

Becks Homescare Services Limited

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Inspection report

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08 January 2020

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

About the service

Becks Homecare Services Limited is a domiciliary care agency. They provide personal care to people living in their own homes. At the time of inspection, the service had been supporting one person for less than six months. As a result, we have been unable to give the service a rating.

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

Staff provided safe care. Staff had a good understanding of safeguarding procedures and how to report abuse. Medication was administered safely and records kept were accurate. Risk assessments were in place to manage risks within people's lives. These assessments were reviewed and kept up to date.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out. Staff were trained to support people effectively, and staff were supervised and felt confident in their roles.

The person receiving care had their nutritional needs met. When required, people had support with healthcare arrangements.

Consent was gained before any care was provided, and they were supported to have maximum choice and control of their lives.

Staff told us they knew the person well, and treated them with kindness, dignity and respect. Care was personalised to the individual, and the registered manager told us that good relationships had been formed with relatives involved.

The person and their family were involved in their own care planning as much as was possible. A complaints system was in place and was used effectively.

The registered manager was open and honest, had a good understanding of regulatory requirements, and had the systems in place to grow the business and provide care to more people safely. Audits were in place to find fault, and take appropriate actions if required.

The service had a registered manager in place, and staff felt well supported by them.

Rating at last inspection:

This service was registered with us on 20 June 2018 and this is the first inspection.

Why we inspected:

This was a planned comprehensive inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Details are in our findings below.

Inspected but not rated

Is the service effective?

Details are in our findings below.

Inspected but not rated

Is the service caring?

Details are in our findings below.

Inspected but not rated

Is the service responsive?

Details are in our findings below.

Inspected but not rated

Is the service well-led?

Details are in our findings below.

Inspected but not rated

Becks homecare services limited

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

This inspection was completed by one inspector.

Service and service type

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

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 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.

Inspection activity started on 7 January 2020 and ended on 8 January 2020. We visited the office location on 7 January, and made a phone call to staff on 8 January.

What we did before the inspection

We reviewed information we had received about the service since it registered with us in June 2018. 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 took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with one member of staff and the registered manager.

We reviewed a range of records. This included one person's care record and medication record. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 time we have inspected the service and we have not been able to give a rating as there was insufficient information to enable us to make a judgement.

Systems and processes to safeguard people from the risk of abuse

- Staff provided safe care to the person using the service. Records showed the person received the care they required on time and as they needed.
- Staff received training on safeguarding that included the reporting procedures. This meant they knew how to identify abuse and take the necessary action to protect people from harm and abuse. The staff member we spoke with was confident in reporting anything of concern, and said the registered manager would follow up those concerns.

Assessing risk, safety monitoring and management

- We saw that risk assessments had been created and contained a detailed description of how to manage risk in a person's life. This included information about risks relating to the person's medical needs.
- Staff understood the risks present in the person's life, and were suitably trained.

Staffing and recruitment

- The provider had safe staff recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role.
- At the time of inspection, the service supported one person, who had 'live in' care. Suitable arrangements were in place to make sure staffing levels were consistent.
- The registered manager told us that when the service expanded, suitable staff monitoring systems would be put in place to ensure call times to people were accurate and adhered to.

Using medicines safely

- The provider was following safe protocols for the administration and recording of medicines. Medicines administration records (MAR) were checked regularly to ensure that any mistakes could be picked up and acted upon.

Preventing and controlling infection

- Staff told us they had the equipment they required, such as gloves and aprons. The registered manager ensured personal protective equipment (PPE) was always available, and used by staff when supporting people with personal care.

Learning lessons when things go wrong

- Systems were in place to monitor any accidents and incidents, but these had not yet been required to be used. The registered manager said that any incidents would be reviewed to identify lessons that could be

learnt.

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 time we have inspected the service and we have not been able to give a rating as there was insufficient information to enable us to make a judgement.

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

- An assessment process was in place which considered the physical and mental well-being, level of independence, preferences, social circumstances, communication needs and dietary requirements, of people that may use the service.
- The registered manager and staff used recognised good practice and guidance to ensure people's care was provided appropriately.

Staff support: induction, training, skills and experience

- Staff were sufficiently trained to carry out effective care. This included specialist training for the use of percutaneous endoscopic gastrostomy (PEG) feeding. PEG allows nutrition, fluids and/or medications to be put directly into the stomach via a feeding tube.
- All staff completed an induction which included training and shifts alongside the registered manager, to ensure they had the knowledge and skills to carry out their roles and responsibilities.
- Staff employed mostly had certificates gained from previous employers that were still in date. Staff had their competency checked by the registered manager, and a system was in place to ensure that refresher training was booked before training expired.

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

- Staff were not currently supporting anyone with food preparation, however they understood what nutritional needs a person had and how to support them to stay healthy and hydrated via a PEG feeding system.

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

Staff working with other agencies to provide consistent, effective, timely care

- People's healthcare requirements were supported by staff who understood their needs. Care plans contained information about people's health conditions, and how staff should support them.
- The registered manager understood the need to work in partnership with outside agencies and other health professionals when required.

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. There were not any people using the service who were subject to any such restrictions.

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 time we have inspected the service and we have not been able to give a rating as there was insufficient information to enable us to make a judgement.

Ensuring people are well treated and supported; respecting equality and diversity

- The registered manager and the staff member we spoke with knew the person being supported well, and spoke about them in a positive and caring manner.
- Care plans reflected the person's likes and dislikes, and provided a good guide as to how they wanted to be supported .

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

- No one currently required the support of an advocate. An advocate is someone that helps people to speak up about their care. However, the registered manager would support people to access advocacy services should they need to.
- All care plans we looked at had been signed by the person or relatives, and were being reviewed regularly.

Respecting and promoting people's privacy, dignity and independence

- Staff told us they respected people's privacy and dignity, and care plans promoted independence and choice.

Is the service responsive?

Our findings

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

This is the first time we have inspected the service and we have not been able to give a rating as there was insufficient information to enable us to make a judgement.

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

- Individualised care plans were in place, which detailed the care and support the person needed.
- Staff told us the care plans and risk assessments were always updated and that any changes in the person's need was communicated to them immediately.

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.

- The registered manager was aware of the accessible information standard but had not had to provide any documents in an accessible format.

Improving care quality in response to complaints or concerns

- A complaints policy and recording procedure was in place, but no complaints had ever been made since the company registered with CQC.
- The registered manager understood the importance of recording and responding to complaints accurately and promptly .

End of life care and support

- No end of life care was being delivered. Some basic information about end of life decisions was recorded in the care plan we looked at. The registered manager understood what was required to support people at the end of their lives if required.

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 time we have inspected the service and we have not been able to give a rating as there was insufficient information to enable us to make a judgement.

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

- The registered manager was positive and open, and was enthusiastic about expanding the service and continuing to provide good care to people .
- The staff we spoke with told us they enjoyed working at the service, and felt well supported by the registered manager .

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 understood, and said they would act on, their duty of candour responsibility, however no incidents had occurred which would require action or investigation in this regard.
- Staff knew how to 'whistle-blow' and knew how to raise concerns with the local authority and CQC if they felt they were not being listened to or their concerns acted upon.

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

- Audits had taken place to ensure that medication administration records were being filled out accurately. Checks on care plans had taken place, and other audit systems were in place to regularly check on all aspects of the service as they moved forward.

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

- The registered manager was in regular contact with the person using the service and told us they asked for feedback regularly .
- The registered manager said they would consider formulating a questionnaire to be sent out to people to gather their views on the service, once the service had grown.

Continuous learning and improving care; Working in partnership with others

- The registered manager was committed to working towards improving care for people. They welcomed feedback and were open to the inspection process.
- The registered manager told us they were working on building a relationship with the local authority and understood the importance of this relationship should they take on care for people who are funded by them.