

Beyond Support Limited

Beyond Support Limited

Inspection report

Unit 5
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13 February 2019
15 February 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

This service is a domiciliary care agency which provides personal care to people living in their own homes. At the time of our visit 10 people were being supported with personal care.

People's experience of using this service:

We looked at the recruitment of two members of staff and found appropriate checks had not been followed. This included a Disclosure and Barring Service check (DBS), references and a full employment history on their application form. There was no evidence this had been discussed at interview or a satisfactory written explanation sought.

People told us they felt safe with the support they received from the staff. People told us they were supported by staff who knew and consistently met their needs. Staffing levels were continuously reviewed to ensure there were enough staff to provide a flexible and responsive care. However, people supported by the service told us they would like a copy of the staff rota so they would know which staff were scheduled to visit. We have made a recommendation about this.

People's care and support had been planned proactively and in partnership with them. People felt consulted and listened to about how their care would be delivered. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

The service worked in partnership with healthcare professionals and families to ensure people's health care needs were met. Care plan information focused on a person-centred method of supporting people. Also, information contained what support was required. We discussed with the registered provider to ensure end of life care planning documentation was more prominent in care records. This was to guide staff on the preferred arrangements for end of life for each person. We have made a recommendation about this.

People supported by the service and their relatives consistently told us the registered manager and staff who supported them were polite, reliable, caring and professional in their approach to their work. They spoke positively about the quality of service provided.

There had not been any safeguarding incidents or complaints since the service was registered. However, policies and procedures were in place and the registered provider understood the actions to take should there be any incidents.

The registered provider used a variety of methods to assess and monitor the quality of the service. This enabled the service to be monitored and improve areas that were identified through their quality monitoring processes.

More information is in the detailed findings below.

Rating at last inspection:

This was the first planned inspection of the service since its registration with CQC on 24 August 2017.

Why we inspected:

This was a planned and scheduled inspection.

Enforcement:

Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up:

We have requested an action plan from the registered provider as to how they plan to address the breach in regulation and make improvements to the service.

The next scheduled inspection will be in keeping with the overall rating. We will continue to monitor information we receive from and about the service. We may inspect sooner if we receive concerning information about the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe
Details are in our Safe findings below.

Is the service effective?

Good 

The service was effective
Details are in our Effective findings below.

Is the service caring?

Good 

The service was caring
Details are in our Caring findings below.

Is the service responsive?

Good 

The service was responsive
Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led
Details are in our Well-Led findings below.

Beyond Support Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One adult social care inspector carried out this inspection.

Service and service type:

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

The registered provider was an individual who managed the service on a day to day basis. Registered providers 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.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit to be sure the registered provider, staff and people they supported would be available to speak with us.

This inspection took place on the 13 and 15 February 2019. On the first day of our inspection we visited the office and spoke with the registered provider. On the second day we spoke with people supported by the service and staff by telephone.

What we did:

Before our inspection we completed our planning tool and reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people supported by the service and previous inspection reports.

During the inspection we spoke with three people who were supported by Beyond Support Limited and a

relative. We spoke with three members of staff and the registered provider.

To gather information, we looked at a variety of records. This included care plan records relating to three people who used the service. We also looked at other information related to the management of the service. We did this to ensure the registered provider had oversight of the service and they could respond to any concerns highlighted or lead in ongoing improvements.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

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

- Robust recruitment procedures were not followed by the service. We viewed the recruitment records for two members of staff. We found required checks had not been fully completed prior to them starting work with Beyond Support Limited.
- Disclosure and Barring Service checks (DBS) were in place for the staff but they had not been sought before commencing work; as is required. The dates recorded for employment history were not sufficient to identify any gaps in employment. There was no evidence this had been discussed at interview or a written explanation of the gaps sought. We also saw that for one person references were not available about their previous employment. This was due to the previous employer being no longer in business. A suitable alternative referee had not been sourced.

This failure by the registered provider to demonstrate that robust recruitment procedures were followed is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed.

- The service employed a sufficient number of staff to ensure they could provide people with the support they required. This was monitored by the registered provider.
- We received mixed feedback regarding the punctuality of staff. Three people supported by the service told us there were enough staff, however one relative told us at times staff were travelling a distance and could be late.
- People told us they did not have information about their forthcoming support. Comments included, "I would like a rota so I would know which staff were scheduled to visit me." And, "It preys on my mind wondering if I know who is coming."

We recommend that the registered provider reviews the staff rostering system to ensure that it is based upon best practice guidelines.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe. One person told us, "I always feel safe with the staff."
- The registered provider had safeguarding systems in place. Staff understood their responsibilities for keeping people safe and the processes for reporting any concerns they had about people's safety.

Assessing risk, safety monitoring and management

- We looked at how personal risk was managed and addressed to ensure people were safe. The registered provider had a variety of risk assessments in place including assessments that covered the environment,

moving and handling and medication.

- Risk assessments viewed were person centred and individualised for each person. Information contained details of the person's level of independence and action to support them.
- Consultation had taken place with each person, their relatives and professionals to ensure risks were identified and managed in line with good practice. Risk assessments we saw had been reviewed regularly to identify if there had been any changes in peoples' risk and needs.

Learning lessons when things go wrong

- Accidents and incidents were logged and documented. Action was taken accordingly to ensure risk was minimised to prevent further accidents from occurring. However, the service would benefit from accident and incident details being collated centrally. This is so any trends or patterns can be highlighted.

Using medicines safely

- People told us they were happy with the support they received with their medicines.
- Where people were supported, we saw medicines were managed safely and in line with good practice guidance, "Managing medicines for people receiving social care in the community." (National Institute of Clinical Excellence, 2018.)
- Staff told us they had received regular training and competency checks to ensure they had the suitable skills to carry out the task safely. Records seen confirmed this.

Preventing and controlling infection

- The registered provider ensured infection control procedures were followed. Staff received training and regular audits were undertaken to ensure standards were maintained.
- Staff had access to protective personal equipment such as disposable gloves and aprons.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Prior to using the service people were assessed by the registered provider to ensure the service could meet their needs. Information was sought from professionals involved in the person's care to determine if the service would be appropriate for them.
- The registered provider remained in contact with health and social care professionals. This supported them to provide effective, safe and appropriate care which met people's needs and protected their rights.

Staff support: induction, training, skills and experience

- People were supported by staff who had received training relevant to their roles. Staff told us they had access to a range of training which equipped them for their role. Comments from people who used the service included, "Staff know what they are doing." And, ""They are all very capable."
- We spoke with staff about supervisions. Supervision is a process between staff and manager; where discussions are held to review their role and responsibilities. Staff told us they received frequent supervision and felt well-supported.

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

- Some people were supported to eat and drink regularly by staff. People told us they were happy with the meals and snacks staff prepared for them.
- Staff had a good understanding of people's nutritional needs. They told us they would report any changes or concerns to the registered provider for further investigation by the appropriate health care professional.

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

- Staff responded promptly to people's changing needs. Records showed staff had engaged well with health and social care professionals to ensure that people's needs were effectively met. For example, one person supported by the service was resistant to being assisted with their mobility. The care staff from the service had worked with health professionals to ensure the person received the best possible care and support.
- Information was shared with other agencies when people needed to access other services such as GPs, district nurses and hospital consultants.

Adapting service, design, decoration to meet people's needs

- Beyond Support Limited is a service that provides care and support to people living in their own flats. As such we did not inspect the premises.
- The service had systems to identify, record and meet people's communication and support needs. This

was so they could adapt the service to ensure people received the best care and support.

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.
- We checked whether the service was working within the principles of the MCA. Processes were in place for people to give their consent to care and support. Care records maintained by the registered provider addressed people's capacity and decision making.
- People supported by the service confirmed they were involved in making decisions about their care and their consent had been sought for how care was delivered.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff knew the people they supported well and cared for them in the way they liked. Comments about the staff from people supported by the service included, "The carers are brilliant." And, "They are wonderful, kind, respectful and friendly. They help a lot."
- Staff we spoke with had a sensitive and caring approach when talking about the people they supported. They understood the importance of protecting and respecting people's human rights.
- The registered provider documented people's diverse needs and assisted them to maintain their different requirements.

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

- Staff recognised what was important to people and ensured they supported them to express their views and maintain their independence.
- Care records we looked at contained evidence the person who received care or a family member had been involved with and were at the centre of developing their support plans.
- People we spoke with confirmed they were supported to express their views. One person told us, "They always ask what I would like doing and is everything OK."
- Information was readily available about local advocacy contacts, should someone wish to utilise this service. An advocate is an independent person, who will support people in making decisions, in order to ensure these are made in their best interests.

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed before providing personal care.
- Care records seen had documented people's preferences and information about their backgrounds and considered the support needed to maintain their individuality and independence.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- We reviewed the care records for three people supported by the service. The registered provider explained they were in the process of reviewing their care plans and had identified areas where development could be introduced.
- Care records we looked at showed people's needs were assessed before receiving a service. Care plans had been developed where possible with each person, identifying the support they required and providing information about people's preferences and daily routines; their likes and dislikes.
- A range of care plans were completed to identify people's needs and the support required. For example, care plans were completed for medication, personal care, mobility and nutrition.

Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this. This included regular reviews of their care and arranged meetings for people who were supported by the service.
- The service had had no formal complaints. The people we spoke with were happy with the service they received. One relative told us there had been a few 'hiccups' at the beginning but a good relationship with the registered provider and care staff had been built up. They felt confident that any concerns would be listened to and acted upon in an open and transparent way, as an opportunity to improve the service.

End of life care and support

- We reviewed systems for end of life care for people supported by the service. The service worked alongside the person, their relatives and other health professionals to coordinate end of life care. However, we noted service specific care plans could be recorded to guide staff on the preferred arrangements for end of life for each person.

We recommend that the registered provider review the care planning for end of life to ensure that it is based upon best practice guidelines.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The service was organised and there was a clear staffing structure. People spoke positively about how the service was managed. They informed us the registered provider was visible about the service and had a good understanding of people's needs and backgrounds. One person told us, "I like [the registered provider], she knows what she is doing and I can talk to her at any time."
- The registered provider received advice and support from a Consultancy firm which followed current and relevant legislation along with best practice guidelines. The registered provider understood their role in terms regulatory requirements. For example, when notifications should be sent to CQC to report incidents that had occurred and required attention. However, we found recruitment procedures were not robust and asked the registered provider to take action to address this.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- We found the registered manager was open and transparent. They focused on the needs of the person and on their wellbeing and strived to give them the best possible care and support. One person told us the registered provider was, "Really wonderful."
- Care plans were person centred however were in the process of being developed. We have recommended that service specific end of life care plans are required. This is an area that requires improvement.
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they were encouraged to comment on care plans and feedback to the registered provider through regular review meetings. People also told us they could simply speak with staff if there was anything they wished to discuss or change.
- Staff spoke positively about the support they received from the registered provider. They told us they were approachable and available for advice and support. One member of staff told us, "[The registered provider] is good at listening. I never feel isolated, they are always there and will always try to sort anything out."

Continuous learning and improving care

- The registered provider actively sought and acted upon the views of people they supported. There was a

strong emphasis on continually striving to improve their service to deliver the best possible care for people supported by Beyond Support Limited. This was supported by a variety of systems and methods to assess and monitor the quality of the service. We found regular audits had been completed by the service. These included medication, training and reviewing care plan records. Any issues found on were quickly acted upon and any lessons learnt to improve the service going forward.

Working in partnership with others

- The service worked in partnership with other organisations to make sure they followed current practice, providing a quality service and the people in their care were safe. We saw the registered provider had liaised with health care professionals and specialist teams to ensure timely referrals were made and where necessary additional support had been sought. This ensured a multi-disciplinary approach had been taken to support care provision for people in their care.

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	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered provider failed to establish and operate effective recruitment procedures.</p> <p>Regulation 19 (2) (3)</p>