

Beecholme Support Services

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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?

Requires Improvement ●

Summary of findings

Overall summary

Our inspection took place on 27 April 2017 and 02 May 2017. We contacted people who used the service and staff on the first day, and visited the provider's offices on the second. The inspection was announced.

At our last inspection on 08 March 2016 we rated the service as 'requires improvement' and identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found references were not always sought for new employees, and there were no auditing systems in place to ensure directors had robust oversight of the service. These related to regulations 17 and 18. We asked the provider to send us an action plan. At our most recent inspection we saw the provider had taken sufficient action to meet legal requirements.

Beecholme Support Services provides care and support to people living in their own homes. At the time we inspected there were 19 people using the service.

There was a registered manager in post. 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.

People told us they felt safe using the service, and we saw risks associated with care and support were well assessed and documented. There was clear and detailed guidance for staff to show how risks could be minimised. People were further protected because the provider followed safer recruitment practices, medicines were managed safely, and staff understood the principles of safeguarding.

People had not always received information about who would attend their calls; however the provider had recognised this and was taking action to improve. We saw there were sufficient staff to provide care and support; and call management systems were in place to ensure staff had time to travel between calls.

Staff received sufficient induction and training to be effective in their roles, and people told us staff used this training to provide effective care and support. Staff said they were supported by the provider with regular supervisions, and although some turnover of senior staff had caused delays in this process the registered manager had taken action to improve.

People told us they made choices in relation to their care and support, and we found staff had good knowledge of the Mental Capacity Act (MCA).

People told us they were happy with the support they received with their meals.

We received positive feedback about the caring nature of staff. People told us they had good relationships with staff and that staff worked to protect their privacy and dignity. The provider was able to demonstrate good practices in relation to matters of equality and diversity, and we saw people were supported to

maintain their independence as much as possible.

The provider worked with people, their families and other health and social care professionals to assess people's needs before they began to use the service. We saw people were encouraged to be involved in the writing of their care plans. Care plans were regularly reviewed and staff were informed of any changes.

There were robust systems and policies in place to ensure complaints and concerns were responded to appropriately.

We received good feedback about management in the service. Staff told us they liked working for the company and would be happy for their families to use the service.

The provider had continued to develop quality monitoring activities in the service. We have made a recommendation about further improvements that could be made.

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.

Recruitment practices were safe, including checks on new staff's employment history and checks to ensure employees were not barred from working with vulnerable people.

There were detailed assessments of risks in people's care plans, together with clear guidance for staff to show how these risks could be minimised.

Medicines were being managed safely.

Is the service effective?

Good ●

The service was effective.

Staff told us they were well supported, and had regular supervision. Staff turnover had caused some interruption to the supervision schedule; however the provider had recognised this and taken action to improve. Staff training gave them the skills to be effective in their roles.

We found staff had a good knowledge of the Mental Capacity Act and how this impacted on their work. People told us they were offered choice, and we saw preferences recorded in their care plans.

People received good support with nutrition and hydration.

Is the service caring?

Good ●

The service was caring.

People were involved in writing their care plans, which were very personalised. People had good relationships with the staff who provided care and support.

The service had embedded respect for equality and diversity into its practices.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed before they started using the service. We saw they were regularly reviewed with people and their relatives. Staff told us they were alerted to any changes.

There were robust systems in place to record and manage complaints. We saw compliments were displayed in the office.

Is the service well-led?

The service was not consistently well-led.

The provider had made improvements to their quality monitoring; however this still required some further improvement.

We received good feedback about the management of the service. Staff said they were happy to work for the provider and would be happy for family members to use the service. People told us they had seen improvements.

Staff and people were involved in the running of the service through meetings, regular contact and survey activities.

Requires Improvement 

Beecholme Support 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.

Our inspection took place on 27 April 2017 and 02 May 2017, and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection team consisted of an adult social care 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. Their area of expertise was in the support of older people.

Before the inspection we reviewed information we held about the services, including past inspection reports and notifications sent by and about the service. We also contacted other agencies including the local authority and Healthwatch. Healthwatch is an independent consumer champion which gathers information about people's experiences of using health and social care in England.

We sent a Provider Information Return (PIR) which the provider returned to us on 9 March 2017. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with six people who used the service, and one person's relative. We also spoke with four members of care staff, a director of the company, the registered manager and an external consultant working with the provider. We looked at a variety of documentation including; three people's care records, three staff employment files, meeting minutes, policies and procedures and quality monitoring records.

Is the service safe?

Our findings

At our inspection in March 2016 we rated this key question as 'requires improvement.' We saw references were not always in place for new employees, and identified this as a breach of regulations. We asked the provider to send us an action plan showing how they would make improvements in this area. At our inspection in April and May 2017 we found the provider had made improvements and was now meeting the requirements of the regulation.

People told us they felt the service was safe. One person said, "I have blackouts, so they have to be trained to know what to do when it happens for safety reasons, and they are all made aware of my situation. I feel safe with them." Another person told us, "I have a hoist which they use and have been trained on, so when they use it to put me on the commode I do feel safe."

Staff had received training in managing and preventing infection and said they were provided with plenty of personal protective equipment such as disposable gloves and aprons. Staff told us their practice was safe and they always used gloves, aprons and followed good handwashing procedures when providing personal care or when preparing food and drinks.

We looked at the recruitment records of three members of staff. We found the provider had sought employment references in line with their policies, and saw these evidenced people's suitability for their roles. In addition we saw checks made with the Disclosure and Barring Service (DBS). The DBS holds information about people who may be barred from working with vulnerable people, and making these checks helps employers make safer recruitment decisions.

We found staff had the training and knowledge needed to protect people from abuse. They said they would always report any concerns to the manager or most senior person in the organisation. Staff felt confident any concerns they reported would be addressed by the management team. A staff member told us, "I would have no hesitation in saying that things would get done."

Care plans contained detailed assessments of risks associated with people's care and support needs. This included the following information: falls, moving and handling, bathing and support with medicines. Guidance for staff to show how these risks should be minimised was clear and detailed. A care plan summary document in each care plan drew staff's attention to all risk in sections headed, 'Areas of high risk for me' and 'What you must do to keep me safe'. In addition to risks associated with care and support, we saw the provider had undertaken comprehensive environmental risk assessments of people's homes. Staff were able to describe the risks people faced such as the risk of falls and choking and what they did to minimise risk and keep people safe.

Staff were knowledgeable about how deal with foreseeable emergencies, such as people having accidents in their home, for example, falls. We saw accidents and incidents were recorded both on the care management computer system and in individual care plans. We were able to see detailed records relating to accident and incident management.

Staff told us they were introduced to people before they began providing care. One staff member said, "They make sure we have time to get to know people here." Staff told us they worked with the same people most of the time to allow them to build up good relationships and rapport with people. One staff member said, "It's so important to get to know people and then you can build up trust with them and their families." People we spoke with confirmed this was the case. One person said, "Usually I meet them before they call."

People who used the service gave mixed responses about call management. Some people told us they were not sent a rota to show who would be attending their calls. One person told us, "I would like them to let me know who is coming and when they are going to be late. I want to know who will be giving me a shower." Another person said, "I used to get a rota, but not now. They couldn't keep to them anyway, because there are so many staff changes." We spoke to the registered manager about this. They told us they had stopped sending rotas, and had been ringing people to tell them who would be coming to their calls after a period of staff turnover had resulted in a large volume of last minute changes which they felt would be unsettling for people. The registered manager told us they would ask people how they preferred to receive this information and make immediate changes.

We looked at the systems in place to ensure calls were on time and lasted for the full duration. The external consultant showed us staff clocked in and out with their mobile phones, and the call management software monitored these reports against expected times. This alerted the service to any calls which were later and enabled them to take action. We looked at the call schedules for the two weeks leading up to our inspection, the call times and the numbers of staff working. We concluded there were sufficient staff to provide safe care.

People told us they had good support with their medicines. One person told us, "I do my own medication, but they prompt me to make sure I take it." Another person said, "I do my pills which I routinely sort out every week because I don't want to feel totally helpless. They apply two different creams, which they record in the book." We saw there were detailed medicines assessments in people's care plans which included the medicines they needed, when these were taken and who was responsible for ordering and collecting prescriptions.

Staff confirmed that they had received training in relation to the management of medicines if they supported people with their medicines.

We saw Medicines Administration Records (MAR) were returned to the office once completed, and reviewed to ensure correct completion. The external consultant told us, "The field supervisors also check these when they go to people's houses to carry out competency checks or care reviews." We saw there were a number of MARs awaiting audit, and the external consultant told us the backlog had built up due to staff turnover. They had recognised this, and had an action plan in place to ensure this activity was brought up to date. The MARs we looked at were completed correctly with only two minor errors.

Is the service effective?

Our findings

At our last inspection in March 2016 we rated this key question as 'requires improvement'. Not all training had been provided in a timely manner, and staff had not always had regular supervision sessions. We did not identify any breaches of regulations as a result of this. At this inspection we found training plans were in place to ensure staff knowledge was kept up to date, and staff told us they had regular supervision.

People we spoke with gave good feedback about staff knowledge of how to do their jobs. One person said, "They seem to know what they are doing, and they can use the tilt and sling hoist which I have." Another person told us, "I do think they are well trained; one of them is fantastic, but I have no complaints about any of them."

Staff told us they had an induction period and shadowed other care staff for around three weeks. One member of staff told us, "I am confident with my work." The external consultant told us staff were considered to be in a probationary period for six months, to enable the provider and staff member to be certain they were performing well. We saw evidence of observations of staff practice to support this.

All of the care staff we spoke with told us they had completed training to give them the skills and knowledge to provide people's care. They also said they were given opportunities to gain qualifications relevant to their roles. Where care staff worked with people who had complex needs they had received additional training to support the person.

We saw records in files which confirmed staff undertook a range of training, including moving and handling, medicines and nutrition. There was a plan in place which showed what training would be delivered over the course of the year, and monitoring tools to enable the provider to identify when training was due to be refreshed. The external consultant told us, "We are inputting information about staff training into our call scheduling system. This will mean we can more easily match staff with the rights skills to each call, depending on people's needs."

Staff told us they were well supported by the management team. Staff confirmed they had regular supervision sessions, where they could discuss any issues on a one to one basis. Annual appraisals were carried out to review progress and training needs. Staff said they found these useful and helped in their development. We looked at records of these and saw some evidence meaningful discussions took place relating to the person's performance, training needs, key achievements and a personal development profile. We found there had been some slippage in the frequency of supervisions, which the registered manager and external consultant explained had been due to turnover of supervisory staff. They told us they were in regular contact with staff, and provided us with a copy of their plan to bring supervision activity back into line with their policy. This showed us the provider had recognised this issue and taken action to address it before our inspection.

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.

People told us about choices they were offered in relation to their care and support. One person said, "They [staff] ask me what I want, but the regular ones know what to do and sometimes I make a list so they know what I need for that day." Another person said, "They [staff] always ask me what I want." Care plans we looked at indicated people had capacity to consent to their care and treatment, and we saw people had signed their own care service agreement.

We asked the registered manager about how the service would support people who did not have capacity, or whose capacity fluctuated due to factors such as illness. They told us, "We would liaise with social workers, or other professionals linked to the person's care. Families also."

We saw staff received training in MCA and demonstrated good knowledge of this when we spoke with them. They understood the importance of respecting choices people made, and people's right to refuse care and support. One staff member told us, "I feel you have to know someone well to be able to support their needs, People who I care for I encourage them to do what they can and I always assume they have capacity unless anything changes in their circumstances and then I would speak to my manager for support." Another staff member said, "We must never force anyone to do anything they don't want to do and we do not do that, we treat people how we would like to be treated."

Staff told us of the importance of good nutrition and hydration for people who used the service. Staff described how they encouraged people who were nutritionally at risk to eat and drink when they carried out their visits. We saw people's preferences for food and drinks were recorded in detail in their care plans.

Is the service caring?

Our findings

At our inspection in March 2016 we rated this key question as 'good'.

People who used the service gave good feedback about the staff. One person said, "Oh yes they are all kind, caring and very respectful - but I can have a good laugh and a joke with them." Another person told us, "The staff are very good, they know me and what I need."

Care plans evidenced a high level of engagement with people, which had resulted in person-centred documentation. Care plans were written in people's own words, and we saw evidence of communication with people asking them to complete various sections to ensure care and support was provided in ways they wanted or preferred. The registered manager told us, "How long this takes depends on the person. If someone finds it hard to concentrate for long periods, we complete this over time to make sure we don't tire them out, but still get the information we need."

Staff we spoke with could describe people's likes and dislikes and showed they had developed good relationships with people. They spoke warmly about the people they supported. They said they provided good care and gave examples of how they ensured people's privacy and dignity were respected. Staff spoke of the importance of making sure care was carried out in private, people were covered, curtains were closed, doors knocked on and people's wishes were respected at all times.

People we spoke with confirmed staff respected their privacy and dignity. One person told us, "When I have a wash they will give me a towel to cover up where they are not washing." Another person said, "They will cover me up or close the door when they are helping me wash."

Staff also spoke of the importance of maintaining independence for people who used the service. One staff member said, "We do our best to ensure people do not lose their skills to be as independent as possible." We saw care plan guidance for staff clearly identified what aspects of their care and support people preferred to manage for themselves, and included sections headed, 'What I can still do.' In addition people gave information about important relationships and activities, and how the provider could help them maintain these.

We saw evidence the provider embedded good equality and diversity practice in their service. Staff were given training during their induction, and care plans contained prompts which showed how diversity was considered and approached. For example, care plan summaries contained sections such as, "What is important to me about my cultural background," "How you can support me to maintain my cultural identity," "What you need to know about my use of language," and "How to help me make best use of my senses." Questionnaires sent to people included questions about whether the person needed the help of a translator to understand written or spoken English..

Is the service responsive?

Our findings

At our inspection in March 2016 we rated this key question as 'requires improvement.' We found some detail missing from people's care plans, which the provider had also identified in their own care plan audit. We did not identify any breaches of regulation as a result of this. At this inspection we found care plans did not lack detail.

We saw the provider worked with people, their families and other health and social care professionals to establish people's needs, and produced care plans which showed how these needs should be met. A person who used the service said, "The package was sorted out with a social worker." A relative of someone who used the service told us, "We have had meetings with the social worker and the company, and discussed what we wanted. It has all worked out okay."

Staff said they found the care plans useful and that they gave them enough information and guidance on how to provide the support people wanted and needed. Comments included; "Care plans are detailed and you have plenty of time to get familiar with them" and "Really good care plans, very clear and easy to follow."

We saw evidence of review in care plans we looked at. People told us they were involved in this process. One person said, "The Care Plan has just been reviewed and the only thing that has changed is some alteration to the dosage of my medication." Another person said, "The Care Plan was checked yesterday by [name of staff member] she came round and everything was okay."

Staff told us the care and support plans were reviewed on a regular basis to reflect any changes in people's needs. One staff member said, "Any changes and we are always informed."

People told us they felt confident in raising complaints with the service. One person's relative told us, "I've only complained when the invoicing was wrong and I don't pay until it is right but it gets sorted in the end so that's not a big problem." We saw there were robust systems in place to record concerns or complaints raised with the service, and any actions taken to resolve these. There were no live complaints at the time of our inspection. We saw compliments received by the service were celebrated and displayed on a noticeboard in the reception area. Comments included, "Thank you for all you did for [name of person]," and "A big thank you from [name of person]'s family. We appreciate everything you did."

Is the service well-led?

Our findings

At our inspection in March 2016 we rated this key question 'requires improvement.' We found governance systems, ways in which a provider measures the quality of their service, were not sufficiently developed to prevent failings in the service and poor staff support. We identified a breach of Regulation 17, Good Governance, although we acknowledged that the provider had identified these issues and begun to take action. At this inspection we found the provider had continued to improve their monitoring of quality in the service.

There was a registered manager in post on the day of our inspection. They had office support from a director of the company, field care co-ordinators and an external consultant who was working with the service to help drive improvements. We saw the CQC rating for the service and our inspection report displayed on the premises and on the service's website as required.

People we spoke with told us there had been some issues with the service in the past. People mentioned call times and consistency of staff attending their calls. Some people we spoke with acknowledged they had seen improvements in the service. One person told us, "Been some changes for the better recently; there are some new staff who have gone to the next level." Another person told us, "Overall they are very good nothing is perfect but they were a good seven, but I would now give them a nine." One person's relative said, "They are giving quality to [name of person]'s life, and making my life easier. I am confident in leaving her with them." Staff told us they were proud to work for the company and would be happy for a relative to use the service.

We looked at the systems the provider had put in place to monitor and improve quality in the service. We saw the registered manager had made improvements in the service since our last inspection, and saw evidence showing meetings were held to discuss concerns about quality, for example in response to feedback from people about call management. Action plans were produced to show how improvements would be made, and we saw these were followed. There was also evidence of monitoring of people's satisfaction with the service during care plan reviews, and we saw surveys had recently been sent out.

We found the provider could make some further improvements to quality monitoring, however, the registered manager identified action they would take immediately after our inspection. They told us they had recently received further training which would enable them to extract more detailed information from the software they were using to manage their calls, staffing and care planning, which could be used to identify positive and negative trends as they emerged.

We recommended the provider develop a standard quality assurance meeting agenda and timetable to further improve the quality monitoring activity.

Staff we spoke with told us the management team in the service had high standards, were approachable and expected staff to do a good job. They told us they felt well supported by the managers in the organisation, and said the registered manager often attended calls and worked alongside them. All the staff

we spoke with told us how much they enjoyed their job. One staff member told us, "I really love my job; I love the people I work with and the whole staff team."

Staff told us they felt well supported in their role and said the registered manager and other supervisory staff were aware of important issues about the service. Some staff attended the office during our inspection and we saw they communicated with the registered manager and director in a relaxed and friendly manner. The registered manager told us they had difficulty getting staff together for meetings due to their work patterns; however staff said they did have opportunity to attend meetings and contribute to the running of the service.

We saw the provider had sent surveys to people, and were in the process of receiving these back. Most people we spoke with confirmed they had received these, and told us they had given feedback to the service.