

Beecholme Support Services

Beecholme Support Services

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 8 March 2016, and was announced.

Beecholme Support Services is a domiciliary care service which provides support to people across Wakefield. Currently the service supports older people and people living with a diagnosis of dementia.

There was a registered manager in post at the time of our inspection. 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 who used the service and their relatives told us they felt safe with the care staff that supported them.

We found that whilst there were risk assessments in place they were not always correctly completed and some were incomplete as there was no risk level identified.

There were sufficient staff to provide the care visits which were planned safely and to allow a regular team of care staff to attend people regularly.

There had been evidence of missed and very late calls in the later part of 2015. Records showed and people we spoke with confirmed that the situation had significantly improved since this time and people told us they now received a good reliable service.

The recruitment process which was in place was not always followed prior to care staff starting to work independently. We found two instances where care staff did not have the relevant employment references in place.

This was a breach of Regulation 19 Fit and proper persons employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found there were risk assessments and accurate records in place for the medicines which people required support with. We found that medicines were managed safely by staff who had undertaken relevant training.

Staff had received moving and handling, safeguarding and medication training, however they had not all received other training necessary to their roles.

We found the service carried out regular spot checks of staff that were supporting people in their own homes; they did not always receive supervision as regularly as they should. This had been identified and was

being addressed.

We saw from the care files we reviewed that the registered provider was seeking and gaining consent for care from the people they supported.

Staff were kind, caring and compassionate and maintained people's privacy. People told us care staff treated them with dignity.

We found that some of the care plans which were in place were person-centred and detailed whilst others were not. This had been identified by the registered provider and was being addressed.

The processes which were in place to audit and monitor the quality and safety of the service were being developed and were not yet complete. There was clear evidence the registered provider understood the need to collect key information, however they were yet to put in place processes to collate and analyse the information they gathered.

This was a breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

There was evidence there had been missed and late calls.

Safe recruitment practices were not always followed before staff began employment.

The provider needed to update the risk assessments which were not completed correctly.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff had not received all their mandatory training in a timely manner.

Staff had not always received regular supervision sessions.

Consent to care was gained.

Is the service caring?

Good ●

The service was caring.

Staff were kind, caring and compassionate.

The service offered advocacy services to people who did not have support.

Staff maintained people's privacy and dignity.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care plans were not always detailed and person-centred.

Care plans were reviewed, but some of the reviews were not adequate.

People were offered choice and were treated as individuals.

Is the service well-led?

The service was not always well—led.

There had been a period where there had not been any oversight of the service which had led to a decline in the quality of service provided.

Processes for auditing and monitoring the quality of the service were being developed but were not yet fully operational.

Records were of a good standard.

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 was planned to check 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.

This inspection took place on 8 March 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to us.

The inspection was carried out by an adult social care inspector. Prior to the inspection we reviewed all the information we held about the service. The service did not provide services under contract to the local authority, so we were unable to gain their views.

The provider was asked to complete a provider information return (PIR) which they did and they returned this to us. This 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. This information was also used to assist with the planning of our inspection and to inform our judgements about the service.

During this inspection we looked at the care records of four people who used the service, three staff files which included recruitment and training information, safety records including portable appliance testing (PAT) and records relating to the monitoring of the service by the registered manager and registered provider.

We spoke with two people who used the service, a relative of a person who used the service, the registered manager, the manager, the directors and two members of staff who worked in the community offering support to people in their own homes.

Is the service safe?

Our findings

People who used the service told us "I feel safe with the carers; I used to be (a health professional) so I know what is good practice and what is safe." A relative of a person who used the service told us "The carers are very good, I always feel (relative) is safe when they are supporting them." Another relative told us "There were some problems in the early days a few months ago now, there was one occasion where no-one came to help (relative) I had to do it all myself. Things have been much better over the past month or so."

There were comprehensive policies in place relating to safeguarding people who received support. The policy was very detailed and described the responsibilities of staff and the processes which needed to be followed. Staff we spoke with demonstrated a good understanding of the types and signs of abuse and they were clear to whom they would report any concerns. Staff were aware of the whistle blowing process and knew who they would contact with their concerns; staff told us they would be confident in doing this if they needed to.

We looked at the risk assessments which were in place for the people who received support. We found that whilst there were comprehensive risk assessments in place which covered all aspects of the support given and the environment in which care staff were working, these had not been correctly completed. We discussed this with the registered manager. They told us that they had already identified this was the case and they were working with an external consultant to improve the standards and to ensure that all risk assessments were updated to the required standard.

The accident and incidents which occurred were recorded on the electronic system which was in place. Each record was linked to the person who used the service and the staff member/s which it related to. The records were detailed and date and time stamped when they were added to the system. There were further records added where further information had come to light or where investigations had been carried out. This meant the registered provider was recording accidents and incidents correctly and in a way which was easy to access and review.

We looked at the staffing levels in the service. There were 13 staff working with people in their own homes at the time of our inspection. We looked at the number of planned visits and the total number of hours and found the staffing of the service was adequate to provide safe care. People who used the service we spoke with told us that they had a regular team of care staff and that whilst there had been some issues previously the situation had dramatically improved over the last month. We asked the registered manager why this was, they told us there had been a change of staff late in 2015, as they had identified there were issues with the way the service was being run. They attributed the improvement to this change and them being more hands on in the running of the service.

We looked at the recruitment process which was in place. We reviewed the staff files of three members of staff. We found that whilst there was a clear process in place which was based on the organisation's recruitment policy, this was not being followed in all cases. We found that all staff had been subjected to a disclosure and barring service (DBS) check, however the service had not received two written references in

all cases. We found there were two staff who had only received one reference before they were allowed to start working independently. We discussed this with the registered manager and external consultant, who told us they were chasing the references for these staff members, but had needed to allow the staff to start work as there had been a number of staff who left at the same time when the office staff changed, and they needed to replace them to maintain the safety of the service. We were assured this would not happen in the future and the missing references were in hand. The staff files we looked at related to staff who had only recently been employed by the service.

This demonstrated a breach of Regulation 19 Fit and proper persons employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw there were comprehensive medicine risk assessments in place in all the care records we looked at. The risk assessments covered whether people needed support and if so to what level. The person's current medication was listed and there was evidence this was kept up to date. There was information on where the medicines were stored, the person's pharmacy and GP and any family who were responsible for the ordering or collection of medicines. There was a body map which detailed any topical creams or ointments which needed to be applied, at what interval and where on the person they were needed.

We saw in the medication policy there were three levels of support, and we found this was reflected in the medicines risk assessments we saw. There were medication administration records (MARs) which had been completed and brought back into the service. We saw that with only one exception these were completed correctly and we found only one gap in the signatures on the MARs we reviewed. This meant that medicines were being managed safely and in line with the organisation's policy.

We spoke with staff about their role in ensuring people they supported in their own homes were protected from the risk of infections being brought to them by staff who had supported other people. Staff understood the need to wear personal protective equipment (PPE) and told us they made sure their uniforms were clean and that they washed their hands regularly. Staff told us there was a plentiful supply of PPE available to them.

Is the service effective?

Our findings

People who used the service told us, "I feel the staff know what they are doing, I have an unusual hoist and the manager made sure that staff knew how to use it before they started my care." A relative of a person who used the service told us, "Yes the staff are really good, they know how to support (relative), they know how to use the equipment, and I would say they know what they are doing."

We looked at the training records for the service. We found that whilst staff had been trained in some of the mandatory subjects including moving and handling people, safeguarding and medication, they had not been trained in other areas such as food safety, emergency aid and fire safety. We raised this with the registered manager and the external consultant who told us this training was planned and staff would be fully compliant within 12 months. We saw there was a training plan in place which demonstrated this was the case. The registered manager accepted the training should have been delivered to staff in the early weeks of their employment and assured us this would be the case in the future.

We saw in staff files there was evidence staff received an induction before they started work. This covered the organisation's policies and procedures and the basic training they needed to start their roles. Staff we spoke with told us they had received this training and they found it useful and informative. The staff we spoke with told us they had worked in caring roles previously so had undertaken training with their previous employers. Staff told us they felt they had the skills and knowledge to carry out their roles, but did say they welcomed the training which was now being offered to them. One member of staff told us "I am going back in tomorrow for some more training, it is really good."

We saw evidence in the staff files we reviewed there was regular 'spot checks' being carried out on staff. Spot checks are visits which are carried out by senior staff to observe care staff carrying out their duties to monitor the quality of their practice and to ensure the safety of the people who are being supported. We saw there were some areas which were raised repeatedly, one of which was new staff not having their uniforms. We discussed this with the registered manager who told us they had decided to change the colour of their uniforms and there had been a delay in receiving these. They assured us there was no longer an issue with supply and that all new staff would have their uniforms before starting work. The other common theme was that staff did not have identification badges. We discussed this with the registered manager who told us they had not had a machine to produce the badges for a period, this had now been rectified and all staff had current photograph identification badges.

We saw there was evidence that care staff were receiving supervisions, although these had not been as regular as they should have been. This had been identified during the quality review of the service. There had been a field supervisor post created, part of the role was to ensure that regular supervision and spot checks were completed. We saw there was a monthly planner in place to carry out these sessions in line with the organisation's policy. This meant whilst there had been some variation of the regularity of supervision sessions this had been identified and action taken to make sure this was addressed.

We looked at how the organisation communicated with their field based staff. All care staff were supplied

with a mobile phone which was linked to the computerised system which created the rotas and all other records which related to the people who used the service. We saw there were staff meetings held every quarter and these were well attended and minuted to show what had been discussed. The content of the meetings was relevant and included regular reminders of best practice and organisational policies and procedures. Staff were able to call the office at any time (including an on call service out of office hours) they were working to gain advice and support from a more senior member of staff. This meant the registered provider was making sure that they were communicating well with their staff.

We looked at the organisation's policy for gaining consent for the care which was being provided. We saw the policy was very detailed and explained the need for consent and how this was to be gained. We looked at the care plans and found they were signed by the people to whom they related to show they agreed with them. The care plans we reviewed were for people who were assumed to have capacity as there was no reason to doubt their ability to make their own decisions. We spoke with the registered manager who understood the need for mental capacity assessments and best interest decisions to be made in cases where people did not have capacity to make their own decisions in relation to the care they received. We saw there was a separate consent which was signed where people needed support to take their medicines. This demonstrated the registered provider was taking the necessary measures to ensure that people had given their consent.

We saw care staff were required to give basic assistance to people to prepare microwave meals, sandwiches and hot and cold drinks. People we spoke with who used the service told us they found the staff carried out these tasks in line with their wishes and they told us when asked that they had no concerns about the support they received with their nutrition and hydration needs.

We asked staff how they would ensure that people were kept healthy. Staff told us they would always report any changes to the people they supported to the office team after they had gained their consent to do so, who would then contact other health professionals and members of family if appropriate. Staff told us the office team were responsive when they raised concerns and they received feedback to say that action had been taken. We saw entries on the computer system which showed concerns that had been raised and the action which had been taken.

Is the service caring?

Our findings

People we spoke with told us, "The staff are a great bunch; they are friendly, helpful and caring." Another person told us "The carers who come are excellent; we have a regular team who are great."

The staff we spoke with were positive about their roles and demonstrated passion in the way in which they spoke about the people they supported and the satisfaction this gave them. People we spoke with told us they had no complaints about the care staff and were very happy with the support they received. There had been some issues for most of the people we spoke with at the end of 2015, but all agreed these issues had been completely resolved and their care and support was stable and reliable.

Staff and people who used the service spoke of each other with kindness and respect, people told us they valued the company of the care staff who visited them and they liked that they had a regular team of care staff who knew them and how they liked to be supported.

We saw the provider had a comprehensive policy in relation to equality and diversity and information on the subject was included in the induction which was delivered to all staff before they started work. Staff were able to explain to us how they would be able to meet people's specific needs in relation to their culture or religion for example.

The registered manager told us they supported people's well-being by working alongside other agencies, for example social services when they carry out assessments and reviews and other health professionals by sharing relevant information in a timely manner.

We saw the service had a link to an advocacy service and the registered manager told us they would offer this service to anyone who did not have other support networks available to them. There was a detailed policy which explained the purpose of, circumstances where advocacy should be considered and the process to be followed to access the service.

We saw as part of each member of staff's induction there was a session on their responsibilities in relation to protecting and maintaining the confidence of the people they supported. Each member of staff had signed a confidentiality agreement. The information which was held by the service was securely stored. There were paper based records which were kept in locked filing cabinets and information which was stored electronically which could be accessed securely from anywhere, which meant that even if the office was not accessible for any reason staff could still access all the key information they would need.

We spoke with staff and asked them how they would ensure they respected people's privacy and dignity. Staff told us they would make sure that doors and curtains were closed when they were assisting people and they would try to keep people as covered as possible. Staff told us they understand the importance of encouraging people to do as much as they could for themselves to maintain their independence.

The registered manager told us the service was not currently caring for anyone who was at the end of their

life, but they understood the needs of people at the end of life due to their nursing background and would treat people with compassion and ensure their needs were met.

Is the service responsive?

Our findings

A person who used the service told us, "They were so professional; they came out several times to carry out assessments and to make sure they knew how my hoist worked and how I liked to be cared for. They asked appropriate questions and they listened to my opinions. I had been with another provider before this and it was awful. This has been a very different experience."

We reviewed the care records of four people. We found some of the care plans were detailed and had sections which were very person-centred and detailed people's likes, dislikes and preferences. There were detailed pen pictures which explained the person's life history and their family situation. However, we also found some of the care plans were lacking in detail. We saw one care plan where the description of the person consisted of only two sentences. We also found the needs assessment had only been partially completed in these cases. We discussed this with the registered manager who agreed the care plans were not adequately detailed. They had undertaken audits of care plans and had identified the issues recently. The field supervisor was being trained to be able to review and improve all care plans which were not adequate.

People we spoke with told us they were involved in the planning of their care and felt the assessments which had been undertaken were detailed without being unnecessarily intrusive. People told us they were aware of what was in their care plans and they were happy with the process. We saw evidence there had been reviews of people's care plans and risk assessments, although some of these had been carried out before the issues with detail had been identified and were not of sufficient quality. This showed that whilst there were some problems with some of the care plans we reviewed the registered provider had already identified the issues and was taking action to resolve these.

We asked the registered manager how they worked with people they supported to make sure they were not socially isolated. The registered manager told us they offered sitting services, which were for companionship and to allow family carers to have a break.

The care plans we looked at in some cases encouraged and reminded the care staff that people should be offered choice wherever possible. We spoke with staff who confirmed they offered choice to people as routine when supporting people. One carer told us "It is easy to remember because it is their house; I would never go to anyone's house and assume I know what they want."

Staff we spoke with told us everyone they supported had different needs and were very different people. Staff demonstrated their understanding of the importance of treating people as individuals.

We looked at the records which were held for concerns, complaints and compliments. The external consultant told us that one of the problems they had observed was that whilst the office staff automatically recorded a concern or a complaint; they were not recognising the need to record compliments. There had been a process put in place to capture the positive feedback. We heard there was a telephone call which was a person giving positive feedback about the care and support they received. Concern and complaint

records were stored electronically, which whilst detailed made it difficult to see how many there had been or to carry out any analysis of the content of the concerns. This meant that whilst complaints were being recorded and dealt with appropriately there was no process to track complaints. A relative of a person who used the service told us "I complained because the carers were always late, we never knew when they were going to come. The manager sorted it out straight away and it has been really good ever since."

Is the service well-led?

Our findings

There was a registered manager in post at the time of the inspection. The registered manager was also a company director. There was a manager in post who was completing their probationary period.

We spoke with staff and found they liked working for the service and were very positive in their feedback about the office team over the past few months and the level of support which they were receiving.

People who used the service told us they felt the service was well led over very recent months, although they all reported having concerns prior to then. The concerns had been in relation to missed calls and care staff being very late or in some cases very early. We saw there had been variation in people's call times by up to three hours. We discussed this with the registered manager and the external consultant, who told us they were aware of the issues and these had been addressed as they had recently put all the care calls into geographical 'runs' which meant care staff were not travelling long distances between calls. The dates given for when this had started correlated with when people told us their service had improved.

We found evidence the registered manager had for a period in 2015 not had adequate oversight of the service which was being provided. The office staff who were in post had not been supervised and monitored and this had led to the issues with late and missed calls, inadequate care plans and risk assessments and dissatisfaction of the people who used the service and their relatives. We discussed this with the registered manager and the other director. They agreed they had not monitored the service adequately.

There was clear evidence however that they had identified the issues within the service late in 2015 and had taken action to safeguard the people who used the service by improving their standards. This had included some staff leaving and being replaced with staff that were better qualified and experienced for the roles they were undertaking.

The directors were open in their discussions about the failings they had found, and understood their responsibility and accountability to the people they supported and the staff they employed. The directors had been proactive and had reduced the size of the service temporarily (by not taking on new people) to allow them to make the changes and improvements more quickly and in a controlled manner.

We looked at the auditing processes which were in place. We found that whilst there had been little auditing carried out during 2015, there had in consultation with the external consultant been new processes implemented. We saw evidence these processes were live and in use. We discussed the level of detail which needed to be extracted from the audits as some audits were basic and did not give the information needed to analyse.

We discussed with the registered manager and director that whilst they were gathering valuable information this was not being collated to allow them to use it to identify areas for further improvement. We recommended they set up systems which allowed them to easily access key data which monitored the quality and safety of the service.

We saw there was a process in place to gather the views of people who used the service. The questionnaires were all filled in by staff during routine visits to people who used the service, and were almost identical. We discussed this with the registered manager who agreed the information could not be relied upon as it was not gathered impartially. There was a new process being implemented, this was a postal questionnaire which people completed with their own support network and the results of which would be valid.

We reviewed the daily care records which had been returned to the office from people's homes. We found these were adequately detailed and gave the reader an insight into the visits and how care staff had found people to be on each visit. We found the records which were kept electronically were of the same standard and included all relevant detail.

Registered providers and registered managers have a duty to report to the Care Quality Commission of specific types of incidents or changes to the service. We had received very few notifications from the registered manager in the past year. We spoke with them about this and they accepted they were not always sure what they needed to notify us of. We recommended they refer to the current provider information which is available on our website. The registered manager assured us this would be done immediately.

These examples demonstrated a breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance auditing processes were not in place to allow directors to have any oversight which had led to failings in the service and poor quality support being given

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed not taking up all employment references before allowing staff to work unsupervised in people's homes