

Banyan Home Care Services Limited

Banyan Home Care Services

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Banyan Home Care is a home care service. At the time of the inspection the service was supporting seven people living with early onset dementia, in their own homes.

Not everyone using the service received regulated activity. CQC only inspects the service being received by people provided with personal care, that is help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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

One person had been put at risk of harm. The provider had not acted to prevent further harm to the person.

Another person had been in a safeguarding incident. The registered managers had not submitted a safeguarding notification to us in line with legislation.

Quality assurance processes were in place to monitor safety and improve the quality of the service.

However, these processes were not always effective as they did not identify that a person had been put at risk of harm.

The provider ensured there were enough staff to support people.

People's privacy and dignity were promoted by staff. People were supported to be as independent as possible.

The service was not supporting anyone to take medicines at the time of our inspection visit.

People were supported by skilled staff with the right knowledge and training.

People's care and support met their needs and reflected their preferences. The provider upheld people's human rights.

There was a positive, open and empowering culture.

Rating at last inspection

This was our first inspection of the service since its registration with us on 10/10/2018.

Why we inspected

This was a planned inspection of the service based on our inspection time frames.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

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

Follow up

We will request an action plan for 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.

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

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 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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Banyan Home Care Services

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

The service is a domiciliary care agency. It provides personal care to adults living in their own homes living with early onset dementia.

The service had two managers 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 visit to ensure the registered managers and senior staff were available. We visited the office on 5 and 6 June 2019 to see the registered managers and nominated individual and to review care records, policies and procedures. We visited one person, their relative and their carer at home on 6 June 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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.

The law requires providers to notify us of certain events that happen during the running of a service. We reviewed notifications submitted to us by the provider.

During the inspection

We spoke with both registered managers, the nominated individual, two care staff, two people who use the service and one relative. We reviewed care and support documents for four people. We also reviewed records which included three staff recruitment files, staff rotas, staff training records, the providers' policies for medicines management and complaints, team meeting minutes, the provider's business improvement plan and feedback from people.

After the inspection

We reviewed additional evidence sent to us by the provider including medicines administration records.

Is the service safe?

Our findings

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

As this was the first inspection of the service they had not previously been rated. At this inspection the service was rated as Requires Improvement. This meant some aspects of the service were not always safe. There was a risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to protect people from harm, however, these systems were not always effective.
- One of the registered managers disclosed to us an incident where a person was put at risk of improper treatment. A staff member disclosed to us a separate incident where the same person was put at risk of harm. The provider had not put safety measures in place to protect the person and to prevent similar incidences reoccurring. These incidents had not been discussed with the person's relative, the local authority safeguarding team or with CQC.
- We asked the provider to discuss the incident with the local authority safeguarding team and send a notification to CQC to ensure we had a record of actions taken by the provider to protect the person from harm.
- After the inspection visit the provider sent us details of their discussion with the local authority as well as a record of actions taken to protect the person from any further harm.
- The provider failed to take action as soon as they were informed of these incidents. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2014, Safeguarding service users from abuse and improper treatment.

Assessing risk, safety monitoring and management

- People's care plans contained individualised risk assessments which were regularly reviewed and updated. However, as detailed above, the registered managers did not always take action to ensure risks to people were managed effectively.
- One person's care plan contained information for staff about how to support the person if they were having a seizure. This included specific guidance for staff about when to seek medical attention.
- Environmental risk assessments in people's care plans gave staff specific information about how to protect people from hazards in their home environment.
- The provider had contingency plans in place for managing missed calls, staff sickness and unavoidable delays. Actions included staff contacting the office team if they were delayed on their way to a person's home.

Staffing and recruitment

- There were enough staff to support people consistently.
- People had continuity of care from the same staff members as much as possible. Staff with the

appropriate skills were matched with people to ensure they received individualised care.

- When staff were not available due to sickness or holidays, the registered managers ensured people's visits were covered. The registered managers regularly attended people's homes for care visits themselves.
- The provider used robust systems to recruit staff suitable to work in a caring role. This included suitable recruitment checks, evidence of good conduct in previous roles and evidence of work history.

Using medicines safely

- At the time of our inspection visit the provider was not supporting anyone to take prescribed medicines.

Preventing and controlling infection

- People were protected from the spread of infection.
- Staff understood the principles of infection control and completed training as part of the provider's mandatory training.
- Staff carried personal protective equipment such as gloves, antibacterial hand gel and aprons to ensure people were protected from infections and illnesses.

Learning lessons when things go wrong

- Staff learned from incidents to improve care and help prevent reoccurrences.
- The registered managers maintained an accident log which included details of accidents and any actions taken by staff such as giving first aid.
- Accidents were analysed to identify any necessary updates to people's care plans to help staff provide individualised care.

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.

As this was the first inspection of the service they had not previously been rated. At this inspection the service was rated as 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

- People's care needs were assessed by competent staff. Staff completed assessments in partnership with people to reflect their needs and preferences.
- Staff collaborated with health care professionals and used evidence-based practice to plan care which met people's needs.
- The registered managers used their knowledge effectively to plan individualised support for people. This included specific activities aimed at people living with dementia to help maintain their functional skills.

Staff support: induction, training, skills and experience

- People were supported by staff who had completed the provider's mandatory training, based on the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff completed mandatory training such as moving and handling, as well as training specific to people's individual needs. For example, staff had completed training in supporting a person living with a rare condition which affected their speech. Staff had worked with a Speech and Language Therapist to provide support to the person to help them communicate.
- Staff were also trained in supporting younger people with dementia and were encouraged to identify and complete additional, relevant training courses.
- The registered managers supported staff through a structured programme of supervisions which were held every three months.

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

- When people needed help with food preparation or eating they were supported by staff. One person's relative spoke very positively about how staff had supported them to continue to bake. This helped them maintain their enjoyment over food.
- Staff ensured people had enough to eat and drink. Staff protected people from malnutrition and dehydration by encouraging them to eat and drink and recorded their dietary intake on food and fluid charts.
- Staff supported people with specific needs around food. One person had dietary restrictions due to their religious beliefs. This information was detailed in the person's care plan and shared only with those supporting them to ensure they did not eat from specific food groups.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff worked in partnership with professionals from health and social care to identify best practice and share learning to provide individualised support for people.
- People's care plans contained evidence of communication with specialist health practitioners such as community psychiatric nurses and speech and language therapists.
- People and their relatives were fully involved in discussions and meetings and their views were recorded. This showed people were partners in their care.
- Staff ensured they maintained contact with people's GPs to provide care in line with evidence-based, best practice. This included updating people's care plans with instructions from health professionals.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

- Staff had sought consent for all aspects of care and for sharing information.
- People's care plans contained records of their consent to care, to sharing information and to the service publishing photos of them on social media.
- The service was not supporting anyone under an order from the Court of Protection.
- Where people did not have capacity and had someone acting lawfully on their behalf for their health and welfare, this was documented in their care plans.

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.

As this was the first inspection of the service they had not previously been rated. At this inspection the service was rated as 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 told us about the caring, compassionate relationships they had developed with staff. One person said, "The best thing is, making me feel my life's worth living."
- People's relatives commented on the caring approach of staff. Comments included, 'They always make every effort to understand her particular needs in a friendly and caring way' and 'My [relative] is greatly enjoying one to one companionship from Banyan.'
- During a home visit we observed a staff member had an open, compassionate relationship with a person. The staff member knew the person well and spoke about their hobbies and interests. The person was not able to speak with us but it was clear they felt comfortable and relaxed with the staff member.

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

- People were actively involved in planning their own care and support. One person told us staff had worked with them to help them achieve their goals. They said, "They've been great, they've helped me considerably. I always wanted to fly...I've been on tv, been in the paper. I'm sorting a quiz out to raise funds."
- The registered managers used a system of care reviews and surveys to ensure people's views were gathered and acted on. This included care plan reviews at least every three months. This gave people and their relatives the opportunity to be involved in care planning.
- Staff advocated for people by liaising with support services and health care professionals to help people get the appropriate care.
- Communication between people, their relatives, staff and professionals were recorded in people's care plans so actions could be documented and acted on.

Respecting and promoting people's privacy, dignity and independence

- Staff provided care and support which protected people's privacy and dignity.
- Staff upheld people's human rights. They delivered care to people with dignity and respect and ensured people did not suffer from discrimination.
- Staff supported people to maintain their independence as much as possible. People's care plans clearly detailed what they could do for themselves.
- People commented that staff supported them to pursue their interests. One person commented, 'I really enjoy attending a weekly art workshop. However, gradually I had been finding it harder to work things out by myself. Such as what to paint, what to use and how to do it. I was feeling frustrated and not enjoying it anymore...The carers have been brilliant. They listen to my ideas and then help me to find a way to put that onto canvas.'

- People's confidential information was held securely by the provider and only shared with their consent.

Is the service responsive?

Our findings

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

As this was the first inspection of the service they had not previously been rated. At this inspection the service was rated as 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

- Banyan home care provided a specialised service to people living with early onset dementia. Staff aimed to provide an individualised service which helped people maintain their independence and live meaningful lives.
- People's needs were explored and recorded in care plans which contained detailed information about how they wished to receive care and support. Care plans were reviewed regularly and changes made as needed.
- The registered managers developed a toolkit of activities and two books specific to the needs of people with early onset dementia. These were used by staff during support visits with people to provide a range of suitable activities to engage people.

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.

- The provider met the AIS. People's care plans contained specific information about how they communicated and understood information. For example, for a person with a condition which affected their speech and cognition, staff used photos, pictures, body and sign language to help them communicate.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported by staff to remain active members of their local communities through attending groups and socialising with loved ones.
- People said they got the support from Banyan they needed to live fulfilling lives. One person commented, 'Since joining Banyan I have got more positive about the future. They help me with everything that I need. From one to one, or group activities.'
- People's relatives commented on staff's ability to provide individualised care. One relative commented, 'As [the registered managers] have significant experience of younger people with dementia, they are uniquely positioned...to recruit and train carers to support people with this horrible disease. The carers we have had, have been absolutely brilliant. My [relative] feels very comfortable with them which enables me to relax, knowing that she is well cared for.'

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. No complaints had been made about the service since its registration.
- Staff held care reviews in people's homes to gather their views. These included areas such as 'What's working well', 'What could be better', 'Barriers' and 'Are you happy with care staff?'. If people raised concerns or questions, records showed these were addressed promptly.
- People and their relatives felt comfortable approaching the registered managers with any questions. One relative told us, "I haven't had to but I'd have no qualms about that."

End of life care and support

- At the time of our inspection, the service was not providing care to anybody at the end of their life.
- The provider had developed a policy for end of life care which they told us they would adapt based on the Gold Standards Framework, a national, accredited programme to deliver high standards in end of life care.
- The provider had also sourced a training package to support staff to develop skills in end of life care.

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.

As this was the service's first inspection they had not previously been rated. At this inspection the service was rated as Requires Improvement. This meant the service management and leadership was inconsistent. The registered managers did not always act on their regulatory responsibilities.

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

- The provider used systems to protect people from harm and abuse. Records showed that if people were at risk of harm, or had experienced harm, staff had referred appropriately to local authority safeguarding teams. However, as detailed in the safe section of this report, these systems were not always effective as they did not identify that a person had been put at risk of harm.
- The registered managers used a system of regular audits and quality assurance reviews to monitor quality and safety within the service. Records were held securely on the provider's electronic and paper-based systems. However, these systems were not always effective, as they had failed to identify and mitigate risks posed to a person following the two incidents detailed in the safe section of this report.
- We made a recommendation that the registered managers ensure they used systems effectively to monitor quality and safety in the service.
- Registered managers and staff roles and responsibilities were clearly defined.
- There was a clear set of policies in place for staff to follow. These policies clearly laid out the responsibilities of staff in their daily practice.

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 managers had not acted on their duty of candour as they had not spoken to a person's relative after they became aware the person had been put at risk of harm. This is detailed in the safe section of the report.

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

- Both of the registered managers shared a passion and commitment to supporting people with early onset dementia to pursue their interests and live well in their own homes with the people they loved.
- This vision was clearly communicated to the staff team who shared these values.
- The registered managers held regular meetings with the provider's directors, nominated individual and senior team to review service development, quality and any concerns.
- The provider was open in their communications with people, relatives and staff.

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

characteristics

- The registered managers engaged people, their relatives, staff and professionals in the service.
- The registered managers aimed to prevent social isolation and help people remain valued members of the community. People's relatives who were carers were invited to regular meetings to meet like minded people. During the meetings staff held activities sessions for people which helped keep people engaged in stimulating pursuits and enabled their carers to have some respite from caring for their loved ones.
- These meetings were also attended by specialist nurses and dementia care advisors. Carers gave feedback about what they would like to see included in the meetings. The registered managers had invited regular speakers to attend. These meetings helped spread awareness of early onset dementia and provided staff, relatives and professionals with opportunities to plan ways of delivering individualised care for people.
- The provider promoted also organised social events for people and their carers including a 'Pizza and Paint night' and a quiz night. People were supported to continue to attend their preferred clubs, activities and local events. This helped people remain integrated in their communities and achieve their goals.

Continuous learning and improving care

- The registered managers maintained an up to date log of accidents and incidents to learn from events and provide high quality care.
- Records we reviewed showed staff had acted when incidents occurred to prevent reoccurrences.

Working in partnership with others

- Staff worked effectively in partnership with professionals from health and social care to meet people's needs.
- People's care plans contained records of meetings and discussions with nurse, GPs and social care professionals. For example, after staff became aware that a person and their carer needed extra support, they liaised with local support services and professionals to help the person get the right help from suitably skilled professionals.
- In another example staff gave one to one support to a person so they could attend leisure activities and volunteer at a local centre. Staff worked collaboratively with professionals working with the person to provide updates on their progress. This resulted in a higher quality of life for the person.
- The registered managers also held education sessions with local health and care providers to raise awareness of early onset dementia and share best practice. This included 'bite-sized' training sessions for those working in the care sector.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>How the regulation was not being met; The provider failed to take action as soon as they were informed of two incidents where a person was at risk. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2014, Safeguarding service users from abuse and improper treatment.</p>