

Ben Russell Carers Limited

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Inspection report

151 Buckingham Palace Road
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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Ben Russell Carers Ltd provides care and support to one person in their own home. The service was set up specifically to meet this person's needs. There are Trustees in place who, as part of their role, ensure the purpose of the service does not change. Please note this service is a single occupancy service so registered to 151 Buckingham Palace Road. The provider operates from the person's home

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

The person received effective care and consistent support from a small staff team with the skills to meet their complex needs. Staff continually monitored the person's health and wellbeing and worked with other professionals to make sure the person received the treatment they required. They were committed to providing a service which put the person at the heart of everything they did and clearly demonstrated that they had built a very positive relationship with the person and saw them as their equal.

The staff team were exceptionally compassionate and knew the person extremely well and had built very strong and trusting relationships. They Staff were always willing to go 'above and beyond' if needed. Staff ensured the person was involved in all decision making and enabled the person to be as independent as possible.

The person used an alphabet board to communicate which enabled them to express their views. Care was organised around their wishes and preferences. Support plans were very detailed on the computerised system and gave staff detailed information about the person's complex needs, likes and dislikes.

The person was supported by staff to have maximum choice and control of their life and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The person was protected from abuse by staff who were aware of the different types of abuse and were confident if they raised a concern action would be taken. Medicines were safely managed. There were two staff allocated on duty throughout the day and night which was sufficient to meet the person's needs. The registered manager and staff delivered care to the highest standards, often undertaking additional tasks to ensure the person was protected and had a good quality of life.

The registered manager had been working with the person for 20 years. They knew the person they supported very well and was a very strong advocate for them to ensure their human rights were upheld.

The registered manager and provider's nominated individual had systems in place to monitor quality and identify where improvements needed to be made. Staff said the registered manager and the provider's nominated individual were very open and approachable which enabled them to discuss issues or seek advice.

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

Rating at last inspection

The last rating for this service was good (published 18 July 2017). At this inspection the overall ratings of the service has remained the same. However, the rating for the caring domain has improved and is now outstanding.

Why we inspected

This was a scheduled/planned inspection based on date of registration

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?

Outstanding ☆

The service was exceptionally 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.

Ben Russell Carers Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by an inspector.

Service and service type

Ben Russell Carers Limited is a domiciliary care agency and provides care and support to one person in their own home. The service was set up specifically to meet this person's needs

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. They had worked with the person for 20 years.

Notice of inspection

This inspection was announced. We gave the service notice of the inspection. This was because the provider operates from the person's home and we needed to arrange our visit at a time that suited the person.

What we did before the inspection

We looked at all the information we had received from and about the home since the last inspection. We also used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We visited the person at their home and were able to ask them about the support they received. This was with the help of a care worker who was able to use the person's preferred communication method. We also

spoke with a close relative to discuss the support the person received from the service.

We spoke with the registered manager, the provider's nominated individual (who is a registered nurse and oversees the person's daily clinical needs) and two support workers.

We spoke with the registered manager and nominated individual about the systems they used and looked at the person's medicine administration record on the computerised system and provider policies.

After the inspection

We sought feedback from health and social care professionals who supported the person and received feedback from three. We also contacted the person's court appointed deputy to ask their views about the service provided.

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 good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The person confirmed they felt safe with the staff who supported them. Health professionals confirmed the service kept the person safe. One commented, "The service is very clearly committed to keeping (person) safe."
- Risks of abuse to people were minimised because staff received training in safeguarding. This helped to make sure they knew how to recognise and report any concerns to ensure people were protected.

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

- Risk assessments were completed to identify and minimise risks to the person. The registered manager acknowledged the person had the right to take some risks, which were discussed and agreed.
- Staff recorded accidents and incidents which were reviewed by the registered manager. The registered manager said the person had not had a recent accident or incident.

Staffing and recruitment

- The registered manager ensured there were always enough staff to support the person and keep them safe. They had recently recruited a small bank team to stop the need to use agency staff when there were duties which could not be filled. This ensured the person had a consistent team who understood their needs.
- The provider had an appropriate recruitment process in place to ensure fit and proper staff were employed. This included checking of references and carrying out Disclosure and Barring Service checks (DBS).
- The person was involved in the recruitment process and met all potential new staff. The registered manager asked their views about the employment of new staff. The registered manager said it was important staff had the right skills and personality to work with the person.

Using medicines safely

- All staff had completed medicine training and had their competency checked and reviewed.
- The nominated individual oversaw the medicine management at the service. They input the person's medicine requirements into the provider's computerised medication system. When medicines were required to be administered it was clear on the computer what needed to be given and when it had been administered. All medicine administration was witnessed by two staff.
- The person was at high risk of developing chest infections, so antibiotics were held at their home. The

person's care plan gave staff clear guidance about signs to look for and action they needed to take if they suspected a chest infection.

Preventing and controlling infection

- The person was protected against the risk of the spread of infection because staff received training in good infection control practices.
- The provider had a policy which provided the staff team with clear guidance around good infection control practices.
- Staff had the required protective equipment (PPE's) available, such as gloves, aprons and goggles when providing personal care. This helped to protect people from the spread of infections.

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; Staff support: induction, training, skills and experience

- The person received care and support in accordance with their wishes and preferences. Staff knew the person well, their likes and dislikes and were guided by detailed support plans. This meant the person received support which was personalised to their individual needs and wishes.
- The person's support needs were regularly reviewed and updated when changes occurred. A full review was completed annually by the nominated individual and registered manager.
- The person was supported in accordance with up to date guidance because staff received regular training to make sure their knowledge was up to date. New staff completed in-depth induction training with the nominated individual and an induction workbook. As part of their induction they were required to read the person's support plans and provider's policies. This gave them a clear understanding of the person's needs and how the service operated. They also worked alongside experienced staff to get to know the person's complex needs.
- Training specific to the person's needs was provided. A healthcare professional said, "The staff are well trained and consistently demonstrate the knowledge and skills to support (person's) wide ranging physical and emotional needs. They arrange training sessions with me to ensure newly appointed staff are inducted into (person's) physiotherapy regime of care, and they also arrange regular sessions for long standing staff members to ensure their skills are kept up to date. I am always impressed in my sessions at the manner in which staff handle (person), consider (their) postural needs, and respect (their) personal choices. The atmosphere is one in which it is apparent that the staff seem to feel free to ask questions openly in order to advance their knowledge."
- Staff said they felt supported. They received supervisions and worked alongside the registered manager and nominated individual. Staff were asked for their views about their development needs and about ways to improve the service.

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

- The person was supported by a dietician as they had their nutrition through a PEG (percutaneous endoscopic gastrostomy) where nutrition, fluids and/or medications is be put directly into the stomach via a flexible feeding tube. Staff monitored the person's weight each month and liaised with the dietician regarding any weight loss or gain.
- The person's care plan contained detailed information for staff and followed the dietician's advice.

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

- Owing to the person's complex needs, they were supported by a range of services that ensured they experienced positive health and wellbeing outcomes. This included the local respiratory team, home ventilation team, physiotherapist and head and neck nurses. Staff ensured the person attended appointments and acted upon the professional's guidance. Health professionals confirmed staff contacted them promptly and followed their guidance. Comments included, "Staff are prompt to report any concerns that may have occurred since (person's) previous visit."

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.

- Staff sought the person's consent before delivering any care or treatment. For example, about timing of getting up and personal care. It was clear from speaking with staff they recognised the person had capacity and could make day to day decisions.
- The registered manager had a very good understanding of the MCA. Although the person had capacity, the registered manager regularly asked a psychologist to undertake capacity assessments for significant decisions to ensure they were always acting in the person's best interests.

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 has improved and is now outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- The service demonstrated a strong and visible person-centred culture. Staff were committed to providing a service which put the person at the heart of everything they did. Staff clearly demonstrated that they had built a very positive relationship with the person and saw them as their equal. Staff knew what was important to the person, including the football team they supported, to their love of cookery and watching a specific genre of films.
- The person received an exceptionally caring and compassionate service from a small team of staff, who had built up a positive and caring relationship with the person they supported. They spoke about the person in a kind, loving and caring way and were observed being very kind, calm and caring towards them. Some staff had worked with the person for many years and said how the person knew their families well and enjoyed their company. A health care professional said, "I am always impressed by the care and compassion that is displayed by all staff who work with (person). They treat (person) in a dignified and age appropriate manner. They consider ... interests and organise ... schedule accordingly. They are kind, caring and it is clear that many staff members see (person) as if he was a "a friend" / "family member" who they deeply care for." Another said, "I have always been very impressed with (person's) carers and the quality of care that they provide. (Person) is always immaculate when he attends his clinic appointments. His carers are kind and attentive and have a good relationship with (person)."
- Staff were always willing to go 'above and beyond' if needed. Recently the person had stayed in hospital, staff continued to support the person while in hospital as part of their duties. Staff also visited the person in hospital outside their contractual commitments
- Staff were always looking for activities which would interest the person and were very adaptable to accompanying the person to be able to attend. The registered manager gave an example where staff had identified there was a good food show at the NEC which the person would love. They said even though the rota had been completed, staff were flexible and the person had been able to attend.
- The registered manager had worked with the person for 20 years and was a very strong advocate for them to ensure their human rights were upheld. This had been evident during a recent illness where they had ensured the person had a 'voice'.

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

- The person used an alphabet board to communicate which staff used to enable them to express their views, and care was organised around their wishes and preferences. Staff ensured the person was able to express their views on a continuous basis about the care they received. The person had recently been unwell, and staff had supported the person to make decisions about the care and treatment they received

as well as including the person's family. The person confirmed that staff were caring and involved them in decisions.

- Staff and family members advocated for the person and had the support of a court appointed deputy to oversee the person's finances.
- Staff were involved in decision making about the person. Between each shift, staff had a handover meeting where relevant information about the person's needs were communicated. Staff recorded on the provider's computerised care system the person's health, wellbeing and emotions shown during their shift. The registered manager told us in their provider information return (PIR), "I review the care notes daily to make sure that all necessary tasks are being completed."

Respecting and promoting people's privacy, dignity and independence

- We observed staff interacting with the person in a respectful and dignified manner. The person's court appointed deputy said, "The staff have been with (person) for a long time, are very loyal ...and provide (them) with loving and supportive care. The care team are very aware of maintaining (person's) dignity in the tasks they perform for his personal care."
- Staff encouraged the person to be as independent as possible. They had a mobile phone and their own social media account which staff supported them to use each day. This enabled the person to stay in touch with families and friends and keep in touch with what was happening in their social group.

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 has 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

- The person received care and support in a way that was flexible and responsive to their needs. For example, they required regular physiotherapy which staff were trained to deliver at the person's home using a specialist tilt table. This enabled them to stay in their own home.

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 manager explained that staff enabled the person to use their mobile phone and social media account by mirroring the device onto the television, so it was enlarged.
- The person had very limited verbal communication skills. Staff said they knew the person well and recognised facial expressions, for example if you asked them if they were ok, they would look up for 'yes'. The person also used an alphabet board to assist them to communicate.

Supporting people to develop and maintain relationships to avoid social isolation;

- The staff supported the person to be actively engaged in meaningful activities and relationships. They had supported the person to visit a local club and friendships had been formed. Staffs' families had also developed strong relationships with the person and regularly visited to play interactive computer games and accompany on outings. For example, a trip was being planned to a local football match with the registered manager's family member. Staff had tried to encourage the person to go and watch the local football match, but the family member had persuaded them.
- Staff supported the person to undertake activities which included undertaking a local cookery course, going on holidays abroad and on a cruise.

Improving care quality in response to complaints or concerns

- The person and their relatives knew how to raise concerns and make complaints should they need to. The registered manager had not received any formal complaints since our last inspection.

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 as good. At this inspection this key question has remained the same.

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

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

- Staff were extremely motivated and enthusiastic about their work. Staff comments included, "I have never seen anything like it, I see what is done, I can't find a single fault nothing is overlooked here" and "It is brilliant...the staff are all on the same page, everyone adores (person), everybody knows their job role and works well as a team."
- Staff worked well together and were very happy in their work and demonstrated a sense of pride in the service. They had developed close relationships with the person, which helped to create a happy environment. One staff member said, "The relationship staff had with (person) when I came here was great and I have that relationship now."
- The registered manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. The registered manager told us they worked alongside staff on a day to day basis and staff were happy to approach them with any concerns or ideas.
- The registered manager and provider's nominated individual had systems in place to monitor quality and identify where improvements needed to be made.

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

- The service had a manager registered with the Care Quality Commission. They had worked with the person for 20 years and were exceptionally knowledgeable about their needs and passionate about providing a good service. A registered manager 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. The family member said, "They do a very good job".
- The registered manager was supported by the provider's nominated individual who was a registered nurse and oversaw the day to day clinical needs of the person. They worked well together; both had clear roles and discussed any concerns. They told us in their provider information return (PIR), "We have weekly meetings to go over everything that has happened in that week... We both look at CPD (continuing professional development) on a regular basis." We saw this was demonstrated by the registered manager who was undertaking a level five management and leadership course.

- There was a small team of 11 staff and a small bank team to ensure the person had a consistent staff team who had clear lines of responsibility and knew the person and their needs well. Staff said the registered manager and nominated individual were very open and approachable. During the inspection we saw staff and the person was very relaxed and comfortable with the registered manager and nominated individual.
- Health professionals were very complimentary about the way the service was managed. Comments included, "The service is extremely well led by knowledgeable staff who appear to deeply care for (person's) quality of life and well-being" and "From my perspective this is a very well-run team, who always have (person's) best interests at heart. They have an excellent overview of what is important to (person) and to his family, both in the short and long term. I rate them extremely highly. My wish would be that other people, such as (person), could receive such excellent quality care which enables them to live in their own home, in a caring environment, where their choices are respected, and their life lived to the full within the limits of their disability."
- The registered manager understood their responsibility to keep CQC informed of any notifiable events, providing additional information promptly when requested and working in line with their registration.
- Staff had a handover meeting at the changeover of each shift where key information about the person's care was shared. The computer system used by the provider could send alerts to staff, so they were informed of any changes. The registered manager said they could also send out urgent messages which required staff to indicate when they had read the information, so the registered manager was assured the information had been shared. This meant staff were kept up to date about changing needs and risks.

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

- The registered manager sought the views of the person on an informal basis each day and with their family members every three months. The person's family regularly visited and contacted the service and were kept informed as appropriate.
- Regular staff meetings were held. Meetings were an opportunity for staff to share any concerns, as well as keep up to date with working practices and issues affecting the service. The registered manager said, "Because we are a small team, we regularly speak with each other and share ideas."

Continuous learning and improving care; Working in partnership with others

- The person received the care and support they needed because staff worked with other professionals to ensure they provided the support they required. They ensured, where appropriate, family members were kept up to date with any changes in the person's treatment and support needs.