

Beyond Support Limited

# Beyond Support Limited

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Beyond Support Ltd is a domiciliary care agency providing personal care to seven people in their own homes.

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

The registered provider's system for reviewing people's care had not demonstrated complete oversight of the care people received. The provider systems had not identified people's medication records had not been completed accurately and no action had been taken to address this. There were no systems in place for an effective oversight of training. The provider told us they had a good knowledge of people's care needs, however this had not been recorded.

People told us they felt safe in their homes with staff they were familiar with and who had been introduced to them. Risks to people's health were known by staff but it was not always clear what action needed to be taken by staff. Staff recruitment was ongoing and the registered provider had a process in place to recruit people safely. Staff understood how to prevent the spread of infection by using protective clothing such as aprons and gloves.

People were involved in planning and updating their care needs. People felt consulted and listened to about how their care would be delivered. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The service worked in partnership with healthcare professionals and families to ensure people's health care needs were met. Where appropriate, people chose their meals and staff helped prepare drinks.

People's end of life wishes were known to staff who worked with families to ensure people's needs were met.

People understood how to complaint and told us they regularly spoke with the registered provider.

Rating at last inspection: The last rating for this service was requires improvement (published 13 February 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. There was a breach of Regulation 19 Fit and proper persons employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.. This breach has now been removed.

### Why we inspected

The inspection was prompted in part due to concerns received about staffing and recruitment processes. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

## 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 effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Beyond Support Limited

## 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 Care Act 2014.

#### Inspection team

There were two Inspectors in the inspection team.

#### Service and service type

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

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### 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 authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection-

We spoke with four relatives about their experience of the care provided. We spoke with three members of staff including the provider.

We reviewed a range of records. This included three people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. 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 provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection 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; Learning lessons when things go wrong

- Not everyone receiving care also received support with their medicines. Where people did receive support with their medicines, the registered manager's systems for ensuring people records for medicines (MARS) were accurately completed were not robustly followed. The registered manager told us only one person received support with their medicines. However, we identified three people received support with their medicines. Staff we spoke with had a good understanding of the support required regarding the management of medicines of people they supported and people and families did not identify any issues with the support the person was receiving.

- The Medicine Administration Records (MAR) had missing information and gaps which could not be explained. Whilst people told us they had received their medicines, there was a risk that medicines could be missed and not identified as missing.

- Daily logs confirmed people were having barrier creams applied by staff. However, barrier creams were not recorded on people's MARs. Body maps were also not used to guide staff about where to apply the creams. When we queried this, the registered manager told us the barrier creams were not prescribed. The registered manager did not have a system for checking the suitability of creams before staff applied them.

Assessing risk, safety monitoring and management

- Risk assessments had been completed for people, however lacked detailed guidance for staff to refer to. For example, for one person a falls risk assessment had been completed, but it was unclear what the outcome of the assessment was.

- People told us staff supporting them understood their health needs and risks associated with their care. Car staff told us they had got to know people and their families and understood the risks associated with people's health.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff in the house with them. They told us they were introduced to staff. One relative told us, "They always have ID and uniforms." Another relative told us, "I really trust them a lot."

- Staff had received training and understood how to escalate concerns to the registered manager.

Staffing and recruitment

- People felt there were enough staff to meet their needs. One relative told us, new staff were always introduced to them so they knew who they were.

- The registered manager told us they had learnt from the previous inspection and ensured recruitment

checks were completed prior to staff commencing work at the service. Where appropriate people's status to work in the country had been checked.

#### Preventing and controlling infection

- People told us staff used gloves and aprons when providing care. Staff had received training on infection control.



# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

- People's needs were assessed prior to the commencement of the care package to ensure the registered provider could meet people's needs.
- The registered provider worked closely with healthcare professionals to ensure people's needs were understood.

Staff support: induction, training, skills and experience

- People said they felt confident around staff who they felt knew how to support people. One relative told us, "They are very good. You only have to show them once and they know what to do." Another relative when asked if they felt confident with the staff replied, "Absolutely. They have adapted to meet his needs."
- Staff told us they had received training and had supervision meetings.

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

- People told us they were offered a drink and a snack if needed and they had the opportunity to ask care staff for other support if they wanted.

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

- The registered manager told us they worked closely with local district nurses to ensure people received the care they needed.

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. Systems and process were in place for people to consent to their care and support.

- People told us they were involved in making decisions about their care.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same.

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

- People were very positive about the care they received and about the staff supporting them. All the people we spoke with told the care staff supported them well and that they had a good relationship with care staff who knew and understood their needs. One relative described staff as "Phenomenal". Another relative told us, "They are fantastic."
- Staff had received Equality and Diversity training and came from diverse backgrounds which they told us helped them understand people's needs.

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

- People told us they were involved in day to day decisions about their care. For example, one relative told us care staff always included their relative in conversations and engaged with them and this was important to the person. Another relative told us, "They are very interactive and friendly."
- Staff told us they spoke regularly to relatives and people to understand people's needs.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected them with dignity and treated them with kindness. One relative told us staff were "Very gentle" with their family member. People told us care staff respected their home and belongings and helped them where possible to remain independent.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same.

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 told us they had regular review meetings with the registered provider to review and discuss their care to ensure it still met their expectations. They told us where changes were requested, these were accommodated where possible. One relative told us, "They call and check that I'm happy [with the care.]"
- The registered provider told us the first review usually took place after a month and then at regular intervals to ensure people's care reflected their needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered provider told us they responded to people's individual needs. However, some people identified communication as sometimes having been an issue with some staff who first language was not English.

We recommend that the registered provider review communication as part of their spot checks for staff.

Improving care quality in response to complaints or concerns

- People felt able to complain if needed and understood the process. People were positive about their care and had not felt they needed to complain. One relative told us, "I can not complain about them."
- The registered manager had a system in place for responding to complaints. We saw where complaints had been made, the registered provider had engaged with people to try to understand their complaint and resolve them.

End of life care and support

- The registered manager at the time of the inspection was commissioned to deliver end of life care packages. People told us they discussed their needs with the registered manager and had opportunities to refine their care.
- People's care plans reflected their wishes.

# 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 the last inspection this key question was rated Requires Improvement. At this inspection 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.

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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered provider was not always confident in their understanding of their legal responsibilities and the processes involved in Safeguarding people. A recent safeguarding investigation had required their full involvement. The registered manager was unclear about their role and the extent of their role in the investigation.
- The registered manager did not have comprehensive systems for reviewing and monitoring people's care. During the inspection we found people's records and their MARS required improvement.
- We asked the registered manager on a number of occasions about people's MARS and were advised that only one person received support with their medicines and could only show us their records. When we spoke to two other relatives told us their family member received support with medicines and that staff helped them with these.
- The registered provider systems to check people's care lacked detail and relied on their individual knowledge. For example, an overview of complaints did not detail people's name so that it was possible for anyone other than the registered manager to track complaints. There was a risk that if other staff needed to review the documents they would be unclear about what action had been taken.

This failure by the registered provider to demonstrate that robust procedures to review and update people's care is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance

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

- People felt able to contact the registered provider and discuss any care needs they had. They gave examples of when they contacted her and discussed their care needs and made the necessary changes. One relative told us, "She's a very good manager."

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

- People told us the registered provider had visited them and spoken with them on the phone to understand their care needs and expectations.
- Staff described the registered provider as approachable and easy to engage with. Staff told us they could seek guidance from the registered provider if they were unsure of anything. Team meetings also took place which gave staff an opportunity to learn about any important changes.

#### Working in partnership with others

- The registered provider described a close relationship with district nurses who they relied on to manage people's clinical needs.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered Provider did not have robust systems in place to review and monitor people's care records.</p>