

Biggs Beit Ltd

Biggs Healthcare

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?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Biggs Healthcare is a domiciliary care service registered to provide personal care to adults 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 they do, we also consider any wider social care provided. At the time of our inspection, two people were using the service who had a range of care needs which included dementia and learning disabilities.

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

We (CQC) 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.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support: People's rights were respected, and staff encouraged them to be as independent as possible. 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.

Right care: Staff provided kind, compassionate care and support which was person-centred; promoting people's dignity, privacy and human rights. They had the right training and skills to carry out their roles and meet people's needs. They made sure people had enough to eat and drink, and if anyone became unwell, staff knew how to access health care services to support people's health and wellbeing. Staff also understood the importance of good hygiene and safe practices for the prevention and control of infection.

Right culture: The management team had created a positive culture which was person-centred, open and inclusive. We saw some good practice in terms of how the provider checked the quality of the service delivered, in order to drive improvement. However, we found improvements were needed with these checks; to ensure they covered all the areas that we (CQC) look at when we inspect registered services. This included taking action to ensure people always received their medicines as prescribed, reporting safeguarding concerns in a timely manner and completing all required recruitment checks for new staff before they begin working at the service.

The management team responded positively to our feedback. They confirmed they would be taking action to address all the areas we had identified for improvement.

Rating at last inspection

This service was registered with us on 10 July 2019, followed by a period of dormancy which ended in February 2021. This is the first inspection.

Why we inspected

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

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Biggs Healthcare

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video / phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by one inspector.

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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. However, a new manager had been recruited who was in the process of applying to register.

Notice of inspection

We gave a short period of notice for the inspection. This was because we needed to be sure the management team would be available to support the inspection.

Inspection activity started on 22 March 2022 and ended on 21 April 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 (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 used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

We spoke with the managing director, the care coordinator and the nominated individual, who all work at the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also communicated with the new manager using remote technology.

In addition, we received written feedback from one relative and one professional, about their experience of working with the service.

We reviewed a range of records. This included two people's care records, medication records and staff files in relation to recruitment checks. We also viewed a variety of records relating to the management of the service. These included quality monitoring audits, and staff meeting minutes; to corroborate our findings, and ensure appropriate care and support was being provided to people.

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 requires improvement. This meant 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.

Using medicines safely

- Systems and processes to ensure people received their medications safely and as prescribed were not always followed to ensure safe practice.
- We found one person had not received their prescribed medicines for a number of significant health conditions medicines for up to 16 days out of a 28-day cycle. This was due to the medicines not being available on the majority of these occasions. Staff from this service did not have responsibility for ordering the person's medicines. However, they did have responsibility for administering them according to their care plan which stated, 'I need my medication to be administered on time'. Staff had correctly recorded the medicines had not been available. But there was no record of any further actions being taken to ensure the person's health and well-being at the time, such as seeking medical advice or reporting to the local authority safeguarding team.

This meant the provider had not done everything reasonably practicable to mitigate this risk and ensure the proper and safe management of medicines. This placed the person at risk of serious or even fatal illness because their medicines had not been given to them as prescribed. This was a breach of regulation 12(1)(2)(b)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during the inspection. They evidenced they had contacted the local authority and were working with them to safeguard the person in question.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from abuse and avoidable harm, but staff did not always recognise issues that should have been reported.
- Staff confirmed they had been trained to recognise and protect people from the risk of abuse. They spoke confidently of how they would report concerns if they needed to. One staff member told us, "We have policies and procedures that provide information on how and when to report concerns, including contact details for external agencies." A professional confirmed this was usual practice by adding, "They do, and they share incident reports as soon as possible. They inform next of kin and share their internal investigation reports."
- However, we found ongoing safeguarding concerns relating to one person not receiving their medicines as prescribed, which had not been reported to the local authority. Immediate action was taken to report the concerns when prompted to do so. However, the delay in reporting may have placed the person's health and well-being at risk.

Staffing and recruitment

- Recruitment checks were taking place to ensure new staff were safe to work at the service, including Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. We saw examples of good practice, such as using an external verification service to check the authenticity of documents.
- However, we also found some gaps regarding required checks which must be undertaken before new staff begin work. This included unexplored gaps in employment history and verifying reasons for leaving previous care positions. The new manager acknowledged our findings and told us they were in the process of developing a pre-employment checklist; to ensure no required checks are missed in future.
- The managing director confirmed like so many other care providers they had experienced some workforce issues during the COVID-19 pandemic, in terms of recruiting new staff. This had led to occasions when existing staff had needed to work extra hours to cover the vacancies. Despite this, rotas showed recent improvements with new staff being recruited. The care coordinator also told us they tried their best to match staff to people, in terms of age and cultural background; to provide a more personalised service for them.
- A relative confirmed this was the case and told us they had regular carers, providing a more consistent service. They added that some initial problems with new staff knowledge and experience had been addressed with the provider and resolved to their satisfaction.

Assessing risk, safety monitoring and management

- Personalised guidance had been developed for staff to manage people's individual assessed risks in a consistent way, including supporting people who may become anxious and distressed.
- An external professional praised staff for their approach to managing risk. They told us, "Biggs staff have enabled our service users to access community spaces successfully, they are one of the few providers that have responded when we have had a crisis and they sent very experienced staff that enabled situations to deescalate. Great communication and very person centred at all times." The managing director echoed this when they described a particular incident, and added, "The Multi-disciplinary Team communication, working together and involving the client has been excellent."

Preventing and controlling infection

- People were protected by the provider's infection control procedures. A relative confirmed staff maintained good hygiene and used personal protective equipment (PPE), such as aprons and gloves, before providing personal care.
- A professional told us the provider had developed effective protocols to promote safe working practices regarding COVID-19 which had been shared with them and people's families too. This included information about the prevention and control of infection such as good hand hygiene, routine testing and the use of PPE.

Learning lessons when things go wrong

- Staff, and the management team, demonstrated a genuinely open culture. Feedback and lessons learnt, as a result of adverse events and incidents, were valued and integral to improvement. One staff member said, "If you go wrong, the support is there to navigate back." They spoke about an incident which had happened involving someone using the service. There was a real emphasis on the staff team working with the person to find a solution to minimise the risk of a reoccurrence, and without compromising their independence.
- Feedback from this inspection was also received positively and acted on immediately by the provider and new manager. They were committed to improving the service provided to people.

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

- People's individual needs, choices and preferences were assessed prior to them using the service.
- Records showed regular reviews took place to ensure people using the service continued to have their needs assessed in line with current legislation and guidance.

Staff support: induction, training, skills and experience

- People confirmed staff had the right training and skills to carry out their roles. Two members of staff were described as, "Really fantastic" and "Helpful and happy to help."
- Staff spoke positively about their induction and ongoing training. Records showed new staff were supported to complete the Care Certificate. This 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.
- Staff told us they were able to request additional training where there was an identified need, and this would always be supported. A staff member said, "Where someone has a need that staff are not trained for, we can request this."
- Staff confirmed they felt supported by the provider and received ongoing guidance and direction through the provision of information, meetings and individual supervision sessions.

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

- Where the service was responsible, people told us staff helped them to have enough to eat and drink.
- Care records outlined how staff should meet these needs; to ensure people's individual preferences and cultural needs were met.

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

- Where the service was responsible, records showed that staff supported people to have their health and wellbeing needs met.
- Despite the challenges of the COVID-19 pandemic, a professional confirmed staff had worked collaboratively with them to deliver effective care and support to people. They told us, "Biggs Healthcare have been an excellent partner in responding to some of our most challenging clients at short notice. They have been professional all throughout our interactions and enabled service users who could have been hospitalised to remain in the community." They added, "The staff are excellent at looking at needs in a holistic way and dealing with matters in a person centred manner."

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.

- We found people's capacity to make their own decisions was being assessed.
- Staff spoke confidently about the MCA and understood the importance of people making their own decisions as far as possible. They were able to give clear examples of when to use the best interest decision making processes; where people lacked capacity to make their own decisions, in consultation with professionals and relatives.
- Where needed, arrangements had been made with the Court of Protection to appoint deputies to make certain decisions, such as financial decisions.

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 confirmed staff provided kind, compassionate care and support.
- Staff maintained regular records of the care and support provided to people. This provided further evidence of staff treating people with respect and consideration, in terms of their protected characteristics such as, age and disability. Entries we saw were written in a respectful and personalised manner.

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

- Staff involved people in making decisions about their care and support. They gave people enough space and time to make decisions at their own pace.
- Staff understood how to provide information in a way people understood; maximising their opportunities to make their own choices. For example, offering someone an alternative drink option, when they had initially refused a drink that had been offered to them.
- Relatives told us staff involved them in decision making too, when appropriate. We saw this included contributing to people's care and support plans.

Respecting and promoting people's privacy, dignity and independence

- Staff consistently demonstrated respect for people's privacy and dignity. This included how they shared information, how they spoke about people, and within the records they maintained.
- People were involved in deciding who provided their care and support. Staff explained compatibility and personal preferences were considered as far as possible, when organising people's care and support.
- Staff encouraged people to be independent. They problem solved and looked for solutions when things went wrong; to find different ways for people to maintain their independence, rather than restrict and deskill them. An example of this was when one person had lost an item of value whilst on an outing. Staff worked with the person to use a bag for future outings; to keep the item safe and minimise the risk of a reoccurrence.

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

- People received personalised care that was responsive to their needs. This was detailed within individual care and support plans which had been developed to provide guidance for staff on meeting people's needs in a consistent way.
- We found some variations in the detail of information contained within the care and support records we viewed. Where relatives had contributed information, care and support plans were more detailed and personalised. It was clear from speaking with staff however, they knew people well and understood how to meet their needs in a personalised way. We shared our findings with the managing director who took action to enhance the detail in one person's care plan. Continuing this detailed approach would be beneficial as the service grows; to assist any new staff members employed.

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 carer's, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff understood how to meet people's individual information and communication needs. For example, they had continued to use a personalised communication passport for one person which had been developed prior to them using the service. A staff member told us they had checked to ensure the information was up to date and still relevant. This ensured a consistent approach for the person because staff were using a familiar method with them.
- Some useful and detailed information had also been developed in alternative formats using pictures; to support people to understand more about the service and to assist in getting their feedback.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Where the service was responsible, staff supported people to access a variety of activities which reflected their individual preferences and interests.
- Support plans detailed the activities people enjoyed or were important for them, in terms of their future ambitions. A relative and staff confirmed these activities took place as arranged.

Improving care quality in response to complaints or concerns

- A complaints procedure had been developed and shared with people using the service. People confirmed they knew who to speak with if they had any concerns or worries and were confident, they would be listened to. One relative told us, "I know the manager and have their contact details and can contact them. I have raised concerns and these have been addressed."
- We saw records which supported this, and showed people's feedback was both listened to and acted on.

End of life care and support

- The managing director confirmed there was no one currently using the service who was in need of end of life care, so they did not provide this level of service at the moment. They said, in the right circumstances, and with support and training for staff, arrangements could be made if needed. This would allow people at the end of their life to receive dignified and comfortable care from staff. At the time of our inspection, people would likely need to access more specialist services, such as a hospital or residential care services, if the need arose.

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; Continuous learning and improving care

- The managing director confirmed they had access to information which helped them keep up to date with current guidance and legislation; to ensure their legal responsibilities on behalf of the registered provider were understood and met.
- The service is required to have a registered manager. Although there was no registered manager at the time of this inspection, a new manager had recently been recruited. The new manager had begun the process of applying to register with the commission.
- We saw some good practice in terms of how the provider worked with the staff team to develop and drive improvement. For example, an email was sent to staff about 'things to work on'. The tone of the email was positive, motivating and encouraging. It demonstrated the provider had systems in place to review the quality of the service provided; and to identify areas which could still be improved. Team meetings also focused on governance and learning opportunities. This included a case study based on an incident which had occurred, with clear references to current legislation and guidance. Furthermore, the actions required to make improvements were also included.
- A number of other quality checks and audits were taking place too. However, these did not fully consider all the areas we (CQC) look at when we inspect registered care services. This meant some of our findings during the inspection had not been identified through the provider's existing quality monitoring processes. This included a delay in taking action for someone who was not receiving their medicines as prescribed, and ensuring all required staff recruitment checks are carried out before new staff start work.
- We shared our findings from the inspection with the new manager so they could be clear about any areas requiring improvement from the start. This feedback was responded to positively with a clear commitment to improving the service provided to people. They confirmed the actions they were taking to address all the areas we had identified for improvement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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

- People were confident that if something went wrong, they would be fully informed and involved. A relative spoke about concerns in the past and how these had been dealt with and resolved to their satisfaction.
- Everyone said the management team were approachable and listened if they raised any concerns. A professional added, "They respond immediately."

- People told us they felt included and their contributions valued. For example, a relative confirmed they were asked for their feedback about the quality of service provided. They told us, "Biggs has asked for our view to ascertain how things are going, and there is plan to review care after an assessment period of one month."
- Relatives confirmed they would be happy to recommend the service to others too. A relative of someone who had previously used the service had provided the following written feedback, "Highly recommend your company. And thank you to the support workers they were all excellent."
- Staff told us there were regular opportunities for them to interact with the management team and said they were able to access support and discuss any concerns they might have. One staff member told us, "I feel valued and support is always available, you can ask for help."

Working in partnership with others

- People confirmed staff from the service worked in partnership with key agencies and organisations, such as the local authority and health care professionals. This supported care provision, service development and joined-up care. One professional shared positive praise for the service, particularly referring to the challenges during the height of the COVID-19 pandemic. They told us, "They stepped up and provided a much-needed service, very professional indeed."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>One person had been placed at risk of serious illness because of delays in acting to ensure they received their medicines as prescribed.</p> <p>Regulation 12(1)(2)(b)(g)</p>