Beyond Community Care Services Ltd

Beyond Community Care Services

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place in 4 June 2018. It was the first inspection of Beyond Community Care Services Ltd since it registered with the Care Quality Commission (CQC in January 2018 to coordinate the delivery of care and support from this location.

Beyond Community Care Services Ltd is a domiciliary care service which is registered to provide personal care to adults in their own home. At the time of our inspection there were 10 people using this service.

The service had a registered manager in post. 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 receiving a service from Beyond Community Care Services Ltd were safe. This was because staff were trained to protect them from abuse and knew how to reduce identified risks. There were enough suitable staff available to ensure people received their care safely. People received their medicines in line with the prescriber's instructions.

People were supported with assessments of their needs and reassessments when their needs changed. Supervised staff received training to meet people's needs. People were supported to eat and drink and to access healthcare services when they needed to. Staff obtained consent from people before delivering care and supported people in line with the principles of the Mental Capacity Act 2005.

Staff were kind and caring towards people and supported them to maintain their independence. People's dignity was promoted and staff maintained their confidentiality and privacy. Staff and people shared positive relationships.

People's care was personalised and care records reflected their assessed needs and preferences. The provider supported people with social inclusion activities when this was part of their care package. Where people received informal care there was clarity regarding roles and responsibilities. Procedures were in place to respond to people's complaints and end of life care needs when required.

Good governance was in evidence at the service. Quality assurance processes were in place to drive improvements. People and staff were encouraged to share their views about improving the service. The service worked in partnership with other organisations.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff had been trained in and understood the provider's safeguarding procedures.

People's risks were assessed, reduced and reviewed.

Sufficient numbers of staff were available to meet people's needs safely.

People received their medicines as prescribed.

Appropriate procedures were in place to ensure suitable staff were employed.

Is the service effective?

Good

The service was effective. People's needs were assessed.

Staff were supervised and trained.

People received the support they required to eat and drink.

Staff supported people to access healthcare services whenever required.

People were treated in line with the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring. People and their relatives told us that the manager and staff were caring.

Staff treated people with dignity and respect.

People's privacy and confidentiality were protected.

People were supported to maintain their independence.

Is the service responsive?

Good

The service was responsive. People received personalised care based upon their assessed needs.

People's care records showed their input and preferences as to how their care should be delivered.

Staff supported people with activities and social inclusion.

People and their relatives understood how to make complaints.

Is the service well-led?

Good

The service was well-led. There was a registered manager in post.

The quality of the service people received was monitored and improved.

The registered manager gathered the views of people and staff

The provider worked in partnership with external organisations.

Beyond Community Care 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 was a comprehensive inspection. The inspection took place on 4 June 2018 and was announced. We gave the provider 48 hours' notice of the inspection to make sure the registered manager and staff were available to meet with us at the provider's office. This inspection was carried out by an inspector.

Before the inspection we reviewed information we held about the service. This included statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send to us about significant events that take place within services. We used this information in the planning of the inspection.

During the inspection we spoke with two people, two relatives, two staff, the compliance manager and the registered manager. We reviewed five people's care records which included needs and risk assessments, care plans, health information and support plans. We also reviewed five staff files which included pre-employment checks, training records and supervision notes. We read the provider's quality assurance records and complaints procedure. Following the inspection we contacted two health and social care professionals to gather their views about the service people were receiving.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe. One person told us, "I am fine. The staff are nice to me. It makes me not have to worry." A relative told us, "I feel comfortable with [Beyond Community Care Limited staff] and don't have any concerns about their safety."

People were safeguarded from abuse and improper treatment. The provider had safeguarding policies and procedures and staff were trained in and understood how to protect people from abuse. This included identifying signs that a person may be at risk of abuse and their responsibility to report safeguarding concerns immediately to the registered manager. The registered manager understood their role in referring safeguarding concerns to professionals in the local authority's safeguarding team and to notify the Care Quality Commission (CQC).

People's risks of experiencing avoidable harm were reduced by the provider's practices and support plans. Staff assessed people's risks and where risks were identified actions were taken to reduce them. For example, one person was at risk of falling whilst being supported to transfer when receiving personal care. The provider reduced the risk of the person falling by deploying two staff who were trained to use mobility equipment. An additional risk assessment of this person's home environment reviewed whether mats, rugs or floor coverings presented a risk to the safe use of mobility equipment. The registered manager reviewed people's risk assessments regularly to ensure that changes to people's needs were identified and met. The provider issued an 88 page health and safety booklet to all staff. This contained information including safe bath water temperatures, health surveillance, lone working, manual handling and accident reporting. This meant staff had information at all times about keeping people safe.

People were protected from neglect as a result of late or missed care visits. One relative told us, "The staff come on time." Another relative said, "The staff have never failed to turn up." Staff told us that should they ever find themselves running late to a care visit they would inform the office staff. This was to enable the registered manager to reassure people that staff were on their way and if necessary send alternative staff if this reduced the length of time people would have to wait for care and support. The service had sufficient staff to ensure that people received their care safely and in line with their agreed care plan.

People's safety was enhanced by the provider's no response protocol. This policy guided staff on the steps to take if people did not answer the door to staff as expected for a planned care visit. Among the actions staff were directed to follow were to inform the registered manager who would phone relatives and neighbours. Other actions included informing social services and requesting police attendance if people were thought to be at risk.

The provider had a system in place to monitor, report and analyse accident and incidents. No accidents had occurred at the service since the provider registered with CQC to deliver personal care. Staff we spoke with understood their responsibility to report any concerns they had about people's safety to the registered manager. The registered manager understood their responsibility to report notifiable occurrences to both the CQC and local authority.

The provider's robust recruitment practices ensured that people received support from suitable staff. Prospective staff submitted applications and references which were taken up if they were successful at interview. The registered manager confirmed the identities, addresses and eligibility of staff to work in the UK. After completing criminal records checks new staff were required to complete a three month probationary period. At the end of this period the registered manager made a determination as to the suitability of staff to safely deliver care and support to people.

People received their medicines safely. One relative told us, "There has never been a problem with medicines, even though [family member] is prescribed quite a lot." The support people required to take their medicines was stated in care records. These included where people were supported by relatives to take their medicines as prescribed. Staff completed medicines administration records which were returned to the provider's office for auditing each month. The provider's compliance manager along with the registered manager monitored people's medicines administration record (MAR) charts and observed staff prompting people to take medicines during the provider's quality spot checks.

Staff hygiene practices protected people from infection. Staff used personal protective equipment (PPE) when providing personal care. For example, staff wore single use aprons and gloves when meetings people's intimate hygiene needs.

Good

Is the service effective?

Our findings

The registered manager assessed people's needs prior to people receiving a service. This was to ensure that the service had the staff and capacity to meet people's needs effectively. People's care records contained assessments undertaken by the registered manager and by health and social care professionals. These reflected people's needs and their preferences for how they should be met. Assessments covered areas including personal care, safety, health, medicines, mobility and nutrition.

People's care and support was delivered by trained staff. Staff received training in key areas at the provider's office. Where equipment was required to support learning this was made available. For example, hoisting and lifting equipment along with mannequins were used to train staff in manual handling. The registered manager and compliance manager confirmed the skills and knowledge of staff during supervision, team meetings and through observed practice. Staff training needs were reviewed on an individual basis during quarterly supervision meetings with the registered manager.

People's nutritional needs were assessed and met. Where people were assessed as requiring support to eat or drink staff had guidance in care records to direct them. Where required staff maintained records of the quantities of food and drink people consumed. This information was reviewed by healthcare professionals to ensure people remained healthy.

Staff supported people to access healthcare services whenever required. The registered manager and staff liaised with health and social care professionals to ensure people's health needs were met. For example, where people received input from healthcare professionals to maintain their skin integrity staff supported people to attend meetings and kept relevant notes in care records.

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. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the provider had policies and procedures in place to guide its compliance with the MCA. The registered manager and staff we spoke with understood MCA principles and the need to obtain people's consent before delivering care.

Good

Is the service caring?

Our findings

People and their relatives told us that staff delivering care and support were kind and caring. One person told us, "I am very fond of [the staff] they are ever so nice." One relative told us, "The staff are very caring." Another relative said, "[Staff] certainly are caring in my experience."

People and staff developed positive relationships. One relative told us, "The consistency of staff helps a lot. It is good for [family member] to see the same faces." A member of staff told us, "I know the people really well." Staff we spoke with told us about people they supported. The information they shared matched the information we read in care records. This meant staff knew people, their needs, preferences and backgrounds.

Staff supported people to make decisions about how they received their care. Relatives and staff told us that people were consistently offered choices. These included what people ate and when they ate it, what people wore and where they were supported to go. People chose the times at which they received support from the provider and this was recorded in care records.

People had access to information about the provider and the service they received. The provider produced a service user's guide and a statement of purpose. These informed people about what the service provided and how people could complain if they were dissatisfied with the service they received.

People were treated with respect. One relative told us, "The staff are always and without exception polite and respectful." Another relative told us, "The staff are courteous to [family member] and me." Staff addressed people by their preferred names and made entries into care records using respectful wording and phrases. Staff were mindful of people's dignity when providing personal care and told us they closed people's bedroom doors, bathroom doors and curtains when delivering personal care. People confirmed this.

People's confidentially was maintained. Care records were kept in locked cupboards and locked filing cabinets at the provider's office. Within people's home's care records were stored discreetly. This meant visitors to ether the office or people's homes could not see people's personal information. This included details of people's medicines, assessments or personal care needs within care records. The registered manager reminded staff about the importance of protected people's privacy. We read in the minutes of one team meeting that the registered manager told staff, "When travelling on public transport do not mention service users names while speaking on the phone."

Staff promoted people's independence in line with their assessed needs and care plans. Where people used equipment to support them to maintain their independence, this was stated in care records. For example, where people utilised specialist cutlery and plate guards to eat unassisted care records reflected this. Similarly the support that people required to use public transport as part of their social inclusion support was also stated in care records and followed by staff.

Good

Is the service responsive?

Our findings

People's individual needs were met by the staff delivering care and support to them. One relative told us, "The staff see to all [family member's] needs. We are all happy with the way they work." People had care plans in place to direct staff to meet their needs in line with their assessments and preferences.

The registered manager reviewed people's care records to ensure they continued to reflect people's assessed needs. Where people required the support of two staff to meet their assessed needs this was stated in care records. For example, care records guided staff on how to support people to turn and move them whilst in bed. This included detailed instructions in care records on using slide sheets and how to reposition people in bed to prevent pressure ulcers. Where people required the use of hoists to transfer, care records contained detailed instructions for staff. These included the correct positioning of slings and straps, the use of hoist controls and the need to continuously reassure people.

Care records noted where people received informal care. For example, one person's care records noted that a relative administered their medicine. Another person's care records stated that a friend undertook shopping and laundry tasks for them. Where relatives or friends delivered care the registered manager regularly reviewed these arrangements. This meant that everyone involved in people's circles of support were clear about their roles and responsibilities when providing care and support.

People were supported to engage in their communities and to prevent the risk of social isolation. Where the service was funded to do so staff supported people with social inclusion activities. Social inclusion activities included college attendance, joining day service activities and travelling. These activities were reviewed by social care professionals to ensure they continued to meet people's social needs and preferences.

The provider had a complaints policy in place and people told us they knew how to report complaints. One relative told us, "I feel involved and informed. I would complain if I needed to but thankfully I haven't needed to." No complaints had been received by the registered manager.

The service had experience of providing people with end of life care, although no one was receiving such support at the time of our inspection. The registered manager told us and records confirmed that people approaching the end of life were supported with referrals to specialist services to support people around managing their pain and anxiety.

Good

Is the service well-led?

Our findings

Staff and relatives told us the service was well led. One relative told us, "The [registered manager] is very good. She phones and visits here always wanting to know if staff are doing everything right and if we're happy with the care." A member of staff told us, "This is a very happy job. The manager is encouraging, and caring for the people is rewarding."

The service had an open culture. Staff told us they felt comfortable asking questions, raising issues and making suggestions. The registered manager arranged team meetings. Records were kept of these meetings and made available to staff who could not attend. We reviewed the minutes of team meetings. These showed discussions taking place around issues including record keeping, communication and confidentiality.

People received care and support from a provider that monitored its service in order to improve. The registered manager coordinated the auditing of service delivery. This included telephone monitoring calls to people and their relatives to obtain their views about the care they received. Additionally, spot checks were undertaken at people's homes by the compliance manager. These checks included confirming staff punctuality and observing staff as they delivered care and support. The manager and office team reviewed care records and documentation related to the running of the service. Action plans were put in place to correct shortfalls or where improvements to the service were identified.

The provider gathered people's views through surveys. These asked people questions regarding their experiences of the service they received including their experiences of staff punctuality and the courtesy of office staff during phone conversations with them. The registered manager also encouraged staff to share their views about their experience as employees and invited to shape service delivery through staff surveys. Questions asked of staff included, "Do you have a clear job description, "Do you have regular meetings with your line manager?" And, "Do you feel you have enough information when you start a new shift?"

The provider published its vision and values about the care and support to be provided. Staff we spoke with were aware of these values and explained how they promoted people's dignity and rights. The registered manager confirmed that staff understood the service's vision through observation and discussion in supervision and team meetings.

The registered manager collaborated with others to ensure people's needs were met. This included working with local authority social workers and commissioners, district nurses, occupational therapists and GPs. The registered manager understood the legal responsibilities of their registration with CQC and the requirement to keep us informed of important events through notifications when required.