Care Quality Commission

Beyea Care Limited

Beyea Care

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 23 September 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to know that someone would be available.

Beyea Care provides personal care support to approximately 80 people living in their own homes.

There was a registered manager in place. 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 and their relatives told us they felt safe with the care and support provided by the service. Staff knew what action to take to ensure people were protected if they suspected they were at risk of abuse. Risks to people's health, safety and wellbeing had been assessed. Staff were given guidance on how to minimise any identified risks to keep people safe from harm or injury.

Where the service supported people with their medicines this was done in the way they preferred. However, the recording of medicines which had been administered did not meet current good practise guidelines. This was because record keeping did not a reflect what medications people had been supported to take?

Summary of findings

Staff received appropriate training and support to meet people's needs. Training was monitored to ensure staff skills and knowledge were kept up to date. Staff were supported by the registered manager and other senior staff to discuss any issues or concerns they had. People and their relatives said staff had a good understanding and awareness of people's needs and how these should be met. The service did not always schedule visits to allow staff time to travel between calls.

People's care plans were individualised and reflected their specific needs and preferences for how they wished to be cared for and supported. People and their relatives said they felt able to express their views and were listened to. People's care and support needs were reviewed regularly to ensure staff had up to date information about people's current care and support needs.

People and their relatives told us staff looked after people in a way which was kind, caring and respectful. People's right to privacy and dignity were respected and maintained by staff, particularly when receiving personal care. People were encouraged to do as much as they could and wanted to do for themselves to retain control and independence.

There was a quality assurance programme which checked care was being provided to an acceptable standard. However, where areas for improvement were identified action plans were not developed to address these.

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

Summary of findings

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 consistently safe.

The service was not recording medicines given to people appropriately.

The service did not schedule visits to allow staff time to travel between calls.

Care staff had a good understanding of how to safeguard vulnerable adults and people were encouraged to raise any concerns.

Is the service effective?

Good

The service was effective.

People received care from a staff team who had the skills and knowledge to meet their needs.

People were asked for their consent before care was given.

Staff liaised with other professionals to make sure people's healthcare needs were met.

Is the service caring?

Good

The service was caring.

People had good relationships with care workers and people were treated with respect and kindness.

People and their relatives were involved in making decisions about their care and these were respected.

Is the service responsive?

Good

The service was responsive.

People's care was assessed, planned, delivered and reviewed. Changes to their needs and preferences were identified and acted upon.

People were aware of the service complaints policy and knew how to make a complaint.

Is the service well-led?

Good

The service was well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

The service had a quality assurance systems. However, where areas for improvement were identified action plans were not always put in place.

Beyea Care

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 23 September 2015. 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 was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our experts experience was older people.

Before the inspection we reviewed information we held about the service, such as notifications and information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with the director who is also the registered manager, the associate care manager, two quality field managers and four care workers. We looked at records in relation to four people's care. We also looked at records relating to the management of the service, recruitment, training, and systems for monitoring the quality of the service.

As part of the inspection we visited seven people in their own home and spoke with 18 people who used the service or their relatives on the telephone.

Requires improvement

Is the service safe?

Our findings

The service was not recording medicines given to people appropriately. This was because where a person received their medicine from the pharmacist in a 'blister pack' which contained a number of different medicines, the service was recording on the medication administration record (MAR) 'as per blister pack'. The blister pack was disposed of when all the medicines had been administered which meant that the service did not have a record of all of the specific medicines administered to an individual. It is important there is a record of this so that if someone's health needs change or there is an incident effecting their wellbeing, health care, professionals, relatives or others know what has been taken.

This was a breach of Regulation 12(2)(g) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Where people were supported to take their medication they were supported in the manner they preferred. For example one person told us, "I cannot take my pills without a drink, they give me a drink." Care workers were provided with training and had undergone medicines competency tests. People's records provided guidance to care workers on the level of support each person required with their medicines. Records showed that, where people required support, they were provided with their medicines as and when they needed them. Where people managed their own medicines there were systems in place to check that this was done safely and to monitor if people's needs had changed and if they needed further support. Where errors had happened with medicines, appropriate action was taken to reduce the risks of similar incidents happening and to safeguard people

All of the people we spoke with were positive about the care they received. People told us they felt safe with the care staff in their homes, and trusted the staff that supported them. Comments included, "Yes I feel safe and they are very nice – they are invaluable", "Absolutely safe and I trust them" and "Yes I am safe and they are nice and friendly."

Relatives supported this view and told us they were happy with the service provided. One told us, "[Relative] is safe and I trust the fellow completely, he helps [relative] in the bath for safety and he does everything perfectly." Another told us, "Yes [relative] is safe and we have no problems, they are lovely ladies and we would not be without them."

People were encouraged by staff to raise any concerns they may have about their safety. This was demonstrated when, whilst visiting a person in their home, accompanied by the service quality field manager, the person raised a concern regarding an incident which had occurred in the community.

The staff we spoke with demonstrated a good understanding of how to support adults and protect them from avoidable harm. They knew what to do if abuse occurred or if they suspected it. Everyone said they would take immediate action to keep the person safe and then report any concerns to the management team. They were confident the management team would respond appropriately. Staff we spoke with told us they had received training in safeguarding and this was regularly updated. The staff records we saw supported this.

People's care records included risk assessments and guidance for care workers on the actions that they should take to minimise the risks. These included risk assessments associated with moving and handling and risks that may arise in people's own homes. Reviews of care with people and their representatives, where appropriate, were undertaken to ensure that these risk assessments were up to date and reflected people's needs.

There were sufficient numbers of care workers to meet people's needs and if care staff were running late for any reason they let them know. One person told us, "No missed calls and if they are going to be late they will phone but it does not happen often. It might be five or ten minutes late only." Another person said, "No missed calls and they are on time give or take 15 minutes but if they are going to be late they always ring me or they ring me to see if they can come earlier – it is not a problem to me and I am quite happy." Late calls were a common theme running through the quality assurance surveys carried out by the service. We looked at two care staff rotas for one week. A number of calls were scheduled with no gap between them for staff to travel from one person's house to another. The registered manager told us that travel time was planned into the care workers schedule if they needed to travel any distance but care workers were not paid for their travel time. They said that they tried to plan calls close together to keep travel

Requires improvement

Is the service safe?

time to a minimum. Care workers explained how they would start early and finish later to ensure that they had sufficient time at each call. The service was not scheduling visits to ensure that care workers had long enough to complete their work and relied on care workers to not compromise the quality of their work or the dignity of the person, due to insufficient travel time between visits.

Appropriate checks were undertaken before staff began work, this included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working in this type of employment.

We recommend that the provider considers the NICE guidelines on delivering personal care and providing practical support to older people living in their own homes especially scheduling of visits.

Good

Is the service effective?

Our findings

People told us that care staff had the skills and knowledge to meet their needs. One person said, "Yes, they have the right skills for me." Another said, "They are very well trained and the carers speak to my [relatives] and keep them informed and my [relatives] are happy with the carers and they keep in touch." A relative said, "Definitely they have the right skills."

Care staff undertook a one week induction programme in the classroom and shadowed experienced care staff before providing care to clients. The induction covered practical skills such as moving and handling and infection control. Skills for Care assessments were carried out at the end of the induction to ensure staff had attained a good level of understanding.

Care staff confirmed they had access to regular training and supervision which equipped them to provide support which met people's needs. One member of care staff said, "They support us well with any problems, care or personal." Another told us they had recently completed a British Sign Language course which enabled them to communicate more effectively with a person they supported with a hearing impairment. Care staff also told us that they were encouraged and supported to obtain professional qualifications. This told us that the systems in place provided care workers with the support and guidance they needed to meet people's needs effectively and develop their knowledge and skills.

People's consent was sought before any care and treatment was provided and the care workers acted on their wishes. One person told us, "They always ask before they do anything." A relative said, "Yes they help getting [relative] up and [relative] is totally in control when they are hoisting [them], toileting [them] and dressing – [they] likes to be in control."

Care staff we spoke with demonstrated an understanding of the Mental Capacity Act. Care records identified people's capacity to make decisions and they were signed by the individual to show that they had consented to their planned care and terms and conditions of using the service.

Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. When we visited people in their homes we saw that, where people were not mobile, a drink had been left within reach.

People were supported to maintain good health and have access to healthcare services. Care workers understood what actions they were required to take when they were concerned about people's wellbeing. Records showed that where concerns in people's wellbeing were identified, health professionals were contacted with the consent of people. We observed staff in the office following up on a doctor's appointment for a person. When treatment or feedback had been received this was reflected in people's care records to ensure that other professional's guidance and advice was followed to meet people's needs in a consistent manner. One person told us, "The district nurse comes in and the carers co-operate with them – it works well."

Good

Is the service caring?

Our findings

People had developed caring relationships with the care staff that supported them. One person told us, "The carers are marvellous." A relative told us, "They are very friendly and do what they have to do but always ask before they go is there anything else we can do for you – they are nice."

People told us that care workers understood what was important to them and had a caring approach. One person said, "They are friendly and very nice. The male carers they have the same interests, might talk football with me and the female carers always ask after my children – I get on well with them." Care workers understood why it was important to interact with people in a caring manner. They knew about people's needs and preferences and spoke about them in a caring and compassionate way.

Care workers told us that people's care plans provided enough information to enable them to know what people's needs were and how they were to be met. Care records identified people's preferences, including how they wanted to be addressed and cared for. One person told us how they were asked for their preferred the gender of care workers and that this was respected. They said, "I have a man, that's what I want."

People were able to express their views and be actively involved in making decisions about their care and support.

One relative told us, "They say to [relative] would you like to go to the toilet first or would you like to wash first and they ask do you want to sit on the bed or are you happy to stand?" another relative said, "Of course they care and they really respect [them] and they ask [them] would you rather have a shower or a strip wash."

People were treated with dignity and respect. One person told us, "I don't get embarrassed with any of them." Care workers we spoke with described how they maintained people's privacy and dignity by covering them with a towel when providing personal care and ensuring curtains were closed.

When receiving care and support people were encouraged to be as independent as they wanted to be. One person told us, "They take me shopping once a week and they always ask do I need a wheelchair or a scooter or try to walk and if I want to walk they say if you are tired we will soon go and get you a wheelchair." A relative told us, "[person] was having carers every day but [person] has improved so only need them once a week now." Another relative said, "They definitely promote [relatives] independence and they encourage [relative] to go outside and sit in the sunshine and they go and get the deck chairs from the shed and put them out and take [relative] outside – [they] sat out there for an hour today getting the fresh air."

Good

Is the service responsive?

Our findings

We found care and support was planned and reviewed in partnership with people and their families. People told us they were involved in developing and reviewing their care plan on a

regular basis. One person said, "They come once a month and ask if I have any complaints and they ask for feedback and come and watch the carers work."

Before the service began to provide care to a person a thorough assessment of their needs was carried out. One person told us, "When [service] came to assess they were here for two and half hours getting to know [relative] and that was reassuring." Care records showed that the assessment looked at a person's care needs including mobility, personal hygiene, communication and psychological needs.

Care plans detailed the care that people required and preferred to meet their needs. These included people's diverse needs, such as how they communicated and mobilised and any specialist equipment they used such as a special mattress to prevent pressure sores.

A full review of the care plan was carried out every year. In the interim a senior member of care staff visited people every six weeks to ensure the care they were receiving was still meeting their needs and was to the required standard. These visits also provided people with a forum to share their views about their care and raise concerns or changes. A person said, "[Service] comes and checks and pops in regularly after they have rung and made an appointment and always asks me if I have anything to add." A relative told us, "We have a visit from head office quite regularly and [they] sits with [their] pencil and pad and watches – they are supervised. The boss phones and he comes and sees [relative] and talks to [person]."

We accompanied two senior carers on review visits. Comments received from people in their care reviews were incorporated into their care plans where their preferences and needs had changed. For example one person's continence needs had changed and a referral was made to the continence nurse. Another person was experiencing problems with taking their medicines and the senior carer discussed with the person if they would like support with their medication.

Care workers told us that if they identified changes in a person's care needs between these visits they would have no hesitation in contacting the office. They were confident that a visit would be brought forward to address their concerns.

People knew how to make a complaint or raise a concern and felt that they would be listened to. One person told us, "No complaints been made, I have got a service users guide and in there is the way in which to make a complaint." Records showed that there had been no formal complaints in the past year.

Good

Is the service well-led?

Our findings

The management of the service worked to deliver high quality care to people.

People told us that they had regular contact with the management of the service. One person said, "They [office and carers] interact well with us – they are really quite good and the same ones come and they are like friends." Another person told us, "I would definitely recommend them, the carers are brilliant. The manager comes regularly to the house and does an assessment and she asks questions like do they wear an apron. She has been three times since we started with them and not had them a year. It is reassuring that she comes and checks." Records showed that quality checks were carried out every three months. During our inspection we accompanied senior staff when carrying out these checks. People's care and support was discussed with them in an open and transparent manner. There was open communication with people who used the service, those that mattered to them and the staff member.

Care staff told us that they felt listened to by the management team. They were fully aware of their role and the purpose of the service they delivered. They told us that people who used the service were always their priority and they treated them with dignity and respect. They were positive about the support and advice they received from the management team. One member of care staff said, "If I need any help I just have to ask."

Regular staff meetings were held where staff were able to discuss issues that concerned them. For example a recent meeting had discussed the changes being implemented by Suffolk County Council relevant to domiciliary care. Staff told us that if they made any suggestions to improve working practices the management team listened to them and implemented them if possible. One care worker gave us an example of changes that had been made to their rota following the problem being raised at a staff meeting.

Staff told us that they were provided with feedback at supervisions in a meaningful manner. Records of supervisions were structured showing what the person had achieved and where development was needed.

Records showed that spot checks were undertaken on care workers. These included observing care workers when they were caring for people to check that they were providing a good quality service. Where shortfalls were noted these were addressed with the care worker and appropriate action, such as further training, was put in place.

Through on-going monitoring of the quality of the service the provider identified areas for development. The results of an annual satisfaction surveys was fed back to staff at staff meetings. However, where this survey and other quality monitoring systems showed areas of trends, where the service could improve action plans were not put in place to drive improvement.

Monthly audits were carried out which checked areas such as the medication and care plans. Where areas for improvement were identified these were addressed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 12 HSCA (RA) Regulations 2014 Safe care and treatment **The administration of medicines was not recorded appropriately.**