

BeeAktive Care Limited

BeeAktive Care

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

About the service

BeeAktive Care is a domiciliary care service in the London Borough of Bromley providing personal care and support to people living in their own homes. The service supports people under a discharge from hospital scheme. Some people using the service have longer term assessed packages of care and support. At the time of the inspection the registered manager told us there were 40 people in total using the service under both schemes.

Not everyone who used the service received personal care. 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

Overall the feedback we received from people and relatives was complimentary. However, we found concerns about aspects of the management and governance of the service. Although there had been some improvements made to staff recruitment processes following the issues we identified at the last inspection; legal requirements were still not consistently met. The monitoring of the quality and safety of the service was not always effective. Care plans did not always provide an accurate record of care and support. Records related to the management of the service were not always robustly maintained.

Other areas needed improvement and there were other breaches of regulation. Staff did not have sufficient skills and knowledge to meet the needs of the people they supported. Records did not verify that all staff new to health and social care received training to a recognised standard. Although these issues were acted on following the inspection.

Some risks to people were identified and assessed other risks were not, or, did not include enough detail on how to reduce the risks for people or staff. Medicines were mostly administered safely but medicines risk assessments did not always assess or identify all possible risks and the system for recording and administering topical creams was not robust. Action was taken to address some of these issues following the inspection. Staff did not have full understanding of their roles under the Mental Capacity Act 2005 and code of conduct.

People's communication needs were assessed but it was not evident that they had been consulted about a more suitable format for them to be given information about the service.

People and their relatives told us they felt very safe and well cared for. They usually had the same group of care workers who were mostly reliable and stayed the full length of the call. Staff had safeguarding training and understood their roles in relation to safeguarding. There were systems to administer oral medicines as prescribed. Staff understood how to reduce the risk of infection.

People's needs were assessed before they started to use the service. People's nutritional needs were identified and met. We saw some complimentary feedback on the way the service worked with health professionals and relatives to ensure people's health needs were met. However, we identified that some improvements were needed to ensure staff had a full understanding of people's health needs.

We received some very positive feedback about the way staff treated people with dignity and respected their privacy. Staff sought people's consent when offering them support. People and their relatives said staff treated them with care and kindness and they were encouraged to be as independent as possible. People's needs in respect of their protected characteristics were assessed and supported. Staff understood people's cultural and religious needs and how to support them to meet these needs where required.

There were some systems to monitor the quality and safety of the service through checks on medicines records, daily notes and spot checks on staff. Staff received regular supervision to support them in their roles. Staff told us there was a very supportive working culture at the service and the management team were approachable and available. Our observations confirmed this was the case.

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

Rating at last inspection and update

The last rating for this service was 'Requires improvement'. (Report published October 2018) and there was one breach of regulation. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made but the provider remained in breach of the same regulation and we found four other breaches of regulations.

Enforcement

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

BeeAktive Care

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 over three days by an inspector. An expert by experience made calls to people and their relatives on one day. 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 that provides personal care and support to people living in their own homes or flats.

Notice of inspection

We gave a short period notice of the inspection because we wanted to gain consent to visit people in their homes, and to be sure that the registered manager would be in the office to support the inspection.

What we did before the inspection

We checked the information we had about the provider and location. We reviewed the information the provider sent us in the provider information return. 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 asked the local authority commissioning and safeguarding teams for any information they had about the service. We used all of this information to plan our inspection.

During the inspection-

We received consent to visit four people using the service and three relatives. The expert by experience spoke with four service users and two relatives by phone. We spoke with two care workers, a field supervisor, the registered manager, two care coordinators and other office staff. We reviewed a range of records. This

included five care plans, three assessments for people using the hospital discharge scheme, medicines records, six staff recruitment and training records and records related to running the service such as audits and meeting minutes.

After the inspection

We contacted a health professional to understand their views about the service. We continued to seek clarification from the provider to validate the evidence we found.

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 'Requires Improvement'. At this inspection this key question has remained the same. 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.

Staffing and recruitment

At our last inspection the provider had failed to robustly assess the risks relating staff recruitment. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made to the checks completed on staff but there remained further improvement needed to ensure the regulations were met.

- Full recruitment checks were not carried out as required by the regulations. The provider had failed to check on new members of staff conduct in their previous employment with vulnerable adults, or their reasons for leaving this employment. For another staff member their full employment history had not been provided and this had not been identified. This could place people at risk of unsafe care.

Staff were not always recruited safely. This was a continued breach of Regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Otherwise action had been taken to address the issues found at the last inspection and suitable employment checks had been carried out in line with the regulations.
- Overall there were enough staff to meet people's needs. There were no concerns raised about any missed calls. There were some mixed views about the timing of calls. Most people and their relatives told us staff were reliable, usually punctual and stayed the full length of the call. A relative remarked, "They [staff] come when they say they will." Two relatives commented that staff were not always on time, but this was not a problem for them or their family member. One relative said, "It's ok with me as I know how busy they [staff] are and I'm not in a rush." However, one relative told us, "They [staff] never phone us if they are running late. If they are late [my family member] has their breakfast late and then they are not ready for dinner."
- We checked the call monitoring system on one day of the inspection and found there were no late calls identified. The registered manager told us they tried to contact people by phone if they were running late due a to an emergency and had supervisors in the community who would step in to support people if needed.
- Staff told us there were enough of them to support people when planned and they covered for each other with the support of supervisors during holidays or sickness. Staff confirmed they had a regular routine of calls to the same people and had enough time to travel between their calls.
- Where people needed two staff to mobilise their relative confirmed that two staff attended. Relatives also told us the office was flexible in helping with changing call times for hospital appointments.

Assessing risk, safety monitoring and management

- Risks to people were not always fully identified and assessed. Some risk management records needed improvement to ensure their accuracy and that all relevant information was available for staff.
- Moving and positioning risk assessments were not sufficiently detailed to guide staff on how to safely move people particularly when using equipment. Two moving and positioning risk assessments had not been updated to reflect people's current needs.
- Fire risk assessments did not detail who was responsible for checking people's smoke detectors were working. Environmental and fire risks in relation to oxygen use had not been identified; although this was acted on at the inspection.
- People's health risks in relation to conditions such as asthma or diabetes had not always been identified or assessed. Risks in relation to people who may present behaviour that requires a response had been identified but no guidance was provided to staff within the care plan on how to minimise possible risks.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other risks in relation to people's mobility, the environment for people were assessed. Staff told us the dangers of lone working had been discussed with them when they started to work at the service.
- We saw staff had a uniform and an ID badge, so they were easily recognisable. However, we had mixed feedback from people and their relatives about whether these were consistently used. Most people and their relatives said they had not seen an ID badge. We discussed this with the registered manager who said this was checked at spot checks with staff and any issues managed through supervision.
- Staff told us they had access to support from the office and an out of hours on-call system to enable them to contact the operations manager or registered manager in the event of an emergency. Care supervisors each covered an area of the borough and were available to support staff in an emergency.

Using medicines safely

- Risks in relation to medicines management were not always identified or managed. People's allergies were not always recorded on their Medicines Administration Record. Where people were supported with their medicines we found medicines risk assessments had not always assessed possible risks in relation to self-administered medicines, such as inhalers or those administered by health professional
 - Where staff administered creams, it was not clear if these were prescribed by a health professional and they were not always detailed on the MAR's to record they had been administered.

We found no evidence that people had been harmed but systems to manage medicines were not always safely managed and this was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection new medicines risk assessments and MAR charts for topical medicines for the people we had identified were sent to us by the registered manager.

- Otherwise, people's support needs with their medicines had been assessed and identified in their care plans. People and their relatives confirmed there had been no problems with medicine administration. A relative commented, "They [staff] give the medication and we have conversations about that as it can change at times. So, they are on top of it."
- Medicine administration records were completed by staff where they supported people with their

medicines. We checked a sample of these records for each person and found no gaps. MAR charts were routinely checked by the service to identify any concerns. Staff had received medicines training and had their competency to administer medicines assessed by the registered manager

Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong

- People and their relatives told us they felt safe from abuse, neglect or discrimination. A relative said, [my family member], "Is absolutely safe. They [staff] are really good and [my family member] speaks highly of them."
- Staff understood the possible signs of abuse and their role to report any concerns. They were aware of whistleblowing procedures and who they could go to if they had concerns.
- The registered manager understood their responsibilities under safeguarding. They had cooperated with the local authority in safeguarding investigations and raised safeguarding alerts appropriately.
- There was a system to report and monitor accidents or incidents or near misses. We saw these were monitored by the registered manager. They told us that where any issues were identified they would send a message to all staff as a reminder or discuss learning in staff meetings. We saw where someone's mobility had deteriorated this had been identified in the accidents and incidents and steps to refer for an assessment by an occupational therapist had been taken.

Preventing and controlling infection

- There were arrangements to reduce the risk of infection. People and their relatives confirmed staff wore protective equipment such as gloves.
- Staff told us they had infection control and food hygiene training and knew how to reduce the risk of infection. The service maintained a stock of personal protective equipment which staff said they had access to whenever it was needed. Care supervisors told us they ensured there was always a supply available.

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 now deteriorated to 'Requires Improvement'. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff did not always have adequate training or skills to meet people's needs. Training records did not evidence that staff new to the service since 2018 had received adequate training on moving and positioning people using equipment in line with the Health and Safety at Work Act (1974) and the regulations.
- Training records did not demonstrate staff who joined the service in 2019 had received adequate emergency first aid training to be able to respond effectively in an emergency. Moving and positioning risk assessments were being completed by staff for whom there was no evidence of suitable training.
- Staff confirmed they received an induction which included a period of shadowing before they started in their roles. However, records did not demonstrate that all staff new to health and social care undertook the care certificate, as stated in the provider's induction policy; which was to be enrolled within 12 weeks of starting employment. The Care Certificate is the recognised standard for training for staff new to health and social care.
- Staff had not had training for diabetes and the service supported people with this health need. There was also no guidance on warning signs for staff to look for within risk assessments and care plans.

Staff did not always receive appropriate training to carry out their role and this was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager and care coordinator told us that the occupational therapist did some training of staff on new pieces of moving and positioning equipment, but there was no record to know what training staff had received on which equipment. Following the inspection, the registered manager sent us information to show staff had been booked on moving and handling and emergency first aid training and how they would manage refresher training going forward.

- People and their relatives said they thought staff were knowledgeable about their roles. A relative remarked, "I do feel they [staff] have enough skills to support my [family member], but they never talk about any training." Another relative commented, "They [staff] do seem to know what they are doing and are professional."
- Staff told us they received enough training and support to carry out their roles effectively. At the time of the inspection staff were completing dementia training with a local provider. Staff told us they were supported in their roles through regular supervision. We confirmed this from records.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The service did not always work within the principles of MCA. Staff told us they asked people's consent before they provided support. People confirmed staff listened to people's views and respected their decisions.
- However, we found where people may lack the capacity to make a specific decision there was no mental capacity assessment or best interests meeting recorded to comply with the MCA code of practice and the regulations and ensure any decision was made in the person's best interests. Staff had received some training on MCA however, they did not demonstrate they fully understood their roles and responsibilities under the code of practice. They were not aware they needed to assess people's capacity to make each specific decision.

Staff did not always act in accordance with the MCA Act 2005, which was a breach of Regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Some improvement was needed to the way the service worked with health professionals to ensure staff had up to date knowledge of all people's health needs. We found staff had not contacted health professionals for one person to understand their full health needs and equipment provided to establish if there were any risks and if any support might be required.
- Staff checked on people's well-being and told us what they would do if they had any concerns about people's health. Relatives said staff alerted them to changes in their family members well-being. One relative commented, "They [staff] will tell me if they notice something for example if [my family member's] ankles are swollen they will mention it and suggest I tell the doctor."
- The registered manager told us they worked in partnership with health and social care professionals to help ensure people received effective care when needed. For example, they would refer to an occupational therapist if people's mobility deteriorated or they needed additional equipment. We were shown a recent email record from a health professional that commented positively on several individual staff members and the way they had referred to them for support and worked to achieve positive outcomes and progress with one person's mobility.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started to use the service. Where people were referred under the hospital discharge scheme, discharge passports were provided to give the service essential information about their health and care needs. Care coordinators then completed a summary assessment once people had been discharged home which included environmental and other risk assessments and a summary care

plan. These were developed into more detailed care plans when it was clear people would be using the service over several weeks.

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

- People's nutritional needs were met. Where people were supported with this aspect of their care they told us they were happy with the support they received. One person commented, "They [staff] make sure I have a warm meal and always leave me a drink." Where people were supported to eat by staff they told us staff gave them a meal of their choice and did not rush them.
- Care plans detailed people's preferences in relation to food and drinks, including any cultural or religious needs in respect of their meals or snacks.

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives spoke positively of the staff that supported them and told us they appreciated having the consistency of care from a small staff group. One person remarked, "[The staff] are very good and polite and do what I ask. We have a little laugh together." A relative commented, "The care is very holistic. It's been an amazing experience. They [staff] have made me feel empowered because of the way they treat me and [my family member]." Some people and their relatives spoke of staff going above and beyond by helping them with small extra tasks. A health professional commented on the, 'Wonderful rapport kindness and humour' they had observed from staff.
- People's diverse needs were identified and met. Staff showed an understanding of equality and diversity and the willingness to consider how to support people's individual needs regarding their protected characteristics such as any cultural needs in relation to their diet or personal care.
- People had a 'This is ME' information guide which gave staff important information about people's likes dislikes interests and life story. This helped them to engage effectively with people. One relative told us how the care worker was aware of their family member's previous jobs and had used that as a way of getting to know them well.

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

- People and their relatives told us staff asked them about their care and support needs and involved them in decisions about their care. For example, what they chose to eat and how they liked to be dressed. A relative commented, "Sometimes they help [my family member] dress but they don't always want to get dressed which [staff] respect."
- People's care plans detailed their preferences and dislikes in relation to their care. Staff told us they supported people to make decisions for themselves which they respected.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. We received positive comments from people and their relatives about the respectful way they were treated by staff. A relative remarked, "Everyone has been so kind and caring and enabled [my family member] and I to retain our dignity in adversity."
- Staff were aware of the action to take to ensure people's privacy and dignity were maintained. For example, staff told us how they respected people's privacy by knocking at the door or covering people when they supported them with personal care. Care plans recorded people's preferences in relation to how they were supported, and we found these preferences were respected. For example, in relation to the preferred sex of their support worker.

- People's independence was encouraged. People and their relatives said staff enabled them to do as much as they can for themselves. One person told us, "I can wash myself, but staff help with those bits I can't manage." A health professional had written to the registered manager about the way some staff had proactively supported people with their rehabilitation after a hospital stay.
- Staff were aware of the need to keep information about people confidential and any records were stored securely.

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 now deteriorated to 'Requires Improvement'. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had a personalised plan of their care which detailed their support needs. For example, there were guidelines in place for staff to support people with their personal care, skin care, mobility and medicines. However accurate records of people's care were not always available.
- We found for two people their care plans had not always been fully updated to detail their current needs. For example, where people had increased support that included sitting calls of several hours, the plan for the care and support to be provided in these calls was not always documented and this required improvement to ensure staff understood their roles and any risks were identified and reduced.

Accurate records of people's care were not always available which placed people at risk of inappropriate care. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

- People's communication needs were assessed and recorded in their care plan. The registered manager told us there was nobody currently using the service with sensory loss or impairment. However, we identified for one person with sensory impairment, while their communication needs had been identified they had not been assessed to understand if they could be provided with information about the service in a format that suited their needs. The registered manager told us she would act to address this as soon as possible.

Improving care quality in response to complaints or concerns

- The complaints procedure needed some improvement to ensure there was a process to document informal complaints and people had all the information they needed to make a complaint. The service user guide had information on how to make a complaint, but this did not detail what people could do if they were unhappy with the response. However, some people had this information available in their care records in their homes.
- People and their relatives said they had not made a formal complaint but knew how to do so. Where they had raised small issues or informal complaints such as a request for a change of care worker these had been responded to quickly. However, we found no record of these complaints to ensure trends and any learning was identified. An external agency advised they had raised a verbal complaint but this or any subsequent

action taken to address the issues was not recorded.

- We saw formal complaints were logged and responded to and learning identified to share with staff.

End of life care and support

- People's end of life care needs were identified and met. The registered manager told us when the need arose, they would consult with people and their families and develop appropriate care plans and support for people at this time. They would also work actively with health professionals to help ensure people received appropriate person-centred end-of-life care.
- A relative told us how supported they felt by the coordination of the professionals and the care agency to support her family member and the family at this stage of their lives and spoke of the 'gift of being able to spend this time' with their family member due to the level of support provided.

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 'Requires Improvement'. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There was a registered manager in post, who understood their responsibilities to notify CQC about a range of events and to display their inspection rating. However, we found they had not always included all relevant information in the notifications they submitted to CQC to provide an accurate picture of the concerns.
- The system to monitor and have oversight of risk had failed to identify the concerns we found in relation to the assessment of risk. There was no clear process to ensure care plans and risk assessments were checked for their accuracy.
- Care records we looked at were not always accurate or up to date. Staff records were not always accurately maintained, and some staff files had no work shadowing record, probationary review, or documents to evidence the reason and process for promotion internally or the change in employment contract.
- The system of oversight of training was not effective to ensure staff received adequate training to safely support people. This posed a possible risk to people's health and safety as staff had not received adequate moving and positioning training, training on diabetes or first aid training. Staff did not have enough understanding of their role under MCA. Records did not evidence that all staff new to health and social care were enrolled on the Care Certificate.
- People told us staff were not always wearing uniform or carrying their ID badge; however, spot check records we looked at did not identify this.
- There was no system for the recording and analysing of informal complaints to improve the quality of the service.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was 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.

- We found the provider's call monitoring system was not effective in accurately identifying and monitoring late calls. We found no evidence that this had impacted on people, but it posed a potential risk. The registered manager told us they were in the process of purchasing a new system at the time of the inspection.
- There were some systems to monitor aspects of the quality and safety of the service. Regular medicines

audits and audits of the daily records staff made when they delivered care were carried out to identify any areas for improvement or concerns. People and their relatives confirmed spot checks on staff to identify any developmental needs.

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

- People confirmed staff worked in a person-centred way. They were complimentary about the way staff worked with them, listened to them and said they felt the support had improved their lives. The service had received a number of written compliments in the last year. One compliment received in September 2019 stated, "Communication has been excellent throughout the year and I feel totally supported by the BeeAktive team."
- Staff were committed to their work. They told us the organisation values were about being a 'caring organisation that put people at the heart of what they did. One staff member said, "The registered manager and all the team really care about people. We are passionate about what we do. The carers really work with their heart and go the extra mile."
- Staff told us there was a supportive working culture at the service and the registered manager was approachable. Our observations were of a strong staff team who supported each other. One staff member said, "We all work really well as a team. We work together its important."
- Monthly staff meetings were held to encourage communication and for staff to express their views about a range of issues, staff told us they found these helpful. However, we noted that these were not always well attended. The April staff meeting only recorded eight staff present. Topics discussed included ID Badges, infection control, and care records. Supervisors also held smaller group meetings to share knowledge about the people they cared for.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- People and their relatives were complimentary about the care they received and told us they felt their views about the service were considered
- The service sought feedback from people via surveys and telephone monitoring as well as spot checks and said they used the information to help identify any improvements. For example, as a result of some feedback they had decided to introduce a new call monitoring service, later in the year.
- The service worked in consultation with occupational therapists, district nurses, GPs and pharmacists to ensure people received safe care. They also worked closely with the hospital discharge service. They told us they had started to meet regularly with the hospital to ensure there was good communication and identify how they could ensure people received safe care as they transitioned from hospital to their homes.

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.

- The provider and registered manager had a duty of candour policy and procedure. The registered manager told us they would be open in informing people or their relatives in explaining when things had gone wrong.

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 11 HSCA RA Regulations 2014 Need for consent Arrangements to act in accordance with the MCA 2005 Act were not always in place Regulation 11(3)
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not always provided in a safe way as risks to people were not always assessed or mitigated. Regulation 12(1)(2)(a)(b)
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to monitor the quality and safety of the service and assess and reduce risks were not effectively operated. Regulation 17 (1)(2)(a)(b)
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment checks did not comply with the regulation as not all the information required was available.

Regulation 19 (1)(3)(a)

Regulated activity

Personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Staff did not always receive appropriate training to enable them to carry out their duties.

Regulation 18 (1)(2)(a)