

Bee's Care Agency Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
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

This inspection took place on 16 October 2018 and was announced.

Bee's care agency provides care services to people in their own homes mainly in the Medway area. The care they provided was tailored to people's needs so that people could maintain or regain their independence. This included older people who had been discharged from hospital and needed help with day-to-day tasks like cooking, shopping, washing and dressing and help to maintain their health and wellbeing. Not everyone using the service receives a regulated activity of 'personal care.' CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and administration of medicines. Where they do, we also take into account any wider social care provided. At the time of the inspection, the service was providing personal care to 10 people.

The registered manager was also the provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection, the service was rated good. At this inspection, we found the service remained overall 'good.'

Risks continued to be appropriately assessed and mitigated to ensure people were safe. Medicines were managed safely and people had received their medicines as prescribed.

Staff knew what they should do to identify and raise safeguarding concerns. The registered manager knew their responsibilities in relation to keeping people safe from harm.

Effective systems continued to be in place to enable the provider to assess, monitor and improve the quality and safety of the service. Accident and incident records were closely monitored, actions were taken in a timely manner to ensure lessons were learnt.

People were happy with their care and support. Staff had built up good relationships with people.

The service provided good quality care and support to people enabling them to live as fulfilled and meaningful lives as possible.

Staff were caring and kind in their approach and had a good rapport with people. People told us they were treated with dignity and respect. People's privacy was respected.

People were asked about their needs relating to culture, race, religion and sexual orientation in their assessment. This was recorded in their care plan and staff were aware of this.

There were enough staff deployed to meet people's needs. The provider continued to operate a safe and robust recruitment and selection procedure to make sure staff were suitable and safe to work with people. Staff received training, which enabled them to meet people's needs. They also received support and supervision to enable them to carry out their roles safely.

People were encouraged to make their own choices about everyday matters. People's decisions and choices were respected.

People's care plans clearly detailed their care and support needs. People were fully involved with the care planning process. The service had developed care plans which clearly detailed people's preferences, likes, dislikes, mental health and social needs. Care had been delivered in line with people's choices. The registered manager reviewed each person's care with each person as and when necessary.

Where necessary, people were encouraged to have a healthy diet which met their health needs.

People were supported and helped to maintain their health and to access health services when they needed them. The registered manager and staff maintained good communication with other organisations such as the community nursing service, GP and other healthcare services.

People were given information about how to complain. People were actively involved in improving the service. They completed feedback surveys and had regular meetings with the providers.

Staff were positive about the support they received from the management team. They felt they could raise concerns and they would be listened to.

The registered manager had built links with other healthcare professionals and continued to work closely with them.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 16 October 2018 and was announced. The provider was given 48 hours' notice of the inspection as we needed to be sure that the office was open and staff would be available to speak with us.

The inspection was carried out by one inspector who visited the agency's office in the Rochester area of Medway and an expert-by-experience who made calls to people using the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience for this inspection had experience in care for people in the community.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at information we held about the agency, such as notifications. Notifications are changes, events or incidents which the provider is required to tell us by law. We used all this information including the PIR to plan our inspection.

As part of the inspection, we spoke with the provider who was also the registered manager. We also spoke with two care workers providing direct support. We spoke with five people on the phone. We also contacted healthcare professionals involved in the service. We received feedback from a healthcare professional.

During the inspection visit, we reviewed a variety of documents. These included two people's care records, which included care plans, health care notes, risk assessments and daily records. We also looked at two staff recruitment files and records relating to the management of the service, such as audits, satisfaction surveys, staff rotas, policies and procedures.

Is the service safe?

Our findings

People we spoke with told us they felt safe with staff from Bee's Care. One person said, "Yes I feel safe, quite happy." Another said, "I feel safe with the staff. I wouldn't have them if anything untoward had happened." A healthcare professional said, "In my experience, people received safe care from the agency."

The risk of abuse continued to be minimised because staff were aware of safeguarding policies and procedures. All staff we spoke with told us they would report safeguarding concerns to the provider immediately. A staff member said, "To protect the vulnerable from abuse. If I suspect, I will report to the manager and I can also go outside the organisation." Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. A member of staff said, "If I find a bad practice, I will notify my manager. Also, I can notify Kent County Council, police or CQC."

People's individual risk assessments continued to be reviewed and they were detailed. People told us they were enabled by Bee's Care staff to live in their home safely. One person said, "I'm a bit unsteady on my feet but getting better, they let me go ahead and shower myself with them standing there if I need them. I feel safe with them there but want to manage myself as much as I can." This meant that people were supported in a manner that promoted their independence in a safe way.

Appropriate checks continued to be undertaken before staff commenced work, to ensure they were suitable for their role. Staffing levels continued to be provided in line with the support hours agreed with the person receiving the service. Currently there were enough staff to cover all calls and staff numbers were planned in accordance with people's needs. Staffing levels could be adjusted according to the needs of people, and the number of staff supporting a person could be increased if required. The registered manager told us that they carried out visits to people whenever required to ensure their staffing needs were met. The registered manager also carried out direct support in people's homes whenever there was need to do so.

The registered manager continued to review all accidents and incidents to ensure that relevant action had taken place. Records evidenced that the registered manager had referred people on to the hospital or GP whenever necessary. Copies of people's accidents and incidents were kept in their care file which helped staff understand why care plans or risk assessments had been amended.

Suitably trained staff continue to follow the arrangements in place to ensure people received their prescribed medicines. People told us that they received their medicine as prescribed and staff had a good rapport with them. Information in people's care plans specified which people required their medicine to be administered and who required prompting with their medicines. Where people could take their medicines independently or those who had their medicine administered by family members, this was clearly recorded.

Staff had received infection control training. The registered manager had a supply of personal protection equipment and they knew how important it was to protect people from cross infection. Staff were provided with appropriate equipment to carry out their roles safely. For example, they were issued with gloves and aprons. People had personalised emergency plans in place which detailed the assistance that they would

need in an emergency. For example, what type of mobility equipment they used.

Is the service effective?

Our findings

The people we spoke with told us that staff supporting them had the skills and knowledge to meet their needs. One person said, "The carers are vigilant. They contacted the GP or district nurse if they had concerns." Another person said, "Goodness yes, they are very effective. I had an operation in January and I can't speak highly enough of how well they looked after me when I came home. They made sure I was comfortable, checked my wounds did the little things that really helped."

People's needs continued to be assessed before support was provided to them. The assessment took into account what people could do for themselves as well as the help they needed. Records also showed that the initial assessments had considered any additional provision that might need to be made to ensure that people's protected characteristics under the Equality Act 2010 were respected. For example, if they had any cultural or religious beliefs or needs which needed to be considered when planning for their support.

Staff continued to be matched to the people they were supporting as far as possible, so that they could relate well to each other. The registered manager introduced care staff to people, and explained how many staff were allocated to them. People got to know the same care staff who would be supporting them. This allowed for consistency of staffing, and cover from staff that people knew in the event of staff leave or sickness. One person said, "I have four regular carers. If there's someone new, they come two or three times with a senior at first to make sure they know exactly what my needs are."

Records showed that staff continued to undertake training in topics relevant to their roles. Staff also spoke with us about additional training that they received to ensure that they could meet a person's individual needs such as dementia and epilepsy. Staff training and the need to ensure it was kept up to date was covered both in staff meetings and supervision meetings. Staff were provided with regular supervision and felt well supported. One staff told us, "I find supervision helpful. I can talk about anything. I have developed my skills through regular training."

The service continued working in accordance with the Mental Capacity Act 2005 (MCA) and associated principles. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA.

People's capacity to consent to care and support had been assessed and recorded within their care plans. Where people lacked capacity to make specific decisions, the registered manager had an understanding of what procedures to follow. People were always asked to give their consent to their care, treatment and support.

People who used the service did not always require assistance with nutrition or hydration. We saw care plans contained a section related to dietary needs and nutrition. Care plans specified if any assistance was needed with eating or preparation of food and recorded any particular food preferences, allergies or dislikes as well as mealtime routines. One staff told us, "Clients who may be at risk of dehydration, I remind them to drink plenty and I make sure I leave them with a drink before I go."

The registered manager and staff told us that they worked closely with other healthcare professionals such as social workers, district nurses, GPs and emergency services as needed. A healthcare professional said, "The manager communicated very effectively and worked very close with me to ensure all client's needs were met." Appropriate referrals for people were made when required to health and social care services such as GP's and district nurses. Details of discussions and any actions decided were recorded by staff in the daily records to ensure people received care and support that met their needs.

Is the service caring?

Our findings

People were very complementary about the care staff and all the feedback we received was positive. People said they were supported, with dignity and respect, by kind and caring staff. One person said, "They treat me very well. They are all individuals, which is very nice. I feel confident with them all. They're always there for a little chat and I feel comfortable with all of them." Another said, "Absolutely brilliant! I can't fault [Staff member] it was like having my own sister come and look after me" and "Friendly and helpful."

People continued to be involved in their care planning and their care was flexible. People's care plans detailed basic information about what type of care and support they needed in order to maintain their independence and reach goals to improve their lives. The daily records showed staff had delivered the care in their care plan. They had been flexible and staff had actively encouraged independence and choices. Staff were aware of the need to respect choices and involve people in making decisions where possible. The registered manager told us they ensured people's choices were respected.

People's privacy and dignity continued to be protected and promoted. Staff described the methods they used to ensure that they respected people's privacy and dignity such as closing doors and curtains when delivering personal care and ensuring that people were covered up as far as possible. All of the people we spoke with told us they were satisfied with how their privacy and dignity was respected by staff. One person said, "I was bed bound at first and needed washing, I was not keen but they made me feel comfortable. They covered up my modesty."

Staff continued to promote personal choice and independence by ensuring that people were involved in day to day decisions regarding their care and support. One staff said, "I read the care plan, discuss with individuals about their preferences, likes and dislikes. I ensure I respect people's dignity."

The registered manager continued to have a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records other than the ones available in people's homes were stored securely in the registered office. People's individual care records were stored in lockable cupboards. Staff files and other records were securely locked in cabinets within the offices and computer records password protected to ensure that they were only accessible to those authorised to view them.

The service had reliable procedures in place to keep people informed of any changes. The registered manager told us that communication with people, staff, health and social care professionals was a key for them in providing good care. The registered manager told us that people were informed if their regular staff member was off sick, and which staff would replace them. People confirmed to us that if staff were running late, they were informed. One person said, "They're not often late but if so only by 10 minutes and they let me know if they're running late. They always get here, even in the bad winter they never let me down."

Is the service responsive?

Our findings

People we spoke to told us the care and support they received was responsive to their needs. One person said, "They ask every day if I'm happy with the care we get and we are at the moment."

The registered manager told us that they continued to carry out people's needs and risk assessments before the care began. They told us that they discussed the length of the visits that people required, and this was recorded in their care plans. Such tasks included care tasks, washing and dressing, helping people to shower, preparing breakfast or lunch, giving drinks and turning people in bed. These were reviewed as and when necessary, for example if people's needs changed. A healthcare professional said, "The manager and staff acted promptly whenever I requested for changes to be made to care plans."

People were asked about their needs relating to culture, race, religion and sexual orientation in the care plan. This was recorded and staff were aware of this. The staff knew each person well enough to respond appropriately to their needs in a way they preferred and support was consistent with their plan of care.

Staff were informed about the people they supported as the care plans contained information about their backgrounds, family life, previous occupation, preferences, hobbies and interests. The registered manager matched staff to people after considering the staff's skills and experience. Care plans detailed if one or two care staff were allocated to the person, and itemised each task in order, with people's exact requirements. This was particularly helpful for care staff assisting new people, or for care staff covering for others while they were on leave.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

People were given a copy of the service's complaints procedure, which was included in the service users' guide. The information included contact details for the provider's head office, social services, local government ombudsman and the Care Quality Commission (CQC). People told us they would have no hesitation in contacting the registered manager if they had any concerns, or would speak to their care staff. One person said, "If I have any complaint, I would ring the office. They're very nice and accommodating and I think they would deal with it." The service received no complaints since our last inspection.

Bee's Care provided care and support to people to enable them to maintain their independence and live in their own homes. During this visit, the service did not provide care and support to people who were at the end stages of life.

Is the service well-led?

Our findings

People told us the service was well led. One person said, "It's very efficiently run." Another said, "It's a good company. If friends or neighbours were looking for a reputable care company I would have no problem in recommending them." We asked healthcare professionals if the service well managed. A healthcare professional said, "Yes, the agency is managed well."

The registered manager had the skills and experience to carry out their role. They kept up-to-date with best practice by attending training events, consulting with the local authority and registering with their provider engagement network and by meeting with other care providers.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the service. They were aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. There were a range of policies and procedures governing how the service needed to be run. The registered manager followed these in liaising with outside agencies. All staff had been given an up to date handbook which gave staff instant access to information they may need including policies and procedures.

The registered manager continued to monitor the quality of service provision. Regular audits of the provider's systems and processes had taken place to ensure people's health, safety and welfare. The registered manager told us and records confirmed that support plans, risk assessments and medicines had been regularly checked. Monthly spot checks were completed by the registered manager to observe practice. They checked that staff were dressed appropriately, wearing personal protective equipment such as gloves and aprons. It was also an opportunity for the registered manager to talk with people and gather their feedback on the service. These were fully recorded and feedback provided to the staff team. The registered manager had good oversight of accidents and incidents. They regularly reviewed information to see if further strategies needed to be implemented due to peoples changing needs.

The registered manager continued to work closely with social workers, referral officers, district nurses and other health professionals. This ensured the right support and equipment were secured promptly and helped people continue to live independently, safely or be referred to the most appropriate services for further advice and assistance when this was necessary.

Communication in the service had been maintained through handovers with on-call staff and regular office meetings. At these meetings, any concerns, actions or issues were discussed and addressed. Staff were complimentary about the registered manager, and felt the values displayed by the manager was reflected in the support they provided. They had the opportunity to discuss any concerns informally with the registered manager whenever they were in the office. A member of staff described the registered manager of the service as, "supportive, caring, team player, friendly, helpful, understanding and approachable."

Feedback from people had been sought via questionnaires and meetings. This helped the provider to gain

feedback from people on what they thought of the service and areas where improvement was needed. All responses received were positive.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The provider had conspicuously displayed their rating at their premises and on their website.