

Bevancare LTD

Bevancare LTD

Inspection report

Lock 50 Business Centre
Oldham Road
Rochdale
OL16 5RD

Tel: 01706647412
Website: www.bevancare.com

Date of inspection visit:
13 December 2021
14 December 2021

Date of publication:
12 January 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Bevancare LTD is a domiciliary care service providing personal care to 28 people at the time of the inspection. 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

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; the policies and systems in the service supported this practice.

Risks to individuals and staff were identified and well managed. Care records guided staff on the support people needed to manage those risks. Staff were aware of how to raise safeguarding concerns. The required pre employment checks were made and there were sufficient staff to meet people's needs. The provider had started to use an electronic call monitoring system to improve their oversight. There was a system in place for the safe administration of medicines. The risks associated with Covid-19 had been well managed.

Care records were person centred, and covered people's identified needs and preferences. There was regular review of the care and support provided including quality questionnaires. Staff knew people well; they spoke with affection about the people they support. People's communication methods were respected. Records relating to people's end of life wishes were very person centred and respected people's choices.

The registered manager understood their responsibilities. People described the registered manager as approachable and fair. Quality monitoring and auditing was in place. Improvements to quality monitoring had been introduced and were still being embedded. There was a system in place to manage complaints. Some people told us they had experienced difficulties with changes in staff recently, but that managers had listened and improved consistency. Staff and most people were very positive about the service and the way it was run. One staff member said, "I love it. It's one of the best jobs I have ever had."

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 (published 14 March 2020) and there was one breach of regulation. 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 improvements had been made and the provider was no longer in breach of regulations. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

Why we inspected

We undertook this focused inspection to check the service had followed its action plan and to confirm it now met legal requirements. We also received concerns in relation to staff recruitment, staffing,

management of risk including staff training, records of care and medicines management. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, responsive and well-led sections of this full report.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for safe, responsive and well-led on our website at www.cqc.org.uk.

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.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Bevancare LTD

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 undertaken 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.

The service had a manager registered with the Care Quality Commission. This person was also a representative of the provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service and six relatives about their experience of the care

provided. We spoke with seven members of staff including the registered manager, operations manager, senior care workers and care workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the last inspection we found that support plans did not always provide sufficient instruction to staff on how to minimise risks. We recommended that where risk is identified, the service provides clear guidance and instruction for staff to follow. At this inspection we found the provider had made improvements.

- Risks to individuals and staff were identified and well managed.
- Care records reflected people's needs and clearly explained to staff what needed to happen to keep people safe. They were sufficiently detailed to guide staff on the support people needed.
- Staff had received training in areas concerned with the management of risk. This included moving and handling techniques and medicines management and administration.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm, abuse and discrimination.
- People told us they felt safe with the staff who supported them. One person said, "They [staff] are pleasant and make sure I don't have any accidents."
- Staff had received training in safeguarding and were confident if they raised any concerns with managers of the service the concerns would be dealt with promptly.

Staffing and recruitment

- There were safe systems for staff recruitment in place. All required checks had been undertaken prior to people commencing employment. There was an ongoing recruitment of staff to fill vacancies.
- There were sufficient staff to meet people's needs. People told us that they knew times staff would arrive, but that time slots could be a couple of hours. Most people we spoke with were happy with this. They said calls were never missed, were happy with the way visits were organised and said staff would let them know if they were going to be late. Everyone told us staff stayed for the agreed length of time for the visit. People said, "We have set times, they will call if they are going to be late which is pretty good" and "Yes, even if a carer is off, the manager will come instead."
- Staff told us they organise visit times with people based on the persons preferences. One said, "We talk to people, get to know what they like and work it out with them." Staff and people we spoke with told us that where two staff were identified as required, two staff always attended the visit. One person said, "Yes, we have two carers each time and they both know what they are doing."

Using medicines safely

- There were systems in place for the safe administration of medicines. Records we reviewed contained the

required information and were completed clearly. People who were supported with medicines confirmed they received their medicines as prescribed.

- Staff had received training in the administration of medicines.
- Managers completed regular staff competency checks and medicines records audits.

Preventing and controlling infection; Learning lessons when things go wrong

- Risks associated with Covid-19 had been well managed.
- Staff had received training about Covid-19, infection control, handwashing and use of personal protective equipment (PPE). Staff told us they had plentiful supplies of PPE and that PPE was worn as required by government guidance. People we spoke with confirmed that staff always wore PPE.
- The provider's infection prevention and control policy was up to date.
- Accidents and incidents were well managed. The registered manager monitored these and identified any lessons that could be learned to prevent future occurrences.

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 requires improvement. At this inspection this key question has now improved 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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At the last inspection we found that the service had not conducted reviews of care. We recommended that the service conducts early reviews of care packages and regular follow up reviews of all people supported by Bevancare LTD. At this inspection we found improvements had been made.

- Care records were person centred, and covered people's identified needs and preferences. They detailed what was important to and for the person. People confirmed copies of their care records were kept in their homes confirmed staff wrote in their care records after every visit. There was regular review of the care and support provided including quality questionnaires.
- People's choices were respected. One person said, "I can make choices and no I am not restricted in anything."
- One person said, "They do a brilliant job and they are very accommodating. They go for walks and [person who used the service] absolutely loves them." Staff knew people well, they spoke with affection about the people they support. They described activities they do with people in their homes and in the wider community. One staff member said, "I work with some great people." Others said, "All the staff are so caring" and "It's not just a job. We do extra because we care."

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.

- The service was following the Accessible Information Standard (AIS).
- People's communication methods were respected. Information was available in easy read formats. One person told us their relative had communication difficulties. They said staff took time to understand the person. They said of staff, "I think they are very patient."

Improving care quality in response to complaints or concerns

- There was a system in place to manage complaints. Some people told us they had experienced difficulties with changes in staff recently, but that managers had listened and improved consistency.

End of life care and support

- People's wishes for end of life care and support were identified and recorded if they wished.
- Records relating to people's end of life wishes were very person centred and respected people's choices. This included who was important to them and who they wanted involving. Staff spoke with compassion about people they had supported with end of life care.
- Records identified people's advanced decisions about resuscitation.

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 now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the systems in place for the audit and checking of quality were either not in place or not robust enough to demonstrate the service was effectively managed. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- The registered manager understood their responsibilities. People were very positive about the registered manager and said they were approachable and would listen. Staff said, "She's lovely. You absolutely couldn't fault her" and "Any problems I can go to her. She will sort it out."
- There was a range of quality auditing and monitoring in place to ensure the quality of the service provided. We saw where issues were found action was taken to improve. This included regular spot checks of staff performance. New systems for quality monitoring were still being embedded.
- Staff told us there was an open culture and they could discuss any issues or concerns with the registered manager or another manager. They said, "There is always someone on call. But I have all their numbers" and "You can ring the office if you have any troubles."

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

- Staff and most people were very positive about the service and the way it was run. Staff said, "I love it. It's one of the best jobs I have ever had", "Carers and managers, we all go above and beyond because we care" and "I love the job. I love working for the company and I love the clients."
- The rating from the last inspection was displayed on the provider's website and in the office.
- The registered manager understood and acted on the duty of candour. Where needed, other organisations such as CQC and the local authority had been informed about incidents.

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

- Views of people, their relatives and staff were sought. Quality assurance questionnaires had been introduced to gather people's views about the service, management and staff. One person said, "We have been told to ring at any time, which is nice."
- The service worked with other organisations and health care professionals to provide appropriate support

to people.

- Staff felt supported. They had regular team meetings and supervisions. Staff told us, "They listen to your suggestions. They are supportive" and "We give a lot, but we get a lot back. We are not just a number, we matter to them."