

Pro-help Limited

Beaumont Business Enterprise

Inspection report

Boston Road
Leicester
LE4 1HB

Tel: 01164783433
Website: www.pro-help.co.uk/

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Pro-Help Ltd (Beaumont Business Enterprise) is a domiciliary care agency providing personal care and support to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of inspection there were 25 people who received personal care support.

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

Risks to people's safety and health were not always assessed and there was limited guidance in place of how staff should provide care which reduced known risks. Medicine administration charts were not always completed accurately. Staff received training for their roles but did not always feel the quality was good enough.

Not everyone who had fluctuating capacity or whose capacity to make specific decisions was uncertain had mental capacity assessments in their care records.

Support visits did not always take place on time and some people experienced a high number of different carers. Care records included information about people's needs and preferences but improvements to some areas were required.

Audits and quality assurance checks took place but were not always effective. Some staff felt communication from the management team needed to improve.

People felt they received safe care. Recruitment processes were followed to ensure staff were suitable for their roles but there were some gaps in information on staff files.

Staff and the management team knew people well and had a good understanding of people's needs and individual preferences.

People were supported to promptly access health care services when needed. The management and staff team worked in partnership with health and social care professionals to ensure people's health and support needs were met.

People received support from positive and friendly staff. Staff were caring in their approach and had positive relationships with people and their relatives. People were treated with respect. Staff maintained people's dignity and promoted their independence. Consent was sought before care was delivered.

People and their relatives knew how to make a complaint and felt they could raise issues with the registered manager.

An electronic system had recently been introduced which continued to be embedded into care and management practice.

The registered manager and provider were keen to ensure people received a good quality service and were aware of the improvements needed. The management team were aware of their legal responsibilities and worked in an open and transparent way.

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.

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

Why we inspected

This service was registered with us on 22 March 2019 and this is the first inspection.

Enforcement

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.

We have identified breaches in relation to safe care and the governance of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe	Requires Improvement ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was caring.	Good ●
Is the service responsive? The service was not always responsive.	Requires Improvement ●
Is the service well-led? The service was not always well-led.	Requires Improvement ●

Beaumont Business Enterprise

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 carried out by one 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 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 17 May 2021 and ended on 19 April 2021. We visited the office location on 17 May 2021 and made telephone calls to people and relatives on 19 May 2021.

What we did before inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is

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

During the inspection

We spoke with three people who used the service and five relatives about their experience of the care provided. We spoke with ten members of staff including the nominated individual, registered manager, client manager, senior care workers, care workers and an administration assistant.

We reviewed a range of records. This included four people's care records and medicine records. We looked at three 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at various records including training data, quality assurance records and meeting minutes.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management; Using medicines safely

- Risk assessments were not consistently in place for risks connected with people's care. For example, this included risks associated to using a hoist or catheter care. Other risks factors included skin damage and falls, and risk assessments were not always in place. The registered manager confirmed they would review everyone's needs and ensure all risk assessments were put in place.
- Medicine administration records (MAR) were not always completed accurately. We found some gaps which were not explained, which meant it was not clear if people had received their medicines as prescribed or not. The registered manager told us they had taken to address this at the time, but in future would ensure recording was clearer.

The provider failed to ensure that all known risks were assessed and medicines administration was always accurate. These shortfalls constitute a breach of Regulation 12 of the Health and Social Care Act 2008 – Safe care and treatment.

- People and their relatives were generally happy with how risks were managed whilst enabling people to maintain or progress their independence. One person told us they had raised an issue which the registered manager had dealt with promptly. A relative said, "They're very careful with (the hoist) and with [relative]. They do it really well, they're gentle and [relative] has never been hurt or afraid."
- An electronic medicine administration system had recently been introduced. This reduced the risk of errors by staff and also gave the registered manager immediate access to identify issues as they occurred.
- Staff were trained in medicines administration and this was confirmed by the training records and staff feedback.

Staffing and recruitment

- Although improvements were needed to the punctuality of care calls and the number of different carers who supported people, everyone we spoke to confirmed that support visits always took place. One person said, "They've never let me down, I know they're coming."
- Recruitment and selection processes were in place. Staff files contained essential information including pre-employment checks such as references and Disclosure and Barring Service (DBS) checks. The DBS confirm if individuals have any criminal or barring record which helps employers make safer recruitment decisions.
- Not all staff files contained all relevant information. For example, full employment histories or health questionnaires for staff members were missing. The registered manager confirmed they would review their processes to ensure all information was available to support their recruitment procedures.

Learning lessons when things go wrong

- Processes were in place for the reporting and follow up of any accidents or incidents on the new electronic system. These processes needed to be embedded into practice. The registered manager showed us how incidents and accidents were investigated and followed up. We saw prompt action was taken when an incident occurred.
- Lessons were learned when things went wrong although this was not always recorded. The management team described how they had addressed and worked through arising challenges since the service had registered with CQC.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the care they received. One person told us, "I feel absolutely safe when they come, I've nothing but praise for them." A relative said, "I very much think [relative] feels safe with them, [relative] likes them a lot and they're so kind."
- The provider had systems in place to safeguard people from abuse and followed local safeguarding protocols when required.
- Staff had received training and knew how to recognise abuse and protect people from the risk of abuse. Staff understood how to report any concerns by following safeguarding or whistleblowing procedures.

Preventing and controlling infection

- Staff had access to sufficient stocks of personal protective equipment (PPE) including masks, gloves, aprons and hand sanitiser. One staff member gave differing feedback, and the registered manager planned to refresh all staff knowledge about PPE availability and practice.
- Staff were trained in infection prevention and control. People and relatives told us they felt staff used and disposed of PPE safely. One relative said, "They take it with them when they go. We have offered to dispose of it but they do it."

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.

Staff support: induction, training, skills and experience

- We received mixed feedback from staff about the quality of the training. Some staff felt further training was needed for new starters to support their confidence in the role and improve staff retention. Others were satisfied with the training provided. People told us staff were skilled and competent in their roles.
- Staff received an induction and mandatory training when they started work. Training covered a range of areas including safeguarding, medicines, moving and handling and infection control.
- Training records were kept to show when staff needed to refresh their knowledge in key areas. Spot checks were also undertaken to review staff practice and competency, and provide any guidance needed.
- The registered manager and provider were keen to support staff to develop and progress in the service, and several staff had been promoted due to their experience and skills.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- People did not always have mental capacity assessments in their care records when they had fluctuating capacity, or where there was uncertainty about their ability to make certain decisions. This meant people were exposed to the risk of decisions not in their best interests being made for them. The registered manager planned to review and develop MCA assessments and best interest decisions, if required, for people receiving support.
- Staff demonstrated they understood the principles of the MCA, and gave examples of how they supported people to make choices.
- People, or their representatives where appropriate, had signed and consented to the care being provided.

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

- People's needs were assessed before any care was agreed and delivered, which included a meeting with one of the management team. This ensured there were sufficiently trained staff to provide the care and support required.
- An electronic system had been introduced so carers had instant access to people's care records. Staff wrote daily notes electronically and had prompts on the system to ensure all tasks were completed on each visit.
- Assessments reflected people's preferences and lifestyle choices to ensure people were treated equally and protected from the risk of discrimination.

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

- Staff supported some people to prepare food and drinks at meal times. Care plans set out what carers should do and people's preferences. For example, one person's care plan stated, "In the morning I require support to prepare breakfast, I tend to like to have a slice of toast or cereal with a cup of filter coffee with one sugar and milk."

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

- The staff team worked with other agencies to ensure people received consistent care and to ensure their health needs were met. For example, the registered manager liaised with one person's GP to explore ways of ensuring the person safely took their medicines. They planned to review this with the GP in the near future.
- Staff told us they would contact health care professionals and the management team if they felt anyone required medical support or attention. One relative told us, "[Relative] fell in the bath and a carer found them. They sent for the paramedics and stayed with [relative] while they waited."
- People were supported with oral care where this was required.

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 received support from staff who had a caring and friendly approach to them and their families. One relative told us, "Every one of them has been so kind. They are very respectful from the moment they arrive. I find them so polite." A person said, "I really do not have any complaints, they're so kind to me and will do anything I ask."
- The staff, registered manager and provider all knew people well, and wanted to provide good quality care which met people's needs.

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

- People were able to express their views and be involved in making decisions about their care. One relative told us, "They know there are certain things that need doing. They never assume it will be identical each time. [Relative] might not want a full wash one day so just tells them. They're very adaptable." A person told us, "I tell them what to do. I do feel it's me who makes decisions about what they do."
- Care plans set out how people preferred to receive their care and their regular routines. Copies of care files were kept in people's homes and staff also had access to these electronically.
- Care reviews took place which ascertained if people's needs had changed. People and their representatives, if appropriate, were involved in these.
- People told us they did not feel rushed when they were receiving support from carers. One person said, "I never feel rushed by them. Even when they're running behind time they make sure they don't hurry me."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's dignity and supported people to maintain their privacy. One person said, "They cover me with a towel and close the door. I've never felt any embarrassment or awkwardness." A relative told us, "I know [relative] would say if they were not respecting [relative's] privacy. They make sure doors and curtains are closed."
- The care plans we reviewed promoted people's dignity, respect and independence and included guidance for staff to follow. For example, "I am independent in deciding what to wear daily however I require the carer to provide me with options from my wardrobe."

Is the service responsive?

Our findings

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

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

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

- We received mixed feedback about the punctuality of care calls. People did not always receive their support visits on time, and were not always informed if staff were running late (or early). One person told us, "I wouldn't worry so much if they did (inform me). Sitting here waiting is not good. It makes me unhappy." One member of staff said, "It's embarrassing when we are constantly late." The registered manager and provider were aware of this issue and working on improvements.
- People had varying experiences about the number of different carers who attended their homes to support them. One person told us they have, "different carers all the while so I have to explain what I need all the time. I might get the same one in the morning but others at night, then they switch around and don't know what to do." Other people had a more consistent experience. The registered manager and provider were aware of the issue and working to address it.
- People's care plans contained personalised information to ensure staff knew people's preferences and how they wanted to be supported. Care plans needed strengthening in some areas to include more information. For example, about any cultural, diversity, communication and emotional or wellbeing needs. Photographs of the person receiving support also needed to be included.

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 confirmed information could be made available to people in other formats, such as easy read or large format, as required. At the time of inspection there wasn't anyone who required information to be shared with them in a specialised way.

Improving care quality in response to complaints or concerns

- Complaints policies and procedures were in place. At the time of inspection no formal complaints had been received.
- During the inspection the registered manager collated a log of lower level concerns which had been raised and resolved. This assisted the management team to provide a responsive and consistent approach, and aided monitoring of day to day issues.
- People using the service and staff told us they were confident any issues raised would be dealt with appropriately by the registered manager and management team.

End of life care and support

- End of life plans were discussed during pre-assessment with people and were reviewed as required. At the time of inspection there was no-one receiving end of life care.
- The management team wanted to develop end of life care planning further. Once pandemic restrictions eased they planned to liaise with organisations, for example, the local hospice, to arrange support and training for staff.

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.

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

- Audits were in place to check the quality of the service but these did not cover all areas and were not always effective. For example, the audit of the MAR charts identified gaps but did not say what had been done about it.
- Audits of care records had not identified the lack of risk assessments for some people. There were no monitoring systems in place to ensure effective oversight of accidents, incidents and arising safeguarding issues. This meant opportunities to take steps to mitigate risk and prevent incidents from occurring again were missed. The management team were responsive and began improving this area before the inspection ended.
- There had been a recent high turnover of staff. This sometimes impacted negatively upon other staff, teamwork and the consistency of care people received. The registered manager and provider were working to stabilise staffing and improve consistency.
- Staff did not always feel supported. While management were accessible, some staff told us communication was poor at times. For example, if a call was cancelled or a new package of care started, some staff did not always have the right information about what to do. This led to staff feeling frustrated and people did not always receive optimal care because of this.

The provider failed to ensure effective quality assurance processes were in place. Staff did not always feel fully supported by management staff. These shortfalls constitute a breach of Regulation 17 of the Health and Social Care Act 2008 – Good governance.

- ☐ The registered manager and provider were keen to work with the local authority to strengthen their documentation and improve the overall quality of care people received. The registered manager and provider were also supportive of the inspection process and receptive to feedback given. They were keen to drive continuous improvements to the service people received, and to staff working conditions.
- The registered manager and provider listened to feedback. Drivers had been employed to support staff to travel to people's homes, and where required transported staff to and from their own homes. This enabled a more consistent service to be offered.
- The management team and staff knew people well and feedback confirmed they were approachable and always available. One relative told us, "They are so nice and polite. And I've spoken to another one and they are warm-hearted and nice. I can always get hold of someone who will pass on any message, it's not been difficult." Another relative said, "They're good people. I can't think of anything they could be doing better,

they're brilliant."

- Management and staff were passionate about providing person centred care. Staff put people at the centre of the service and worked hard to provide good quality care that focussed on people's care and support needs.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- The registered manager and provider had identified some problems with payroll and human resource processes which had impacted upon some staff. They had sought professional support to sort this out. They were open and honest about what the issues were and how they had arisen.
- The registered manager and staff were clear about their roles and responsibilities to the people they supported.
- Policies and procedures were in place. The management team continued to work on tailoring the policies to their service, and embedding the use of the electronic systems.
- The registered manager and staff team worked with health and social care professionals and responded to people's changing needs.

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 was aware of their responsibility to be open and honest when something went wrong. They were aware of the need to inform the local authority and submit notifications to the CQC when required.
- People and relatives told us they had confidence any issues raised with the management team would be dealt with promptly and appropriately. One relative said, "If there are any problems we sort them. There haven't been any major ones and I'm happy."

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

- Feedback was sought from people and their relatives both informally and also through feedback surveys. This was used to target areas for improvement.
- Team meetings took place and these had altered during the pandemic to include online meetings. Notes were taken of the meeting which were available for staff to access. One staff member told us, "They have a suggestion box in the office and at team meetings. They are approachable and I feel supported."

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>Risk assessments were not always in place for known risks associated to people's care, medicines administration processes required improvements and staff files contained some missing information.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Quality assurance and audit processes did not cover all aspects of the service and were not always effective at identifying issues. Staff did not always feel supported due to poor communication at management level. High turnover of staff meant people did not always receive optimal care.</p>