

BeeAktive Care Limited

# BeeAktive Care

## Inspection report

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17 October 2022  
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22 November 2022

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

BeeAktive Care is a domiciliary care service. The office is located in the London Borough of Bromley. The service operates in the London borough of Bromley and in the county of Surrey for people whose care is commissioned by either authority or private packages of care.

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 the inspection, we were told the service supported 20 service users in Surrey and 12 in the London Borough of Bromley.

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

There was an absence of effective oversight and governance systems for call monitoring, medicines, risks, staff training and recruitment. Audits completed were not effective at identifying concerns.

Medicines were not always safely managed and some risks to people were not assessed or planned for. There were discrepancies in staff training records.

We have made two recommendations. One that the provider reviews their staffing levels. A second recommendation for the provider to review their staff training provision and seek appropriate advice on providing staff training in health and social care from a recognised body.

There was a chaotic atmosphere at the inspection and records we asked for were hard to find. Some information we asked about for example in relation to people's needs changed.

People and their relatives were mostly positive about the service they received. They told us they felt safe, and that staff were kind and caring. Staff understood what might constitute abuse and how to report it. There were infection control measures in place.

Assessments of people's needs were completed before people started to use the service. 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.

Staff told us they received training and supervision. People's nutritional needs were identified and met. People's health needs were included in their care plans. Staff communicated with health professionals where this was appropriate. They told us they felt well supported by the management team.

The service carried out spot checks on staff and sought feedback about the service through surveys and

telephone monitoring.

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

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 14 January 2021). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found the provider remained in breach of regulations.

#### Why we inspected

We carried out an announced comprehensive inspection of this service in November 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, staff practice in relation to the Mental Capacity Act and the quality monitoring of the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service remains Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for BeeAktive Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified breaches in relation to the assessment and management of risk and the governance and quality management of the service.

We served a Warning Notice on the provider and registered manager requiring them to comply with this regulation by 30 January 2022.

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

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. 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 with the 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 not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# BeeAktive Care

## 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

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

#### Service and service type

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

#### Registered Manager

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

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

#### Notice of inspection

We gave a short period notice of the inspection because we asked the provider to contact people using the service and or their families to seek permission for us to contact them to understand their views of the service.

We also requested data from the provider to help us understand the effectiveness of their call monitoring systems.

Inspection activity started on 17 October 2022 and ended on 22 November 2022. We visited the location's office on 17 and 19 October 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 authorities 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

We visited the site office and spoke with the registered manager, the deputy manager, 2 care coordinators and other office staff. We looked at care plans and risk assessments for 8 people using the service, 4 staff recruitment and training records and other records related to the management of the service.

An Expert by Experience made calls to two people using the service and ten family members to understand their views about the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained the same.

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

At our last inspection we found medicines were not safely managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 12.

- People did not always receive their medicines as prescribed. We found some medicines administration records (MAR) where some medicines were not administered according to the prescriber's recommendations. For example, a pain patch prescribed to be administered every 72 hours was not always administered according to these instructions and longer gaps were recorded.
- Medicines risk assessments did not always consider the risks or provide guidance for staff if people's medicines were not available as required. This meant staff may not be aware of the possible risks or side effects if people missed having these medicines.
- The risks associated with specialist administration techniques had not been identified or mitigated. There was no detailed risk assessment in relation to administering medicines via PEG (percutaneous endoscopic gastrostomy) feeding. The risk assessment just stated six staff were trained, although we were told this was now three staff. Following the inspection, a more detailed risk assessment was sent to us, but this appeared to be written by the equipment provider and did not guide care staff to identify and assess risks in relation to medicines administration.

Medicines were not always managed safely, and this was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some improvements had been made. Issues related to the management of some medicines and topical creams we had identified at the last inspection had been addressed. People and their relatives gave us positive feedback and where staff supported them with medicines said they had not experienced any problems with the administration of their medicines.
- The provider had put a medicines tracker in place where the service was responsible for ordering repeat prescriptions of medicines to improve their oversight.
- Staff completed electronic medicines records, and this was monitored on the call monitoring system.

People and relatives could access these to assure themselves that medicines had been administered.

- Staff told us they received training on the administration of medicines, and we saw there were competency assessments recorded; to check staff remained competent to safely administer medicines. There was guidance for staff on when to administer 'as required' medicines.

#### Assessing risk, safety monitoring and management

- Risks to people were not always identified or safely managed. There was poor oversight of the call monitoring system which meant that late or missed calls may not be identified. External consultants and some office staff told us they monitored the system some of the time. It was not clear how continued oversight was ensured. On the 19 October at 11am, there were 14 medicines alerts and 6 other alerts which had not been reviewed.
- Some risks to people were not fully assessed or staff given a clear risk management plan. For example, one person's catheter risk assessment did not identify the possible risks to alert staff or record when issues should be reported to district nurses.
- Where people may be disorientated and not amenable to personal care there was no guidance for staff on how best to reduce this risk and it was recorded, they "fight with staff". More detailed guidance to staff was sent after the inspection.
- Staff completed fire safety checklists but there was no fire risk management plan to manage the risks identified in the checklists.

Risks to people were not always fully assessed and there were not always risk management plans this was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Other risks were identified, assessed and planned for in people's care plans. People told us they could contact the office in an emergency. One person commented, "I once rang out of hours at 8pm at night and someone answered straight away and sorted my concern."

#### Staffing and recruitment

- Improvements were needed to ensure there was a robust recruitment system in place. We found missing identity checks, interview notes, gaps in employment history in four staff files we looked at. The registered manager was asked for some of this information and some documents were found on phones and other missing information provided after the site visit but had not been available in staff records when requested.
- Appropriate checks were not always completed on staff to ensure they were safe to work in health and social care. A risk assessment in relation to the absence of a criminal record check in this country did not identify the risks fully and when we asked for evidence of the risk management records, they could not be provided. These issues are considered under the key question Well led.
- People and relatives gave some mixed feedback about whether there were enough staff. Most people told us they had the same consistent staff team, which they welcomed. A relative commented, "We have been having the same team for a long time, that's good! They could possibly do with more staff." Two relatives remarked on a high staff turnover, one relative said, "We never really get to know them as there are too many of them."
- People and their relatives told us calls were usually on time and if not, staff would contact them to let them know they were running late. One person remarked, "I never time them but they always call if they run late." Staff told us they thought there were enough of them to meet people's needs but an additional driver would reduce the number of late calls in the Surrey area due to traffic. Call monitoring records for the week at prior to the inspection suggested a variance in call punctuality among staff. One staff member had a punctuality rate of 28 per cent and another 100 percent. However, there was no evidence these issues been

considered by the provider.

We recommend the provider reviews their staffing levels and call punctuality to ensure there are always enough suitably qualified staff to meet people's needs.

Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong

- People were kept safe from avoidable harm. However, the system for identifying learning from safeguarding, accidents and incidents needed improvement to ensure it identified possible learning. Accidents and incidents were recorded along with the actions taken to reduce risk and the outcome for people. However, these incidents were not considered for possible learning or improvements.
- Staff understood possible signs of abuse or neglect. People and their relatives said they felt safe. One person told us, "Safe? Of course, I am fine with the staff, they are lovely. They all wear a uniform, some wear badges." A relative said, "He is very safe especially at the minute they have a nice attitude with him."
- The provider had a safeguarding adult's procedure in place and staff said they had received training on safeguarding adults. We saw safeguarding was discussed with staff during team meetings.
- Staff said they would report to the registered manager if they suspected any abuse had occurred and they were confident the registered manager would take appropriate action. Safeguarding alerts had been raised with the local authority appropriately.

Preventing and controlling infection

- People were protected from the risk of infection. The registered manager confirmed they supplied staff with the Personal Protective Equipment (PPE) they needed to keep them and the people they supported safe.
- Staff told us they had completed infection control training. They demonstrated an understanding of the importance of handwashing and infection control practices and told us they had access to the PPE they needed. People confirmed staff wore PPE when supporting them. One person said, "They wear PPE, they have the masks over their mouths and noses."

# 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Records did not demonstrate staff had all received the training they needed to perform their role. The registered manager showed us training records that contained some discrepancies. Some staff were recorded as delivering a full day of care visits on the same days they were recorded as completing multiple training courses. We raised this with the registered manager who told us staff completed training while working in the field. This conflicted with an earlier response from the registered manager and the feedback from staff which was that staff did their training as classroom-based learning.
- Staff new to health and social care completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- New staff also completed an induction to familiarise them with their role which included a period of work shadowing. We were shown work shadowing records although we found some staff had provided support prior to their work shadowing on the call monitoring system.

We recommend the provider reviews its staff training provision and seek appropriate advice on providing staff training in health and social care from a recognised body.

- People and their relatives mostly told us they thought staff understood their roles and how to use equipment. One person commented, "They know to bring someone to shadow if they are bringing someone new." However, another person remarked, "Some staff don't have a clue. We show them and then a new one comes."

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.

At the last inspection we had found staff did not always act within the principles of MCA. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 11.

- Staff worked within the principles of MCA. Since the last inspection staff had received training on MCA and most staff understood their roles in respect of MCA. The registered manager showed us records of staff meetings where MCA was discussed, to support staff with this aspect of their role.
- We found mental capacity assessments and best interests' meetings had been completed for specific decisions, where this was appropriate.
- People and their relatives confirmed staff sought their consent before they provided care. One person told us, " Staff always ask for consent before doing anything; they explain what they are going to do and check I am ok."

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

- Office staff completed assessments of people's needs when they started receiving a service to enable people's care to be planned accordingly and safely. People and their relatives confirmed they were involved in this assessment. One relative remarked, "They are fully aware of [my family member's] health needs as we did a full assessment with them." The assessments included people's preferences, likes and dislikes about their care and support needs.

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

- Staff supported people to eat and drink enough to meet their needs. People and their relatives said they were supported with their nutritional needs where this was part of their care plan. One relative said, "They [staff] do her food on the evenings, they choose what she likes, and they also give her grapes and satsumas for snacks."
- Care plans described the support people needed where this was part of their care plan and included any dietary needs or risks. Care notes showed that staff consulted people about their choices and recorded what people were offered.

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

- People were supported to maintain good health. People's health needs were recorded in their care plans and the support required from staff in relation to this need. People and their relatives commented that staff contacted health professionals, with their consent, if they had concerns. One person told us, "Yes, it was the carers' who said that we should call the district nurse today, they were great as they stayed much longer."
- Staff told us they would notify the office if people's needs changed or if they required the input of a health professional such as a district nurse, GP or a hospital appointment.



# 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained the same.

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

At the last inspection we had found the quality and safety of the service was not always effectively managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation.

- There were shortfalls in the systems to oversee call monitoring, oversight of medicines and risks. We found a number of issues not identified by the call monitoring system including a possible missed call that was not investigated and missed medicine tasks. Reviews of the system did not check staff explanations for missed tasks or check with people using the service but relied on staff memory sometimes after the event. There was no analysis of call punctuality or duration to ensure that staffing arrangements were robust and to reduce late calls. Audits carried out did not identify these concerns.
- There were no recorded checks or oversight of the external consultant's management of the call monitoring system. We asked to see the reports referred to in the provider's policy completed by consultants and background checks but other than one criminal record check for another agency these were not provided.
- There were discrepancies in staff training records and shortfalls in staff recruitment records. These had not been identified by the provider's systems. The registered manager could not evidence any assurance or background checks on the trainers they employed to train staff, despite their policy stating these checks would be completed. These issues were not identified by the registered manager or provider.

This absence of effective oversight of the quality and safety of the service was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 over four consecutive inspections.

- Spot checks were completed on staff to check they were providing care as planned. Records we saw did not identify any issues or concerns.

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

- There was a chaotic atmosphere during the inspection which did not provide assurance in the effectiveness of leadership. We had provided additional notice period prior to the inspection site visit of seven days. Despite the additional notice information was not made readily available and it took most of the day before we could gain access to the electronic system. Files we asked for were in locked cupboards where the staff member had left the building with the key. Records we requested were not readily available.
- The registered manager told us they understood their responsibilities under the duty of candour. However, transparency was difficult to assess as we were not always provided with accurate information about people's needs or clarity about the numbers of people using the service.
- Staff were not always clear about their roles. We were told an office staff member completed call monitoring. However, when we asked this person about their role it was evident the role did not include call monitoring. Staff then explained call monitoring was carried out by consultants.
- People and their relatives were mostly positive about the way the service was managed and said the office had been responsive to any issues. Some people and their relatives were not clear who the registered manager was. One person commented, "The manager has come out to see if anything has changed. I think his name is [they referred to a person we had identified as a staff member]."
- Staff were positive about the way the service was managed. They said the management team were supportive and responsive.

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

- We were not assured that the culture at the service was always open, and person centred. The language used by the registered manager at times during the inspection was not always respectful of people. For example, she described some people as "naughty" or "fighting with staff". It was not clear that the provider always worked in an open and transparent way throughout the inspection in response to information we requested.
- However, feedback we received from people and their relatives was mostly positive about the service. One relative said, "Yes, I'd definitely recommend them. They have been so good so far and credit where credit is due. The staff have a good attitude, it works really well!" However, another relative said, "They need better communication and share information."
- The registered manager had a folder of compliments they had received from people using the service. Most of these were not dated so it was not possible to understand when they were received.
- We were told there had only been one complaint since the last inspection, which CQC knew about. However, feedback from people and their relatives suggested they had raised complaints informally which while resolved were not recorded on the complaints tracker to identify learning. One person told us, "I've made lots of complaints, but they have all been sorted out now."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- People's views about the service were requested and considered. The registered manager showed us quality monitoring surveys they had completed to gather people's views about the service.
- Surveys viewed were positive in response. People and their relatives did not always recall being asked to complete a survey, but some people mentioned they had also had telephone monitoring calls to check they were happy with the care provided.
- The registered manager told us they sought to work openly with other agencies and health professionals when needed.



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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risks to people were not always assessed or safely managed. medicines were not always managed safely. Regulation 12 (1)

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems to monitor the quality and safety of the service and assess and mitigate risks to people's health and safety were not effectively operated. Regulation 17(1)

### **The enforcement action we took:**

We served a Warning Notice on the provider and registered manager requiring them to comply with this regulation by 30 January 2022.