

BeeAktive Care Limited

# BeeAktive Care

## Inspection report

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27 February 2023

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## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

### About the service

BeeActive Care is a domiciliary care service. The office is located in the London borough of Bromley. The service operates in the London borough of Bromley and in the county of Surrey for people whose care is commissioned by either authority or private packages of care.

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 the inspection, the service supported 10 service users in Surrey and 25 service users in the London Borough of Bromley.

### People's experience of using this service and what we found

This was a targeted inspection of Safe and Well led carried out due to concerning information we had received about people's care and the safe running of the service.

Based on our inspection of these areas we found people were not always protected from the risk of abuse or neglect and raised a vulnerable adult safeguarding alert with both the two local authority safeguarding teams who commission the service.

Some risks were still not always identified and adequate risk management plans were not always in place to reduce risk.

People gave us mixed feedback about the punctuality and reliability of their calls. We have made a recommendation in relation to staff rostering and scheduling.

While some improvements had been implemented by the provider since the last inspection. However, the system of monitoring the quality and safety of the service remained ineffective at identifying and acting on risks in relation to, people's support calls and the care received. Some care plans did not include sufficient information about risks to people or the support they needed.

We had continued concerns about the culture of the service and found the registered manager did not always act in an open and transparent way.

There had been improvements to the management of medicines and people told us they received their medicines when they should.

People were positive about the care they received from their regular care workers and they felt safe with their care. Half the people we received feedback from were happy with the way the service was run.

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

The last rating for this service was requires improvement (published 6 December 2022) and there were breaches of regulation. At this inspection we found the provider remained in breach of regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the previous four consecutive inspections.

#### Why we inspected

The inspection was prompted in part due to concerns received about people's care and the safe running of the service. A decision was made for us to inspect and examine those risks.

We undertook this targeted inspection to check on these concerns and to understand whether the Warning Notice we had previously served in relation to Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has not changed following this targeted inspection and remains Requires Improvement.

We use targeted inspections to follow up on Warning Notices or to check concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for BeeAktive Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

Due to the short period of time between the inspection and the date to comply with our notice, and the unavailability of some records, we were not able to follow up on the areas in the Warning Notice and check the notice had been complied with. We will do this at the next inspection.

At this inspection we have identified continued breaches in relation to the assessment of risk and the governance of the service. We identified a new breach in relation to safeguarding adults from abuse or neglect.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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?**

At our last inspection we rated this key question requires improvement.

We have not reviewed the rating as we have not looked at all of the key question at this inspection.

**Inspected but not rated**

### **Is the service well-led?**

At our last inspection we rated this key question requires improvement.

We have not reviewed the rating as we have not looked at all of the key question at this inspection.

**Inspected but not rated**

# BeeAktive Care

## 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.

This was a targeted inspection to check on concerning information we had received about the running of the service and about people's care. We also looked to see if we could check whether the provider had met the requirements of the Warning Notice in relation to Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Inspection team

This inspection was carried out by two inspectors and two Experts 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 houses and flats.

#### 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

This inspection was unannounced.

Inspection activity started on 22 February 2023 and ended on 28 February 2023. We visited the location's office on 22 February 2023.

#### 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 authorities who work with the service.

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

We used all this information to plan our inspection.

#### During the inspection

We visited the site office and spoke with the registered manager, the deputy manager, a care coordinator and other office staff.

We reviewed the call monitoring system and other records related to the running of the service. We reviewed medicines records, care plans and risk assessments for 9 people using the service.

The Experts by Experience made calls to 5 people using the service and 8 relatives to understand their views about the service.

We spoke with 6 staff members including 3 care coordinators by phone to gather their views.

# 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 this key question was rated requires improvement. We have not changed the rating at this inspection, as we have not looked at all of the safe key question at this inspection.

The purpose of this inspection was to check on the concerns received about people's care and the safe running of the service and to check if the breaches of regulation found at the last inspection had been complied with.

Systems and processes to safeguard people from the risk of abuse

- People were not always protected from the risk of abuse or harm. Possible signs of abuse or neglect were not always promptly identified and acted on. Information in daily records suggested, while health professional advice had been sought, staff were not following the safe moving and handling practices they recommended for one person. This could place them and staff at risk of injury. We raised this as a safeguarding alert with the local authority.
- Care records showed staff used restrictive practice in relation to another person, which placed them at risk. Appropriate legal processes had not been followed in relation to this. We raised this as a safeguarding alert with the local authority.
- There had been one safeguarding investigation since the last inspection which had been substantiated in relation to unsafe moving and positioning. While some learning had been identified, the investigation report completed by the registered manager lacked detail and failed to identify the concerns found by the local authority investigation.

These issues were a breach of regulation 13 (Safeguarding service users from abuse or improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives told us they felt safe with their care workers. A relative said, "Yes very much so, because the carers are very capable and know what they have to do." Another relative remarked, "The actual care provided is brilliant and [my family member] feels very safe."
- Staff had a clear understanding of the provider's safeguarding procedure, they understood different types of abuse or neglect that could arise. They told us they would report any safeguarding concerns they had to the registered manager.

Assessing risk, safety monitoring and management

At our last inspection we had found that risks to people were not always identified or safely managed. This was a breach of Regulation 12 (1) (Safe Care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made at this inspection and the provider remained in breach of regulation 12.

- Risks in relation to people's support calls were not always identified or assessed. Electronic call monitoring records for four people showed that missed tasks such as a missed call or missed medicines were not always promptly followed up to ensure safe delivery of care. They were recorded as resolved several days after the issue was identified; which could pose a risk to people. At the office visit we also found two missed call alerts on the provider's system from 4 days previously which had not been identified by staff monitoring the system or by the registered manager. Staff checked that these calls had been completed but they were not aware of the alert on the system for possible missed calls.
- Individual risks to people from their health needs or behaviour were not always assessed or risk management plans were not in place. For example, there was no risk assessment or risk management plan for staff for one person's distressed behaviour, where they were living with dementia. There were examples of incidents occurring as a result of this behaviour. Falls risks were not fully assessed to guide staff on reducing risks of falls to people.

These issues were a continued breach of regulation 12(1) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives mostly said they were happy with the care provided and thought regular care workers knew people well. One person commented, "I cannot praise them enough, they provide consistent care." However, one relative told us, "It's been a rollercoaster ride with this agency and we have been very disappointed with the level of support."
- Other people's care records we looked at did contain assessments or risk and guidance for staff to follow. Environmental risks assessments and risks in relation to people's health needs were considered and risk management plans in place. Staff told us they were aware of risks to the people they supported. One staff member commented, "I check people's care plans for any risks. For example, when a person is at risk of falls, I would make sure there is no clutter around for them to trip."

#### Using medicines safely

At the inspection in October 2022 we had found a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as medicines were not always safely managed.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 for safe management of medicines.

- People received support from staff to take their medicines safely. We looked at 6 people's medicines records. Where people required support to take their medicines this was recorded in their care plans. Care records included medicines risk assessments related to people's medicines and medical conditions. Protocols were in place for administering 'as required' (PRN), for example medicines for pain relief.
- The provider used an electronic medicine administration recording system (EMAR) for recording medicines administered to people using the service. Staff monitored the EMAR to make sure people received their medicines on time.
- The provider had made some improvements since the last inspection and introduced a weekly medicines check to ensure medicines had been administered as prescribed.
- Staff's competence in administering medicines had been assessed by the registered manager. This ensured that staff had the necessary skills to safely administer medicines.

#### Staffing

We were unable to check on all the areas of this key line of enquiry at this inspection.

- There were enough staff to meet people's needs but improvements were needed to ensure staff were



scheduled in line with people's support needs. Most people told us they received the support calls they needed. However, a relative commented, "Last week, one day no one turned up and we were left with no carers. No one informed us of this." Another person commented, "The call planning is disorganised. They need to organise the timetables for carers and us. It's not reliable."

- Six people and relatives spoken with said that their calls were late particularly at weekends and of these 3 said they were not contacted by the office or by care workers. We were only able to look at calls over a very short period of time. Our analysis showed most calls were carried out on time but there were a small number of calls over 45 minutes late and a similar number of calls where care workers did not stay the full length of the call.

We recommend the provider see appropriate support and guidance in relation to call planning and scheduling.

# 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 this key question was rated requires improvement. We have not changed the rating as we have not looked at all of the well-led key question at this inspection.

The purpose of this inspection was to check on the concerns about the safe running of the service.

Continuous learning and improving care

At our last inspection in October 2022 we took enforcement action and served a Warning Notice in relation to regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. It was not possible to check that the Warning Notice for regulation 17 had been complied with due to the unavailability of some records and the short timeframe between when the Warning Notice was due to be complied with and the inspection date.

We will assess if the Warning Notice has been complied with and the whole key question at the next comprehensive inspection of the service.

Not enough improvement had been made at this inspection and the provider remained in breach of regulation 17.

- Systems to monitor the quality and safety of the service were not effectively operated. The provider had not identified that missed support alerts were not always resolved on the day and were acted on several days later which posed possible risks to people. The system to monitor the care staff provided was not effective at identifying issues or concerns.
- Live-in care plans were not robust and did not provide clear guidance on the tasks and expectations of staff at night. Risks were not monitored where staff may have been supporting a person throughout the night due to their ill health or distress, to ensure that staff were able to continue to provide care safely, or, provide a break, so, they could rest.
- The provider had not identified the issues we found in relation to risk assessments. Accident and incident reports did not always include a full description of the incident or identify the necessary actions needed to reduce risk of reoccurrence.
- New in post care coordinators were completing assessments of people's care. However, there was no record that they had received any relevant training in this area, as some coordinators were new to health and social care. Three people and their relatives told us they had not seen a written care plan for the support provided, and the provider had failed to identify this shortfall. One relative remarked, "We have not received a written care plan since we commenced having carers several months ago."

These issues of poor governance and oversight were a continued breach of regulation 17 (1) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We had mixed feedback about the way the service was managed and organised. 6 people or their relatives told us while the care they received was good, the service was not well managed. One person said, "I have had no contact with the management, I don't think they seem very well organised." Most other people or their relatives told us they were happy with the service. A relative remarked, "I think it works for us. Sometimes its chaotic but with regular carers it's ok." Another relative said, "I can't think of any improvements."
- The provider had introduced some improvements and changes since the last inspection. They had followed up on the recommendation we made about reviewing staff training and were putting a new staff training system in place. An external consultant had been asked to produce a report about the quality monitoring system since the last inspection. This report focused on a limited area of oversight and while one recommendation for more training on the call monitoring system had been followed up, other recommendations had yet to be carried out.

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

- At the last inspection we were not assured that the culture of the service was always open, and person centred. At this inspection we found continued concerns about transparency and openness. The registered manager had told us they had obtained consent for our calls to people as part of the inspection. However, of the 13 people spoken with no one had been asked for their consent.
- The provider told us they sought feedback from people via phone calls, surveys and spot checks. However, we received mixed feedback from people and relatives about receiving a survey or, if spot checks took place. Three people or their relatives confirmed they had received a survey. One person commented, "We did receive a questionnaire but have had no feedback." Spot checks and feedback were mostly recorded as positive feedback and did not identify the issues we found at this inspection.
- The summary inspection page from the last inspection had not been shared with people using the service or their families as provider's are required to do.
- Staff told us they thought the culture at the service was positive and they were supported to carry out their roles. One staff member said, "For me the registered manager is very supportive, and she always listens to what I have to say. She is there to help me when I need her and also with personal stuff too."

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 12 HSCA RA Regulations 2014 Safe care and treatment  Safe care and treatment was not always carried out as risks to people were not always identified or safely managed. Regulation 12 (1)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems to monitor the quality and safety of the service were not always effectively operated. Regulation 17(1)