not always documented and themes and trends were not identified.
  - When this was raised with the registered manager, she acknowledged this requirement and included this as an action in the business improvement plan. After the inspection, the registered manager updated all incidents and accidents with lessons learned.
  - During the inspection we found one incident had not been reported to CQC, however, once this was raised with the registered manager, she immediately rectified it.
  - The registered manager had sufficient oversight of the service and demonstrated an in-depth knowledge of the needs of the individual people that used the service.
  - The registered manager carried out audits in line with the service's audits policy.
- We recommend the provider ensure incidents and accidents are thoroughly investigated and lessons learned documented.

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

- Staff supervision files were reviewed, and opportunities were provided to staff to raise concerns during their supervision.
- Feedback from staff regarding management was positive. One staff member told us, "We have a strong management team that is accessible and approachable at any given time."
- The registered manager had a whistleblowing policy in place. They stated they had an open and honest culture where they encouraged transparency and learning.

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 Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager was aware of her responsibilities in relation to this standard.
- The service had a policy in place that set out the actions staff should take in situations where the duty of candour would apply, and evidence reviewed confirmed this was adhered to by staff.
- The registered manager demonstrated an understanding of the duty of candour. She told us, "Openness and transparency. We are human beings, we make mistakes. Where we made an error, we own up to that

error. We speak to the people and the family, and ensure they are ok. It is always good to be open and transparent with everything."

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

- People were empowered to express their views. People and their relatives told us they felt listened to, and the managers were accessible. One relative told us, "It is a very encouraging environment, positive, and easy to engage in conversation."
- The service had an equality and diversity policy which stated their commitment to equal opportunities and diversity. Staff knew how to support people while respecting their rights.
- The registered manager told us numerous ways the service supported people considering their equality characteristics. She told us, "We do not discriminate against any gender, age, religion. We are a diverse organisation... [Person] likes to go to church, and we support him with this."

Continuous learning and improving care

- The registered manager sought feedback from people, relatives and health and social care professionals through questionnaires, maintaining regular contact and a communication book in people's homes.
- People and relatives told us they knew how to raise a concern and were asked for feedback. One relative told us, "When I have given feedback, they have encouraged further feedback."
- Regular team meetings took place and records of the meetings were reviewed. Staff were able to express their views and any concerns they may have had, and feedback was provided to staff around any changes to the service.

Working in partnership with others

- The registered manager worked closely with the local social and health professionals and feedback from professionals involved in the service was positive.
- The registered manager was able to explain and provide evidence of collaborative working with professionals to support the needs of people.