

Beeloved Home Care Ltd

# OFFICE OF BEELOVED HOME CARE LTD

## Inspection report

35 Kingsford Close  
Woodley  
Reading  
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## 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

Office of Beeloved Home Care Ltd is a domiciliary care agency providing personal care. The service provides support to older adults who may also have dementia. At the time of our inspection there were 9 people using the service.

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.

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

People told us they felt safe. Staff understood their responsibilities to raise concerns and report incidents or allegations of abuse. The staff team followed procedures and practices to control the spread of infection using personal protective equipment. Risk assessments were individualised to meet people's needs.

Care plans were person centred and included the input of the relevant people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us they felt staff were caring. The service supported people to be as independent as possible. People felt involved in their care and care plans reviewed regularly.

People's communication needs were assessed, and staff were aware if a person required further support with their communication. People and relatives told us they were aware of how to raise a complaint with the service. Staff worked well with people, families and health and social care agencies to support people's wellbeing.

The service had an open and transparent way of working to ensure the safety of the people living at the service. The provider was able to demonstrate that quality assurance systems effectively improved quality in the service. There was a positive culture amongst staff at the service. Staff knew people they supported well and cared about their wellbeing. The provider was able to demonstrate their compliance with legal obligations and any learning from incidents or accidents was undertaken effectively.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 16 November 2021 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

# OFFICE OF BEELOVED HOME CARE LTD

## **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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 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.

### What we did before the inspection

We reviewed notifications and information we had received about the service since the last inspection. We checked information held by Companies House and the Information Commissioner's Office. We checked for any online reviews and relevant social media content of the provider's website. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection. We used all this information to plan our inspection.

### During the inspection

We spoke with 5 people and 2 relatives. We spoke to and received feedback from 8 members of staff, including the registered manager, deputy manager and care staff. The registered manager was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records including 4 people's care records and medicines administration records. We reviewed 4 staff recruitment and selection files. We also looked at a variety of documents relating to the management and quality assurance in the service, including training, supervision and spot check documents, audits, policies and procedures.

After the site visit, we continued to seek clarification from the manager to validate evidence found and received additional documents and information to inform our inspection. We received feedback from 2 health and social care professionals who engaged with the service.

# 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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff confirmed they had received safeguarding training and were able to state what action they would take in response to witnessing abuse, including contacting the local authority safeguarding team.
- When safeguarding concerns were raised, the registered manager dealt with them appropriately and recorded all actions taken.
- Staff knew how to recognise abuse and protect people from the risk of abuse. One member of staff said, "I would inform my manager, and tell her of my findings".
- People told us they felt safe with care staff who are kind, caring and good at their jobs.

Assessing risk, safety monitoring and management

- Risk assessments were consistent and clear and the guidance that staff should take to mitigate risks was accurately recorded.
- There were specific, up to date, risk assessments in people's care plans, such as risk assessments for moving and handling and medicines, which staff could readily access.
- The service had a business continuity plan in place to meet the support needs of people in case of an emergency.

Staffing and recruitment

- Staff files contained all the necessary evidence including employment history, Disclosure and Barring Service (DBS) checks and relevant qualifications and were in line with legal requirements. DBS checks provide information including details about convictions and cautions held on the police national computer. The information helps employers make safer recruitment decisions.
- There were enough staff deployed to support people. Rotas showed and people confirmed they were supported by the same staff enabling continuity of care.
- Staff told us they felt there were enough staff to meet the needs of people and they had enough time to provide the required care. Care staff said, "There is enough time to complete all the care needs for a person, [we] never feel rushed", "I have enough travel time, and always stay the allocated time. If there's a few minutes left I'll always have a chat with them, as I do during the call".

Using medicines safely

- Detailed and individualised 'when required' medicines guidance was in place to explain to staff when the medication is necessary.
- Staff who had completed medicine management training were responsible for the administration of medicines. Training records indicated that all current support staff had received medicine management

training.

- All care staff administering medicines had their competencies reviewed annually by the provider.
- A review of spot check audits indicated that staff medication practice was being reviewed on at least a 6 monthly basis.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely and accessing testing for staff was being undertaken.
- People and relatives confirmed this and said staff wore the protective equipment while supporting them.
- All staff had received infection control training.

Learning lessons when things go wrong

- The incident and accident log contained written evidence of action taken to improve the service and lessons learnt.
- Themes and trends had been identified and actions to be taken to improve the service were documented. For example, where falls had been identified as a trend, people's care plans were reviewed and risk assessments updated accordingly.



# 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 consistently good, and people's feedback confirmed this.

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

- Care plans were person centred and contained information covering their likes and dislikes and a summary of daily routines, including how people would like their care to be carried out. One person told us, "Oh yes. They have time for me. They are interested in my needs. [Registered manager] is very knowledgeable".
- Care plans were based on assessment, were well written and clear. Information seen in care plans indicated that people were supported to access healthcare services and professionals. For example, one person received support from occupational therapists and visits were completed to help meet their identified needs.

Staff support: induction, training, skills and experience

- The service provided mandatory training in topics such as fire awareness, manual handling, medicines and food hygiene. All new staff also completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme
- All new staff completed an induction which included shadowing senior staff and completing all practical training required.
- People felt that staff had enough training and experience to care for them. People told us, "Staff are continually trained, and I believe that there is a regular evaluation of training", "There is a high standard of care. All carers are very good at what they do. You really feel that they care for you and that it's not just a job for them".
- Staff felt they received the training they needed to enable them to meet people's needs, choices and preferences.
- We found staff received additional training in specialist areas, such as catheter care and end of life care.

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

- The service had regular involvement with other professionals such as social workers from the local authority to ensure people had the correct level of support.
- We also found evidence of regular conversations between the provider and other professionals to ensure the best outcomes for people.
- Professionals reported good communication in order to meet the needs of people. For example, one professional told us, "[Registered manager] and her team are well known within the area and will work

alongside other professionals effectively to make sure their clients are well supported and cared for, this in turn ensures the staff are confident with delivery of support."

#### 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 MCA 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.

- Within people's care plans, staff had documented if the person had capacity and if they required any support with making decisions.
- Within their induction, all staff received training regarding the MCA.
- Evidence of people with Lasting Power of Attorney's was requested, viewed and a record was logged by staff of the document obtained.

# 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 told us staff were kind and caring. One person said, "I can't fault them. They are gentle, kind and professional. They greet me so nicely and the first thing they ask me is if I have slept well".
- There was clear, person-centred information in people's care plans. This included their abilities, likes and dislikes. The information guided staff on how to support people to meet their preferences.
- People and relatives felt staff showed a genuine interest in their well-being and quality of life. One relative said, "There is a high standard of care. All carers are very good at what they do. You really feel that they care for you and that it's not just a job for them".
- When we asked staff if they would be happy for a member of their family to receive support from the service, one said, "Absolutely. The manager is very caring, respectful, motivated, and leads by example".

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

- People and relatives told us they were involved in decisions about people's care and support. People and relatives told us they felt valued and that their opinion mattered.
- Care plans were created and amended with people, their relatives and relevant professionals, including the Local Authority.
- The registered manager reviewed people's care plans and risk assessments 6 monthly or when people's needs changed. This ensured they were accurate and reflected people's current needs and preferences.

Respecting and promoting people's privacy, dignity and independence

- The management team completed spot checks of all staff, which included ensuring staff were treating people with dignity and supporting people with their independence.
- Care plans instructed staff to support people with their independence. People confirmed staff encouraged them to be as independent as possible. People said, "They say, 'Do you want to wash here by yourself?'" , "When I get out of bed, they watch me and give me encouragement".
- People's care plans included information on how people would like to receive personal care including their likes and dislikes.

# 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 good. This meant people's needs were met through good organisation and delivery.

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

- Care plans were written from people's perspectives and contained information for staff about how people wanted activities to be carried out such as personal care.
- Care plans included specific information which captured people's needs, interests, positive personality traits and life histories.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service identified people's information and communication needs by assessing and recording them in their care plans for staff to be aware of how to support people.
- There was guidance in communicating with people in a manner they could understand.
- Staff were aware of the individual needs of people and felt they had enough information to support them effectively.

Improving care quality in response to complaints or concerns

- At the time of inspection, the service had not received any complaints.
- There was a clear complaints policy in place and the registered manager was able to explain how complaints were acted on.
- People and their relatives told us they were aware of how to raise a complaint. One person said, "I've never had to complain, but if I needed to, I would ring [Registered manager]".

End of life care and support

- People's care plans included information regarding their end of life care wishes which had been discussed with them and relevant others including relatives and professionals.
- People's end of life wishes were detailed in their care plans. The ReSPECT form for emergency care and treatment was in the front of their care plans and clearly indicated their preferences regarding resuscitation and specific instances in which they would and would not like to be treated. ReSPECT is a summary plan for emergency care and treatment. The process is a new approach to encourage people to have an individual plan to try to ensure that they get the right care and treatment in an anticipated future emergency in which

they no longer have the capacity to make or express choices.

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

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

- The management team were welcoming and demonstrated an open and transparent approach.
- Evidence of team meetings was reviewed and identified that staff had the opportunity to raise concerns.
- Staff told us they felt listened to by the management team, "[Registered manager] and her management team are all amazing. They are caring, supportive and always easy to approach. Every detail or issue is always addressed within minutes. I am proud to be part of the team as they truly care about people they look after."

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 ensured required notifications had been promptly submitted to us.
- The management team worked to establish and maintain open and transparent communication with people's families.
- The registered manager was aware of their responsibilities and understood the importance of transparency when investigating circumstances where something had gone wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had quality assurance systems in place. The audit system had been reviewed and updated to identify shortfalls in service records. This included regular reviews of documents including Medicine Administration Records (MAR) and care plans.
- An analysis of audits was completed monthly to identify themes and trends.
- Regular team meetings which were recorded and reviewed to identify actions. Staff were able to express any concerns and feedback was provided to staff around any changes to care or any information to share from the residents meetings.
- The management team worked to establish and maintain an open and transparent communication with people's families

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

- There were opportunities for people and relatives to provide feedback. The management team operated an open-door policy and welcomed any feedback. Minutes from meetings with people and their relatives

demonstrated their views were sought. People and their relatives told us the management team listened to their feedback.

- The new management team were in the process of completing supervisions and appraisals for all staff.
- Staff commented positively on improved teamwork, staff morale and communication within the team.

Working in partnership with others

- Staff worked closely with the local authority and health professionals including the GP and physiotherapists who visited the home regularly.
- There were regular reviews of people's health and social care needs by community-based professionals.