

Beavers (Worcester) Limited

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Inspection report

Unit 1, Advantage Business Park
Spring Lane South
Malvern
Worcestershire
WR14 1AT

Date of inspection visit:
21 December 2020

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Tel: 01684576633

Website: www.beavershomecare.co.uk

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. Not everyone who used the service received personal care. 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 the inspection 17 people received support with their care.

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

The registered provider did not have effective systems for governance. The registered provider relied on the administrative staff to make them aware of issues when they were working off site (in order to comply with the Government's COVID guidance). However, the registered manager was not made aware of issues that arisen that required their attention. The registered provider had also moved office and failed to update their registration.

People were positive about the staff supporting them and felt staff had the required knowledge to support them.

People received their medicines from staff who had received training to support people safely.

People and staff felt supported by the registered manager when they were available. However, systems were not always robust when the registered manager was not available. When the registered manager was made aware of the issues they immediately took action to make people's experience of care safe.

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

Why we inspected

The inspection was prompted in part due to concerns received about people having experienced missed calls. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well led sections of this report.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Beavers (Worcester) Limited on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering

what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to registration requirements as well as how the registered provider monitors people experience of care.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will monitor the service moving forwards seeking an action plan to explain how they will make improvements.

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

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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

There was one inspector in the inspection team.

Service and service type

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

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

This inspection was unannounced.

Inspection activity started on 21 December 2020 and ended on 21 January 2021. We visited the office location on 21 December 2020. Due to the restrictions of COVID-19, we reviewed most records electronically off site and visited the office for a short period of time to check the provider's system for reviewing care.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. 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 did consult the local authority and sought feedback from them. We took this into account when we inspected the service and made the judgements in this report.

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 six members of staff including the registered manager, assistant manager and senior care workers.

We reviewed a range of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to understand why there was a discrepancy in the registration records we held for them.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staffing and recruitment

- People did not always receive their planned care. People and their family members told us they could not always be assured that a staff member would consistently attend calls as planned. When this was raised this with the registered manager and investigated, the staff member was immediately removed from supporting people. Whilst no one was harmed the registered manager agreed that their current system did not identify the missed calls. The allegations related to one staff member and there had been no other missed calls for other staff.
- Staff confirmed their background checks were completed prior to them commencing work. The registered manager had systems in place to ensure staff were suitable to work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff supporting them in their home.
- Staff understood how to keep people safe and had received training on how to safeguard people.

Assessing risk, safety monitoring and management

- People felt staff understood their health needs and the risks to their health. People also felt staff would take steps to minimise any risks to their health. For example, alerting a family member if this was required.
- Staff were able to describe how they minimised the risk of harm to people. For example, the action needed to reduce the risk of a person's skin breaking down. Staff also told us risks to people's health was detailed in care plans to refer to if needed.

Using medicines safely

- People told us they were supported as appropriate with their medicines. Staff confirmed they received training and support to ensure they were confident in supporting people safely. The registered manager had checks in place to ensure staff were competent in supporting people.

Preventing and controlling infection

- People told us staff attended calls and wore appropriate personal protective equipment (PPE). Staff told us they had ample supply of PPE. Regular checks were carried out to ensure staff used the correct PPE. Additional training had also been provided to ensure staff could support people safely.

Learning lessons when things go wrong

- Where incidents had taken place, these were reviewed so that learning could take place to prevent them from happening again. For example, where people were experiencing skin integrity issues, this was monitored so that further help and guidance could be sought as appropriate.

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; 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 service had moved office but the registered manager had not updated their registration with CQC to reflect the change. Whilst the registered manager had attempted to apply to move location, they had not ensured all registration requirements were fully met prior to moving office.
- The registered manager understood the need to investigate and respond to complaints and when appropriate they made referrals to other organisations such as the Local Authority or CQC. However, the provider had not been made aware of all the complaints as the information had not been shared with them by the management team.
- The registered manager was supported by a deputy manager and an administrative team. The registered manager advised us that during a short period of absence they had relied on the deputy manager to monitor people's care and escalate any issues to them. The registered manager had not been made aware of the negative feedback and complaints we shared with them. When this was raised with the registered manager, they immediately took action to investigate, review and rectify issues that had been raised.

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

- People told us their experience of care had not always been consistent. Some people had experienced missed calls. People told us when they had an issue this had been resolved when they had spoken directly with the registered manager. However, this was not the case when the registered manager was absent.
- Some staff felt that management support was not always consistent in the registered manager's absence and that issues were not being effectively shared with the registered manager.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- Staff had received equalities training and understood the significance of the protected characteristics and how to apply their training to better support people.
- The local authority confirmed registered provider was working with them to develop the service further. The registered manager had already taken action to review people's care to ensure they were satisfied with the care being delivered. They had initiated contact with people and their families to provide assurances and allay their concerns.

