

Benedon Healthcare Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Benedon Healthcare Limited is a domiciliary care agency that provides personal care to people living in their own houses and flats in the community and specialist housing. At the time of the inspection there were 10 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

Right Support

Systems and processes to ensure good management oversight of the service were in place. The provider and staff were aware of the responsibilities to safeguard people and supportive measures were in place should people become upset or distressed. The provider had processes in place to record and investigate any incidents, should they occur, to keep people safe.

Risks to people had been assessed and people's care plans had been reviewed and updated. Staff supported people to maintain their health and wellbeing by accessing healthcare services.

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.

Right Care

People's needs were assessed prior to them receiving care and support from the service. Staff had received the appropriate training to assist them in their role to support people. Staff understood how to promote people's independence and ensured the care they provided treated people with dignity and respect. People were supported to express their views. People's communication needs had been considered and met. People's medicines were managed safely. The provider had sufficient infection, prevention and control measures in place and staff had access to a good supply of personal protective equipment.

Right Culture

It was clear from conversations with the registered manager and all the staff, they cared passionately about the people they supported. People and their family members told us how supportive the registered manager and their staff were. Regular feedback was sought from people and their support network. Staff felt supported by the provider. Processes were in place for managing any complaints.

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

Rating at last inspection

The last rating for this service was requires improvement (published 21 May 2018) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns received about risk assessments and support planning, recruitment and induction processes, staff training and general management of the service. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, effective and well-led sections of this full report.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Benedon Healthcare 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 team comprised of 1 inspector.

Service and service type

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

This service also provides care and support to people living in 4 '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 the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 16 May 2023 and ended on 25 May 2023. We visited the location's office on 17 June 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 authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person and 2 relatives, 4 care staff and the registered manager, who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed 4 care plans and 2 staff files and a variety of records relating to the management of the service. These included audits, policies and processes, training for staff and medicine records.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing had been appropriately assessed and was regularly reviewed and updated when people's needs changed. Staff spoken with knew people's needs well and how to support them.
- People at risk of seizures had robust monitoring processes in place with clear guidance for staff on what action they should take in the event of a seizure lasting longer than, for example, 5 minutes. One staff member told us, "Normally (seizures) last for minute, if longer than 5 minutes we have to call the ambulance service." A relative said, "I have no concerns with [person's] seizures, the staff support [person] safely."
- The provider had a business continuity plan in place for managing the service in an emergency. Fire evacuation processes were in place for those in supported living accommodation and included fire checks. People had personal emergency evacuation plans in place that had been reviewed to make sure they reflected people's individual mobility needs.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to safeguard people from the risk of abuse. People, relatives and staff felt the service was safe for people. One person told us, "[Staff] are very good, very supportive. They're here for me and I feel very safe and secure. I was very unwell before coming here but [staff] just being there for me is companionship and someone to help with my medication and talk to and things like that."
- Staff had received training on safeguarding adults and they knew how to keep people safe. They told us they would report their concerns to the registered manager. If need be, they would whistle blow to the police or local authority or report their concerns to the CQC. A staff member said, "If a colleague did something that was not right, I'd report to the manager. If not satisfied and no action was taken I'd report to the safeguarding team and I could go to the CQC as well."

Staffing and recruitment

- Staff were recruited safely. The service followed safe recruitment processes to ensure staff were suitable for their roles. This included undertaking Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff on duty to meet people's needs.

Using medicines safely

- Staff responsible for administering medicines had completed appropriate training and their competency to administer medicines had been assessed by the registered manager.

- There were protocols in place for 'as required' (PRN) for example, medicines for when people become upset and distressed. One staff member told us, "We have (name of medicine) for [person]. You have to assess the situation and carry out all interventions (distractions) first to try and help them calm down. If after you have completed all the interventions and they are still distressed you would administer the (name of medicine), it's all in their care plan."

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe.
- Staff had received training on infection control and supported people to keep their home environment clean and well maintained. One person told us, "They [the registered manager] carry out inspections every few weeks and everything is fine and working well. It's (the house) a clean environment and is cleaned very day. I had a problem with the electrics but it was fixed the next day. [Registered manager] sorted it out."

Learning lessons when things go wrong

- On reviewing the daily notes and records, no accidents or incidents had taken place. However, there were processes were in place for the registered manager to monitor for any trends and for staff to report.

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 our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider had processes in place to make sure people's needs had been assessed prior their joining the service. The assessments considered the protected characteristics under the Equalities Act 2010 for example, people's needs in relation to their gender, age, culture, religion, ethnicity and disability. Care records had been reviewed and updated to reflect people's changing needs.
- Staff we spoke with were knowledgeable about people's day-to-day support needs. One relative said, "Staff know [person] well. There is one particular staff who has been there a long time who [person] is particularly attached to."

Staff support: induction, training, skills and experience

- People and relatives we spoke with told us they thought the staff had the appropriate skills and training. Staff we spoke with demonstrated good knowledge and skills to support people. We reviewed information that confirmed staff training was up to date and relevant to their role. One person told us, "There are new staff started, it's nice meeting new people, they are all very kind and very nice."
- New staff to the service completed an induction. This included shadowing an experienced staff member and completing essential training for their role. For example, completing of the Care Certificate. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.

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

- People were encouraged to maintain a healthy balanced diet. People's care records included assessments of their dietary requirements and the support they required with eating and drinking.
- Staff told us how they encouraged people to try and make healthier choices when buying their food. Some people were supported by staff to cook their meals. One staff member told us, "We do encourage [person] to try healthy options, but they do have a right to eat what they want. We try our best."

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

- There were processes in place to monitor people's health. The provider and staff worked in partnership with people, relatives and health and social care professionals to monitor and maintain people's health. These included district nurses, learning disability team and GP.
- Staff knew what to do if they had concerns about a person's health or if there was a medical emergency. One person told us, "If I need to see the GP or the mental health team, they [staff] would help me. I'm doing well under [registered manager] guidance in this property."

- People had 'hospital passports' available for staff to give professionals in the event of a person being admitted to hospital. This information provided professionals with brief history of the person's medical history, next of kin contact details and prescribed medication.

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.

- Staff had received training in the MCA and understood the importance of involving people in decisions about their care. One staff member told us, "It is people's legal right to have a choice to make decisions, even a bad one, but if they can't (make an informed decision) we may need to, but 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.

At our last inspection we rated this key question good. At this inspection the rating has remained 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 and their relatives, without exception, provided consistent and positive feedback, about the caring attitude of the staff. People were treated with respect and kindness. One person said, "All the staff are kind. I would recommend the service. They [staff] have been very good to me. I have no concerns whatsoever, it's all very good."
- Staff spoke with kindness and compassion about the people they supported and told us they enjoyed their jobs. One staff member said, "I enjoy caring for [person] and supporting them to my fullest and I enjoy doing my work."
- Care plans were person centred and documented people's wishes and choices on how they wanted to be supported. This included information about specific cultural, religious or personal needs where appropriate.

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

- People were supported to express their needs and be involved as much as possible in their care. One person told us, "[Registered manager] is a good manager, I have opportunities to sit down with her if I want to, to talk about my support plan."
- Relatives told us they were involved in discussions about their family member's care and support. One relative said, "We discussed with [registered manager] how we wanted [person's] needs to be met and so far so good."

Respecting and promoting people's privacy, dignity and independence

- Staff knew how people would like to be supported in maintaining their independence. One staff member told us, "[Person] does his own personal care and brushes his teeth and we are there to sometimes support if they can't reach their back. [Person] will try to wash up their plates and do the tidying up and they arrange their bed. We will encourage them."
- People told us they were supported by staff who respected their privacy and dignity. One person said, "They [staff] treat me well and with dignity and respect. They [staff] speak to me in a dignified way." Staff showed a good understanding of how to deliver person centre care. They told us how they ensured people were treated as individuals and how they respected people's decisions and preferences.

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 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

- People and relatives we spoke with all told us they had been involved in planning their care needs and found the provider flexible in their approach when those needs changed. A relative said, "They [staff] ring me on a regular basis. They've [staff] just sorted an optician out and are looking into a dentist (for person). Everything is ok."
- People received care and support that was personalised to their individual needs and preferences. People and relatives told us they were happy with their care and staff were responsive to their needs. One relative told us, "[Person's] care plan can change quickly but I am always informed of any changes (in person's health)."

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 registered manager was aware of the Accessible Information Standard and told us if any person required information in a different format, they would be able to accommodate their individual communication needs.

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

- A relative told us, "They [staff] go out 3/4 times a week shopping (with person), walks lots of things, the activities are mostly outside."

Improving care quality in response to complaints or concerns

- People, relatives and staff we spoke with told us they could share any concerns with the provider and were comfortable to raise and discuss any issues. One person said, "I can always talk to [registered manager] if there was anything wrong."
- Although no complaints had been made against the service, we saw there was a process in place to record complaints and monitor for any trends.

End of life care and support

- There was no-one receiving end of life care during this inspection. There were processes in place to make

sure the provider would work with people, relatives and health professionals to make sure people were supported to have a dignified death.

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager promoted a positive, person-centred culture and conversations with the staff demonstrated they wanted to achieve the best outcomes for people.
- Staff we spoke with confirmed they received regular supervision. Staff meetings were also held to discuss the running of the service and share good practice.
- The registered manager sought feedback from people using the service in the form of quality monitoring forms. The feedback we looked at was positive. Comments included, 'Support workers are there for you', 'It's good because I am listened to.' One person told us, "Every few months we do a survey about how happy we are with the service and I tell family and friends about it."

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

- There had been no specific incidents or safeguarding occurrences. However, the provider was aware of the types of significant events they were legally required to notify to CQC.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- We saw regular audits were carried out by the registered manager to check the quality of the service being delivered to people was consistently good and maintained.
- Competency checks were carried out regularly on staff to ensure they were providing good quality care for people.
- Staff told us they felt supported by the registered manager and enjoyed working at the service. One staff member told us, "[Registered manager] is very good, she is fair and you can always talk to her."
- Policies and procedures were in place to support the running of the service. These included whistleblowing, complaints and safeguarding.

Continuous learning and improving care; Working in partnership with others

- Staff told us they received continuous training to ensure their learning, skills and knowledge were up to date to support people.
- The registered manager and staff understood the importance and benefits of working alongside other health and social care professionals.

- There was good support and input from health and social care professionals, where appropriate, to ensure people received person centred care to meet their individual needs.