

Beige Healthcare Services Limited

# Beige Healthcare Services

## Inspection report

18 Skyline Place  
Oxford Road  
Luton  
Bedfordshire  
LU1 3DQ

Tel: 07412646066

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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

Beige Healthcare Services is a domiciliary care service. They provide care and support to people living in their own homes so that they could live as independently as possible. Not everyone using this type of service receives regulated activity, CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection, five people were being supported by the service.

This announced comprehensive inspection took place between 19 December 2018 and 31 December 2018. This is the first inspection since the service registered with the Care Quality Commission on 22 December 2017.

There was a registered manager in post, who is also the nominated individual for 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.

The provider had quality monitoring processes in place. They acknowledged that they needed to improve how they planned audits. The provider also needed to make sure staff had information about how people wanted to be supported at the end of their lives. People, relatives and staff were happy with the quality of the service.

There were effective risk assessments and systems to keep people safe from abuse or harm. Staff had been recruited safely and there were enough staff to support people safely. Staff took appropriate precautions to ensure people were protected from the risk of acquired infections. People's medicines were managed safely, and there systems to help them learn from incidents.

People's needs had been assessed and they had care plans that took account of their individual needs, preferences, and choices. Staff had been trained and appropriately supported to meet people's individual needs effectively. The requirements of the Mental Capacity Act 2005 were being met. Staff understood their roles and responsibilities to seek people's consent prior to care and support being provided. Where required, people had been supported to have enough to eat and drink to maintain their health and wellbeing. They were also supported to access healthcare services when urgent care was needed.

People were supported by caring, friendly and respectful staff. They were supported to have maximum choice and control of their lives, and the policies and systems in the service supported this practice.

Staff regularly reviewed the care provided to people with their input to ensure that this continued to meet their individual needs, in a person-centred way. The provider had an effective system to handle complaints and concerns, but they had not received any complaints.

## 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 was safe.

There were systems in place to safeguard people from harm.

There were enough skilled staff to support people safely.

People's medicines were managed safely.

There were systems to record and review incidents and accidents to prevent them from happening again.

### Is the service effective?

Good ●

The service was effective.

People's care needs had been assessed so that staff provided effective care.

Staff were appropriately trained and supported to support people effectively.

Where required, people were supported to have enough to eat and drink to maintain their health and wellbeing.

People were supported to have maximum control of their lives.

### Is the service caring?

Good ●

The service was caring.

People were supported by kind, caring and friendly staff.

Staff respected people's choices and supported them to maintain their independence.

People were supported in a respectful manner that promoted their privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive.

People had personalised care plans that enabled staff to provide person-centred care. Further work was necessary to ensure staff knew how people wanted to be supported at the end of their lives.

People's needs were met by responsive and attentive staff.

The provider had a system to manage people's complaints and concerns.

**Is the service well-led?**

**Good** ●

The provider had systems to assess and monitor the quality of the service.

People and staff were enabled to share their experiences of the service.

The service worked with other stakeholders to ensure that they provided the care people required and expected.

# Beige Healthcare Services

## 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 checked 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.

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff and providing care. We needed to be sure that they would be in the office to support the inspection.

This comprehensive inspection took place from 19 December 2018 when we visited the office location to see the registered manager, and to review care records and policies and procedures. Following this, we made telephone calls to people using the service and staff on 28 and 31 December 2018. We spoke with one person using the service, two relatives of other people, and one member of staff. We also received feedback by email from another person using the service.

The inspection was carried out by one inspector.

We used information the provider sent us in the Provider Information Return to help us plan the inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information we held about the service including notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the office visit, we looked at care records for three people to check how their care was planned and managed. We looked at three staff files to see whether the provider had effective staff recruitment and supervision processes. We also reviewed training records for all staff employed by the service. We checked how medicines and complaints were being managed. We looked at information on how the quality of the service was assessed and monitored.

# Is the service safe?

## Our findings

People told us they felt safe with how staff supported them. One person said, "I'm quite happy with it all and I have no concerns." Relatives of other people also told us they had no concerns about how their relatives were supported by staff, and had never been worried about potential abuse or harm.

Staff had completed training so that they knew how to keep people safe. The member of staff we spoke with showed good knowledge of safeguarding procedures. They said people were safe and they had never been concerned about anything. Records showed there had not yet been any incidents the registered manager needed to report to relevant organisations, such as the Care Quality Commission and local authority safeguarding teams.

People had individual risk assessments to ensure potential risks to their health and wellbeing were managed well. People had been involved in developing these. This was to make sure there was good balance between keeping them safe and them having control over how they wanted to live their lives. Staff also completed environmental risk assessments so that people's homes were free from hazards that could put them and staff at risk of harm. One person told us the registered manager and staff regularly discussed with them to check if there had been changes in their care and support needs. This ensured they had up to date information so that risks were appropriately mitigated.

There was evidence that the provider had safe recruitment procedures they followed to make sure staff they employed were suitable. Records showed that thorough checks had been completed including confirming that all staff had valid Disclosure and Barring Service (DBS) checks. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

There were enough staff to support people safely. There was a small team of staff who provided care and support, including the registered manager. The registered manager told us of their ongoing recruitment programme so that they increased their staffing numbers when the numbers of people using the service increased. They had also arranged with another care provider to get emergency staff cover from them if required. People and relatives were very complimentary about the current staff team. This included one person who said, "I look forward to seeing them." A relative also made positive comments about the registered manager.

Some people were supported by staff to take their medicines. People told us this had been managed safely. One person said, "They support me when I require medicine. They let me be as independent as much as I can be by letting me tell them what I require." There were systems in place to ensure the medicine administration records (MAR) were audited regularly so that any errors could be identified and rectified quickly. The registered manager showed us some of the audited MAR and they had not identified any concerns so far.

People were supported in a way that ensured they were protected from risks of acquired infections. Staff told us they wore gloves and aprons when required to prevent cross infection. One relative told us staff were

'very hygienic' when supporting their relative.

There had not been any incidents or accidents involving people using the service or staff. The registered manager showed us forms they would use to record these. They also told us how they would learn from the information so that systems were put in place to prevent further incidents.

# Is the service effective?

## Our findings

People and relatives told us they were happy with the quality of care and support provided by staff. One person said, "They are quite good, I don't know what I would do without them." One relative said, "They are very good and second to none. This service really is better than others we had before."

People's care and support needs had been assessed prior to them using the service. This meant they had detailed and personalised care plans that considered their needs, choices and preferences. Care plans had been developed together with people and where required, their relatives and health professionals. When asked if staff knew what their support needs were and how to meet these, one person said, "Yes, they are always asking if everything is how I like it." One relative told us staff always knew what the person's needs were and provided good care to meet them.

The member of staff we spoke with showed good knowledge of what skills they required to support people effectively. They told us of the training they had completed so far, including the care certificate. This is a 'Skills for Care' agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. The member of staff told us training was good and they were looking to gaining a nationally recognised qualification when they start a Level 3 National Vocational Qualification in early 2019. The registered manager showed us their training programme, which included face-to-face and e-learning. They also carried out competence assessments to ensure that staff used their learning in how they supported people. One relative told us staff were skilled because they provided 'exceptional care'.

The registered manager told us they regularly met with staff when they provided care, and would normally discuss any issues during these meetings. They had also held supervision meetings with staff, but had not had annual appraisals because these were not yet due. However, we saw they had appropriate forms to use during the reviews. The member of staff told us the registered manager was very supportive and they could contact them whenever they needed to. They added, "He's very good in the way he supports us and is always on board if we have any issues."

Where required, people were supported well to eat and drink enough to maintain their health and wellbeing. None of the people we spoke with needed support with their meals. A relative of a person who needed this support told us it had been done well. They said, "We have not had any problems at all."

Staff only supported people to access healthcare services when urgent care was required. Staff did not routinely support people to attend appointments with different health professionals, but would ensure people had the support they needed if they were feeling unwell. None of the people and relatives we spoke with had needed this support yet.

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.

We checked whether the service was working within the principles of the MCA and found these were met. The registered manager told us most people they supported had mental capacity to make decisions about their care, but relatives supported two people whose needs meant that their mental capacity fluctuated. People and relatives confirmed that staff always asked for people's consent before providing care and support.

## Is the service caring?

### Our findings

People told us that staff were kind, caring and friendly. One person told us, "They always come in with a smile and say 'hello' and 'how are you'? I'm absolutely happy with them." One relative said, "Staff are caring and very thorough in what they do."

People told us they got on very well with staff because they had been supporting them for many months and knew them well. They told us they had lovely chats with staff and they enjoyed the time they spent with them. One person said, "Quite honestly, they are just like friends." They further told us staff also got on well with their relative, despite that they only saw them occasionally. They said, "My family are happy with the staff too. My [relative] is here when they are here sometimes and they chat happily with him as if they have always known him." One relative said, "They are very supportive of me and empathetic." The member of staff said they had developed good relationships with people which meant they could provide support in the way people wanted.

People and relatives told us staff supported people in a compassionate manner, without rushing to finish what they needed to do. They said staff respected that some people might need more time to be to do things in a way that did not cause them distress. One person told us, "The carers make me laugh and respect me." One relative said, "I never get the feeling they are rushing."

People told us they were supported to make decisions and choices about how they wanted to be supported by staff. One person said, "Communication is very important to me and they are respectful of my choices. [The registered manager] encouraged me to explain to carers what I wanted. They listen to me and follow what I ask." The member of staff we spoke with said they always respected people's choices and they were open to people saying if they were not happy with anything.

People told us that staff supported them in a respectful manner, and they promoted their privacy and dignity. None of them had concerns about how staff provided personal care, and they all said staff always did so with care and respect.

People told us staff supported them to maintain their independence as much as possible, and would only provide support when it was necessary. Some people were independent in carrying out some of their daily living tasks. Other people needed prompting and support to carry out certain tasks. One person said, "When using any new equipment, they listen to my instructions and help me with remaining independent."

## Is the service responsive?

### Our findings

People's care needs were met by the service in a person-centred way. People told us staff followed their agreed care plans and provided the care and support they wanted. The member of staff said, "Care plans have good information to help us provide good care, but we speak to clients all the time to check if anything has changed." The care plans we looked at clearly detailed what support each person needed, and we saw that the provider had systems to review and updated these when required. This ensured these were up to date and continued to reflect people's needs.

People appreciated the support staff provided to enable them to live well in their own homes. They said staff were attentive to their needs and responded well to any requests they made. One person said, "I'm quite happy with it all. If I ask them anything, I get a perfect answer." One relative told us, "When they are here, they give all the attention to you."

The provider had a system to handle complaints and concerns. There had been no recorded complaints because people were happy with their care and support. People we spoke with confirmed this, including one person who said, "I find them very helpful, kind and cheerful, so I have no complaints at all." Another person said, "I always communicate with [The registered manager] when I need to."

People did not have end of life care plans. The registered manager told us that none of the people they supported currently required this support. We discussed with them that they needed to have this important information for everyone they supported. This was because it was essential that staff knew how people wanted to be supported at the end of their lives. The registered manager told us they would add this information to people's care plans as soon as possible.

## Is the service well-led?

### Our findings

The provider had systems to assess and monitor the quality of the service. The registered manager carried out a range of quality audits of care plans, daily care records, medicines administration records and others. However, there was no evidence of how they used their information from audits to identify any shortfalls to the quality of the service. They had no structured quality assurance plan, which meant that there did not follow a plan in the way they completed their audits. We discussed with the registered manager that although the way they carried out audits was manageable while the service was small, it was not going to be effective when they had large amounts of data to check and analyse. They acknowledged the benefits of having a more structured system and they told us they would work at improving this quickly.

Everyone told us the service was well managed. There was a registered manager in post who was supported by a senior care staff. People, relatives and staff gave us positive feedback about how the registered manager promoted a positive, caring and inclusive culture within the service. They said because of this, people were supported well. One person said, "The service is very good. It is nice to have management that listens and respects me as a person and my home." One relative told us, "They are very supportive and I wouldn't hesitate to recommend them."

The member of staff was also complimentary about the quality of the service. They said, "I think the service is running really well. It is very good." They told us the registered manager promoted good teamwork, so that they worked well together and provided good care to people they supported. They also said, "It's amazing right now, we have a good team."

The member of staff told us of their role in ensuring everything worked well for the benefit of people using the service. They also told us of the importance of communication within their team. They said they spoke with the registered manager regularly when they met them while supporting the same person. The registered manager told us they did not currently have planned meetings because as a small team, they saw the other three staff regularly. They also used an electronic 'chat' system to communicate urgent issues that could not wait until they next met.

The provider gave people opportunities to provide feedback about their experiences of the service. People told us of open discussions with staff when they visited to support them. People had also been asked to complete a survey in August 2018 and three people had provided positive feedback. The provider told us they planned to send out these surveys twice each year. People also said they could speak with the registered manager whenever they needed to.

The service worked closely with other stakeholders such as the commissioners to ensure that people's needs were met. The registered manager knew to report relevant issues to the local authority and the Care Quality Commission, but there had not yet been any to report. The registered manager told us they received verbal compliments all the time and they will start keeping a record of these. This showed that overall, people received the support they required and expected.