

Beryl Care Limited

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Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service caring?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

The inspection took place on the 2 August 2017 and was announced.

The service had a registered manager. 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.

Beryl Care Limited is a domiciliary care agency providing 24 hour live in care to adults within their own homes. The service was registered to provide personal care and support to both young and older people some of whom may be living with dementia. They also supported people living with physical disabilities and sensory impairment. Beryl Care Limited was not registered to provide nursing care.

At the time of the inspection the service provided care to one person who had been receiving personal care since December 2015. This meant that although we were able to carry out an inspection we did not have enough information about the experiences of a sufficient number of people using the service over a period of time to give a rating to each of the five questions and an overall rating for the service.

People were safe because staff understood their role and responsibilities to keep them safe from harm. Staff had received training to deliver care safely and to an appropriate standard.

People were supported by staff that promoted their independence, respected their dignity and maintained their privacy.

Care plans reflected people's individual needs and preferences and were regularly reviewed to ensure that they continued to meet people's needs.

Risks to people had been assessed and reviewed regularly to ensure people's individual needs were being met safely.

Recruitment processes ensured people were cared for by suitable staff. There were sufficient numbers of staff deployed to meet people's needs and to keep them safe from harm.

Staff understood the requirements of the Mental Capacity Act 2005 and their responsibilities to ensure that people who were unable to make their own decisions about their care and support were protected.

People told us they were confident to raise any issues about their care and that they would be listened to and addressed.

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 safe. People were safe because staff understood their role and responsibilities to keep them safe from harm.

Risk was assessed and measures in place to reduce identified risk.

The provider followed safe recruitment procedures.

Inspected but not rated

Is the service effective?

The service was effective. Staff had received training to deliver care safely and to an appropriate standard.

Staff understood the requirements of the Mental Capacity Act 2005 and their responsibilities to ensure that people who were unable to make their own decisions about their care and support were protected.

Staff were supported in their role through regular supervision meetings with management.

Inspected but not rated

Is the service caring?

The service was caring. Staff were kind and had developed caring relationships with the people they supported.

People were involved in making decisions about their care.

Staff respected people's choices and provided their care in a way that maintained their dignity.

Inspected but not rated

Is the service responsive?

The service was responsive. Care plans reflected people's individual needs and preferences.

Care plans were regularly reviewed to ensure that they continued to meet people's needs.

The provider had a complaints policy which set out the process and timescales for dealing with complaints.

Inspected but not rated

Is the service well-led?

The service was well-led. The provider worked in partnership with a national charity to provide emergency care and support to people.

Staff felt supported by the registered manager.

The registered manager was flexible, approachable and worked well with other organisations.

Inspected but not rated

Beryl Care Limited

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.

This inspection took place on 2 August 2017 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides care to people living in their own homes and we wanted to make sure staff would be available to speak with us.

The inspection was carried out by one inspector.

Before our inspection we reviewed information we held about the service. We checked to see what notifications had been received from the provider. A notification is information about important events which the provider is required to tell us about by law. Providers are required to inform the CQC of important events which happen within the service.

We spoke with the registered manager, nominated individual, and one member of staff. We also visited one person in their home to gain feedback on the service they were receiving and to view their care notes. Following our inspection we spoke with one health care professional and a care co-ordinator from a national charity. We reviewed one care record, two staff files as well as policies and procedures relating to the service.

This was the first inspection since the provider registered with the Care Quality Commission in August 2015.

Is the service safe?

Our findings

The person receiving care told us, "Yes I feel very safe with my carers. They look after me well. I am very happy. They let me get on with my life but are always here to support and help me when I need it".

The registered manager, nominated individual and the member of staff we spoke with could explain how they would recognise and report abuse. Records we saw confirmed that they had received training in safeguarding adults. The registered manager understood the process for dealing with safeguarding concerns appropriately, including working with the local authority safeguarding team if need be. Policies and procedures were in place for safeguarding adults and they were available to guide staff in their roles.

Assessments were undertaken by the registered manager before a service was offered to people. The assessment looked at any risks faced by the person or by the staff supporting them. For example, the registered manager had involved the local fire service and community nurses in assessing the risk in respect the safe use and storage of oxygen in the home. Plans were put in place to reduce the risks identified for people and staff.

There were sufficient numbers of staff deployed to meet the people's needs. At the time of our inspection there were two staff employed in the service. The registered manager told us that they also had bank staff on standby to cover calls if necessary.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

At the time of our inspection the service was not providing support to people with medicine management, however there was an up to date medicine policy in place and the registered manager confirmed that staff would undertake medicine awareness training before assisting people with medicine management.

Is the service effective?

Our findings

The person we spoke to told us they felt the service they received was generally effective and their needs were being met. They added, "I think my carers are very good at what they do". A health care professional told us, "I visit (person) regularly. I have found the staff to be very attentive and knowledgeable about my client. They certainly know my client well and could answer any question I put to them in general about (person) general well-being".

Staff had received training which included safeguarding adults, first aid, fire safety, moving and handling, health and safety and basic life support. Staff told us that the training they received assisted them to support and care for people appropriately as well as understanding the different policies and procedures. The provider had policies in place to ensure that any new member of staff who did not have a background in care would be required to complete The Care Certificate.

Staff were supported to fulfil their roles and responsibilities. Staff had received one to one supervision regularly that focused on performance and development. The content of supervision sessions recorded were relevant to individuals' roles and included topics such as the people they cared for and development needs. Staff confirmed that one to one supervision meetings took place regularly and they found them useful and supportive.

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.

The registered manager and staff had a good understanding of the principles of the MCA. We saw evidence of signed consent to care and treatment and staff understood consent and capacity issues and were aware of what to do and who to report to if people they were caring for became unable to make decisions for themselves. Where people had capacity to make their own decisions, care plans had been signed by the person to show their agreement with the information recorded. The provider had an appropriate consent to care policy that highlighted plans were to be developed in people's best interests where people lacked the capacity to make decisions about their own care.

Although people were not being supported to eat and drink, staff understood the importance of supporting people to eat a balanced diet.

People were registered with their local GP and had access to other health services to ensure they were able to maintain good health. Relevant information regarding the outcomes from appointments were shared with staff and the registered manager and this was recorded in their care records to ensure the person was supported appropriately.

Is the service caring?

Our findings

The person we visited told us that staff had developed a caring relationship with them since they started receiving care from Beryl Care Limited. They confirmed they were supported by a regular staff group who they knew well. They told us, "I've only really had two people who care for me. I enjoy their company. I tease them a bit and they tease back but it's all good fun really".

People were involved in making decisions about their care. The registered manager told us they carried out initial assessments in people's homes or hospitals and always made sure, where appropriate, a relative or health and social care professional was present with the person to ensure they had the support they required during the assessment. Once the assessment of needs was complete they would discuss people's preferences and find out how they wanted their care to be delivered. Care records showed that people were asked what they would like to achieve and were encouraged to think about personal outcomes, including improving their health and wellbeing, quality of life, increased choice and privacy and dignity.

The registered manager and staff told us how they recognised and preserved people's privacy and dignity. They told us that they closed windows, curtains and doors to ensure their dignity was preserved. One staff member added it was important to cover people up when offering personal care, which helped protect their privacy.

Is the service responsive?

Our findings

We looked out at the care plan of the person receiving care and support. The care plan contained an assessment of the needs of the person. This included relevant details such as the support the person needed and information that related to their mobility and communication needs. There was some information about the person's personal history and preferences to help staff to ensure that people's individual needs and preferences were responded to.

The staff member we spoke with told us they had read the person's care plan when they first started to support the person so they could provide individual care that met the person's needs. They told us, "When I first started to care for (person) I spent time with the manager, the member of staff I took over from and had time to read the care plan to help me understand the person. It's good to know as much about the person as possible to help me care for them. I think I know (person) very well".

The provider's complaints procedure gave information on how people could complain about the service if they wanted. We looked at the complaints procedure and this set out that the complainant should contact the service in the first instance. The registered manager stated that no complaints had ever been made, but if this occurred the matters would be investigated and action taken as needed. This would then provide assurance to complainants that they would receive a comprehensive service responding to their concerns.

Is the service well-led?

Our findings

The person we spoke with knew who the registered manager was and stated they visited regularly to ensure they were satisfied with their care. They told us, "I see her (registered manager) several times a week so I've got to know her well". The registered manager told us when staff were taking their daily breaks she would usually cover that period and provide care and support herself. They added that they also took the opportunity to look at the care notes made by the staff. This meant they were able to oversee the quality of the service provided.

Staff had been provided with information how to provide a friendly and individual service with regard to respecting people's rights to privacy, dignity and choice and to promote independence. A staff member told us that the registered manager expected them to provide friendly and professional care and always to meet the individual needs of people.

Staff told us they liked working for the service and felt supported by the registered manager. One staff member told us, "If I have a query I contact the office, they always call me back".

Staff we spoke with told us that they would recommend the service if a relative of theirs needed care, as they rated the care provided as very good.

The registered manager did not hold formal staff meetings at this time due to the size of the service. They told us and staff confirmed that conversations took place daily and any concerns or the sharing of information was spoken about at that time. The registered manager told us, "As we grow we will facilitate formal staff meetings but with a small staff and providing 24 hour care it isn't possible at the moment".

We contacted a national charity who commissioned care services with the provider. They told us, "Beryl Care has supported some of our clients at various time over the past 18 months. We usually need people at short notice and for a very limited time. Beryl Care has always been a good organisation to work with and have always responded to our requests for short term emergency care. The manager is very flexible and approachable and works extremely well with us".

There were policies and procedures in place which covered all aspects relevant to providing a personal care service which included management of medicine, whistleblowing and recruitment procedures. Staff had access to the policies and procedures whenever they were required and were expected to read and understand them as part of their role. At the time of the inspection we were unable to assess fully the effectiveness of the policies and procedures in place due to the limited service being provided and minimal number of staff employed.