

Beacon Home Care Services Limited

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Inspection report

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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 

Summary of findings

Overall summary

About the service

Beacon Homecare Services Limited is a domiciliary care agency providing personal care for people living in their homes in the Penrith area of Cumbria. The service supports older people, people living with a dementia, physical disability or mental health need. They also support people who misuse drugs and alcohol.

Not everyone who used the service received personal care. Care Quality Commission (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 69 people were receiving the regulated activity of personal care.

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

There was no robust, effective system in place to monitor and drive quality improvement in relation to care records which presented a potential risk to people.

We have made recommendations about the assessment of risk, personalised care planning and end of life care planning. Risks had been identified however assessments were not specific to the person and were generic in nature. There were no systems used to analyse incidents or events to identify any triggers or lessons learnt.

Care records included some information about people's preferences, and their personal history. There was limited information about the support people needed and the strategies staff should follow when providing care and support.

The service supported people who were nearing the end of their lives. Care plans did not contain any information about people's wishes and preferences about the support they wanted at the end of their lives.

A procedure and guidance document was in place for staff to follow in relation to the Mental Capacity Act (2005). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff said they were well supported by the registered manager and were well trained

Staff were very knowledgeable about people's needs and preferences and knew how to provide safe care and support. Due to staff knowledge the above concerns had not impacted on the care people received. People told us they felt very safe. Comments included, "The care I receive is very good" and "Staff are great I can't fault anyone."

People were involved in making decisions about their care and regular reviews were held to gain people's feedback.

Safe practices were followed in relation to the recruitment of staff and the management of medicines.

People were supported to access healthcare services when needed and staff took appropriate action following any accidents or incidents. Positive feedback was received from external professionals about the care provided.

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 good (published 17 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach in relation to good governance and quality monitoring at this inspection.

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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below

Requires Improvement ●

Beacon Homecare Services 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 Care Act 2014.

Inspection team

The inspection was completed by one inspector and one assistant inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

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

Inspection activity started on 9 September 2019 and ended on 11 September 2019. We visited the office location on 9 September 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the safeguarding and commissioning teams. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information

about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, care workers, care co-ordinators, training manager and the office safety manager. All the staff we spoke with provided direct care for people using the service.

We reviewed a range of records. This included four people's care records and multiple medicine records. We looked at two staff files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the registered manager in relation to staff training. We also received feedback from professionals who visited people using the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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.

Assessing risk, safety monitoring and management

- Since the last inspection changes had been made to the procedure for assessing risk. New risk assessments had been introduced which contained the same information for each person, which was not specific, or person centred. The registered manager said, "They are all generic."
- Some risks had been identified in care plans, for example high risk of falls, skin integrity and epilepsy however there was no information on how to minimise the risk and relevant risk assessments had not been completed.
- Staff were aware of individual risks and took the appropriate action to minimise and manage risks so there was no impact on people.
- Accidents and incidents were recorded in a daily communication book. Staff had taken the relevant action in response to these events however there was no documented analysis for trends and lessons learnt.

We recommend the provider consider best practice in relation to risk assessment and management.

Systems and processes to safeguard people from the risk of abuse

- Since the last inspection there had been no safeguarding concerns identified.
- The provider had a safeguarding policy that all staff had a copy of within the staff handbook.
- Staff said they had received safeguarding training. One staff member said, "If someone was not being cared for I would raise this to the manager."
- People told us they felt safe with the care they received. One person said, "I absolutely feel safe, if I did not feel safe I wouldn't have them here."

Staffing and recruitment

- Since the last inspection two new staff had been employed. Safe recruitment processes were in place with the relevant pre-employment checks completed.
- There were enough staff to meet people's needs as everyone who was employed, including the registered manager and office safety manager provided direct care for people.
- People and staff received schedules, up to two weeks in advance so they knew who would be visiting on each call.
- One person told us, "The staff come on time and they are great."

Using medicines safely

- Medicine administration records were completed, however hand written entries were not signed or dated.

- The time and dose of variable dose and as required medicines were well documented.
- Staff attended medicines training and observations of medicine administration were completed.

Preventing and controlling infection

- Measures were in place to control and prevent the spread of infection, including the use of gloves and aprons.
- Staff completed infection control training and were knowledgeable about the requirements.

Learning lessons when things go wrong

- Improvements had been made to the recording of medicine administration following a review by the registered manager.
- The registered manager said they had learnt from the inspection and were going to take action to improve records relating to risk assessments and care plans.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Following the inspection the provider shared their procedures and guidelines in relation to the MCA. This included the process for staff to follow in assessing capacity, which included completing a capacity assessment and best interest decision.
- The registered manager said, "If someone's capacity declines, we inform the social worker we wouldn't do any capacity assessments ourselves. The social worker would usually refer to the MIND team, the memory clinic who do capacity assessments."
- The registered manager assured us that no one was currently being supported who lacked the capacity to make their own decisions.

Staff support: induction, training, skills and experience

- Staff received an induction and completed The Care Certificate to ensure they had the relevant knowledge in order to deliver appropriate care within their role.
- Staff had attended a wide range of training courses, including HIV awareness and Parkinson's awareness in addition to training the provider thought of as mandatory.
- Spot checks and direct observations were carried out with staff however supervisions were not completed as outlined in the providers own Supervision and Appraisal Policy.

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

- The registered manager explained that the care plan was completed during the pre-admission assessment. This included asking people about their spiritual and cultural needs as well as their care needs.

- Care plans were completed with the person and their family members or significant others.

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

- No one was being supported who had any specialist requirements in relation to food and drinks.
- Staff supported some people with meal preparation however there was limited information in care plans about what support was needed or preferred.

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

- Staff made timely referrals to healthcare services in response to any concerns, accidents or incidents. Including district nurses, GPs and occupational therapy.
- Healthcare guidance was followed by staff.

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 the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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 were treated with kindness and said they were well supported and cared for. This was supported by the feedback received from people, family members and external professionals.
- People said, "Staff are absolutely kind and caring, I look forward to them coming." A relative said, "They are all good and sociable, everyone is helpful."
- Staff had attended training about equality and diversity and an external professional said, "Relationships between people and staff are very positive."

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

- People's preferences were clearly documented in care records.
 - Regular reviews of care were held with people, and their relatives if appropriate. Feedback about the service was sought in these reviews and people were involved in making decisions about the care and support they received.
- Copies of care plans were kept in people's homes and the staff were very quick to update them in response to any changes or comments people had made.
- People were positive about the care they received saying, "The care I receive is absolutely spot on" and "They always help out and do anything I need."

Respecting and promoting people's privacy, dignity and independence

- People continued to be treated with dignity and respect. People told us, "Staff are attentive and polite" and "They all know what they are doing."
- Care records included some detail on the areas where people were independent and did not need any support from staff. Staff said, "We respect people's privacy and dignity, we close doors when assisting people and make sure its private."
- Staff had attended training in the importance of confidentiality and records were stored securely in the office.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records included some elements of personal information, including people's likes and dislikes, personal preferences and information on the person's life story.
- People's needs had been identified however care plans did not always include guidance on how to support the person appropriately and safely. For example, in relation to falls, epilepsy, distressed behaviour and communication.
- Staff were able to tell us how they supported people with their specific needs and we did not see any evidence of impact on people resulting from the limited information in care records.

We recommend the provider consider best practice in relation to planning personalised care.

End of life care and support

- The registered manager confirmed that staff supported people who were at the end of their lives.
- Staff had attended training in palliative care and said, "We have good links with palliative care nurses."
- Care plans did not include any information on people's preferences and choices in relation to end of life care. The registered manager said, "We have spoken about whether we should have peoples wishes recorded so if they live alone we have their wishes and funeral arrangement, but people have those conversations with next of kin."

We recommend the provider consider best practice in relation to end of life care and support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- It had been identified in care plans if people had communication needs. However, detail on how best to communicate with the person was limited. Staff were able to explain how they communicated but this was not documented.
- The registered manager said, "Documents can be offered in bigger writing or braille, and we could get documents translated if we needed to."
- The provider did not have a policy relating to the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- A complaints policy was in place.
- There had been one complaint since the last inspection. This had been investigated, an apology given and the outcome was to the family members satisfaction.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- A policy on standards for quality assurance documented the frequency of home visits which were made to monitor care provision. The policy did not include standards for the quality of records, including medicine records, risk assessment and care records.
- The registered manager said, "Records are read and reviewed but it isn't documented." This process had not been effective in identifying the concerns found during the inspection, including the lack of risk assessments, end of life care planning and limited detail in care plans.
- Spot checks were completed during which the quality of care was observed however records were minimal and often consisted of a tick next to observations of moving and handling and medicine administration. Findings were discussed with staff but not documented.
- Policies in relation to capacity and consent, and the accessible information standard were not in place.

We found no evidence that people had been harmed however, systems were either not in place or not robust enough to demonstrate the assessment, monitoring and improvement of records to ensure accurate, complete and contemporaneous records in respect of each person's care and support. This placed people at potential risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded during the inspection and said, "We will go through care plans and risk assessments to ensure they are personalised and have the correct information. I'll develop my knowledge and skills in relation to capacity and consent." The office safety manager said, "I'll develop a new quality control audit system and implement NICE guidance on governance."

- Gaps in the recording of medicine administration had been identified and a memo sent to staff to include the importance of completion and consequences if procedure was not followed. This had led to the required improvements.

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 provider had limited understanding in relation to duty of candour. They said, "It's about protecting staff and service users, quite a variety that comes with it. Supporting our staff covering a massive

range, mental health."

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

- The registered manager explained that the service was a family run business. They said, "We are approachable, no one has problems phoning us, people will say it's like a family member coming in." They added, "We do whatever we can for people, go that extra mile, we won't just do 30 minutes and walk out, someone else would go and we would cover the next call."
- Staff were positive about the culture and said, "People are well supported, the management here are supportive" and "I love the job, I am very settled and have a very supportive manager."

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

- Staff said, "We receive communications via letter, phone or text. We have informal staff meetings on training days."
- Quality assurance questionnaires had been completed by people using the service. Feedback was positive and there had been no areas identified as needing improvement.
- Informal discussions were held with staff on a regular basis, staff said, "Communication is really good."

Working in partnership with others

- The registered manager explained that there were no provider forums in the area, so they worked in partnership with family members and social workers. They added that they were members of United Kingdom Homecare Association whose website was regularly checked for updates.
- External professionals were positive about the care and support and said, "I have always found Beacon Homecare good care providers."

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems or processes had not been established and operated effectively to ensure compliance.</p> <p>There was a failure to assess, monitor and mitigate risks relating to the health, safety and welfare and service users.</p> <p>There was a failure to maintain accurate, complete and contemporaneous records in respect of the care and support provided to each service user.</p> <p>There was a failure to ensure appropriate policy and procedures were in place.</p> <p>There was a failure to assess, monitor and improve the quality of the service provided.</p> <p>Regulation 17(1), 2(a), 2(b), 2(c)</p>