

BeeCared4 Limited

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Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Requires Improvement



Is the service well-led?

Requires Improvement



Summary of findings

Overall summary

About the service

BeeCared4 is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to younger and older adults with various needs including, people with physical disabilities, mental health conditions, and dementia. At the time of this inspection 131 people were 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

Medication administration processes were not robust. Prescribed creams were not always recorded on the correct medication administration record (MAR), therefore information was missing. The service was not following the provider's medicine policy in relation to 'as required' medicines or best practice in medicines.

The provider had not operated robust systems and processes to assess, monitor and improve the quality of medicine processes and records. They had not maintained accurate and complete records and medicine auditing systems were not always robust.

People told us they do not always get regular staff for their care visits. People and their relatives told us they regularly experienced difficulty when ringing the office, as they were often unable to get through. We discussed this with the registered manager who told us this issue was now resolved with additional lines or call diversions.

The management team and staff demonstrated a commitment to people and they displayed person-centred values. However, we received mixed feedback from people and their relatives in relation to the quality of care received.

Staff felt valued and supported by the management team. Staff members were involved with the service through regular team meetings and annual surveys.

People were protected from the risks of abuse and harm and people said they trusted staff to keep them safe. Staff had received training in safeguarding adults and understood how to recognise signs of abuse. Staff knew how to report any concerns.

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

Rating at last inspection

This service was registered with us on 27 June 2019 and this is the first inspection.

Why we inspected

This was a planned inspection in line with our inspection programme. We have made changes to the way we work due to Covid-19. This is to avoid putting pressure on services that are caring for people. We completed a focussed inspection. During this inspection we looked at two key areas safe and well-led. We do not look at all the five key questions during a focussed inspection. Therefore, the service was not given an overall rating.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to record keeping and quality monitoring systems at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

BeeCared4 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

One inspector and an Expert by Experience carried out the inspection. 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

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

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

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

Inspection activity started on 1 September 2020 and ended on 14 September 2020. We visited the office location on 2 September 2020.

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 and professionals who work with the service. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and seven relatives about their experience of the care provided. We spoke with 12 members of staff including the registered manager, field manager, team leader, senior care workers and care workers.

We reviewed a range of records. This included eight people's care records and 16 people's medication records. We looked at three 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.

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 requires improvement. 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

- Medication administration processes were not robust. Medication administration records (MARs) did not include a record of individual medicines from people's medicine blister packs. Although the provider took a photograph of blister packs and stored this electronically, we found some photos to be illegible.
- The provider uses a topical medication administration records (TMARs) to record prescribed creams, however, these were inconsistent. Prescribed creams were not always recorded on the correct MAR, therefore information was missing. Body maps were not always in place to direct staff where prescribed creams were required to be applied.
- The service was not following the provider's medicine policy in relation to 'as required' medicines or best practice in medicines. The National Institute for Health and Care Excellence (NICE) guidelines were not adhered to. NICE provides national guidance and advice to improve health and social care. We found guidelines for 'as required' medicines were not detailed, therefore staff had limited direction of when people may have required specific medicines.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate medicines were effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us the provider will be implementing an electronic medication administration recording system in due course, however, the registered manager responded immediately during the inspection and implemented changes to medicine processes in the interim period.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse and harm and people said they trusted staff to keep them safe. People told us, "When my regular carers are here, I always feel safe as they know what they are doing" and "I definitely feel safe with the carers."
- Staff had received training in safeguarding adults and understood how to recognise signs of abuse. Staff knew how to report any concerns. A staff member told us, "Safeguarding is about protecting people. If I had concerns, I would contact my line manager straight away."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's care needs were risk assessed and care plans provided staff with the information they needed to manage the identified risk. People's ongoing risk assessments were reviewed on a regular basis and when

needs changed. A relative told us, "[Person's name] needs to be hoisted which I know [person's name] doesn't particularly enjoy, but the carers will always make sure they talk [person's name] through what they are doing and they never lift [person's name] until [person's name] is happy."

- Accidents and incidents were recorded and analysed. Risk assessments were reviewed following incidents to ensure the service was meeting the needs of people appropriately. A relative told us, "I got a call one night saying [person's name] had a fall. I came in and saw the carer had put a pillow under [person's name] head, laid a blanket and lay with [person's name] reassuring them."

Preventing and controlling infection

- Staff received training in infection control and told us personal protective equipment (PPE) was stocked in the office and readily available to them. A staff member commented, "There is enough PPE. We always go into the office and get more when we are running low."

Staffing and recruitment

- Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults. Staff had the necessary safety checks in place before starting work and completed a full induction. Staff told us, "I had an interview when I started. I had an induction process and did training in medication, safeguarding, and moving and handling. I also shadowed for eight hours."

- Staff rotas confirmed staffing levels remained consistent, which meant the provider had sufficient systems in place to monitor staffing levels and ensure people received their visits. However, people told us they do not always get regular staff for their care visits. We discussed this with the registered manager who acknowledged this feedback and explained the recent difficulties with maintaining staff. The registered manager told us recruitment is ongoing and they are working to address the continuity of 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality care.

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

- Auditing systems were not always robust. Although a MAR audit was in place, it lacked detail and did not prompt the auditor to look at the quality of MARs and other factors. For example, the adequate completion of MARs, information for 'as required' medicines and body maps were not considered.
- Governance systems required improvement. The provider has contracted an external auditor to complete a medicines audit in November 2019. The audit highlighted the same issues we found during the inspection, however timely action was not taken to address the concerns.

The provider had not operated robust systems and processes to assess, monitor and improve the quality of the service. They had not maintained accurate and complete records. This contributed to the breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately during the inspection and revised the medicine auditing tool to consider wider quality factors.

- Staff felt valued and supported by the management team. Staff told us, "I feel BeeCared4 is one of the best companies I have worked for. I have worked in other care companies in the past and this one is certainly better than the rest" and, "I have never worked under a better manager and I have worked in care for 20 years. [Registered manager] is very supportive and approachable, any problems [registered manager] is always there."

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

- The management team and staff demonstrated a commitment to people and they displayed person-centred values. However, we received mixed feedback from people and their relatives in relation to the quality of care received. Relative comments included, "We changed agencies as we could only have the service for a limited time. The new agency were dreadful. I rang BeCared4 and requested them back, they arranged it so quickly, in three days." Another relative said, "I think overall the care is alright, but I think they are sometimes let down by the organisation."
- People and their relatives told us they regularly experienced difficulty when ringing the office as they are often unable to get through. We discussed this with the registered manager who told us this was an issue,

however, it is now resolved with additional lines or call diversions.

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

- People's views had been sought through regular contact and surveys. Annual surveys were sent out periodically dependent on when each person started with the service. We reviewed the results of the individual responses and found negative comments were followed up and actioned by the management team.
- Staff members were involved with the service through regular team meetings and annual surveys. Staff surveys were ongoing and the registered managers told us the results will be analysed in due course.

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; Working in partnership with others

- The provider understood their responsibilities under the duty of candour and there was evidence the provider had informed people when something went wrong.
- The service worked effectively in partnership with other health and social care organisations to achieve better outcomes for people using the service. For example, they worked with people's social workers and the local authority. A professional who worked with the service wrote, "Very good relationships have developed with the local authority, we have no concerns with quality or delivery (of care)."

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	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not operated robust systems and processes to assess, monitor and improve the quality of the service. They had not maintained accurate and complete records.