

Beloved Homecare Ltd

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Inspection report

294 Hoylake Road
Moreton
Wirral
CH46 6AH

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Ratings

Overall rating for this service

Good 

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?

Good 

Summary of findings

Overall summary

About the service

Beloved Homecare Ltd is a domiciliary care service providing care and support to people living in their own homes. At the time of our inspection the service was providing personal care to 11 people.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. Personal Care 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

Recruitment processes were not always robust, some staff files did not contain the relevant information. The registered manager took immediate action to address this.

Records used to monitor and review some people's care had not been fully completed and kept up to date. We found examples where sections of some people's care plans and care records had not been updated to reflect changes in their needs. Although not widespread and no people had come to any harm improvements were required. The provider had identified similar concerns prior to the inspection and was making the required changes.

We have made a recommendation about records.

The quality monitoring systems implemented by the provider to help them monitor the quality of the service were mostly effective, however we did identify some gaps in recruitment practices.

We have made a recommendation about recruitment.

People and their relatives reported personalised and good quality care from staff who were kind and compassionate. Systems were in place to manage and monitor the punctuality of staff's care calls. Staff reported the culture of the service as open and positive.

The provider was proactive in supporting their staff and provided access to resources to benefit the health and wellbeing of employees. Care workers spoke highly about working for the service. People told us staff were caring and kind. Staff had a good understanding of how to support people in a way that promoted their privacy, dignity and independence.

The provider actively engaged with people and staff to be able to continuously learn, expand and improve the service they provided.

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 15 March 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.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

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 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 well led.

Details are in our well led findings below.

Good ●

Beloved Homecare 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 one inspector and 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 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 a registered manager in post.

Notice of inspection

We gave the service 24 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 information we had received about the service. We sought feedback from the local authority and professionals who worked with the service. 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. We used all this

information to plan our inspection.

During the inspection

We spoke with two people who used the service and six relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager and care workers.

We looked at a range of records. These included five people's records related to their care and support, nine staff recruitment records, staffing rotas and records related to the auditing and monitoring of 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 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.

Staffing and recruitment

- Staff recruitment and staffing arrangements were overall safe.
- However, we did see that the provider had not recorded some of the staff interviews and did not have copies of references from staffs most recent employer.
- The provider revised and implemented immediate changes to the recruitment records.

We recommend the provider seek advice and guidance from a reputable source, about safe recruitment practices.

- The provider carried out Disclosure and Barring Service (DBS) checks. 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 was the right amount of staff to meet people's needs. The provider told us that there had been an overreliance on one particular member of staff to complete the visits due to difficulties in recruiting additional staff because of current pressures. The provider assured us adequate staff were now employed to meet people's needs.

Assessing risk, safety monitoring and management

- Some risk assessments did not contain relevant information for some individuals and were not always person centred. For instance, we found that some information was generic and had not been fully completed.
- Although not widespread these concerns were highlight with the registered manager who was aware of the concerns and had been acting prior to this inspection to make improvements.

We recommend the provider continues to review people's care plans and risk assessments for continuous improvements in the service.

- Staff monitored and assessed people's support needs and areas of risk on a daily basis, any concerns were immediately addressed.
- Staff were aware of any health conditions that might impact on people's health, safety and welfare and they knew what action to take to mitigate the risk.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse.
- Safeguarding concerns were thoroughly investigated and clearly documented. The manager and staff also communicated with the affected parties and ensured the appropriate authorities, including the CQC and local authorities, were notified in a timely manner.
- Staff received safeguarding training and had a good understanding of how to keep people safe from abuse. Staff told us they felt confident to raise concerns and that the registered manager would act on them promptly.

Learning lessons when things go wrong

- Accidents and incidents were investigated appropriately, and lessons were learnt when things went wrong.
- The provider ensured there were robust accident, incidents and safeguarding procedures in place. There was a system for staff to complete reports and investigations took place when necessary and lessons were learnt

Using medicines safely

- Medicines were used safely.
- Staff with responsibilities for administering medicines to people received the appropriate training and had their competency levels checked regularly. Staff had access to current medication administration procedures and good practice guidance.
- Staff followed safe medication administration guidance, ensuring people received medication support in line with their care plan.

Preventing and controlling infection

- The provider had a COVID-19 specific policy and all staff had received infection prevention and control training.
- People who used the service told us staff always wore personal protective equipment (PPE) during visits and staff confirmed they had access to adequate supplies.
- Staff adhered to COVID-19 testing requirements as per government guidelines.

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.

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

- People's needs, and choices were assessed before they received a service to ensure they could be met.
- As part of the assessment process staff liaised with people, their relatives and other professionals to gather information about people's needs and how they were to be met.
- Some people's care plans lacked information about how their needs were to be met, however this had been recognised by the registered manager and they were in the process of addressing this.

Staff support: induction, training, skills and experience

- Staff received regular support, were fully inducted into their roles and encouraged to enhance their skills, knowledge and experience. Staff were confident in asking for extra support or training if they felt they needed it.
- Staff completed a comprehensive induction that included 'experience days' where new staff accompanied the registered manager shadowing on shifts so people could get to know them.
- Staff had supervision meetings with a senior member of staff, attended periodic team meetings and there was a system in place for annual appraisals.

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

- People's care records contained relevant, up to date nutrition and hydration information.
- Staff told us that they would access care records and check for updates for nutrition and hydration. A relative told us, "She's not restricted as they help her do things as far as possible. And they always leave a big thing of water next to her so she doesn't have to call for a drink."

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

- People had access to other healthcare services, ensuring appropriate care was provided. We saw evidence of district nurse and GP involvement in some of the care packages we reviewed.
- Staff worked effectively with other agencies to ensure that people received effective care and support. We saw examples of when effective communication with other agencies had led to improvements in people's care and 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.

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.

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. We checked whether the service was working within the principles of the MCA.

- The registered manager had a good understanding of the Mental Capacity Act 2005.
- People told us that staff always sought their consent before providing care and support.
- Consent for their care and support was sought and recorded and along with their consent to recording information about them to enable them to be cared for effectively.

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.

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

- People were involved in decisions about their care and were supported to express their views.
- People told us staff always consulted with them before providing any care and support.
- Care plans contained people's views on their care and daily care records showed people were given choices and their views were respected. People had access to their care records.
- The registered manager communicated with people regularly and valued their opinions

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

- People told us staff were caring, friendly and always took time to speak with them and ask how they were. Staff had formed positive and caring relationships with people and knew them well.
- The provider aimed to ensure people received care from a consistent team of staff. People were informed in a timely way about any changes to staff attending their homes and visit times.
- Staff were knowledgeable about people's care and support needs and their preferences on how they were to be met.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was promoted.
- People told us staff treated them with dignity and respect. One person told us, "They're good in that way, asking how I feel."
- Staff supported people to maintain their independence. One person told us, "I'm pretty able to do some things, and they help me with other things I can't do."

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.

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

- Staff provided care and support that met people's individual needs.
- Most people told us that they had been involved in completing and regularly reviewing their care plans. However, one person told us, "The care plan I haven't seen and I'd love to see it. I can't recall when we did it but I probably signed it."
- Each person had a person-centred care plan which contained specific information about them such as, mobility, health, communication, diet and other support needs. Staff knew what was important to people and followed the guidance from their care plans.
- Care plans also included personalised information about people's life histories, previous occupations and hobbies. This background information enabled staff to better get to know and understand the person and generate conversations of interest.

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.

- Care plans contained information about people's communication needs which were established through the initial assessment.
- Each person's care plan contained information on how they communicated their care and support needs and choices.
- People received information in a variety of ways, including in writing, by email and in person during visits from registered manager and the deputy manager. One person told us, "I would just tell [name] if there was something as I've got his phone number, his WhatsApp and email. I've got all that if I had something to say."

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

- People were supported and encouraged to maintain links with family and friends. Where possible and when requested calls were planned to help people attend social and cultural events. This helped prevent social isolation.
- Staff told us they enjoyed chatting to the people they cared for and this helped people avoid social isolation.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure.
- The provider had dealt with recent complaints in accordance with their policy and procedure.
- Any concerns raised with or highlighted by people or staff were recorded and addressed using the electronic care planning system or by speaking to the management team.
- Complaints received recently were thoroughly investigated and acted upon appropriately leading to improvements at the service.
- Staff told us that the service had a culture of open and honest discussions, so any issues were dealt with immediately. One staff member said, "Very happy working for beloved. They listen to staff and we have a meeting every quarter."

End of life care and support

- If people chose, they could be provided with end of life care in their own homes. We were told that this would be provided in partnership with medical professionals.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Quality assurance systems and processes were mostly effective. However, there was some gaps in recruitment records. The provider actioned this at the time of the inspection.
- Some people's records were not always properly maintained and kept up to date. We did however see that the registered manager was aware of this and was taking immediate action to make improvements.
- When incidents occurred, lessons were learnt, and actions implemented in a timely manner. These lessons were effectively shared with staff to support their learning and development.
- Management understood their regulatory responsibilities and the need to be open and honest.
- There were clear roles and responsibilities within the organisation.
- Open and honest relationships had been developed with people, their relatives and staff and they confirmed to us there were effective methods of communication in place.

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

- The provider was committed to continuous learning and improvement.
- The registered manager completed regular checks on the quality and safety of the service. Action was taken when a need to improve was identified. For example, we saw that the registered manager had recently completed extensive audits of the care hours delivered and made improvements.
- People were asked their views about the quality of the service. Regular conversations between the registered manager and people that use the service took place.
- Spot checks were completed on staff as a way of monitoring their performance.

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

- The provider worked hard to create a culture that was open and inclusive. People were supported to make decisions about the level of care they received.
- People gave positive feedback about the service. One person said, "It's only a new service and I've found it very good, as they're doing everything I need. And recently I wanted a bed call, they had no slot, but they have fitted me in now."

- Staff told us they could approach the registered manager about any issues or ideas. One staff member said, "We are always trying to achieve person centred care and looking at the individual and best care to suite them. I do this knowing that the registered manager will listen to me."
- Staff demonstrated a commitment to their role and told us they were passionate about their contribution to achieving positive outcomes for people.

Working in partnership with others

- There was regular contact with people and relevant others to ensure consistency of care for people.
- The provider worked with external health and social care professionals such as GPs, district nurses and social workers. They told us this collaborated working benefitted people.