

Bevancare LTD

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Inspection report

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10 May 2023
15 May 2023
23 May 2023

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Bevancare Ltd is a domiciliary care service providing personal care and support to people living in and around Rochdale. 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 the time of our inspection the service were supporting 37 people with the regulated activity of personal care.

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 3 people using the service who have a learning disability and/or who are autistic.

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.

We found improvements were required with care documentation and with the monitoring of care visit times. Medicines records had not always been completed accurately and there was important information missing. We received mixed comments from people and family members about the timing of their visits, with some visits occurring too close together.

The service had a robust recruitment process which ensured suitable staff were employed. Staff followed correct infection control practices.

People had care plans which described how they wished to be supported. The service was in the process of moving from a paper-based to an electronic system for their care records and medicine administration records.

People and family members were happy with the attitude of staff. They told us staff were kind and caring. We saw positive interactions between staff and people living in the supported living setting we visited.

People, family members and staff were complimentary about the management of the service. Staff told us they enjoyed their work and were well-supported by the registered manager.

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

Why we inspected

The inspection was prompted in part due to concerns received about the service. A decision was made for us to inspect. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bevacare Ltd on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified a breach in relation to the administration of medicines. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

Requires Improvement ●

The service was not always safe.

Details are in our safe 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.

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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. The service also provides care and support to people living in 2 'supported living' settings, so that they can live as independently as possible. 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 24 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.

Inspection activity started on 10 May 2023 and ended on 23 May 2023. We visited the location's office on 10

and 15 May 2023 and one of the supported living settings on 23 May 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. 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 of this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 6 family members on the telephone about their experience of the support provided. We also visited and spoke with a person who lived in one of the supported living settings. We spoke with the registered manager. We sent questionnaires to care staff asking a range of questions about their experience of working for the service. Eight completed questionnaires were returned to us. We reviewed a range of records. This included 3 people's care records, multiple medicine administration records and 3 staff recruitment files. A variety of other records relating to the management of the service were also considered as part of the inspection. These included audits, training and supervision records and policies.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to 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.

Using medicines safely

- Staff did not always document and record information accurately and correctly when they supported people with their medicines. This meant we could not be sure people had received their medicines as prescribed.
- Some medicines administration records (MAR) lacked vital information. For example, people's name, allergy status, and the dates medicines had been given.
- Some MARs did not say what dose should be given. For example, one MAR said 'Diazepam', but there was no dose. Another said 'Apixaban', again with no dose.
- Where people were prescribed a variable dose of a medicine, such as 1 or 2 tablets, there was often no indication how many tablets staff had given.
- One person's MAR said 'Diazepam 1 or 2 per day'. However, we saw MARs that had been signed repeatedly 3 times each day for this medicine.
- Some MARs had not been completed and there was no indication if the medicines had been given or if, for example, the person had refused.
- MARs were hand written, rather than printed. However, there were no signatures to show who had transcribed the information and if it had been checked by another person to ensure it was correct.

The provider had failed to ensure staff maintained accurate medicines records for people receiving medicines support. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had received medicines training and competency checks. The service had recently held a number of staff training sessions, including a 'lunch and learn' meeting to try to improve staff compliance in this area. However, we saw poorly completed medicines documentation after this additional training.
- The service was in the process of introducing an electronic medicines administration system. The registered manager was confident this would improve the way staff administered medicines in the future and eliminate errors in documentation.

Staffing and recruitment

- We received mixed comments from people and family members about the timing of visits and the length of time staff stayed with them.
- Some people who received 4 visits spaced out throughout the day reported that visits were often too close

together, with some staff arriving only a short time after the previous visit had ended. Comments included, "They (staff) were sometimes in and out in 5 or 10 minutes when it was supposed to be 30 minutes"; "There was once a while ago when the teatime and evening call clashed. I spoke to the office, and it hasn't happened since", and, "We have had issues where the interim times (between calls) have got very short and they never let you know when they are running late." One person said, "They could definitely improve on their timings (of calls)."

- The service was in the process of introducing an electronic call monitoring system. This would enable the management team to continually monitor visit times and staff attendance.
- Pre-employment checks, including references, employment history and a Disclosure and Barring Service (DBS) check had been completed as part of the recruitment process. These helped to ensure people recruited to the service were suitable. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management

- People's care records contained risk assessments which provided staff with guidance on the actions needed to minimise risks to people's health and safety. For example, risks associated with moving and handling.
- A healthcare professional we spoke with told us, "The service manages risk well. They intervene (over behaviour) appropriately."
- Potential environmental risks in people's homes had been checked to ensure staff were safe to work there.
- Personal emergency evacuation plans (PEEP) had been completed for people living in the supported living settings. These described the level of assistance needed in the event of an emergency evacuation of the building. However, they were not kept at the buildings. The registered manager told us copies would be placed in each building, so they were easily available to the emergency services.

Preventing and controlling infection

- People were protected against the risk of infection. Staff were trained in infection prevention and control and the correct use of personal protective equipment (PPE).
- People we spoke with confirmed staff wore the correct PPE when carrying out personal care tasks and preparing food. One person said, "The carers are all uniformed and always use their gloves and aprons."
- A piece of equipment in the supported living setting we visited was very dirty. The registered manager told us this would be cleaned, and it would be added to the regular cleaning rota.

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

- Staff had received training in how to safeguard people from the risk of abuse. They knew about different types of abuse and what to do if they suspected someone was being harmed.
- People who used the service and family were happy with the attitude of the staff. Comments included, "I was a bit worried when they (staff) first came as they were so young and I wasn't sure they could look after me. They have now been coming since last October and I will never call out (criticise/doubt) youngsters again – they are great", "Most carers have a kind and gentle approach that achieves results" and "Even though some of the carers are very young, they seem to have built up a very good rapport with Mum and are respectful to her."
- There was a system in place for documenting and monitoring any accidents or incidents

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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

- The service was in the process of moving from a paper-based to an electronic system for its care records. The registered manager told us they were introducing the new system gradually, so that it could be monitored, evaluated and adapted.
- The care records we reviewed were person-centred and contained relevant detail about each person's care needs.
- Apart from some issues with the timing of visits which has been discussed in the 'safe' section of this report, people and family members were happy with the support provided by Bevancare Ltd. One person told us, "When Mum was telling a carer that she hadn't been getting many birds on the feeder for a few days, the carer found the bird food and topped it up." Another told us, "They (staff) are very kind to me. They also looked after my elderly mother and got her to do things I couldn't (get her to do). They encouraged her and could get her out of bed and showered without too much trouble. I think they are marvellous."

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 was following the Accessible Information Standard (AIS).

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 in the supported living settings were helped to take part in activities of their choice.

Improving care quality in response to complaints or concerns

- There was a system in place to manage any complaints. We reviewed one recent complaint and found the service had investigated it thoroughly and taken appropriate remedial action.

End of life care and support

- At the time of the inspection no one supported by the service was receiving end of life care. However, this was something staff could provide, alongside other community health professionals.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

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

- We found improvements were needed in some aspects of the service: notably the accuracy of documentation and in particular medicines documentation, and with the oversight and monitoring of the length and timing of care visits.
- Auditing of MARs was not always thorough or detailed enough.
- The management team was beginning to address these issues through the introduction of electronic systems. The registered manager was knowledgeable about the new systems and was confident their introduction would bring about the required improvements. We will review this at our next inspection.

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

- People who used the service and family members were happy with communication between themselves and the office. People told us the service contacted them for feedback. Comments included, "The phone is always answered when you call, and I feel that on every level they are both professional and provide outstanding care", "I have had calls from the office to check that I am happy with it all (service)", "There is usually someone at the end of the phone if you call" and "They do seem to care about their clients and understand when things are very difficult for you. I can't fault them."
- The majority of the care staff we contacted were very positive about the organisation. They told us the training was good and that they felt well supported by the management team. Staff enjoyed working for the service. Comments we received included, "I really enjoy working for Bevancare Ltd. I love who I work with, and the clients and I can always communicate with the office", "We have regular spot checks and we receive feedback, this can sometimes lead to team meetings and 'lunch and learns'. I find it very useful", "I find the training really beneficial and I am supported in trying to further my knowledge" and "I have regular supervisions with the manager and she is very supportive. She does go above and beyond to make sure that you have everything you need and checks in as much as possible and organises team meetings. I feel like the communication is really good and I can talk to the manager at any time."
- We observed positive interactions between people and care staff in the supported living setting we visited.
- The service worked in partnership with health and social care professionals and external agencies. In the supported living settings staff helped people access outside health appointments when needed.

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 registered manager understood their responsibility under the duty of candour. This is a set of requirements that providers of services must follow when things go wrong with care and treatment.
- The registered manager was aware of their regulatory responsibilities and understood how and when to submit information to the CQC.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure staff maintained accurate medicines records for people receiving medicines support.