

Benedon Healthcare Limited

Benedon Healthcare Limited

Inspection report

165 Benedon Road
Birmingham
West Midlands
B26 2UR

Tel: 01217420865

Date of inspection visit:
08 March 2018
14 March 2018

Date of publication:
21 May 2018

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

This inspection took place on 8 and 14 March 2018 and was announced.

This was our first inspection of Benedon Healthcare Limited since registration. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community and specialist housing. It provides a service to older adults. At this inspection it was providing personal care to four people and employed two staff members. The staff team consisted of the provider and one care worker.

Not everyone using Benedon Healthcare Limited receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The provider of Benedon Healthcare Limited is registered as an 'Individual'. Individuals register in their own name with the Care Quality Commission. They are not required to have a registered manager in place because they are directly responsible for carrying on and managing the regulated activity of 'personal care'. As the 'registered person' they have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were at the risk of harm as the provider did not have effective incident or accident reporting or investigation procedures in place. The provider did not have accurate reporting procedures in place should staff members witness or suspect abuse.

The provider had informal quality monitoring arrangements in place but did not complete quality checks on staff members to ensure they were working appropriately with people.

People were at risk of receiving care and support which did not meet current or best practice. This was because the provider did not keep themselves up to date with changes in legislation or working practice. These changes informed them how they should support people to meet their needs.

Staff members arrived when expected and stayed for the agreed amount of time to complete the necessary care and support. Staff members followed infection prevention and control guidance.

People were safely supported with their medicines by competent staff members. People received care and support from staff members who had received training and support to effectively assist them. New staff members received an introduction to their role and were equipped with the skills they needed to work with people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated in a kind, caring and considerate manner by those supporting them.

People had access to healthcare to maintain wellbeing. When needed people were supported to eat and drink enough to maintain their health. Staff attended training that was relevant to the people they supported and any additional training needed to meet people's needs was provided.

People and their relatives were encouraged to raise any issues or concerns. The management team had systems in place to address any concerns or complaints.

People had regular contact with the registered manager whom they found approachable. People were involved in making decisions about their care and had information they needed in a way they understood.

Staff received support and guidance from a management team who they found approachable. People and staff felt able to express their views and felt their opinions mattered.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.
The provider did not have effective accident and incident reporting and recording procedures in place. The provider did not have accurate and clear adult safeguarding reporting procedures for staff to follow. Staff arrived on time and followed effective infection prevention and control practice.

Is the service effective?

Good ●

The service was effective.
People were supported by staff who were trained and supported to undertake their role. People had their rights protected by staff who followed current guidance. People had access to healthcare to maintain their wellbeing.

Is the service caring?

Good ●

The service was caring.
People had positive relationships with the staff who supported them. People's diversity was respected by staff. People's personal information was kept confidential by the staff supporting them.

Is the service responsive?

Good ●

The service was responsive.
People, and where appropriate their relatives, were involved in their assessments of care. People received care from staff who knew them well, including their individual preferences. People and their relatives were confident to raise any issues. The provider had systems in place to address any concerns.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.
The provider did not have effective quality monitoring procedures in place. The provider did not keep themselves up to date with changes in legislation informing how they support people. People and their relatives knew the provider and found them approachable. People, relatives and staff felt their opinions

were valued by the provider.

Benedon 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 8 and 14 March 2018 and was announced.

We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available to speak with us.

As part of the inspection we reviewed the information we held about the service, such as statutory notifications we had received from the provider. Statutory notifications are about important events which the provider is required to send us by law.

We reviewed the Provider Information Record (PIR). The PIR is a form where we ask the provider to give some key information about the service, what the service does well and what improvements they plan to make.

We also asked the local authority and Healthwatch if they had information to share about the service provided. Information provided to us indicated that concerns had been raised regarding missed calls and the time that staff attended agreed calls. We used this information to plan the inspection.

We visited the office location on 8 March 2018 to see the registered manager and to review care records and

policies and procedures. We looked at the care and support plans for four people including assessments of risks and the administration of medicines records. We confirmed the safe recruitment of one staff member. We looked at records of incidents and accidents and quality checks completed by the provider.

Between 14 March 2018 and 18 March 2018 we spoke with one person who used the service, one friend and one relative, to seek their views on the service. We spoke with the provider and one care staff member.



Our findings

The provider told us since commencing their provision of care there had been no reason to raise any safeguarding concerns.

The staff member we spoke with knew how to recognise the signs of abuse. They told us they would report any concerns to the registered manager. Although on speaking with the provider and staff member a structured procedure for them to follow, should they suspect something was wrong, was not in place. The staff member said, "I would report it to my manager or use one of the numbers in the persons file or staff handbook." We looked four people's files and at the staff handbook which is issued by the provider. None of the files contained accurate information on how to raise concerns or to whom. We looked at the service user information pack which directed people and relatives to follow the provider's complaints procedure if they suspected abuse. This was not the locally agreed reporting protocol for adult safeguarding.

We asked the provider what they would do if they suspected abuse, or it was reported to them. They told us they would phone the local authority and ask them what they needed to do. The provider did not have clear reporting and recording procedures in place to prevent, identify or report abuse. We spoke with the provider about this who told us they would seek advice and make the necessary corrections.

People were at risk of harm associated with their care as the provider did not have clear incident and accident reporting systems in place. For example, the provider told us they attended one care call and found the person on the floor. This person was later admitted to hospital with a suspected fracture. The provider told us they would have completed an accident form but as they felt the person would not be in receipt of their services when leaving hospital they didn't feel it was needed. They went on to say, "If they come back to us then I will fill out the form then." The lack of structured incident and accident recording, reporting and investigation put people at risk of harm from repeated incidents. This was because the provider did not take the opportunity to gain any learning from them or to identify any additional preventative actions they could take. Following this inspection site visit the registered manager informed us they had now made a record of the accident. However, as the person had not returned to receive their support no changes had been made to their care and support plan.

The staff member told us before they were allowed to start work checks were completed to ensure they were safe to work with people who used the service. References and checks with the Disclosure and Barring Service (DBS) were completed and once the provider was satisfied they could start work. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable individuals from working with people. The provider had systems in place to address any unsafe behaviour displayed by staff members which

included additional training or disciplinary action, should the need for this arise.

The provider completed assessments of risk for people in their homes. One person said, "I feel they (staff) are quite safe when helping me. They haven't hurt me." Risk assessments included potential risks associated with the physical environment within which people lived. For example, we saw that the provider had considered the risks from electrical appliances and potential trip hazards from inappropriate types of flooring. The staff member said, "We work with one person who has a visual impairment. We are very careful not to leave anything on the floor that they can trip over. If we move something we tell them and also say where we have put it."

We saw people had personal risk assessments associated with their care. These included the risk of falls and skin conditions. When it was needed the provider took necessary action to minimise the risk of harm when hazards had been identified. For example, as part of the environmental risk assessment the provider identified whether or not people had smoke detectors in place and if they were in good working condition. If there were concerns the provider would advise the person, family members or landlords to reduce the risk.

People were supported by staff who understood and followed infection prevention and control procedures. One person told us, "When they need to put on their gloves they do. They leave the place tidy when they have finished." A relative went on to say how their family member was supported to keep their house clean and tidy. Staff had access to appropriate personal protective equipment, including gloves and aprons, which were stored in individual's homes for easy access. These items were restocked by the provider when required. Staff had received infection prevention and control training to enable them to safely support people in their own homes. The staff member told us they had access to appropriate personal protection equipment like gloves and aprons in order to safely support people.

People told us they received support from a consistent staff team who knew their individual needs and who were, on the whole, on time. One person said, "It's always the same person [staff member's name]. They are usually on time but I do account for traffic and understand when they are late. If for some reason they do not come I will get a call." Benedon Healthcare Limited consisted of the Provider and one member of staff. People and relatives told us that care workers usually attended on time and when expected but made allowances for late call owing to travelling arrangements. Those we spoke with told us that if for any reason a call could not be completed as arranged, a family member or friend was contacted to provide assistance in their absence. For example, during a recent incident of severe weather driving was not advised. People and their relatives were informed about this to ensure they still received support during this time.

We looked at how people were supported with their medicines. Those we spoke with told us they were happy with the support they, their relative or their friend, received. Staff told us they received training and were assessed as competent and safe to support people with their medicines. When the provider had responsibility to supporting and prompting people with their medicines they had plans in place for the staff member to follow to safely support the person. Should any medication errors occur, staff told us they would report them immediately to the provider, contact the GP and get medical advice. This was to make sure the person suffered no ill-effects as a result of any errors and to take any action as instructed. However, up to this inspection site visit no medicine errors had been reported.



Our findings

People and relatives we spoke with told us they thought the staff members supporting them were skilled and trained to a reasonable and competent standard. One person told us, "I think they (staff) are ok. I don't think they are lacking in any training."

Staff members new to their role with Benedon Healthcare Limited undertook a structured introduction with the provider. This included training such as health and safety awareness and safe handling of medicines. Following this staff members were supported by the provider to work with people until the person, and the staff member, was happy and confident with the support provided. The staff member told us, "I have a basic understanding of care. I aim to now complete the Care Certificate which will be supported by (provider)." The Care Certificate is a nationally recognised training programme aimed at training staff to recognise the standards of care required of them.

People were assisted by staff members who felt supported to carry out their role. The staff member we spoke with told us they felt supported by the provider. We saw the provider completed structured one-on-one support sessions with the staff member. This included a meeting where the staff member could discuss aspects of their work which went well and where they thought they would need further training and development. The staff member had requested further training and went on to say they were confident this would be provided.

Staff had the skills to effectively communicate important information between themselves, the person they supported and anyone else involved in their care. One relative told us, "We regularly talk. If there is any change at all they [provider's name] will talk with me about it. They (provider) are also very good with [relative's name] and manage to get through to them in a way they understand." We saw records of conversations between other health professionals and family members to promote a consistent approach towards people's care and support.

We looked at how people were offered choices and decisions about their care. People and relatives we spoke with told us those supporting them encouraged choice and assisted people to make decisions about their support. One relative told us, "They (staff) know [relative's name] very well. We all know if they give too much information they [relative] will completely shut down. So the staff just offer what they know they like and this seems to work as they [relative] will then make a decision." The staff member told us, "I support one person who has a visual impairment. I know what colour clothes they like to wear so I put these out for them and they can then choose what they want."

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 these are called the Deprivation of Liberty Safeguards (DoLS). Any applications must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. The provider had trained and prepared staff in understanding the requirements of the MCA. However, at the time of the inspection all of the people they supported had the mental capacity to make such decisions for themselves.

People and relatives told us staff asked them for their consent before they supported them. One person said, "They always ask me if it is OK before they start with me. However, as they are here to support me it would be a little silly if I said it wasn't." We saw the provider assessed and supported people abilities to make decisions for themselves. For instance one person appeared disorientated first thing in the morning. As a result the provider completed their assessment over several occasions and at different time of the day. This was to ensure they ascertained a clear indication of the person's ability to make decisions. Following this the provider concluded the person could make decisions for themselves.

When Benedon Healthcare Limited had responsibility for supporting people with their eating and drinking people told us they were assisted to receive enough food and drink to maintain their well-being. One person told us that staff members helped them with their meals. They said, "I know what I want to eat and they (staff) get it for me." If the provider or staff identified concerns regarding people's diets they referred to appropriate medical services for advice and guidance. This included GP's or dieticians.

People had access to healthcare services, including GP, district nurses and occupational therapists and were supported to maintain good health. We saw the provider had communicated changes in one person's health and welfare to their GP. This was in order for them to receive the necessary assessment and interventions to maintain their wellbeing.



Our findings

People and relatives that we spoke with described the staff members supporting them and their family members as, "OK," "Nice," and "Good." One person said, "They [staff member's name] is polite and respectful. We have a chat and they greet me appropriately. That is all I could ask for." The provider and staff member that we spoke with talked about those they supported with kindness, respect and warmth.

People told us they were supported to remain in their own homes and to be as independent as possible with the assistance of staff from Benedon Healthcare Limited. One person said, "They give me the help I need when I need it. I can still do things for myself and they are just there to make it a little easier." The provider told us they assessed what people could do for themselves and how they, as a provider, could help them remain independent. The provider told us this could be simply providing the washing facilities and encouraging the person to do as much as they could for themselves.

People were supported by staff members who understood their own specific religious and spiritual preferences. However, at this inspection no one had indicated that they practiced any identified faith or needed any assistance from Benedon Healthcare Limited in relation to this aspect of their care.

Staff took the time and opportunity to reassure people if they felt anxious or upset. One relative told us how their family member can become distracted and upset when doing certain things. They went on to say, "The approach of [provider] is just what [relative's name] needs. They are clear with them and this really works well for them. This is because the support is structured just how they need." The provider told us, "We adapt how we work with people to suit them. For example, if someone needs a set structure we will arrange this and work with their needs. Where others like to take their time and go at their own pace. If someone is upset we can spend time with them to reassure them and see if we can help in any way."

People told us that staff communicated with them with respect and professionalism whilst supporting them. One person said, "They chat with me. I know what they are doing and if I need to contact [provider's name] they are polite and listen to what I have to say." One friend told us, "[Person's name] and I regularly go through what has been written by them (staff). It is just so they know what is being said about them and it is all accurate and professional."

People and their relatives told us that they were involved in making decisions about their care. One person told us, "I know what support I need. They (staff) help me as I need. I can make decisions for myself and can do what I want. They (staff) are there to help me. Nothing more." The provider told us, "We are there to help

people how they want to be helped and not how we want to help them."

People told us their privacy and dignity was respected by staff providing support. One person said, "Everything is fine about this. Never a problem for me. It's a job and they (staff) get on with it the best they can." The provider completed regular checks with people to see whether they thought the care and support provided was dignified and respected their privacy. All of the feedback was positive with people believing they were treated well.

We saw information private and confidential to people was stored securely and accessed only by those with authority to do so.



Our findings

People told us that they were involved in the creation of their care and support plans. One person said, "I went through what help I wanted with [provider's name]. They then made this plan which I agreed with. It basically says what I want and the staff follow it as best they can." We saw care and support plans which were individual to those they related to and contained information to enable staff members to effectively support them. These plans contained information such as, what the person wished to be called, their family histories including where they grew up and what they did for a living. The provider told us they met with people to try and get to know them as an individual. They then created the care and support plan based on what the person's needs are and what they wanted help with.

Staff we spoke with could tell us about those they supported. This included what people used to do for a living and how they liked to spend their time now. This knowledge of people receiving care and support was not just limited to the person's care needs but respected them as individuals. One relative said, "[Provider's name] knows [relative's name] very well and they do chat about all sorts of things. It's nice to see and reassuring for us." The staff member said, "I know if [person's name] doesn't feel like eating much. I can always encourage them with pie and mash. They like this, it's their favourite." People were supported by a staff team who knew them as individuals and adapted their support to meet their personal needs.

People and relatives told us that their care and support was regularly reviewed and accounted for any changes of personal or medical circumstance. One relative told us, "I have a review meeting booked in next week. I don't think much has changed but I think this is good practice as we may have noticed something that (provider) hasn't and visa-versa." We saw amended care and support plans which accounted for advice given by the person's GP on how to support them prior to and following their hospital appointment. This enabled staff to provide people with consistent support which accounted for any changes.

People had individual assessments regarding their communication and information needs. These assessments gave staff members the information they needed in order to effectively communicate with people and to understand their wishes. One relative said, "They (staff) can talk with and understand [relative's name] very well and keep them informed about what is happening." However, the provider did not have an awareness of the Accessible Information Standard. The Accessible Information Standard aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. Despite this lack of awareness people's communication needs were assessed, recorded and understood by those supporting them.

People, and their relatives, felt comfortable about raising any concerns or complaints with staff or the provider. One person told us, "I would contact [provider's name], but I haven't needed to. I tend to sort things out as I go along." The provider had systems in place to respond to and investigate any concerns raised them. However, the provider told us that they had not received any complaints since they started supporting people.



Our findings

The provider understood the requirements of their registration with the Care Quality Commission. However, the provider did not fully understand their responsibilities to submit notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. For example, the provider was not aware of the different types of incidents or events that they needed to tell us about. We spoke to the provider about this who told us they would revisit the guidance and increase their knowledge.

The provider did not have a system in place for the accurate recording and investigation into accidents and incidents. We asked the provider about the serious injury they discovered when attending one person's home. They had not recorded the incident or made the necessary notification. There was little managerial awareness of the monitoring and investigation of incidents or accidents. Following this inspections site visit the provider confirmed with us that they had completed the necessary recording and review of this accident.

The provider completed the provider information return (PIR) within the deadlines requested. This pre-inspection questionnaire was sent to the provider in order for us to determine which areas we would focus on during the inspection site visit. The information provided by Benedon Healthcare Limited as part of the (PIR) was sparse and minimal in content. It did not provide us with relevant information on how the service was managed or areas they had identified that they were going to make improvements. We, therefore, asked the provider regarding the areas they felt they needed to improve, if any. They told us, "We need to get more people and staff and then we can grow as a company." They went on to say that they attended provider groups and meetings to improve their professional knowledge of care and care management.

However, the provider was not fully aware of the changes in legislation which informed the care and support they provided. For example, despite recording people's communication needs the provider did not have an awareness of the legislation that necessitated this assessment. In the event that they provided care and support to those with more complex communication requirements these people would be at risk of not having needs these correctly recorded and acted on by those supporting them.

Those we spoke with were happy with the level of communication they received from Benedon Healthcare Limited. One person said, "We know they are very small. I don't know their plans for the future but I guess they will be expanding at some point. To be honest I don't want to know as it does not affect me." Others we spoke with told us they were happy with the care and support they and those close to them received.

We looked at what quality checks the provider undertook to ensure people received a good service from them. One person told us they meet regularly with the provider to discuss the care and support provided and any improvements that were needed. One person said, "We do a sort of quality survey every time there is a review. We are asked if we are happy about things and if [relative's name] is treated right. We have no complaints."

The provider had systems in place to address any unsafe behaviour displayed by staff members which included disciplinary action if required. The staff member we spoke with was aware of appropriate policies which directed their practice including the whistleblowing policy. They told us they were confident they would be supported if they ever needed to raise a concern. The staff member was aware of how to report any concerns outside of Benedon Healthcare Limited for example, to the local authority or to the police if needed.

At this inspection site visit the provider told us they had not yet started to complete spot checks on employees. These spot checks would include confirmation that the staff member arrived on time, that they completed care as directed by the person as per their care plan, and that they worked in a safe way. The provider told us that as they were still small and had not yet reached their first year of operating, it was their intention to introduce such checks in the near future. These checks would also include quality checks which would involve people and their family members. The staff member told us the feedback they received regarding their working practice was informal and did not contain any structure for improvement.

People, relatives and friends told us they had regular contact with the provider and they felt able to contact them whenever they wanted or needed. One person said, "We are always seeing them [provider's name]. It is informal and we can chat about anything we need. We also have regular more formal reviews, about once a month." One relative told us, "[Provider's name] is always popping in. Usually it is to collect paperwork but we can have a chat and a catch up on things."

The provider had established working links with other healthcare professionals and community services providing support for people. These included, GP, district nurses and specialist mental health professionals.