

Be Cared For Limited

# Be Cared For Limited

## Inspection report

Thurcroft House  
Linley Court, Bingham  
Nottingham  
Nottinghamshire  
NG13 8FA

Tel: 01949358010  
Website: [www.becaredfor.co.uk](http://www.becaredfor.co.uk)

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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:

Be Cared For Limited is a domiciliary care service. It is registered to provide personal care to people living in their own homes in the community, including older people and people living with dementia. The service operates in Bingham and neighbouring villages. At the time of our inspection, 21 people were receiving a personal care service.

### People's experience of using this service:

Staff understood people's individual care needs and preferences and used this knowledge to provide them with flexible, responsive support which enhanced the quality of their lives. The provider took great care to involve people and their relatives in planning and reviewing their care and to deploy staffing resources in accordance with their individual preferences.

Staff worked together in a mutually supportive way and communicated effectively, internally and externally. Training and supervision systems were in place to provide staff with the knowledge and skills they required to meet people's needs effectively. People were supported to eat and drink food of their choice.

Staff were kind and attentive in their approach and were committed to supporting people to maintain their independence. Staff worked in a non-discriminatory way and promoted people's dignity and privacy. Staff worked collaboratively with local health and social care services to ensure people had access to specialist support if required. Systems were in place to ensure effective infection prevention and control and people's medicines were managed safely. Staff were aware of people's rights under the Mental Capacity Act 2005 and supported people to have maximum choice and control of their lives, in the least restrictive way possible. The policies and systems in the service supported this practice.

People's individual risk assessments were reviewed and updated to take account of changes in their needs. Staff knew how to recognise and report any concerns to keep people safe from harm. Staff recruitment was safe.

The registered manager provided strong but supportive leadership and was liked and respected by everyone connected to the service. A range of audits was in place to monitor the quality and safety of service provision. There was organisational learning from significant incidents and formal complaints were rare. The provider had addressed the one area for improvement identified at our last inspection and was committed to the continuous improvement of the service in the future.

### Rating at last inspection:

Good (Published July 2016)

### Why we inspected:

This was a planned inspection based on the rating at the last inspection. At this inspection we were pleased

to find the quality of the service had been sustained in some areas and improved in others. The overall rating of the service remains Good.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

## 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.

# Be Cared For 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.

#### Inspection team:

Our inspection was conducted by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

Be Cared For Limited is a domiciliary care service, registered to provide personal care to people living in their own homes in the community.

The service had a manager registered with the Care Quality Commission (CQC). This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We gave the service notice of the inspection visit. This is because senior staff are often out of the office providing care and we needed to be sure that they would be in the office to participate in the inspection. On 8 July 2019 our expert by experience telephoned people who used the service to seek their feedback on the service. Our inspector visited the office on 11 and 15 July to interview the manager and to review care records and policies and procedures.

#### What we did:

In planning our inspection, we reviewed information we had received about the service since the last inspection. This included any notifications (events which happened in the service that the provider is required to tell us about). We also assessed the 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.

During our inspection we spoke with six people and two relatives to ask about their experience of the care provided. We also spoke with the manager and two care workers.

We reviewed a range of written records including two care plans, two staff recruitment files and information relating to the administration of medicines and the auditing and monitoring of service provision.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

### Staffing and recruitment

- In organising staffing resources, the provider took great care to ensure staff arrived on time and had sufficient time to meet people's physical and emotional support needs without rushing. One person told us, "I don't think I have ever known them to be late. I like the fact I get sent a list every week with the timings and the name of the carer and ... 99.9% of the time it is ... accurate." Another person said, "I have a whole hour which allows me to have my shower and get washed and dressed and then still have ample time for my breakfast and a bit of a chat while my carer tidies up. I've never felt rushed by any of the carers at all."
- The provider also went to considerable lengths to ensure people were supported by staff who were known to them. One person told us, "If there is going to be a new carer starting with me, they always come along with one of my regular carers, so they can see how I like things to be done and I can get to know them first." Commenting on some of the positive benefits of the provider's commitment to maintaining a high level of staffing continuity, one person said, "I ... sleep easily at night these days and I know my ... daughters do too. Knowing that I am well looked after and safe."

- The provider ensured new staff had the right skills and personal qualities to support people safely in a person-centred way. We reviewed recent recruitment decisions and saw that the necessary checks had been carried out to ensure that the staff employed were suitable to work with the people who used the service.

### Assessing risk, safety monitoring and management

- The provider maintained effective systems to ensure potential risks to people's safety and welfare had been considered and assessed. Senior staff worked closely with people and their relatives to review and update these risk assessments on a regular basis.

### Using medicines safely

- Most people who used the service took responsibility for managing their own medicines. However, when people needed support in this area it was provided safely in line with their individual needs and preferences. Commenting positively on the support they received from staff in this area, one person told us, "I've had no problems with them at all concerning my medication. When they've seen I've taken them, they write it down on the chart before they leave."
- Care staff received medicines training and regular spot checks were conducted by the manager to ensure their knowledge and practice remained up to date. Describing the care with which they approached the administration of people's medicines, one staff member said, "If I had any queries [or] if I wasn't sure, I would contact the office before giving [any medicine]." Reflecting the provider's systematic approach, errors

in the administration of people's medicines were extremely rare.

#### Learning lessons when things go wrong

- The manager reviewed significant incidents which had occurred in the service and took action to reduce the chance of something similar happening in the future. For instance, to reduce the number of recording errors, changes had been made to the provider's medicines administration record form to make it easier for staff to use safely and effectively.

#### Preventing and controlling infection

- The provider had implemented a range of measures to help prevent the risk of infection. Care staff were provided with disposable aprons, gloves and shoe protectors for use when providing personal care. Additionally, staff received training in safe food hygiene and hand-washing practice.

#### Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding procedures and were aware of how to report any concerns relating to people's welfare, including how to contact the local authority or CQC, should this ever be necessary.

# 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.

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

- Effective systems were in place to assess and determine people's individual needs and preferences. These were set out in a high degree of detail in each person's care plan and were reviewed regularly by senior staff.
- The manager and her team had access to a variety of information sources to ensure they were aware of changes to good practice guidance and legislative requirements. For example, the provider subscribed to an organisation which provided regular updates to ensure organisational processes and staff practice remained up to date.

Staff skills, knowledge and experience

- Everyone we spoke with told us staff had the right knowledge and skills to meet their needs effectively. For example, one person said, "For the jobs I need help with, they certainly have all the right skills." Another person's relative commented, "As far as we're concerned, they've always provided a first-class service to us."
- New members of staff participated in a structured induction programme which included initial training and a period of shadowing senior staff. All staff completed the national Care Certificate which sets out common induction standards for social care staff.
- The provider maintained a record of each staff member's training requirements and organised a variety of online and face-to-face courses to meet their needs. Talking positively about the training provision in the service one staff member told us, "We didn't do half as much training in the care home [I used to work in]. In the care home, if we were short-staffed it was cancelled. It's not like that here. Doing the Care Certificate [helped me] a lot." Another staff said, "Training is taken very seriously."
- Staff told us that they felt well supervised and supported by the manager and other senior staff. Talking specifically of the manager, one member of staff said, "[Name] is amazing. She's always there [as] back up." Senior staff conducted annual appraisals and regular 'observations' of each staff member's hands-on care practice. Commenting approvingly on their experience of observations, one staff member said, "We have lots! I don't mind it at all. If you are doing the job properly you shouldn't have a problem. It's always been quite positive for me [but if there was an issue] I'd be pulled up without a doubt."

Staff providing consistent, effective, timely care within and across organisations

- Staff worked closely together to ensure the delivery of effective care and support. For example, describing the importance of the daily record that was maintained in the file in each person's home, one member of the

care team said, "We read it [at the start of] each call. It helps us keep on top of things."

- Staff had also forged effective working relationships with a variety of external organisations, including local health and social care services. Looking ahead, to further enhance communication with healthcare services in particular, the manager told us she planned to apply for an NHS email address for the service, to enable people's confidential medical information to be shared securely, if required.

Supporting people to eat and drink enough with choice in a balanced diet

- People told us that staff assisted them to eat and drink whenever this was required. For example, one person said, "My carers help me with my midday meal. If I don't want a full meal they never mind making me something like beans on toast or some scrambled eggs."
- Staff were alert to potential risks relating to nutrition and hydration. For example, talking of the support she received to keep herself hydrated, one person said, "My carer makes me another cup of tea just before she goes, so I've got that and also a glass of water [until my next call]."

Supporting people to live healthier lives, access healthcare services and support

- Staff worked collaboratively with a range of health and social care services on behalf of the people who used the service, including district nurses, GPs, local hospitals and therapists. One local healthcare professional had written to the provider to say, '[Staff] have been proactive in raising concerns about one ... client's ... safety. It is highly useful as [the client's] GP to receive this ... information.'

- Staff had received training in the Mental Capacity Act 2005 (MCA) and were aware of the importance of obtaining consent before providing care or support. The 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 manager was aware of formal best interests decision-making processes and said she would work alongside other agencies and family members if these ever needed to be used for someone using the service.

# 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

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; Respecting and promoting people's privacy, dignity and independence

- Without exception, people told us that the staff who worked for the service were warm-hearted, caring and kind. One person said, "My carer always makes sure that she warms the shower up before I get in it each morning. And when I'm finished there's always a nice warm towel waiting for me. It's little things like that that make all the difference as far as I'm concerned." Another person's relative told us, "My husband can't manage his shave on his own anymore. It's been really lovely to see how patient and caring one of his regular male carers has been when ... doing his shave for him. He takes his time and makes sure my husband is pleased with the end result. I usually hear them having a good old chat whilst he's doing it."
- Describing her personal philosophy of care, the manager told us, "The key [things] are for people to be happy and safe [and] to have as much independence as possible. What I look for [when I interview potential recruits] is for someone I would be happy looking after my parents."
- This commitment to supporting people in a compassionate and fully person-centred way was clearly understood by staff and reflected in their practice. For example, one staff member told us, "Everybody's different. There's not one client who is the same. I respect their ways. When you see the clients are happy, you feel happy yourself." One person said, "I always used to get so annoyed with the carers at my previous agency because they would be forever checking their phones when they were in my home. I've never once seen any of the carers from this agency ... look at their phone. While they are in my home they are fully concentrating on me." Talking of one person who used the service, the manager said, "We took [name] fish and chips for lunch. Their family was away for the week and they were a bit low."
- Staff encouraged people to retain their independence for as long as possible. For example, one person said, "I can usually manage my breakfast and a snack, but they do help me with a main meal." In another person's care plan, staff were instructed to 'encourage [name] to have a walk around the house on our visits, as a form of gentle exercise [and] to keep a level of independence'.
- People told us staff also supported them in ways that helped maintain their privacy and dignity. For example, one relative said, "I hear the carer go up to my husband's room and she will knock on the door before going in and ... wait for my husband to call out to her before she does." The provider was aware of the need to maintain confidentiality in relation to people's personal information. Care plans were stored securely, computers were password protected and staff were provided with guidance on the use of social media.
- Staff received equality and diversity training and were aware of the importance of supporting people in a non-discriminatory way. Describing the religious faith to some of the people who used the service, the manager told us, "We are mindful of religion. We arranged for the church to come and collect one [person] and take her to Mass. They also come and collect her for the church choir."

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

- People told us staff supported them to exercise choice and control over every aspect of the care and support they received. For example, one person said, "The carers ... let me know what meals I've got [in the fridge] and then I can decide what I fancy eating. I think I probably get more choice with the carers preparing it for me than I ever did when I was cooking just for myself!" Another person told us, "I was asked if I preferred male or female carers. I asked if it was possible to have mainly male carers. The ones that I've seen since have all been lovely and helpful. And it's good to be able to chat about all things football!"
- The registered manager was aware of local lay advocacy services and told us she would help people obtain the support of an advocate if this was ever necessary. Lay advocacy services are independent of the provider and the local authority and can support people to make and communicate their wishes.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The manager and her deputy took the lead role in handling all new enquiries and referrals to the service. Following a home visit and initial detailed assessment, if a new client wished to proceed and the service had staffing capacity to accommodate them, senior staff began the process of developing an individual care plan, in consultation with the person and their family. Commenting positively on the provider's approach in this area, one relative told us, "The manager came out to visit us and she talked through everything that my husband needed help with and ... what times we would like his visits to happen. She went away and put together a care plan which she then sent to us and we were able to read it through to make sure it was accurate before signing it."
- At our last inspection we identified shortfalls in the care planning system and told the provider improvement was required. At this inspection, we were pleased to find that the necessary improvement had been made. The care plans we reviewed set out people's physical and emotional needs and wishes for each care call in a high degree of detail. For example, the care plan for one person's morning care call instructed staff to, 'Prepare breakfast of choice. Wash pots and wipe down kitchen surfaces and check if the bins need emptying'. Describing the value of the care plans, a staff member told us, "They've all got a care plan. It tells you all about the client. About their family [background] and what our aims are."
- The manager or her deputy reviewed every care plan on a regular basis, agreeing any changes with the person and their family. One person told us, "I've got [my] care plan ... here in my folder. [When I first started using the service] I was sent it to have a look at to make sure it was accurate. We look at it at least once a year when [the manager] comes out to make sure that nothing has changed [and] that I am happy with [everything]."
- The first few care calls to any new client were undertaken personally by the manager or her deputy. A staff member told us, "[The manager or deputy] do the first few calls .... then they introduce us [to the client]. I have never [delivered care] to a client I haven't been introduced to [and] I've never been sent anywhere I haven't been before. It wouldn't be fair on the client."
- Reflecting the provider's systematic and responsive approach to care planning and introducing new clients to the service, staff had an excellent understanding of people's individual needs and preferences and provided them with highly responsive and personalised support. One person's relative told us, "When we first met with the manager ... she asked my husband how he would like his care organised. He was extremely involved in organising things and we've been happy with how it all works so far." Another person told us, "[From the start] it was very much ... wanting to know from me what it was they could help me with and when I wanted them to come into my home. There's never been any of that 'you've got to have a 9am call or that's it' approach from them."
- Staff were aware of people's individual communication needs and preferences. For example, the manager had arranged for the fire brigade to provide flashing smoke alarms for one person with hearing loss. The

manager was unaware of the national Accessible Information Standard but told us she would ensure the provider embraced it for the future.

#### Improving care quality in response to complaints or concerns

- People's right to raise a concern or complaint was highlighted in the service user guide given to people when they first started using the service. However, everyone we spoke with was entirely satisfied with the service they received. For example, one person said, "There's never been anything to complain about."
- Reflecting this feedback, the provider received very few formal complaints. The manager attributed this to the prompt response to any queries or concerns by her and other senior staff. One person told us, "I've only ever had to phone the office a couple of times. On both occasions the phone was answered in a couple of rings and ... [they] were really helpful ... and sorted [my issue] out ... really quickly." Any formal complaints which had been received had been handled correctly by the registered manager in accordance with the provider's policy.

#### End of life care and support

- The manager told us that the service rarely supported people at the very end of their life, most people having moved into a care home before this type of care was required. The manager said that staff did have some experience of working alongside specialist agencies such as Macmillan to provide people with palliative care.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Without exception, people told us how highly they thought of the service and the way it was managed. One relative said, "There's nothing that doesn't work, everything just works like clockwork. That's got to be down to good management." Another relative told us, "[They are] 100% better than the agency we used [before]. It's just the attitude of the staff, the way the rounds are organised and the approachability of the manager ... that makes it work so well."
- As described elsewhere in this report, the manager was deeply involved in all aspects of the running of the service and was clearly liked and respected by staff, service users and relatives alike. For example, one relative told us, "She is very approachable and friendly ... a breath of fresh air!" One staff member said, "[The manager] is good. Very, very good. I can't fault her." Another staff member told us, "She does listen ... and takes things on board."
- The manager promoted the welfare and happiness of her team in a variety of ways. For example, one staff member told us, "We had a Christmas meal and [the manager] paid for that. We also get a bonus if we do something brilliantly well." Reflecting the caring approach of the manager and the positive organisational culture she had created, staff told us they were pleased to work for the provider and enjoyed coming to work. One staff member said, "I'd recommend it. It's a nice working environment [and] I feel listened to. It's not just a job. You feel as if you really mean something to somebody."

Engaging and involving people using the service, the public and staff; Continuous learning and improving care; Working in partnership with others; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- As described elsewhere in this report, the provider took great care to involve people and their relatives in planning and reviewing their care and to deploy staffing resources in accordance with their individual preferences.
- To further promote people's engagement with the service, the provider conducted regular customer satisfaction surveys to seek feedback from people, their relatives and local health and social care professionals. We reviewed the results of the most recent survey and saw the feedback was over-whelmingly positive. People's satisfaction with the quality of the service was also reflected in the letters, emails and cards received by the manager. For example, one relative had written to say, 'I will never be able to let you know how grateful I am for the amazing care your team have given to both Dad and Mum. They are all completely brilliant. You have gone above and beyond to keep us all on track. Please keep doing what you

do."

- In addition to the customer surveys, the provider had other systems in place to monitor the quality of the service. These included regular care plan reviews and medication audits.
- As detailed in the Responsive section of this report, since our last inspection the provider had made improvements to the care planning system. The manager told us she was committed to the continuous improvement of the service in the future. For example, work was in hand to review the provider's policies and procedures for the administration of medicines.
- As detailed in the Safe section of this report, the provider had established effective partnerships with a range of other professionals including GPs, district nurses, social workers and therapists. One local healthcare professional had written to the manager to say, 'My clients speak very highly of the quality of their care'.
- The provider was aware of the need to notify CQC and other agencies of any untoward incidents or events within the service. The rating from our last inspection of the service was on display in the office.