

Bes Care Limited

Bes Care Limited

Inspection report

Unit 1, Courtyard Business Centre
Southwold Drive
Nottingham
NG8 1PA

Tel: 01158915786

Website: www.bescarelimited.co.uk

Date of inspection visit:
18 August 2022

Date of publication:
02 November 2022

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

About the service

47 Newlyn Drive is a domiciliary care service providing personal care to people living in their own homes so they can live as independently as possible. The service provides support to people living with dementia, learning disabilities or autism, people with mental health needs, older people, physical disability and sensory impairment. At the time of our inspection there were 13 people using the service.

People's experience of using this service and what we found

Risks were not always effectively assessed and mitigated. Risk assessments had not been completed in full for each risk area identified but the provider was in the process of reviewing and updating information. Staff were not always recruited safely. There were several documents missing from the recruitment and selection process to check if staff were suitable to work at the service. However, it was seen that this process had improved with recently recruited staff. Medicines were managed and monitored effectively. People were given their required medication so they remained safe and well.

Care plans contained appropriate person centred information on people's support needs and preferences. People told us they had been involved in care planning.

Relatives and people using the service told us they received care from friendly and caring staff. Staff understood how to promote people's independence and respected their privacy and dignity.

People were encouraged to give feedback on the service and the provider. People told us they felt they were listened to and concerns were investigated and resolved.

There was effective management oversight throughout the service. The provider listened to advice from feedback throughout the inspection and began to make changes immediately.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
This service was registered with us on 18 April 2019 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

Bes Care 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. 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

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

We gave a short period notice of the inspection. This was because it is a domiciliary service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We used information gathered as part of monitoring activity that took place on 11 July 2022 to help plan the inspection and inform our judgements. We sought feedback from Nottingham City's Adult Safeguarding and Quality Assurance Team and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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.

We used all of this information to plan our inspection.

During the inspection

We were able to speak with one person and two relatives of people who used the service about their experience of the care provided. We spoke with five staff members this included two carers, the care coordinator, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three 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 staff training information and policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse.
- Staff had received training in safeguarding and told us they were aware of how to report any concerns.
- The registered manager had open communication with other professionals and understood when they were required to report safeguarding concerns and make notifications.

Assessing risk, safety monitoring and management

- People were not always protected from risk associated with their support.
- Care plans contained risk assessments but two we reviewed were not completed in full. This was discussed with the care coordinator who noted this to review and amend the information.
- One care plan we reviewed had identified that the person was at risk of skin breakdown. The action to take to reduce this risk was not clear for staff reading the care plan however, there had been no negative impact on the person's skin as a result. We discussed this with the registered manager and care coordinator who had started the process of reviewing all care plans. They told us this would be amended.
- No harm had come to anyone and staff had provided care in a safe way. However, not having clear risk assessments in all care plans meant that people were at risk of not always receiving the correct care to keep them safe. The provider was very open to feedback about risk assessments and confirmed that this would be made clearer in people's care plans.

Staffing and recruitment

- Safe recruitment processes were followed. Staff had Disclosure and Barring Service (DBS) checks carried out prior to commencing their role. The staff files we reviewed contained this information. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We found that two staff files had interview notes missing. However, the provider has improved on ways of working using government guidance and more recently recruited staff had interview notes kept by the provider.
- The management team continually monitored the rota and any staff absence to ensure there were enough staff to meet people's support needs. The service had appropriate staffing levels. The registered manager told us they supported if required to accommodate people's needs which meant people's care needs were met.

Using medicines safely

- People received their medicines safely from trained, competent staff. People were supported in line with

the providers policies and procedure which promoted safe administration of medicines.

- People's medicines care plans and medicines administration records were regularly reviewed by the provider. This meant there was accurate and up to date information for staff to follow.
- Providing effective, consistent support with medicines helped people to stay safe and well.

Preventing and controlling infection

- The provider had an infection prevention and control policy and ensured staff had appropriate personal protective equipment (PPE) to use when providing care. Any changes to the use of PPE were shared through a weekly email update from the coordinator.
- One staff member told us, "We always have enough PPE. If we do run out there is always a supply in the van so we can access it any time."
- The service worked in line with government guidance which meant people were supported in a way that protected them from risk of infection.

Learning lessons when things go wrong

- Staff were sent weekly update emails giving them information of improvements needed and best practice. The information came from the providers review of daily records and outcomes of identified issues.
- The management team were open and honest when things went wrong and promoted a learning culture within the service.
- The nominated individual told us about a recent issue when they were asked to provide care at short notice. They were unable to facilitate this and the nominated individual explained that, from this, they had learnt about better planning of annual leave and contingency planning.
- Learning, and sharing learning with the team, when things went wrong meant the provider constantly improved the service people received.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- The service completed an assessment of needs with people and their family before they started the service, as well as an environmental assessment.
- Care plans evidenced that people's needs, choices and preferences were considered.
- Staff told us, "Care plans have enough information in, including about medicines, and if things change we tell someone in the office and they change it."
- One relative told us, "[Relative] sees the same staff, they have got to know them really well, they know how [relative] likes things done."
- Clear, person centred care plans meant staff were able to support people safely and effectively and in line with their wishes.

Staff support: induction, training, skills and experience

- Moving and positioning training was outstanding for some staff. The registered manager told us all staff would receive this training. Currently, staff supporting people with moving and positioning had been prioritised and had been trained.
- The provider ensured staff had access to training and support and completed shadowing with competent staff when they started. The nominated individual told us, "We emphasise that the door is always open if staff want to speak to us."
- Staff told us they were working on completing the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff told us they felt the provider trained them to carry out their role and were supportive. One staff member told us, "The company is brilliant, you feel you can go to management and discuss things."

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

- Peoples nutritional support needs were documented in care plans. This contained detail about people's preferences and the support they required. Daily records showed people consistently received support in line with these care plans.
- One care plan we reviewed provided staff with information on the person receiving meals on wheels and staff preparing snacks and drinks for them. Daily records showed that this was being done consistently and staff prompted the person to eat.
- Providing clear information about people's support needs with food and drinks meant staff could support

people effectively and help them to remain healthy.

Staff working with other agencies to provide consistent, effective, timely care

- During the inspection we saw evidence of staff working with other professionals. There was information in care plans about the professionals linked to people's care. For example; we reviewed email evidence of contact with a social worker regarding concerns about a person's mobility and support required.
- The care coordinator had a communication spreadsheet in place to record and track contact with other professionals, the reasons for this contact and outcomes.
- Good communication with other professionals meant people received holistic care and their needs were met through engagement with the right person.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to be in the best possible health.
- During the inspection we could see information in people's care plans about their GP, pharmacy and other healthcare professionals.
- We reviewed one person's care plan which evidenced that staff were working with a physiotherapist to improve a person's mobility.
- The nominated individual told us, "We signpost people to other health services and will always support people to contact them and arrange appointments to help them to get the healthcare they need."

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 MCA 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.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was working within the principles of the MCA. Capacity assessments were in place where required, and staff had a clear understanding of the MCA. The registered manager told us, "We always assume a person has capacity unless there is evidence to suggest that they don't and we would work with the person and professionals to complete an assessment or best interest decision."

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff treated people with dignity and respect. This was reflected in the way staff wrote daily notes and our observations of how staff spoke with people and delivered their care.
- We spoke with four staff who all spoke passionately about treating people with respect and empathy and putting themselves in the person's shoes. One relative we spoke with told us, "All the staff are caring, and they definitely are respectful. I am there when staff visit and see how they are with [relative]."
- This approach meant people receiving care felt respected and valued and were comfortable with the staff supporting them.

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

- People and their relatives were involved in planning their care and could tell staff how they wished to be supported.
- People told us that they could always speak to someone in the office if they wanted to discuss or change something about their support. One relative told us, "I'm in constant contact with [nominated individual] they are always very helpful and communicative."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their right to privacy was respected.
- Care plans were written in a way that promoted peoples independence, privacy and dignity and prompted staff to do this.
- One staff member told us, "If I am helping someone with personal care I make sure the curtains are closed and the door shut. I cover them with a towel to protect their dignity and tell them what's happening." This meant people were supported in a way that was empowering and were treated with respect.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- The service had person centred care plans in place for people which they, and relatives, had been involved in developing.
- People's care plans were regularly reviewed and updated. We reviewed feedback forms from people, which were completed every three months, to ensure changes and updates to people's care was captured. Up to date, person centred information on people's care needs and preferences meant people received the right level of support for them.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Peoples care plans contained information about their communication and how best to communicate with them. This included information about any aids the person may use and barriers to communication.
- One care plan we reviewed was for a person whose first language was not English. There was clear information about how to communicate with the person including communication through the persons relatives and described using hand gestures to communicate and understanding the persons behaviour changes which could indicate how they felt.
- The service provided information in people's care plans that supported effective communication for people.

Improving care quality in response to complaints or concerns

- The service had a clear complaints procedure. Service user guides contained information about how to make complaints and contact information for external agencies including the CQC.
- We observed service user feedback forms that had been sent to people and relatives to obtain feedback on their experience of using the service.
- At the time of inspection there had been no formal complaints raised but there were clear processes in place to support people to do this and details on how the management team would respond.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

- The registered manager and nominated individual were active in the day to day running of the service, their values and experience led an inclusive and person-centred culture. One relative told us about the positive culture in the service, "It's essential really, if you don't get that from the top it leads to a lot of frustration."
- We spoke with the care coordinator who talked about caring for staff to promote a positive culture, "It's important the staff know they are valued. We took water and ice lollies out to them on the calls during the heatwave."
- Spot checks were carried out by the care coordinator to observe staff practice. We reviewed care plans which were up to date and person-centred. These actions supported an empowering service focussed on supporting people to achieve positive outcomes.

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 nominated individual told us, "Being open with carers and clients about any concern raised and getting their opinion is vital. We discuss issues with people, family and other professionals including the CQC and local authority."
- People told us there was good, honest communication between themselves and the provider. One relative told us, "They are open and honest, [nominated person] would certainly tell me if there's a problem."

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

- All staff were clear about their roles and responsibilities and who to escalate concerns to if needed.
- We spoke with the care coordinator who outlined their role, and that of the registered manager and nominated individual, and what parts of the service they are involved in/focus on.
- The provider submitted statutory notifications to the CQC for notifiable events. Systems and processes supported improvement and mitigation/management of risks. We reviewed audit documents, issues identified and actions following on from them which demonstrated that managers understood quality performance. This meant the service was working to continuously improve and risk was managed through these processes.

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

- Systems and processes were in place to engage people and staff, and involve them in the development of

the service.

- We reviewed feedback forms sent to people and saw these were reviewed by the management team and feedback responded to where appropriate.
- The service had a "Little Acts of Kindness" folder which captured positive feedback from people using the service and their families to share with staff.
- We observed that staff questionnaires had been created to obtain feedback on all aspects of their role including shift pattern, what they like/like least about their role, how the organisation is run and policies.
- Involving people who use, and are part of the service, meant the management team received holistic feedback which they could use to drive improvements in the service.

Continuous learning and improving care

- The registered manager and nominated individual talked passionately about providing a service that was focussed on improvement and developing a learning culture.
- The provider regularly checked staff were a good match for people they were supporting. We reviewed spot audits completed by the care coordinator with staff to review their practice.
- The nominated individual was able to tell us about lessons learnt from notifications made to external agencies and keeping track of incidents and reviewing how they were managed to improve ways of working.
- The person-centred approach and commitment to improvement meant people continued to receive a good quality service.

Working in partnership with others

- The service worked in partnership with people, their relatives, local authority and other professionals.
- We reviewed two care plans which evidenced contact with people and their families about their care. We also noted a record of a discussion with a person's social worker was written in daily records.
- We observed collaborative practice to ensure all aspects of people's care was met.