

Bevancare LTD

Office G6, Lock 50 Business Centre

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Office G6, known as Bevan Care and referred to as such in this report, is a domiciliary care agency providing personal and social care to people living in their own homes. 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 staff do support people with personal care, we also consider any wider social care provided. At the time of the inspection, the service was supporting eleven people with personal care.

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

People told us they were happy with the support they received from Bevan Care and had developed positive relationships with their care staff. They told us staff were vigilant to their needs and helped to keep them safe. However, systems to maintain a good quality serviced were not robust, and this was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks were assessed, and support plans had been produced for each person who Bevan Care supported. Although people told us they were asked about their needs and how they should be addressed, support plans and risk assessments did not always provide sufficient detail to guide staff in meeting identified needs, and there had not been any reviews of people's needs. We made recommendations that where risk was identified, instruction be provided to guide staff to minimise the risk and that reviews be conducted for all people using the service.

There were processes in place to monitor the safety and quality of the service. Senior staff undertook quality assurance monitoring of the service and any actions arising from this had been addressed, but quality audits did not always identify gaps in recording information, such as the dates records had been completed.

People were aware of how to complain and told us that when they had made complaints these resulted in improvements in their support. However, records of complaints lacked any detail to show how the complaint was investigated or how they had been resolved.

All new staff undertook an induction and were offered appropriate ongoing training to carry out their role. Where people had specific needs, training was provided to meet these needs. One person told us, "I think [the staff] are well trained and know how best to support me."

Care records and progress reports showed attention to people's health care needs, and staff understood and met any specific dietary requirements people might have. Records showed referrals were made to various agencies such as GPs, district nurses and diabetic nurses.

Care staff were kind and caring. People confirmed staff sought their consent before undertaking any care task or entering their home and that they would always offer choices around how their care was provided.

They told us that the care staff had enough time to perform tasks and would spend time listening to what they had to say. Privacy and choice were respected, and confidential information was kept securely.

People were given opportunities to provide feedback on the quality of their support and the service they received.

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

Rating at last inspection

This service was registered with us on 30 August 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive 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.

Enforcement

We have identified a breach in relation to the way the service is being managed. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was 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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Office G6, Lock 50 Business Centre

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

One inspector carried out this inspection.

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

We gave the service 72 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 17 December 2019 when we visited the office location and ended on 18 December 2019 when we finished speaking with people and staff.

What we did before the inspection

We reviewed information we had received about the service since the service first registered. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with

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

During the inspection

We spoke with four 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, training officer and three care staff.

We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service.

After the inspection

We reviewed information sent to us by the service including policies and procedures, contracts and staff training records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The service completed risk assessments to identify any potential hazards such as moving and handling, the physical environment or taking medicines.
- Support plans identified and assessed risk, and staff understood the needs of the people they supported. They were conscious of any risks involved in delivering care. However, support plans did not always provide sufficient instruction to staff on how to minimise risks. People told us that they were always asked how they liked their care to be delivered but lack of detail in assessments could mean risks were overlooked.

We recommend that where risk is identified the service provides clear guidance and instruction for staff to follow.

- A business continuity plan meant staff knew what to do in the event of emergency to ensure people still received safe care.

Systems and processes to safeguard people from the risk of abuse;

- People were protected from abuse. Staff had received safeguarding training and knew how to protect people from abuse. One member of staff told us, "People rely on us to keep them safe. I would notice if something isn't right and report it straight away." Staff demonstrated a good understanding of safeguarding policies and procedures and had learnt to report any concerns to the local authorities and to the CQC.
- People told us they felt safe and staff were knowledgeable about maintaining their safety. They told us care staff were conscious of their security needs. For example, reminding them to lock doors after they left the premises, and taking care with key safes. One person told us, "The staff know what they're doing and are always careful. I trust them to keep me safe."
- When concerns had been raised there was appropriate investigation and protective measures had been put into place.

Staffing and recruitment

- There were enough staff to meet people's needs. People told us that they were generally supported by the same staff, which meant they received consistent care and support.
- People told us that they knew when their carer would arrive. They said that the service would contact them if the member of staff was delayed. One relative told us that they had requested an earlier visit in the evening for their relative and this was accommodated.
- The registered manager ensured pre-employment checks such as disclosure and barring checks were carried out before staff started work. This was important to ensure staff are suitable for their role.

- One recruitment file only contained one reference, which was not from their previous employer. The registered manager showed us a log where they continued to attempt to contact the referee to chase this up.

Using medicines safely

- Medicines arrangements and administration were well managed. Staff were trained to support people with their medicines and their competency was checked during spot checks made by the registered manager and senior staff.
- The registered manager reviewed medicine records on a monthly basis to identify any concerns.
- People's independence to manage their own medicines was promoted if it was safe to do so, and some people were supported by their relatives. People told us that they received their medicines safely and on time. Any given medicines were correctly recorded.

Preventing and controlling infection

- Staff followed good practice guidance to minimise the spread of infection.
- They had completed infection control training and they followed good practice guidance. They were issued with personal protective equipment (PPE), such as disposable gloves and aprons. Spot checks conducted by senior staff noted the correct use of PPE.

Learning lessons when things go wrong

- The service had a system to encourage learning lessons. As a new service, Bevan Care had not had any serious incidents. However, the registered manager recorded any accidents in an accident log. Staff were aware of how to complete these records and understood reporting procedures.
- Where the service identified issues about how care was delivered, these were shared with staff. Specific measures to improve quality of care were delivered to staff through 'lunchtime learning' sessions and in team meetings.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA; and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA. Where necessary, mental capacity assessments had been carried out. Where someone held power of attorney for a person, the service had checked and made a record of this.
- Consent to care and treatment forms had not always been signed by the person. This meant staff could not always be sure that the person had agreed to receiving support. The registered manager told us that all the people supported by Bevan Care had capacity and had consented to their support, but agreed to ensure that they obtained written consent.
- Staff understood the importance of enabling people to consent to the care provided and to be able to make choices. People told us their consent was sought. One person said, "They are helpful, and kind and they always ask my permission, and offer me choices."

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

- People told us that they were supported in the way they liked and were encouraged to maintain their independence. They said that the care staff understood and met their needs.
- The service did not carry out an assessment of people's needs before they began using the service. We discussed this with the registered manager who told us they would review their assessment process to ensure they knew what people's needs were before they received a service.
- When assessing people's needs the service considered any protected characteristics under the Equality

Act 2010. For example, people's marital status, religion and ethnicity was recorded. This helped ensure people did not experience any discrimination.

Staff support: induction, training, skills and experience

- Staff were well trained and had sufficient knowledge and understanding of person-centred care provision. Staff completed the provider's mandatory training programme. They were provided with regular refresher training to keep up-to-date with changes and best practice guidance.
- The service employed a part time training officer who also lectured at a local college on health and social care. All new staff undertook an induction and were offered appropriate training to carry out their role. Where people had specific needs, training was provided to staff. The training officer arranged regular lunchtime learning sessions to increase staff knowledge around specific issues such as first aid, moving and handling or changes in care delivery.
- People told us staff were competent and knowledgeable. One person told us, "They really know what they are doing. I think they are well trained and know how best to support me."
- Senior staff conducted spot checks to observe care worker practice. Staff had regular supervision and the registered manager created a schedule to ensure that all staff would receive an annual appraisal.

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

- Where required, people were supported to eat and drink well.
- Care staff monitored people's food and drink where this was needed. They had completed food hygiene training as a part of their induction and were able to explain how to ensure food was safely stored and prepared.
- Support plans provided instruction around people's food likes and dislikes, nutrition and hydration.
- People were supported with specialised diets if they had any specific needs. Staff understood and catered for people's personal choice and preferences.

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

- People told us staff supported them to access a variety of health and social care professionals and attend appointments.
- Support plans and progress reports showed good liaison with other agencies, and vigilance to people's health care needs. Records showed referrals were made to various agencies where required. This included referrals to GPs, and district nurses and diabetic nurses.
- Staff had access to information from health care professionals and they followed this advice, which was included in people's care records.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 were supported by staff who showed that they cared and treated them with kindness. One person told us, "They (staff) are patient and gentle, and ever so friendly. We have a nice chat. They always check I'm okay and ask if there is anything more they can do to help."
- Staff talked fondly about people they supported and demonstrated a good understanding of how to adapt their approach to ensure support was provided in a person-centred way. They had developed trust and mutual caring relationships.
- Staff demonstrated a good understanding of the people they supported. One member of staff told us, "I try to use my time effectively. I [always] find time to sit and chat; sometimes we're all they've got. ... it's important to listen to them and help to talk through their concerns."
- Staff had received training in equality and diversity and were sensitive to people's social and ethnic background, and any religious requirements. Any specific cultural or spiritual needs were recorded in support plans.
- The service recognised people's needs around notable times such as Christmas. To ensure people were not alone, the registered manager had arranged for a local chef to prepare a Christmas lunch for the people who lived alone and ensured that all people received at least one visit on Christmas day.

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

- People were supported to make choices and have as much control and independence as possible. They were fully involved in developing support plans. Where people wanted their relatives to have a say, they were consulted and involved.
- Support was person centred. Staff supported people to maintain their independence where possible. One person told us, "I like to keep my independence and they let me get on with what I can do. For instance, they help me make tea rather than doing it for me."
- Staff supported people to make decisions about their care and knew when people wanted help and support. They told us the service could be flexible. For example, changing times of visits to suit people's needs. Relatives told us the registered manager stayed in regular contact to check for any issues or changes which might be needed.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. They told us staff respected their needs for privacy and followed their lead.
- Staff were mindful of professional boundaries and understood the need to maintain confidentiality.
- Records were stored securely and managed in line with the General Data Protection Regulation. This is a

legal framework that sets guidelines for the collection and processing of personal information of individuals.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- People's needs, likes and dislikes were recorded in support plans. They provided information on how to support people in accordance with their preferences.
- Support plans were not always dated. This increased the risk of providing care and support which was no longer appropriate.
- The service had not conducted reviews of care. Although nobody had been in the service for more than twelve months, early reviews of support plans would indicate if provision had been targeted at the correct care needs.

We recommend that the service conducts early reviews of care packages and regular follow up reviews of all people supported by Bevan Care.

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.

- They registered manager told us that they were aware of people's communication needs and would be able to provide information and alternative methods of communication, such as large print pictorial charts or translation services if required.

Improving care quality in response to complaints or concerns

- People told us they knew how to raise a concern if needed and told us that if they were unhappy with any aspect of the service they would speak with the registered manager. The service had a complaints policy which was included in people's information pack.
- The registered manager maintained a log of all complaints. This showed some evidence of intervention but lacked any detail to show how the complaint was investigated, if there had been any correspondence with the complainant or how they had been resolved. This meant that we could not be sure complaints had been investigated appropriately.

End of life care and support

- The agency was not currently supporting anyone receiving end of life care. However, they had systems in place such as policies and additional advanced support plans to support people if required and some staff had training in end of life care.

- People were asked about their wishes about illness and end of life when they were first assessed.
- Staff gave examples of how they would support people and their relatives to have a dignified and pain free death, including liaison with district nurses and medical staff to ensure equipment was in place, and spending time with people in their final hours.
- We were shown a compliment from a relative for the care and support given to their family member during their final weeks, praising the care and support they were given.

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.

This is the first inspection for this newly registered service. This key question has been rated 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.

- The service had not completed reviews of the people they supported. This meant that any changes in need may have been overlooked.
- Insufficient recording of complaints meant that the service could not be sure that people's complaints had been resolved
- The service completed internal audits and quality checks, but these did not identify gaps in recording, such as when records had been dated or signed off.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the service was effectively managed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had a registered manager in place and there were clear lines of accountability. Staff were aware of their individual responsibilities and whom they reported to.
- The registered manager was aware of their regulatory requirements. For example, they were knowledgeable about what events they were required to notify the CQC about and records confirmed they had done so.

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

- People told us they found the service to be open and inclusive. They told us that they had good communication with the registered manager and office staff and had developed good relationships with them.
- The registered manager demonstrated a commitment to provide person-centred care. They and other senior staff undertook home visits; so they were known to the people whom they supported. One person told us, "The carers are all very nice. Sometimes [the registered manager] comes. She's really good and is very helpful and kind."
- All the people, relatives and staff we spoke with praised the leadership and the culture of the service. One member of staff remarked, "The registered manager is firm, but it is always about the people we support and the safety of staff."

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 manager told us they were always honest with people if things went wrong. There was a policy to inform staff of the action to take if something went wrong with a person's care.

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

- People told us that they were consulted and kept informed about the service. They were asked to comment on the service they received during spot checks, and to complete questionnaires. These showed a good level of satisfaction including comments such as, 'I am happy with everything. All my issues have been addressed.'
- Staff were engaged and involved in the running of the service. They told us that they were able to share their views and did not need to wait until their supervision sessions to discuss issues affecting their working practice. They attended team meetings which were held on a six-weekly basis.

Continuous learning and improving care; Working in partnership with others

- The registered manager worked in partnership with other organisations, such as the local authority social services, other providers and local healthcare teams.
- The service subscribed to a number of care publications and received email alerts to ensure they kept abreast of any changes in legislation and informed about best practice in care delivery.
- At the time of our inspection the registered manager was liaising with the local commissioning team and had established links with other local providers through the area care provider forums.