

Beda Homecare Ltd

Beda Homecare Ltd trading as Home Instead Senior Care

Inspection report

Suite 2, 106a Bedford Road
Wootton
Bedford
Bedfordshire
MK43 9JB

Date of inspection visit:
25 March 2019
27 March 2019
28 March 2019
29 March 2019

Date of publication:
26 April 2019

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

About the service: Beda Home care Ltd trading as Instead Senior Care is a domiciliary care agency. Home Instead Senior Care is a domiciliary care agency. It provides personal care to people living in their own homes, including adults under 65 years of age.

At the time of the inspection, 23 people were receiving support with personal care.

People's experience of using this service:

People's individual risks were assessed, and measures were put in place to reduce the risks to help maintain their safety. Staff knew how to report any concerns to help

People received care and support from a team of care staff who had been recruited using a robust recruitment process.

People's medicines were managed safely. Staff had been trained and had their competencies checked. People were protected from the risk of spread of infection. Staff used personal protective equipment when supporting people with personal care.

People received support to eat and drink sufficient amounts to maintain their health and wellbeing.

People were supported to access health professionals when required.

People were treated with dignity and respect and people found staff to be kind and caring.

People were supported to make decisions about their care needs and staff respected their wishes.

People's confidential records were stored securely to help protect their privacy.

People received person-centred care and support that took account of their personal choices and preferences. Staff had a good understanding of people's care and support needs.

People had access to information in a format they could understand.

Complaints were investigated in-line with the provider's complaints procedure.

People were not receiving end of life care at the time of the inspection.

The provider had a range of systems and processes in place to continually monitor, assess and improve the quality of the care people received.

People were overall pleased with the support provided. Staff had a good understanding of people's needs.

They enjoyed working at the service and spoke positively about the support they received from the management team.

People's views were sought, and people felt their views were important and valued.

Rating at last inspection:

At the last inspection the service was rated as Good. The report was published on 23 March 2016.

Why we inspected:

This was a planned inspection based on the ratings achieved at the last inspection.

Follow up:

We will continue to review information we receive about the service until the next scheduled inspection. If we receive any information of concern, we may inspect sooner than scheduled.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was Responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was Well Led.

Details are in our Well Led findings below.

Beda Homecare Ltd trading as Home Instead Senior Care

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 was carried out by one inspector.

Service and service type:

Home Instead Senior Care is a domiciliary care agency. It provides personal care to people living in their own homes, including adults under 65 years of age. It supports people with learning disabilities, mental health conditions, physical disabilities, sensory impairments,

The service had a manager who was in the process of registering 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 because we needed to be sure that the provider and manager would be available to support the inspection.

Inspection site visit activity started on 25 March and ended on 29 March 2019. We visited the office location

on the 25 March 2019 and we sought feedback from staff, people who used the service and relatives on the other dates.

What we did:

We reviewed all the information we had about the service. We sought feedback from professionals who had experience of working with the service. The provider completed a Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

During the inspection, we spoke with three people who used the service and received feedback from six relatives. We spoke with four members of care staff, the scheduler (care coordinator). We also spoke with the manager and the provider.

We reviewed a range of records. This included three people's care records and three staff files. We also reviewed training and supervision records and records relating to the overall quality and safety of the service.

Following the visit to the office, the provider sent us some additional information to review which helped form our judgements detailed within this report.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People felt safe using the service. People told us they felt that staff supported them safely and took their time when providing care and support.
- One person told us, "I think the staff who support me are wonderful. I feel reassured knowing they are on hand to help when required."
- Staff demonstrated they knew how to both identify and report any concerns in relation to poor care practices or people being harmed.
- One staff member told us, "I would report it to [Name of provider] immediately. We call into the office and speak regularly so I am confident it would be investigated and addressed without delay."
- Another staff member told us that although they were confident the provider would address any concerns they also knew how to elevate concerns to the head office or externally to the local authority or CQC.

Assessing risk, safety monitoring and management

- People's individual risks had been assessed and where possible measures put in place to reduce and or mitigate the risk of harm.
- Risks were regularly reviewed to ensure information remained relevant and up to date. The provider told us that if there were any changes to people's needs or abilities a review of their care would be triggered.

Staffing and recruitment

- Potential new staff were recruited through a robust recruitment procedure which helped ensure staff employed were suitable to work in this type of service.
- Pre-employment checks included, a disclosure and barring service check [criminal records check] and obtaining a minimum of two references including at least one from a previous employer. Application forms were fully completed with gaps in employment explored, which helped employers assess that staff were of good character and suitable to work with the people they supported.
- There were enough staff to cover people's care visits at their preferred times. People told us that they had a small team of regular staff who supported them.
- One person told us, "I usually see the same carers but occasionally I may have someone who is not a regular person to me. I do feel more confident with the carer's who visit me regularly."

Using medicines safely

- People were supported to take their medicines safely by a staff team who had been trained in the safe

administration of medicines and had their competencies regularly checked.

- One person told us "Yes the staff give me my medicines and then they complete the record [Medicine administration record (MAR)]. I am happy with these arrangements because I would not always remember to take them myself."

Preventing and controlling infection

- Staff understood how to protect people by using personal protective equipment [PPE] including gloves, aprons and hand sanitizer. This helped reduce the prevention and spread of infection.
- Staff had training in infection control which helped keep people safe.

Learning lessons when things go wrong

- The provider told us that they shared any learning from incidents to help reduce the risk of reoccurring. Learning from accidents, incidents and near misses were shared with staff and discussed at team meetings or when staff came to the office.
- Learning included guidance for staff on when people had falls at home or where an injury had been sustained.

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.

Good: 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 needs were assessed before they used the service. The provider told us that they completed an initial review and the development of the care plan was ongoing.
- People's care and support was kept under regular review to make sure the service was continuing to be effective in meeting people's needs.
- People were involved in the development of their care and support plan and where appropriate family members contributed to the process.

Staff support: induction, training, skills and experience

- New staff were required to complete an induction that was based on the Care Certificate. This is a nationally recognized training programme for staff working in the health and social care sector. Staff had been trained to develop their knowledge and skills needed to support people effectively.
- Staff also received ongoing training in a range of topics relevant to their roles. This included moving and handling people, safeguarding and the safe administration of medicines.
- Staff received regular support, including individual supervisions, spot checks and observed practice in service user's homes to ensure they followed good practice.
- One person told us, "The staff are punctual, knowledgeable, calm, patient and supportive. We have nothing but praise for them. They complete all the required tasks and always ask if there is anything else required before leaving."

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 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 with appropriate legal authority. For people living in their own homes, this is through the Court of Protection.
- We checked whether the service was working within the principles of the MCA.
- The registered manager told us that no one using the service currently lacked mental capacity to make day to day decisions.
- Staff had training in the MCA 2005 and could demonstrate their understanding to us. One staff member

told us, "People can decide how they choose to live their lives and be involved in all decisions. We always provide people with the information to support them to make an informed decision."

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

- People where required were supported to eat and drink sufficient amounts to maintain their health. One person told us, "They [staff] always encourage me to drink plenty and always check if I have eaten something."
- One staff member told us, "If I had any concerns in relation to people eating and drinking or if they had lost weight, I would tell the office staff to enable them to seek appropriate intervention for example by involving the speech and language team (SALT) or a dietician. "

Supporting people to live healthier lives, access healthcare services and support

- The provider worked with external health professionals to ensure people's health and wellbeing was maintained.
- Staff told us they supported people when required to attend appointments for example with their GP or at the hospital. They were also supported to access community health professionals including dentist's, optician or district nurses as required.
- The provider had developed links with many groups in the community. These included dementia cafes, and attendance at events providing information to help keep people safe. For example, an event where the provider gave a talk to people about being aware of scams.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People spoke positively about the care and support they received from staff and the management of the service.
- People told us they felt they were well looked after. One relative told us, "The carers are wonderful. I just cannot imagine how we would be without their support. They are very caring supportive and friendly towards [Name] and she enjoys their company. We all appreciate the help they provide. I am very reassured that they will contact me immediately if there are any concerns, so this allows us to have peace of mind."
- People's personal preferences were respected. One person told us, "I was asked about my preferences before the service started. They asked questions about any cultural needs and if I had any religious preferences. I prefer female staff, and this has always been honoured."
- A staff member told us, "We would always take people to a church service if this was their choice. Even if it was not in line with my own religious beliefs. We are providing a service to people, so we try our best to meet all their needs and wishes."
- We received positive feedback from a number of professionals who had experience of the service. One professional told us, "We have been working with Home Instead for a number of years now. They are an organisation that really fits well with our own values of Care, Compassion and Commitment, and in a professional environment, love for the people we serve. These values have been evident in the support that they have provided for our clients. They are an organisation that seem to truly live out their values and as such they are an excellent partner for our organisation."

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

- People told us they were involved in the planning of their care and support. They said they made their own choices about all aspects of their care and support and staff respected these.
- People confirmed that they were asked to confirm their agreement to the content of their care plan. If they were not happy with any aspect they could ask for it to be amended.
- The provider told us how they respected people's choices, while encouraging them to remain independent. For example, one person had been extremely resistant to accept personal care. However, after many months of carefully and sensitively trying to support the person one of her regular staff has been successful in delivering personal care. This demonstrates the positive and meaningful relationship and trust that has been built up with their staff.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff promoted and maintained their privacy and dignity.
- One person told us, "Yes, they respect me and my dignity and privacy."
- Another person told us, "They are definitely aware of being visitors in our home they are very respectful."
- Staff understood how and why it was important to maintain people's privacy and dignity. A staff member told us how they ensured they maintained people's dignity by covering them and making sure doors were closed when delivering personal care.
- People`s confidential records were stored securely in the office. Staff were aware of how to keep sensitive information private. One staff member told us, "I would never discuss any work business outside of the organisation."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care that was personalised to meet their individual needs and preferences.
- The provider told us, "When we do the initial assessment of need, it is just the beginning of the development of the care plan. We continually update it as we become aware of people's individual needs and wishes."
- People were very positive about how the service responded to their changing needs. The provider told us, "We supported a person to retain their mobility to help them continue to be able to ascend the stairs. The staff helped and encouraged the person to climb one step then increasing to two steps until they built up enough strength for them to ascend and descend the stairs safely."
- People told us they received their visits at the times they wanted. One person told us, "They are very good if we request a change of time, they always try to accommodate requests." Another person told us, "We are supported by a small team of care staff who are very flexible and always happy to amend our requirements."
- People and relatives told us the staff team were consistent. One relative told us, "The regular carers have got to know [Name] well. I do think this is beneficial as they know the routine and how they like to be assisted."
- The provider told us that they considered any specialist care which would be required and sought appropriate training to ensure staff could meet the needs of people. For example, we saw that training was provided to staff to help them understand 'sensory loss of touch' and how this affected people. This enabled them to provide appropriate individual support to people.
- People, and their relatives told us that the provider and manager were responsive to their changing needs. For example, staff told us how they assisted a person with the care of their pet when they were no longer able to do this due to a decline in their health.
- People were supported to join community events organised by the provider. This helped to reduce social isolation, improve people's quality of life and provide them with information to help keep them safe in their homes. For example, attendance at dementia cafes and talks about how to avoid scams.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place. The provider told us they had not had any complaints in recent months. They told us, "If anyone is unhappy about anything we will try to address it straight away. People get plenty of opportunities to tell us if they are unhappy about any aspect of their care. We speak to people regularly so would pick this up."
- People told us they had not needed to make a formal complaint but had the information available to do so if they needed. One person told us, "Yes I have a leaflet in my folder if I needed it. But I don't think it would get as far as a complaint because you just have to mention anything you need tweaked and it is done."

- The service had received positive feedback from people who used the service and their relatives. People told us the service was very good, always responsive and that they would have no hesitation in recommending the service to family and friends.

End of life care and support

- Nobody was receiving end of life support at the time of our inspection. However, the provider had established positive relationships with many healthcare professionals and organisations working in the community. They told us in the event of someone requiring end of life care, they would work closely in partnership with a team of staff to ensure the persons holistic needs would be met.
- Staff had a good understanding of how to support people at the end of their life. The provider told us they asked people if they had any end of life arrangements or preferences as part of the care assessment. This was done sensitively and respectfully. Sometimes people choose not to discuss this initially and this was respected.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The previous registered manager left the service in February 2019 and a new manager had been appointed. They were just in the process of registering with the care quality commission.
- The provider and management team demonstrated an open, transparent and inclusive culture. They had embedded their caring and compassionate values into all aspects of the service.
- The provider and manager had a passion for quality and worked tirelessly to ensure people received good quality of care and support.
- The provider and registered manager had a clear understanding of duty of candour responsibilities and reported any significant events appropriately.
- The provider had developed excellent relationships with local community groups. This supported people who were being cared for by Beda HISC Bedford to attend these events. For example, dementia friends, local church groups providing a venue for people to get together to socialise.

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

- The provider, management team and staff had clear roles and responsibilities.
- A member of staff told us, "We are so passionate here at Beda HISC. We work well as a team to achieve the highest standards of care for people. We regularly go over and above people's expectations, doing little extra tasks for people, getting some shopping or just spending some extra time with people."
- The provider was extensively involved in the provision of training and told us, "I feel it gives me an opportunity to really get to know the potential staff and to consider if they really do share our vision and values." This also provided an opportunity for them to discuss regulatory responsibilities, risks and responses with staff.
- The provider had a range of quality assurance systems in place which provided a structure for monitoring the overall quality and safety of the service.
- Regular audits were completed to monitor the quality of the service in areas such as medication, daily records and people's care plans. Any actions from audits were noted and shared with the staff team in meetings or via e-mail.
- The provider had a business continuity plan in place which took into account emergency planning in the event of bad weather which may impact on care staff getting to people.
- There was a robust out of hours service so that people were able to speak with a senior member of staff at

all times.

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

- People, their relatives and staff were positive about the overall management of the service. One person told us, "The service is well run and managed. [Name of provider] runs a tight ship, is very approachable and a good person. They take the time to engage with us and are interested in what we have to say."
- Staff were positive about the support they received from the management team and told us that the provider and new manager were extremely supportive, had an open-door policy and really nurtured the staff team.
- Staff were invited to attend regular meetings to discuss all aspects of the service as well as any ideas to share or feedback about the service.
- People were visited regularly in their homes as part of the quality assurance process. This gave them an opportunity to check if people were satisfied with their care and to see if people had any ideas about how the service could be improved.
- We saw that feedback was reviewed and analysed and used to improve the service. People had provided positive feedback. Any feedback that was less than 100% positive was included in the ongoing action plan to ensure the areas were improved.

Continuous learning and improving care

- The provider and newly appointed manager demonstrated a real appetite for improvement. They demonstrated a real passion for good quality care.
- The provider had a service improvement plan in place. This was updated regularly with actions being signed off in a timely way.
- The provider and manager kept themselves up to date with current legislation and best practice by downloading information, attending local care provider forums and sharing good practice with other providers.
- The provider told us they were well supported by their head office as part of the franchisee arrangements and support.

Working in partnership with others

- The provider had developed excellent working relationships with other professionals and organisations. This included charities, trainers, community services, local groups, committees and schools. The differing relationships with all these groups facilitated many opportunities for people to engage and to achieve good outcomes for people. All the professionals we spoke with were positive about the way the service worked with them. They talked about their values and vision as well as their passion and commitment.
- People and their relatives were very positive about how the service worked with other services and organisations to help improve the care experience for the people they supported.