

Beaumont Healthcare Limited

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Inspection report

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and 22 December 2015

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

Beaumont Healthcare Limited is an agency providing care to people in their own homes. At the time of the inspection they were providing a service to 411 people.

This announced inspection took place on the 30 November, 1 December and 22 December 2015.

At the time of the inspection there was a registered manager in place. A registered manager is a person who

has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

Risks had not always been managed to keep people as safe as possible. Risk assessments had not always been completed. This meant that staff did not have the information they required to ensure that people received safe care.

Care plans did not contain all of the relevant information that staff required so that they knew how to meet people's current needs. We could not be confident that people always received the care and support that they needed.

The Care Quality Commission (CQC) is required by law to monitor the Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The provider was not acting in accordance with the requirements of the MCA including the DoLS. The provider could not demonstrate how they supported people to make decisions about their care and where

they were unable to do so, there were no records showing that decisions were being taken in their best interests. This also meant that people were potentially being deprived of their liberty without the protection of the law.

Staff were aware of the procedure to follow if they thought someone had been harmed in any way.

There were procedures in place which were being followed by staff to ensure that people received their medication as prescribed. Regular audits of the medication administration records highlighted any concerns and the appropriate action had been taken to deal with them.

There were enough staff available to meet people's needs. The recruitment process was followed to ensure that people were only employed after satisfactory checks had been carried out.

Staff were kind and compassionate when working with people. They knew people well and were aware of their history, preferences, likes and dislikes. People's privacy and dignity were upheld.

Staff monitored people's health and welfare needs and acted on issues identified. People were provided with a choice of food and drink. Any issues with eating and drinking were reported back to the office so the relevant healthcare professional could be contacted when needed.

There was a complaints procedure in place and people felt confident to raise any concerns either with the staff or the registered manager.

The registered manager obtained the views from people that used their service, their relatives and staff about the quality of the service being provided.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work there.

Summary of findings

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 not always safe.

Some risks to people had not been consistently assessed. Action had not always been taken to reduce risks to people.

Staff were aware of the procedures to follow if they thought someone had suffered any harm. However, correct procedures had not always been followed.

Sufficient numbers of staff were employed to meet people's care and support needs.

Requires improvement



Is the service effective?

The service was not always effective.

Staff were not acting in accordance with the Mental Capacity Act 2005 including the Deprivation of Liberty Safeguards. This meant that people's rights were not being promoted or protected.

Staff were supported and trained to provide people with individual care.

Requires improvement



Is the service caring?

The service was caring.

Staff were kind and treated people with dignity and respect.

People and their relatives were involved in decisions about their care.

Good



Is the service responsive?

The service was not always responsive.

Care plans didn't always include enough information about the support that people needed.

People were aware of how to make a complaint or raise any concerns.

Requires improvement



Is the service well-led?

The service was not always well-led.

Checks on the quality of the service had not always identified where improvements were needed.

People and staff felt supported by the management and leadership of the managers.

Requires improvement



Beaumont Healthcare Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 November, 1 December and 22 December 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. The inspection was carried out by two inspectors.

Before our inspection we reviewed the information we held about the service, including the provider information return

(PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications the provider had sent us since our previous inspection. A notification is important information about particular events that occur at the service that the provider is required by law to tell us about. We contacted local commissioners to obtain their views about the service.

We spoke with the registered manager, regional manager, two care co-ordinators, five care workers and four people who use the service. We sent 50 questionnaires to people or their family members/carers asking them about the service they received from Beaumont Healthcare Limited. Twenty-two were completed and returned. We also received seven completed questionnaires from community healthcare professionals who had links with the service.

Is the service safe?

Our findings

The registered manager told us that an initial risk assessment was completed when a person wanted to start using the service. This was reviewed six months later to ensure it was accurate. However we found that although some risk assessments had been completed there was not a consistent approach to ensure that, when needed, people had a risk assessment in place. For example, the assessment information provided to the service before one person started to use the service clearly stated that they displayed behaviour that challenged others and could be verbally and physically aggressive towards other people. However there was no risk assessment in place so that staff knew what to do if this occurred. The staff member who had completed the care plan and risk assessment told us they had not witnessed any challenging behaviour themselves during their initial assessment so did not want to write it down. However when we talked to care staff they told us that the person displayed challenging behaviour towards the care staff on a regular basis. This meant that the risks to both the person and the care staff had not been assessed by a member of staff with the competence to do so. Because of this, no guidance had been put in place to reduce the risks and reduce harm.

We found that care staff had not always followed the service's procedures when dealing with incidents. For example, the visit notes to one person showed that on occasions the person had displayed challenging behaviour towards the care staff. These incidents had been recorded in the person's visits notes. However, staff had not always completed an incident form and had not always informed the registered manager. This meant that not all incidents had been investigated to see if any action was needed. There had been no analysis of incidents to see if any themes could be identified or if any action was necessary. The registered manager informed us that he had completed a log and had analysed all of the incidents in 2015 by the second day of our inspection.

These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us and records confirmed that staff had received training in safeguarding and protecting people from harm. A safeguarding policy was available and staff told us that they had read it. Staff were knowledgeable in recognising

signs of potential abuse and were able to tell us what they would do if they suspected anyone had suffered any kind of harm. Staff were encouraged to discuss any safeguarding concerns that they may have had during supervisions and team meetings. The safeguarding records showed referrals had been made to the local safeguarding team and the police and the agency had supported them with any investigations. When necessary extra training had been provided or when needed disciplinary action had been taken against staff. However we found that one safeguarding allegation had not been reported to the local safeguarding team as appropriate. The incident had been reported before the present registered manager was in post. However they had been responsible for dealing with the allegation and investigation. We discussed this with the registered manager during the inspection who stated that because the person making the allegation had stated that they would be referring it to social services they had not also done this. The registered manager agreed to refer the incident to the safeguarding team retrospectively. This meant that this incident was not dealt with in line with the provider's policy and local safeguarding protocols.

The registered manager told us and staff confirmed that staff completed administration of medication training as part of their induction. After completing the training staff were then observed administering medication for at least a week to ensure they were competent before being allowed to do it on their own. Staff had their competency to administer medication re-assessed annually. The deputy manager stated that the administration of medication was always discussed during staff supervision sessions so that they could raise any questions or concerns. The medication administration sheets had been checked by a care-coordinator and any issues had been recorded on the audit sheet. Appropriate action had been taken to deal with any issues. This meant that people were given their medicines safely and as they were prescribed.

At the time of the inspection there were enough staff employed to meet the hours of care that the service was contracted to deliver. Care staff told us that they had enough time to meet people's assessed needs and if they needed longer they could contact the office to request it.

The registered manager stated that the service was permanently recruiting new staff with inductions being carried out on a monthly basis. Safe recruitment practices were being followed. We looked at the recruitment records

Is the service safe?

for three people who had recently been employed. The records showed the staff had commenced working for the service only after the results of criminal records checks and references had been received and confirmed as satisfactory. The registered manager explained that staff are recruited locally and from overseas. People who used the service told us that they sometimes had difficulty

understanding staff whose first language was not English. The registered manager explained that he was not aware of this as people's communication skills were assessed as part of the interview process. He also stated that he would also look at sourcing further training for staff to ensure that this did not continue to be a problem.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care agencies are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and DoLS. The registered manager and care staff that we talked to did not have a full understanding of the MCA and DoLS and how they should be applied to people they were working with. Although staff had attended MCA training this had not been fully understood and no mental capacity assessments had been carried out when needed. For one person who was living with dementia, care staff were assisting them with personal care as this was thought to be in their best interest. However no capacity assessment or best interest decision had been considered or recorded. The registered manager responded during the inspection by identifying those people he thought may need mental capacity assessments, best interest decisions and Dols and prioritising those to be assessed. The registered manager also told us that he would arrange further MCA and DoLS training for all staff so that they were aware how to apply them.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us and records confirmed that staff had attended training and induction when they commenced work. The registered manager stated that new staff were completing the Care Certificate (a nationally recognised qualification) as part of their induction. They also told us they received on-going training including safeguarding, moving and handling, health and safety, infection control and first aid. At the end of the training courses staff had to complete a

test to show that they had understood the training. The registered manager regularly observed staff working to ensure that they were following policies and procedures and providing care to the expected level.

The care staff confirmed that they received regular supervisions and an annual appraisal and that they could request any extra training they thought would help them in their role. The registered manager stated that all staff appraisals had either taken place or were scheduled to be undertaken. Discussion with the registered manager and staff and looking at records identified that staff sometimes needed to support people who were displaying challenging behaviour. However not all staff had received the appropriate training. The registered manager stated that they would be organising this without delay.

People received the support they needed with food and drink. Care staff told us that they supported people to make decisions about what food and drink they would like before preparing it for them. Care staff also told us that although they were not responsible for food shopping for people they always checked how much food they had. They alerted the office if it was running low so that they could request for food to be purchased. Care staff also told us of the procedures they would follow if they thought people were having difficulties with eating and drinking. They confirmed that people at risk of malnutrition and dehydration were monitored to ensure they had an adequate intake of food and drink. The care staff confirmed that they would contact the office if they had any concerns about people's eating or drinking. The registered manager stated that for one person who was at risk of malnutrition the care staff reported back to the office on a daily basis if there were any concerns. If needed, an extra call could be arranged. The deputy manager also told us about a food preparation workshop that they provided for new members of staff. Staff were required to prepare food in the office and then office staff tasted it to make sure it was prepared correctly and to the expected standards. The deputy manager stated that this had been devised as a result of issues being identified due to cultural differences of some staff. The training had resulted in all staff knowing what was expected of them when preparing meals.

People were supported by the care and office staff to ensure that their day to day health care needs were met. The registered manager and staff confirmed that when needed they contacted the relevant health professionals

Is the service effective?

for people. This included the GP, district nurse, community psychiatric team, occupational therapist and speech and language therapist. They had also had contact with companies such as those that provided the liquid food packs for people with a percutaneous endoscopic gastrostomy (a tube inserted directly into the person's stomach). This meant that staff received the correct training and any issues could be quickly identified and

dealt with. People who used the service confirmed that when needed the staff had helped them to access the relevant health care professional. Feedback we received from community professionals involved with the agency included, "The particular individuals [staff] I have met do appear to be genuinely concerned for the welfare of their service users, and have made sensible and practical suggestions (for improvements)."

Is the service caring?

Our findings

People told us that they thought staff were caring. One relative of a person who used the service told us, “I find all the carers friendly and caring. The staff in the office are also pleasant on the phone. Sometimes different people arrive at different times from those on the schedule received in the post, but I do understand that staffing and clients’ needs can change at short notice.” Another person told us, “I’m very happy with the staff, no complaints” and “I’m perfectly satisfied.” One relative told us, “Staff have an interest in [family member], they always ask how recent things like appointments have gone.” The registered manager stated that he wanted care staff to treat people, “As if they were their own family and treat them with respect.”

The registered manager told us that when appropriate people were always involved in the initial assessments of their care needs and reviews. People were asked to sign their care plans to show that they agreed with what was written. People and relatives told us that they were aware that there was a care plan about them or their relative. They knew that staff completed a daily log of their visits.

Care staff told us they enjoyed their job and one said that it was important to them to always be “caring, patient and chat with people (about what they were doing).” They also told us that it was important to encourage people to make their own decisions even if they could only decide what they wanted to wear or what to eat and drink. One member of staff told us that they tried to find out from people what made them happy, how they would like to be cared for and how they would like any household tasks completed. For example, one care staff told us that one person liked their food prepared in a certain way using certain ingredients.

The care staff ensured that they did this. When they couldn’t understand what the person meant they asked the person to show them so that they knew how to do it in the future. One member of care staff told us how they respected people’s religious beliefs. They explained that the person liked to be assisted with personal care in a certain way and this was always respected and followed. The registered manager told us that there was an important relationship between the person, the care staff and the office. They also stated that it was the person who was the most important and who they tried to “keep happy”.

The registered manager stated that people could choose if they wanted female or male care staff and that they tried to provide a consistent staff team. However some people that we talked to told us they quite often had new carers who did not know them and they did not like that. One relative told us, “Things are lovely with the consistent carers, only have problems with new carers who don’t seem to know [family member].” One person told us, “I’ve had so many different faces, it gets embarrassing when they are helping you with a shower.” The registered manager stated that they were trying to introduce more care staff to each person so that when their normal care staff were absent they already knew the care staff that would be providing their care.

Information about advocacy services had been included in people’s care folders in their homes. (An advocate is an independent person who can speak on the person’s behalf.) The registered manager told us that when needed people were supported with contacting other organisations. For example, the office staff were supporting one person to find help with their shopping as they could no longer do it themselves.

Is the service responsive?

Our findings

People or their representatives had been involved in the assessments of their needs and had agreed their care plans to confirm ensure that their views were taken into consideration. Although care plans were in place for everybody they did not always contain the level of information that staff required so that they knew how to meet people's individual needs in a consistent manner. For example, one person's care plans stated apply creams as needed. We asked one member of care staff how they knew what cream to apply where. They told us they had been a carer for a long time so they knew from experience. However relying on past experience could be an issue if the person had their creams applied differently to people they had cared for in the past. Another person's care plan stated that the carer should encourage the person to have thickened fluids and pureed food as much as possible. We asked the regional manager (as the registered manager was not available) if this meant that the staff assisted the person with all of their eating and drinking (as there were also family members present and a live in carer). We also asked them to what consistency the fluids should be thickened as it was not stated in the care plan. However the regional manager stated that from the care plan they did not know who's responsibility it was. We established with the person's care staff that it was the responsibility of the live in carer to prepare any food and drink but the care staff sometimes assisted the person with it if there was time. The registered manager agreed that the care plans did not always include enough detail which could lead to the person receiving inconsistent care as staff may not be aware of their responsibilities. They stated that they would prioritise people with more complex needs to review and where needed update their care plans.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager stated that they tried to be responsive to people's changing needs by providing an individual service. An example of this was when one person had gone to stay with relatives the care staff had then gone to that address to provide the care and support there.

There was a complaints procedure in place. The registered manager stated that they encouraged people to complain as, "We can't put it right if we don't know what is wrong." The procedure was included in the care file which all people had in their homes. The registered manager had a complaints folder which contained the original complaint and details of any investigation. Eleven complaints had been received in 2015. We looked at two complaints, how they had been investigated and the outcome. We found that the complaints had been acknowledged, investigated and the complainant had been informed of the outcome. Ongoing monitoring had been put in place. We saw that action had been taken in response to complaints. For example when one person had complained about the care staff being late and not staying the correct amount of time a call monitoring system had been put in place. This meant that the office staff could monitor the times the care staff arrived and left to ensure that the visits were as planned and that the care staff stayed the required amount of time. Care staff were aware of the procedure to follow if anyone complained to them. One member of care staff stated that they would support a person to be able to report a complaint to the office or do it on their behalf if they wanted them to. This meant that people could be confident their concerns would be listened to and addressed.

The registered manager stated that when people received a service from more than one provider they tried to work with the other providers to ensure the care received was consistent. For example, one person received support and care from two different providers. In order for care to be planned and consistent there was a communication book in the person's house so that any issues that needed discussing could be easily identified. One member of the agency staff also met with the other provider's member of staff on a weekly basis to discuss any issues.

Is the service well-led?

Our findings

The registered manager had systems in place to check that staff had received what they deemed as mandatory training and that competency assessments had been completed. They had also organised for extra training such as the food preparation training. However it had not been highlighted that staff needed training in challenging behaviour.

There were audits in place to check other areas of the service being provided. For example, there was a care plan audit in place. However the inspection found the audit had not been effective in highlighting areas that needed improving. For example, the audit checked that there was a care plan in place but it did not cross reference it to the person's daily care logs or other information about the person to ensure that it was a true reflection of the care and support that was needed. This meant that the audit did not identify issues that needed further investigation or clarification, such as entries about a person displaying challenging behaviour. There was no process in place for checking the incident/accident forms to see if there were any patterns forming. There also seemed to be a lack of communication about incidents that had occurred. For example, although there had been two incidents where staff had been injured the registered manager had not been made aware of them. This meant that no action had been taken to prevent further incidents.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a registered manager in place at the time of the inspection. They were supported by the regional manager,

area managers, support managers, senior care co-ordinators and care co-ordinators. The registered manager had delegated tasks to all of the people in the management team but retained overall responsibility. Although the care staff had received regular supervisions the staff working in the office in the management team had not received regular supervisions. However the staff that we talked to said that they felt supported by the registered manager and that they could discuss any issues they had with him. The registered manager stated during the inspection that a process would be developed to ensure that all staff received regular supervisions.

Team meetings were held regularly. Care staff told us that they could add to the agenda and that their contributions to the meeting were respected and acted upon. One member of care staff told us how they had suggested extra training for staff and that this had been provided. The registered manager attended local providers' meetings monthly which helped them to stay up to date with any developments with legislation or best practice.

Questionnaires had been sent out to all people that used the service in August 2015 asking their views on the quality of the service being provided. The registered manager stated that the replies were being compiled into a report and if necessary an action plan to address any issues would be devised.

There was a whistle blowing procedure in place that staff were aware of. The registered manager stated that they would act on any whistle blowing allegations straight away and try to do this in a way that protected the whistle blower. The whistle blowing policy had been discussed during their induction, training and competency checks.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People were not protected against the risks associated with unsafe and inadequate assessment of and action to reduce identified risks. Regulation 12 (1)&(2)(a)&(b).

Regulated activity

Personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

People were not protected against the risks associated with a lack of consent, application of the Mental Capacity Act 2005 and associated code of practice. Regulation 11.

Regulated activity

Personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

People who use services were not protected against the risks associated with unsafe and inadequate monitoring and assessment of the quality of the service provided. Regulation 17(1)(2)(a)&(2)(f).