

Bee's Care Agency Limited

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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 on 8 April 2016 and was announced.

Bee's care agency provides care services to people in their own homes mainly in the Medway area. The care they provided was tailored to people's needs so that people could maintain or regain their independence. This included older people who had been discharged from hospital who needed help with day-to-day tasks like cooking, shopping, washing and dressing and help to maintain their health and wellbeing. They also provide care so that people's main carers have 'respite' time. There were six people using the service assessed as low risk in terms of the care they needed at the time of our inspection.

There was a registered manager employed at the service. 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 spoke about the staff in a positive light regarding their feelings of being safe and well cared for. They thought that staff were caring and compassionate. Staff were trusted and well thought of by the people they cared for.

The registered manager was supported to manage the service by a senior carer. They assessed people's needs and planned people's care to maintain their safety, health and wellbeing. Risks were assessed by staff to protect people. There were systems in place to monitor incidents and accidents.

Staff had received training about protecting people from abuse and showed a good understanding of what their responsibilities were in preventing abuse. Procedures for reporting any concerns were in place. The registered manager knew how and when they should escalate concerns following the local authorities safeguarding protocols.

The registered manager and staff had received training about the Mental Capacity Act 2005 and understood when and how to support people's best interest if they lacked capacity to make certain decisions about their care.

Working in community settings staff often had to work on their own, but they were provided with good support and an 'Outside Office Hours' number to call during evenings and at weekends if they had concerns about people. The service could continue to run in the event of emergencies arising so that people's care would continue. For example, when there was heavy snow or if there was a power failure at the main office.

Staff were recruited safely and had been through a selection process that ensured they were fit to work with people who needed safeguarding. Recruitment policies were in place that had been followed. Safe recruitment practices included background and criminal records checks prior to staff starting work.

People felt that staff were well trained and understood their needs. They told us that staff looked at their care plans and followed the care as required. People told us that staff discussed their care with them so that they could decide how it would be delivered.

Staff had been trained to administer medicines safely and staff spoke confidently about their skills and abilities to do this well.

The registered manager gave staff guidance about supporting people to eat and drink enough. People were pleased that staff encouraged them to keep healthy through eating a balanced diet and drinking enough fluids. Care plans were kept reviewed and updated.

There were policies in place, which ensured people would be listened to and treated fairly if they complained. The registered manager ensured that people's care met their most up to date needs and any issues raised were dealt with to people's satisfaction.

People were happy with the leadership and approachability of the service's registered manager who was also the provider of the service. They had a clear quality based vision of the service they wanted to provide and understood how to achieve this. Staff felt well supported by registered manager. Audits were effective and risks were monitored by registered manager to keep people safe.

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.

People told us they experienced safe care. The systems in place to manage risk had ensured that people were kept safe. People's risks assessments were relevant to their current needs.

The registered manager and staff were committed to preventing abuse. Staff spoke positively about blowing the whistle if needed.

Medicines were administered by competent staff. Recruitment processes for new staff were robust and staff arrived to deliver care with the right skills and in the numbers needed to keep people safe.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who knew their needs well. Staff met with their managers to discuss their work performance and staff had attained the skills they required to carry out their role.

New staff received an induction. Training for all staff was kept up to date. The registered manager and staff had completed training in respect of the Mental Capacity Act 2005 and understood their responsibilities under the Act.

Staff understood their responsibility to help people maintain their health and wellbeing. This included looking out for signs of people becoming unwell and ensuring that they encouraged people to eat and drink enough.

Is the service caring?

Good ●

The service was caring.

People could forge good relationships with staff so that they were comfortable and felt well treated. People were treated as individuals, able to make choices about their care.

People had been involved in planning their care and their views were taken into account. If people wanted to, they could involve others in their care planning such as their relatives.

People experienced care from staff who respected their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People were provided with care when they needed it based on assessments and the development of a care plan about them. The care plan informed staff of the care people needed.

Information about people was updated often and with their involvement so that staff only provided care that was up to date. Any changes in care were agreed with people and put into their updated care plan. Staff spoke to other health and social care professionals if they had concerns about people's health and wellbeing.

People were consistently asked what they thought of the care provided and had been encouraged to raise any issues they were unhappy about. It was clear that the registered manager wanted to resolve any issues people may have quickly and to their satisfaction.

Is the service well-led?

Good ●

The service was well led.

The service had benefited from consistent and stable management so that systems and policies were effective and focused on service delivery.

The registered manager was keen to hear people's views about the quality of all aspects of the service. Staff were informed and enthusiastic about delivering high quality care. They were supported to do this on a day to day basis.

There were clear structures in place to monitor and review the risks that may present themselves as the service was delivered and actions were taken to keep people safe from harm.

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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 inspection took place on 8 April 2016 and was announced. 48 hours' notice of the inspection was given because the service was small and the registered manager was often out of the office supporting staff. We needed them to be available during the inspection. The inspection team consisted of an inspector.

Before the inspection we looked at reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law. Before the inspection, the provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We made telephone calls to two people and spoke to their relatives who lived with them about their experience of the service. We spoke with two staff including the registered manager and senior carer to gain their views about the service.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at two people's care files, two staff record files, the staff training programme, the staff rota and medicine records.

This was the first inspection since the service registered on 7 August 2014.

Is the service safe?

Our findings

People's close relatives and main carers told us they had confidence in the service and felt safe when staff were in their homes delivering care. All said that the carers respected their homes and possessions. They said, "We have not been let down at all", and "I would not leave my husband with them if I did not think it was safe."

People had consistent care from a small team of regular staff. Some of the things that made people feel safe was the reliability and consistency of staff calling to their homes. People could be sure that their calls would be made by staff who they knew. The registered manager told us that if there was a change in the staff calling, for example due to sickness, they informed people so that they would know.

Staff followed the provider's medicines policies and the registered manager checked that this happened by spot-checking staff when they were providing care. (Spot checks are unannounced supervisions of staff in the field.) The majority of people were independent with their medicines, but they were protected as the service had up to date medicines administration procedures in place and provided training for staff so that if they were asked to take on the administration of medicine's for people they could do this. Staff we talked with told us in detail how they supported people safely when dealing with medicines.

People were protected by staff who understood their responsibility to record the administration of medicines. The medicine administration record (MAR) sheets showed that people received their medicines at the right times. The system of MAR records allowed for the checking and recording of medicines, which showed that the medicine had been administered and signed for by the staff visiting the person's home. For example, creams that were regularly applied by staff as part of people's hygiene routines had been recorded with date, time, type of cream and signed off by staff. Through mentoring sessions staff were clear that if there had been any changes to people's medicines or they were unsure about anything to do with medicines they would seek advice from a manager or field supervisor. This protected people from potential medicine errors.

The registered manager protected people's health and safety. Safe working practices and the risks of delivering the care were assessed and recorded to keep people safe. Environmental risks and potential hazards were assessed and equipment was checked by staff before they used it. For example, lighting and working space availability. There was guidance and procedures for staff about what actions to take in relation to health and safety matters.

Staff received training about the risks relating to their work. The registered manager had ensured that risks relating to people's individual needs had been assessed and that safe working practices were recorded and followed by staff. For example, people had been assessed to see if they were at any risk from falls or not eating and drinking enough. If they were at risk, the steps staff needed to follow to keep people safe were well documented in people's care plan files. We found as soon as people started to receive the service, risks assessment were completed by staff as a priority.

The registered manager had comprehensive policies about dealing with incidents and accidents. This ensured that should any incidents occur they would be fully investigated by the registered manager and steps would be taken to prevent them from happening again.

People were protected from the risk of receiving care from unsuitable staff. The registered manager provided staff based on individual needs with the right skills and experience to keep people safe. Staff had been through an interview and selection process. The registered manager followed a policy, which addressed all of the things they needed to consider when recruiting a new employee. Staff told us the policy was followed when they had been recruited and their records confirmed this. Applicants for jobs had completed applications and been interviewed for roles within the service. New staff could not be offered positions unless they had proof of identity, written references, and confirmation of previous training and qualifications. All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

The registered manager understood how to protect people by reporting concerns they had to the local authority and protecting people from harm. Staff followed the provider's policy about safeguarding people and this was up to date with current practice. Staff were trained and had access to information so they understood how abuse could occur. Staff understood how they reported concerns in line with the providers safeguarding policy if they suspected or saw abuse taking place. Staff gave us examples of the tell-tale signs they would look out for that would cause them concern. For example bruising. Staff understood that they could blow-the-whistle to care managers or others about their concerns if they needed to. (Blowing the whistle enables employees to contact people with their concerns outside of the organisation they work for, like social services.)

People's care could continue if there was disruption to the service, for example in periods of extreme weather conditions. The registered manager used a system to assess and prioritise people who could not make other arrangements for their care if staff could not get to them. For example, most people had someone else living with them who could make them drinks and prepare food or telephone for help in an emergency. This meant that the service could focus its resources into getting staff to the people most in need. All of the people would receive regular telephone calls from the team in the services offices to make sure they were okay. This protected people's continuity of care.

Is the service effective?

Our findings

Staff understood people's needs, followed people's care plan and were trained for their roles. People's close relatives and main carers said, "We have the care plan available and staff always write everything they do down", and "Staff got to know my husband, so that they could meet his needs, the staff are trained no worries there."

Staff understood the care they should be providing to individual people as they followed detailed care plans. Care plans were left with people at home for staff to follow and staff and people's relatives confirmed to us that these were in place and kept up to date. People's relatives told us that staff followed their care plan and we saw that this was checked by the registered manager through spot checks on staff. (Spot checks enable the registered manager to visit people at home whilst the care is being provided so that they can confirm staff are meeting people's needs effectively.)

The care people received was fully recorded by staff. We could see that their notes reflected the care required in people's assessment of need. Staff told us they read people's care notes before they started delivering care so that they were up to date with people's needs. Staff were provided with hands on practice so that they could use equipment safely.

This service was not providing food and drink to most people. This was because there were others at home with them that took care of their needs around food and drink. However, staff were helping people to maintain their health and wellbeing through an awareness of making sure people had access to drinks and food when they provided respite care. Staff told us how they did this in line with people's assessed needs. Staff described to us how they leave food/snacks and drink within reach for people before they left a call. Food hygiene training was provided to staff.

People had recorded their consent to receive the care in their care plan and staff gained verbal consent at each visit. Gaining consent from people before care was delivered happened routinely. People were free to do as they wished in their own homes. The registered manager had a good understanding of the Mental Capacity Act (MCA) 2005. There was an up to date policy in place covering mental capacity. Staff had received training in relation to protecting people's rights. This prepared them for any situation where they may think the MCA needed to be considered as part of someone's care. For example, if people developed dementia and were no longer able to understand why the care was provided or their safety at home could not be protected.

When people needed referring to other health care professionals such as GP's or district nurses, staff understood their responsibility to ensure they passed the information onto relatives so that this was organised.

Staff records demonstrated that new staff were provided with training as soon as they started working at the service. They were able to become familiar with the needs of the people they would be providing care for. They had a mentor who took them through their first few weeks by shadowing them. New staff needed to be

signed off as competent by the registered manager at the end of their induction to ensure they had reached an appropriate standard.

The registered manager wanted staff to have the skills and support they needed to do their jobs well. Staff received a comprehensive induction when they started working for the service. Staff told us they had completed shadow shifts and an induction when they started working at the service.

The registered manager used a range of methods to ensure that staff could develop the right skills for their role. Staff completed an induction course that was in line with the nationally recognised 'Skills for Care' care certificate standards. These standards are achieved through assessment and training so that staff can gain the skills, they need to work safely with people. The registered manager also provided competency checks for staff which challenged them to say how they would maintain standards in relation to dignity and privacy, administering medicines and keeping people safe. Hands on training was provided in the training room at the head office for things like safe moving and handling, using a hoist and moving people with slide sheets or other safety aids. We saw documented evidence that staff attended training in dementia awareness, caring for people's oral hygiene and diabetes awareness. This ensured staff had training relevant to the people they delivered care to.

Staff were observed by a registered manager at work and were provided with guidance about their practice if needed. Registered manager met with staff to discuss their training needs and kept a training plan for staff to follow so that they could keep up to date with developments in social care. When the registered manager met with staff they asked them questions about their performance. Staff had been asked how they deal with health and safety concerns. Staff supervisions were recorded and registered manager gave guidance to improve staff knowledge.

The registered manager had a plan in place to ensure that all staff received an annual appraisal. This gave staff the opportunity to discuss what had gone well for them over the previous year, where they had weaknesses in their skills and enabled them to plan their training and development for the coming year.

Is the service caring?

Our findings

People's close relatives and main carers described the care that they received very positively. People said, "The staff are polite and caring." Other comments included, 'We are very happy with the service and care provided.' And 'The staff are so helpful and friendly, could not wish for better.' People's satisfaction with the service they received was high.

People told us that they experienced care from staff with the right attitude and caring nature. People felt that staff communicated well and told us about staff chatting and talking to them, letting them know what was happening during care delivery.

Staff wanted to treat people well. When they spoke to us they displayed the right attitude, they told us they gave people time to do things, they tried not to rush people. People described that staff were attentive to their needs.

People let us know how important it was for them to be as independent as possible and how staff supported this. People indicated that, where appropriate, staff encouraged people to do things for themselves and also respected people's privacy and dignity. People told us that staff were good at respecting their privacy and dignity. Staff told us that they offered people choices about how they wanted their care delivered.

Information was given to people about how their care would be provided. People signed their care plan. Each person had received a statement setting out what care the service would provide for them, what times staff would arrive and information about staff skills and experience. People were knowledgeable about the service and told us that there were care plans they could look at in their homes. The care plans enabled them to check they were receiving the agreed care.

The registered manager was interested in what people thought of the service so that they could check people were happy or if changes needed to be made. People and their relatives had been asked about their views and experiences of using the service. We found that the registered manager used a range of methods to collect feedback from people. These included asking people at face-to-face meetings during staff spot checks, calling people by telephone to ask their views and sending people questionnaires. The satisfaction rates from the last survey in 2015 was 99%.

What people thought about their care was incorporated into their care plans which were individualised and well written. They clearly set out what care the staff would provide. People could vary the care they received from the service and used a mix of care that suited their needs.

People's personal details were secure and their right to privacy was respected. Information about people was kept securely in the office and the access was restricted to senior staff. The registered manager ensured that confidential paperwork was regularly collected from people's homes and stored securely at the registered office. Staff understood their responsibility to maintain people's confidentiality.

Is the service responsive?

Our findings

People felt their needs were reviewed and kept up to date. One person told us about the care plan review process they had recently been through to check if their needs were being met. Records showed that as people's independence increased or decreased their care was adjusted so that their needs were met. For example, as people recovered from illness or injury they became less reliant on staff support. This was reflected in their care plans.

People's needs were assessed using a range of information which was used to develop a care plan for staff to follow. Care plans were individualised and focused on areas of care people needed. For example, when people were discharged from hospital, they may be less mobile and their skin integrity needed monitoring to prevent pressure areas from developing. People who were receiving care to regain their independence after an injury or hospitalisation had specific care input targeted to their recovery needs.

There was evidence that when people started using the service their risk assessments were completed as a priority. Temporary care plans were put into place as soon as people started using the service if they were discharged urgently from hospital. These were replaced with full care plans after the registered manager had completed an assessment with the person and/or their families. Adjustments were made for people's individual needs. For example, a photographic rota had been provided to a person whose first language was not English. This enabled them to see a picture of the member of staff who would provide care against the day, and time the care would be delivered. This meant that people received individualised care and information they could understand.

Records showed that people had been asked their views about their care. People told us they had been fully involved in the care planning process and in the reviews of those plans. Reviews of the care plan could be completed at any time if the person's needs changed. We could see that care plan reviews had taken place as planned and that these had been recorded. Staff told us they read people's daily reports for any changes that had been recorded and a manager reviewed people's care notes to ensure that people's needs were being met.

Staff protected people's health and welfare by calling health and social care professionals if people were unwell. A good example of this was a recent incident where they had called 999 for a person they found had fallen when they (staff) arrived for their call. Staff had stayed with the person until the paramedics arrived.

There was a policy about dealing with complaints that the staff and registered manager could follow. This ensured that complaints, if they were made would be responded to. All people spoken with said they were happy to raise any concerns. People's main carers told us that they knew how to complain and got good responses from the office staff if they contacted them to raise an issue. There were good systems in place to make sure that people's concerns were dealt with promptly before they became complaints. There was regular contact between people using the service and the management team. The registered manager always tried to improve people's experiences of the service by asking for and responding to feedback.

Is the service well-led?

Our findings

The registered manager had set-up the service in August 2014. They had worked in management roles in other similar services so that they had the skills and experience to manage this service well. People told us that the service was well run. The registered manager had employed an experienced and skilled senior carer to assist them to run the service to the required standards.

The registered manager ensured audits of the service quality had been carried out. These audits assisted the registered manager to maintain a good standard of service for people. Care plans, risk assessments and staff files were kept up to date and reviewed with regularity. Records showed that the registered manager responded to any safety concerns and they ensured that risks affecting staff were assessed. For example, lone working risk were minimised by assessment and policies.

People were provided with enough information to enable them to understand what they could expect from the service and the levels of quality they should expect. The registered manager set out their aims and objectives for the service in their statement of purpose. These were shared with the people who used the service. Staff received training and mentoring to enable them to deliver the service to the expected standards. The registered manager had a clear understanding of what the service could provide to people in the way of care. They told us that they did not take on any new care packages they did not have the resources to deliver effectively. This was an important consideration and demonstrated that people were respected by the registered manager, who wanted to ensure they maintained the quality of the service for people.

Staff were committed and passionate about delivering high quality, person centred care to people. We spoke with staff who were well supported and who had regular and effective communications with their manager. Staff comments included, 'The registered manager is brilliant to work for, very approachable.'

The registered manager ensured that staff received consistent training, supervision and appraisal so that they understood their roles and could gain more skills. They also updated their own skills and learning. For example, the registered manager had become a member of the Skills for Care National Academy so that they could keep up to date with the latest developments of good practice in social care. Team and individual skills development led to the promotion of good working practices within the service. Staff told us they enjoyed their jobs. Staff felt they were listened to as part of a team, they were positive about the management team of the service. Staff spoke about the importance of the support they got from senior staff, especially when they needed to respond to incidents or needed to speak to the registered manager for advice.

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date with new developments in social care. The policies protected staff who wanted to raise concerns about practice within the service.

The registered manager was proactive in keeping people safe. They discussed safeguarding issues with the

local authority safeguarding team. The registered manager understood their responsibilities around meeting their legal obligations. For example, by sending notifications to CQC about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.