

Be Caring Ltd

Be Caring Manchester

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Be Caring Manchester is a domiciliary care agency providing personal care to people in their own homes. The service was supporting 120 people at the time of the inspection, including older people, those living with dementia, people with a physical disability and younger adults.

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

At this inspection we found the service had taken positive steps and implemented systems to improve the quality and safety of the service provided.

Call monitoring of people's support had vastly improved. Further improvements in this area were taking place to ensure people's call times lasted the allocated time they were commissioned for.

Risks to individuals were assessed and monitored. When incidents took place, the management team reflected on the events to ensure learning was embedded for future practice. This included sharing experiences in staff meetings and during supervision of staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, further work was required in this area. Decision specific mental capacity assessments had not always been carried out or completed in sufficient detail to establish if people had the ability to make informed decisions.

Medicines were administered in a safe manner. Systems were in place, which monitored how the service operated and ensured staff delivered appropriate care and treatment.

Complaints were now responded to appropriately. People told us they were aware of how to make a complaint and were confident they could express any concerns which would be addressed.

People felt safe with staff who knew how to recognise and report any concerns, including concerns around their health, wellbeing, risk of abuse or neglect.

The provider completed a full-service review of their training resources provided to staff. Feedback from staff during the inspection indicated the training on offer was much improved. One staff member told us, "The training is phenomenal, it was a full week including moving and handling, medication, abuse, how to look after the service users, reporting, CPR and choking."

People benefited from an improved quality assurance system being in place. This meant that the registered person's oversight of all the service's functions, including recruitment, training, complaints, medicines management and care planning was now more robust. People were encouraged to give feedback on the service and the provider made changes from feedback received.

We have made a recommendation about using accessible formats for the people they support.

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

Rating at last inspection

The last rating for this service was inadequate (published 9 December 2021).

This service has been in Special Measures since 9 December 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating of inadequate. As part of this inspection we also assessed whether the provider had taken the actions necessary to meet the regulation breaches identified at the last inspection.

The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Be Caring Manchester

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.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors, 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave 24 hours' notice of the inspection as we needed to make sure the right people were available to answer our questions.

Inspection activity started on 14 June 2022 and ended on 17 June 2022.

What we did before inspection

We used information we had received through our ongoing monitoring of the service and feedback we received from the local authority. The provider was not asked to complete a provider information return prior to this inspection. 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 took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with 15 people who used the service and seven relatives about their experience of the care provided. We spoke with 14 members of staff including the provider, registered manager, complaints and safeguarding lead, head of performance and 10 care workers. We looked at 11 people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training data and medicines audits were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence 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 inadequate. At this inspection this key question has now improved to requires improvement. Whilst improvements had been made, we would need assurance over a longer period that these improvements would become embedded and continue before we were assured that consistently safe care was provided.

Staffing and recruitment

At the last inspection we found there was a poor culture of call cramming, this meant people often experienced rushed or late calls. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

At this inspection improvements had been made and the service was no longer in breach of regulation.

- Enough staff were employed to meet people's care needs.
- The provider had reviewed their staffing levels to ensure there was a sufficient number of care staff to meet the needs of the people using the service. This was helped in part by the service reducing in size and the provider changing the culture in respect of how the service previously operated.
- The provider always tried to maintain continuity of the care team into people's homes, however a small number of people felt their preferences of gender specific staff was not always met. Comments from people included, "A male carer is sent sometimes and I am not comfortable with this" and "I keep telling them not to send a man, but it doesn't do any good even when he comes he apologises and understands that I don't want him to do anything for me." The service responded well to this feedback and immediately reviewed these support packages in order to improve people's care.
- Since our last inspection an electronic call monitoring software was now fully embedded at the service, known as ECM. This supported the management team to improve consistency of call timings and remove call cramming. All call timings were regularly monitored, and it was clear the service was managing any call time discrepancies under performance reviews. It was clear the service was heading in the right direction with improved call timings percentages, however the provider acknowledged there was still further work in this area.
- The rota scheduling system accounted for travel time between calls. The staff we spoke with told us they had enough time to travel between calls and enough time at each call to deliver the required care and support. One staff member commented, "We get the rota weekly and you get all the details of who to go to. I am a walker. I can get to the care visits easily and they put it in the order to get there." Another staff member told us, "I usually stay for the whole half hour. You can chat and that is what they [Be Caring Manchester] encourage."
- People and their relatives praised the staff and provider for the vast improvements, particularly in timekeeping. Comments included, "They [care staff] come on time and yes if they are running late even by a short time they ring me as they know I worry" and "Not exactly rushed, just some of the carers work faster

than the others so they get finished sooner, so they go earlier which is fine by me. I couldn't ask for a better service from any other company."

- Safe recruitment processes were in place. The provider's recruitment process included checks to ensure staff who worked for the service were of a suitable character. Staff recruitment files showed Disclosure and Barring Service (DBS) checks and references had been obtained before staff started work.

Using medicines safely

At the last inspection we found the providers approach to managing people's medicines was not safe. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

At this inspection improvements had been made and the service was no longer in breach of regulation.

- Medicines were safely managed. People received medicines in a timely manner, and this was monitored remotely by a live system which showed when this had not occurred.
- The provider had introduced robust medicines procedures and enhanced their quality monitoring processes to ensure the safety of medicines was maintained.
- Risk assessments were completed to determine individual risks for people who were supported with their medicines. Where possible, people were encouraged to self-administer their medicine. For other people, care staff followed the support plan to ensure they safely received their medicines.
- Medicines were only administered to people by staff who had been trained to do this and who underwent an annual review of their skills, knowledge and competency to administer medicines safely.
- The oversight of people's medicines had improved. Regular medicine's audits informed the management team of any issues, so they could be rectified in a timely manner.

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

At the last inspection specific risk assessments were not always formalised and the providers approach to managing accidents and incidents was inconsistent. This was a breach of Regulation 12 (Safe care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

At this inspection improvements had been made and the service was no longer in breach of regulation.

- The service was better organised and had introduced effective systems to identify risks associated with the service.
- A risk framework was in place, that clearly identified the people who were considered to be at greater risk due to health conditions or physical disabilities, this meant their risk assessments were given greater priority during the providers programme of updating all risk assessments and care plans.
- Risk assessments had also improved for people who were living with diabetes. The provider ensured additional training in diabetes awareness and pressure ulcer care management was also provided to staff.
- People had detailed information in their care plans regarding their medical conditions. This enabled staff to provide the appropriate support. Any changes to people's needs could be updated immediately on the electronic system and a new care plan would be devised.
- Improvements were made to the providers approach when accidents and incidents had been recorded. The provider introduced a service monitoring database, which ensured any type of incident was reviewed and signed off by the provider and manager for greater oversight

Systems and processes to safeguard people from the risk of abuse

At the last inspection we found people were not safeguarded from the risk of abuse, particularly neglect due to late, early, short and missed calls. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

At this inspection improvements had been made and the service was no longer in breach of regulation.

- At this inspection we found there had been a reduction in the number of safeguarding allegations. Staff and the management team provided examples of instances when they had been pro-active in identifying and escalating potential safeguarding concerns to the local authority safeguarding team.
- The management team had revamped the safeguarding training that was previously provided to staff, this improved the staff team's knowledge on how to recognise abuse and understood their responsibilities to report concerns to the managers.
- The provider had a robust oversight of all safeguarding concerns due to the introduction of the monitoring database. Lessons learned from previous safeguarding's was also introduced.
- Staff demonstrated a good understanding about how to recognise abuse and how to safeguard people from this. Comments from staff included, "If I have any concerns I always call the office first for advice and in the past I have raised a safeguarding."

Preventing and controlling infection

- Staff understood their responsibilities in relation to infection control and hygiene.
- People confirmed staff washed their hands and wore disposable gloves and aprons when required. One staff member told us, "There is always ample personal protective equipment at the office, we never go short."

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At the last inspection we the provider had not sought the appropriate consent from people, nor that they clearly recorded how to best support people to make decisions. This was a breach of Regulation 11 ((Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

At this inspection improvements had been made and the service was no longer in breach of regulation.

- The service had made some improvements to their approach around the MCA, but further improvements were required.
- Although we did not identify any concerns about the practices used by the service, the providers approach to MCA assessments varied. The registered manager provided evidence of completed MCA assessments, however we found the capacity assessments lacked sufficient detail in respect to the area that was being assessed. After the inspection the registered manager and provider assured us this is an area the service will look to improve further, with updated training in relation to MCA for office staff, and a full review of their MCA process.
- When relatives held power of attorney for people there was not always evidence this had been verified, so we could not be sure they had the legal right to make decisions on behalf of people. LPA gives someone legal authority to be able to act on behalf of a person if there comes a time when they do not have the mental capacity to make their own decisions.

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

At the last inspection we found known risks to people was not always managed well, which put people at an increased level of risk. This was a breach of Regulation 12 (Safe care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

At this inspection improvements had been made and the service was no longer in breach of regulation.

- The service revamped their care planning process, which meant essential information such as people's physical, mental and social needs were fully considered prior to accepting any care packages.
- The service had not taken on a new package of care following our last inspection, but the provider felt the service was now in a good position to take on new care packages. A phased approach would be adopted at the service to ensure they could safely meet new people's needs and ensure existing packages still ran smoothly. We will review the progress of this at our next inspection.

Staff support: induction, training, skills and experience

- Staff received the support they needed to carry out their roles safely and effectively. Since our last inspection the provider has revamped the training they provided to staff. A new trainer was employed who provided classroom training to new and existing staff.
- New staff received induction training, which included moving and handling and hoist training and observing experienced care staff before delivering care on their own.
- Staff spoke positively about the training they completed. A staff member told us about the training and said, "This was face to face training and amazing, I believe this is much better than eLearning. [Trainer's name] is very passionate about delivering quality training" and "The training was really in depth. It is the first training that I have enjoyed. It was really interactive. It included medication and CPR."
- The provider carried out regular staff competency spot checks and staff received monthly one to one supervision and yearly appraisals. The provider also carried out a review of new staff when they completed their probation period.

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

- Staff supported people to eat and drink enough and maintain a balanced diet.
- Staff helped people prepare meals and made sure people ate food they liked in line with their cultural and personal preferences.

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

- Staff and management worked with GPs, district nurses, hospitals, occupational therapists and local authorities to provide effective, consistent and timely care.
- People tended to be able to manage their own healthcare appointments or were supported by their relatives. The registered manager confirmed staff were able to support people to attend appointments, if required.

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 our last inspection this key question was rated requires improvement. At this inspection the rating has changed to good. 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; Respecting and promoting people's privacy, dignity and independence

At the last inspection we found people did not always receive person-centred care. This was a breach of Regulation 9 (Person-centred) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

At this inspection improvements had been made and the service was no longer in breach of regulation.

- People using the service confirmed that staff were kind and caring. People told us they tended to receive care from the same consistent staff group who knew their needs well.
- People and relatives were happy with the staff who supported them and the support they received. People told us, "The carers couldn't do more for me, they are very well trained, some time the younger carers perhaps could do with a little more experience before they come on their own", "I have one main carer and they come four to five times a week and they are brilliant" and "I couldn't be happier with everything that they do. My carers are all wonderful and they do all I need."
- People's religious and cultural needs were recorded in their care plans and staff knew how to meet those needs. A staff member said, "We tend to now have the time to actually get to know people, this is what the job should be about."
- People's privacy and dignity was encouraged and promoted. Staff gave examples of how they would support people with this.

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

- People and their relatives told us they now felt involved in their care.
- There were now regular reviews taking place on people's care. The provider asked for the views of people using the service and those involved in their care.
- Staff told us they offered people choices throughout the day. Staff were aware of how people chose to communicate their choices.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection this key question was rated requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

At the last inspection we found people did not always receive person-centred care. This was a breach of Regulation 9 (Person-centred) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

At this inspection improvements had been made and the service was no longer in breach of regulation.

- Improvements were made to the care planning process at the service. Care plans were written in a personalised way and included information about what and who was important to the person.
- Care plans captured information such as people's backgrounds, medical history, contact details of relatives and health professionals, dietary requirements, mobility and continence needs.
- Any changes to people's needs and wishes were updated in a timely manner in their care plan.
- People told us they could always discuss the care they or their relative received with the registered manager and their care workers. This was confirmed by staff who told us they actively encouraged people to make decisions about the personal care and support they received. For example, one member of staff said, "We always feedback any updates the clients have with the office, communication with the office staff has improved."

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.

- Care plans detailed how people's communication needs had been assessed and whether they required any additional measures to aid their communication.
- Documents were not all available in formats suitable for people supported. For example; pictorial or easy read.

We recommend the provider ensures all documentation is available in accessible formats for the people they support.

Improving care quality in response to complaints or concerns

- At the last inspection we found complaints file was disorganised and we were not always assured people's complaints had been recorded, investigated and outcomes communicated accordingly. At this inspection

we found a robust framework had been introduced.

- The provider employed a lead person who was responsible for managing any complaints at the service. This meant complaints were appropriately responded to in line with the organisation's policies and procedures.
- Monthly trends analysis took place to establish what lessons needed to be learned and if improvements to the service needed to be made.

End of life care and support

- The service was not providing support to anyone at the end of their lives.
- The registered manager told us they would work closely with health professionals to ensure people received a comfortable, dignified and pain-free death.

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 inadequate. At this inspection this key question has changed to requires improvement. Whilst improvements had been made, the service was not yet able to demonstrate over a sustained period of time that management and leadership was consistent and that the culture supported the delivery of high quality and person-centred care.

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

At the last inspection, there was a lack of proper oversight of the service, auditing and checking processes were not sufficiently robust. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the service was no longer in breach of regulation.

- The provider had invested additional resources into the service following the last inspection. This including implementing a new quality assurance framework and ensuring senior management roles and responsibilities were clear within the organisation.
- Since our last inspection the management team worked to improve the culture within the service. For example, records showed the management team introduced more observational spot checks and the training provided to staff was service specific, which meant staff had the necessary skills to care for people.
- Audits undertaken to monitor the quality of the service included medicines administration record charts and care plans. We could see that these were being completed regularly and that any concerns or issues found were being actioned.
- Assistive technology around call monitoring was also key in assisting the service to look at any key themes, such as poor call durations or issues with timekeeping. We could see this approach was driving improvements at the service.
- Overall performance at the service had significantly improved. Key improvements to areas such as risk assessment framework, which meant the staff team were aware of people's risks and strategies.
- We received positive comments from the staff about the improvements, they included, "Yes, I get support. They [management team] will try to help you. They are fair. There are lovely people there (at the office)" and "So far they have been supportive. I am able to call and they have answered."

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

- At the last inspection the service did not promote a culture of continuous improvement and learning. At this inspection we found the culture of the service was positive and inclusive. The provider worked tirelessly to change the way the service previously operated and completely eradicated call cramming.

- People were satisfied with the quality of care they received from the service. One person said, "I can't complain about anything, all of the carers make me feel really special."
- Some staff had been given more responsibilities and told us they now felt trusted to support people and the extra responsibilities made their role more interesting and fulfilling.

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

- There were effective systems to keep people and their relatives updated and informed. People were supported to communicate in a way which suited them.
- People were asked to share their views about the service through care review meetings, regular phone calls and the use of satisfaction surveys. The survey report from February 2022 identified the service key strengths and areas for improvement. 85.4% of people felt they were treated with dignity and respect, with another 12.2% stating partly and 2.4% saying no. The service produced an action plan following the survey to make any necessary improvements.
- Staff were also asked for their views in February 2022 on the quality of the service provided. High rates of positive feedback were provided, and staff also benefited from an annual bonus of £250 as a reward for their service. This was an increase on the previous years bonus.

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 were open and transparent about the shortfalls found at the last inspection. The management team examined their processes and had taken action where they had found improvements were required. The provider and registered manager worked cooperatively throughout the inspection.
- The provider and registered manager understood their responsibilities under the duty of candour. This places an obligation on providers and registered managers to be open and honest and take accountability when things go wrong.