

Beekay Ltd

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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

About the service

Beekay Ltd is a domiciliary care agency providing personal care to people in their own home. At the time of our inspection there were five people using the service.

Not everyone who used the service received personal care. The Care Quality Commission (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.

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

People, their relatives and staff told us Beekay Ltd provided care and support in a safe way. People had care plans and risk assessments in place. There were enough staff available to meet people's needs. People told us staff arrived at the scheduled time and always stayed for the specified period. People were supported to take their medicines safely. Incidents and accidents were reported, investigated and actions taken to prevent recurrence.

Infection control procedures were robust and regular checks were made to ensure all staff were working in safe ways. Staff had access to, and wore, correct personal protective equipment (PPE). Risks associated with COVID-19 for people and staff had been assessed and the service kept up to date with changing guidance. Staff testing was in line with guidance and everyone knew their responsibilities to protect people. Medicines were managed safely.

There were enough staff and recruitment was ongoing. Robust checks were made to ensure staff had the necessary skills and experience. Staff felt training was good and they were supported. Staff understood how to safeguard people from harm and abuse and were confident any concerns would be followed up by the registered manager and provider.

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. Consent was sought and where people needed support to make decisions the necessary legal process was followed.

People and their relatives told us staff were kind and caring. People were supported to be independent and be involved in their care. Staff were proud to work for Beekay Ltd and told us they enjoyed caring for people in their own homes.

Quality assurance systems were in place to monitor safety and to drive improvements. Systems were robust and checked all aspects of the service. The registered manager understood their responsibilities and people, their relatives and staff had confidence in them. The registered manager ensured the service was operating safely. The service worked well with external professionals and continued to build links within the

community.

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

This service was registered with us on 23 October 2019 and this is the first inspection.

Why we inspected

This inspection was carried out because the service had not been inspected since it was registered.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Beekay Ltd

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

The inspection was carried out by one Inspector.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and we wanted to be sure the registered manager would be available when we visited.

Inspection activity started on 5 May 2022 and ended on 10 May 2022. We visited the location's office on 5 May 2022.

What we did before the inspection

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 reviewed information we had received about the service since it registered with us. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager. We reviewed a range of records. We looked at two staff files in relation to recruitment and staff supervision. We looked at three care plan records, policies, training data and quality assurance records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We spoke with two people and one relative, about their experience of the service. We spoke with two staff about working for the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from harm or abuse. A relative told us "[Person] is definitely safe in the company of staff."
- The provider had a safeguarding system in place, including safeguarding and whistleblowing policies and procedures to safeguard people. Members of staff confirmed they had read these.
- Staff received safeguarding training and were able to demonstrate their knowledge on the types of abuse and how to recognise signs of abuse. Staff knew how to escalate concerns internally and to external bodies, if required.
- There had been no safeguarding concerns since the service commenced. The registered manager demonstrated their knowledge of reporting safeguarding concerns externally where appropriate. The registered manager explained how investigations would be completed and how learning would be taken forward to minimise reoccurrence.

Assessing risk, safety monitoring and management

- Risk assessments were in place and these were clear and reviewed on a regular basis. People's risk assessments gave staff guidance about how to manage identified risks.
- Information was provided about how to safely access people's homes, and personalised plans were in place for managing emergency situations. This helped staff to support people to stay safe.
- The provider had a contingency plan which gave guidance in the event of different risk situations. For example, COVID-19 infections and staffing shortages. This had been put into practice during the pandemic.

Staffing and recruitment

- There were enough staff to meet people's needs. At the time of the inspection, the service was small and only five care workers were employed to provide care. People were supported by the same familiar workers, they arrived on time and stayed for the agreed length of time. People confirmed this. One person told us, "They [staff] always come on time, there is no problem at all with that."
- The provider had recruited and started to train other staff who were available to work once they started to provide care to more people.
- The provider followed safe recruitment processes to ensure people were supported by staff who were fit and suitable to support them. Recruitment checks included seeking satisfactory references, confirming staff had the right to work in the UK, checking their employment histories and carrying out criminal records checks.

Using medicines safely

- Medicines were managed safely. Staff were trained to administer medicines; their competencies were assessed by the registered manager.
- A relative confirmed staff assisted their loved one with medicines and they were given on time. They told us, "Staff are good with medicines and try to maintain [person's] independence."
- Medicine administration record charts (MAR) were signed legibly and correctly by staff.
- The registered manager undertook monthly audits to ensure MARs were completed appropriately.

Preventing and controlling infection

- Staff had training in infection control. Staff told us they had plenty of personal protective equipment (PPE) to help keep themselves and the people they supported safe. A staff member said, "We are given (disposable) gloves and (face) masks and we wear them. We COVID-19 test regularly."
- People had a COVID-19 risk assessment in place to guide staff on how to promote good infection control practices and what PPE to wear and when. A relative said, "PPE is always worn by the staff who visit."

Learning lessons when things go wrong

- There were systems for learning when things went wrong. These included clear procedures for investigating and responding to complaints, accidents, incidents and safeguarding alerts. There had not been any such events at the time of our inspection.
- The management team regularly met with and spoke with staff to make sure they were informed about any concerns and kept up to date with good practice guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Prior to using the service, an assessment of needs was undertaken to ensure the service could meet the persons' needs.
- People's preferences and care needs had been recorded and those who used the service were given the opportunity to be involved in the care planning process.
- The registered manager considered protected characteristics under the Equality Act. For example, they asked people about any religious or cultural needs they had so they could plan for those needs to be addressed. Staff were aware of equality and diversity issues.

Staff support: induction, training, skills and experience

- New staff were required to successfully complete a period of induction. During this period staff would shadow experienced staff until the registered manager assessed their skills and knowledge to make sure they were competent to work alone with people
- Staff had the knowledge and skills to support people effectively. People were supported by staff who received training relevant to their role such as moving and handling and person-centred care.
- A relative spoke positively about staff skills and in particular about their willingness to listen to ensure support achieved positive outcomes for the person and the family. They told us, "The staff are incredibly patient and understanding."

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

- For people requiring support to remain healthy and well, guidelines were in place for staff to follow. This included ensuring food and drinks were accessible to people to prevent the risk of malnutrition and dehydration. One person told us, "They [staff] prepare some meals for me. They struggled with my microwave at first but they have the hang of it now."

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

- The provider recorded information about people's healthcare needs and any support they would need regarding these.
- There was information about key healthcare professionals, such as people's GPs and who to contact if staff were concerned about people's health. The registered manager liaised with the district nursing team and GP when required to enable people to get support and help from the relevant healthcare team.

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

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

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

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

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

- People were supported in line with the principles of the MCA.
- Staff received MCA training and obtained people's consent before providing support.
- People's consent to care and ability to make decisions was recorded within their care plans.
- The registered manager demonstrated a good understanding of the principles of the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were kind, respectful and friendly. People and their relatives shared examples of the positive interactions and good relationships they had with staff. Comments included, "They are absolutely fantastic in everything they do" and "I can't fault them, they are always so polite and respectful."
- Staff spoke in a caring way about the people they supported. They valued the positive relationships they had developed. Comments from staff included, "I love my work. People like to have a laugh and a joke" and "It's great to bond with people and give them comfort."
- Staff told us they were well supported by their colleagues and managers and their own needs were respected.

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

- We saw people or their representatives, had been involved in their care plan. We spoke with one person who said they were very happy with the care they received and felt involved in all decisions affecting their care. Care staff and the registered manager told us how the person made all their own decisions.
- A relative told us they were fully involved in care planning and staff followed their guidance at all times.
- The management team called or visited people to ensure they were happy and fully involved in making decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff had training and the registered manager told us staff had reminders in all meetings and weekly updates and said, "Preserving dignity and independence is fundamental in our approach." A relative told us, "They [staff] are always very considerate and respectful."
- Encouraging independence was important to staff who supported people to remain well in their own home for as long as possible. A staff member told us, "You want to help people be comfortable at home for as long as they can."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care and support. Care plans detailed people's care needs and preferences. This included their religious and cultural preferences.
- People and relatives told us that they were satisfied with the care provided by their care staff. One person described the service and staff as, "Just wonderful."
- As the service was so small, only providing care to five people, people benefited from consistency of care. The registered manager also provided care on a regular basis, so they also knew people's needs well. This gave relatives confidence that the person's needs and wishes were well understood.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- When people first made contact with the service their communication needs were assessed so staff knew the best way to support people to communicate.
- The registered manager provided information and guidance in an easy read format to people when required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service was not commissioned by anyone currently to support them outside their home with their interests, which were noted. However, this support could be provided if required.
- People's care plans documented those who were important to them and their arrangements for contact with them.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint. Information was provided before people started using the service and reminders were given. The service had a complaints policy and procedure in place. A person told us, "I would ring the office or speak to the manager directly, I have the numbers but don't think I would ever have to."
- The service had a complaints process in place, the service had not received any formal complaints. The registered manager told us they dealt with minor feedback and requests from people who use the service

and their relatives. These were recorded on the care planning system.

End of life care and support

- There was no-one receiving end of life care during this inspection. However, people's preferences around end of life were being considered as part of their overall care planning.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People were provided with person centred care by staff who were supportive and promoted their independence and achieve good outcomes for them.
- Staff spoke positively about helping people to become more independent. One member of staff said, "It's all about giving people choice and supporting them in the best way possible."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality assurance processes were in place and working well which had enabled the service to monitor the standard of care provided.
- A range of audits were carried out and included medicines, accidents and quality. Action plans were clear and had the person responsible for the action and timescales. All action plans had the completion authorised by the registered manager.
- Staff meetings were held, and this included regular updates by email. Meetings had continued throughout the COVID-19 pandemic via video call. Staff told us they were kept up to date.

Continuous learning and improving care

- The manager reviewed and monitored all aspects of the service. They sought the views of people using the service and staff and showed timely action was taken in response to areas identified for improvement.
- The registered manager told us they also kept themselves up to date with national guidance through local networks they had links with, such as, the local authority.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility in relation to the duty of candour and the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.

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

- People who used the service told us they were verbally asked for feedback and shared positive feedback with us about the service they received.

- One person told us, "I wouldn't make any changes at all, I am very happy with Beekay." A relative told us, "Communication with the all members of staff is very good indeed."
- Staff told us they were able to speak up and make suggestions and described the registered manager as approachable and responsive.

Working in partnership with others

- Staff worked in partnership with external healthcare professionals to ensure that people received joined up care. For example, they liaised with people's GPs and community nurses.