

Beaumaris Healthcare Limited

# Beaumaris Healthcare Limited

## 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

About the service:

Beaumaris Healthcare Limited is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of our inspection 24 people received care from the service.

People's experience of using this service:

Since our previous inspection, improvement had been made in all areas of the service.

Quality assurance systems had been improved and now effectively monitored the quality of the care provided.

People's medicines were safely managed, and they received them when they needed them. They were safely supported by staff who understood any risks to the person and how to help reduce them. Staff had been trained to recognise and report any safety concerns, including abuse.

Staff had been safely recruited, to help ensure they were suitable to work with people in their own homes.

Staff training was monitored to ensure it was relevant and up to date. Staff were observed in their roles to ensure they were competent.

People were supported to maintain good health and staff worked with other healthcare professionals where necessary.

People were asked for their consent their right to make their own decisions about their own care and treatment were supported by staff.

People were supported by staff who were kind and caring. People were involved in their own care and treated with dignity and respect.

People received individualised care which was regularly reviewed with them to ensure it met any changing needs.

People's feedback about their experience of care were sought and improvements were made, where necessary.

Rating at last inspection:

At the last inspection the service was rated requires improvement (report published 20 June 2018)

At the last inspection, we had imposed conditions onto the provider's registration. The conditions meant the provider had to send us monthly quality reports.

Why we inspected:

This was a planned inspection to ensure the provider had made the required improvements.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit, as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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 Responsive findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Responsive findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Responsive 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 Responsive findings below.

# Beaumaris Healthcare 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:

This inspection was carried out by one inspector and one administrator, who contacted people receiving support from Beaumaris Healthcare Limited for feedback to support the inspection.

#### Service and service type:

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

Not everyone using Beaumaris Healthcare Limited receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks relating to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection:

We gave the service two days' notice of the inspection site visit because we needed to be sure a manager or the provider would be available.

Inspection site visit activity started on 24 April 2019 and ended on 26 April 2019. We visited the office location on 26 April 2019 to see the registered manager and office staff; and to review care records and policies and

procedures.

What we did:

Before our inspection, the registered manager had 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 also reviewed information we held about the service in the form of statutory notifications received from the provider and any complaints, safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services. We used this information to help plan our inspection.

During our inspection, we spoke with seven people and five relatives. We spoke with six staff, which included care staff, business manager, field supervisors and the registered manager. We looked at a sample of records relating to the running of the service and the care of individuals. These included the care, including medicine records of five people who used the service. We also looked at records related to the management and administration of people's medicines, health and safety, quality assurance and staff recruitment.

# Is the service safe?

## Our findings

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

At our previous inspection, the provider had not met the requirements for Regulation 12 because people's medicines were not managed safely. The provider had also not ensured plans were in place to help reduce risk to people. At this inspection, the provider was no longer in breach of Regulation 12 and we found improvement had been made.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

### Using medicines safely

- Improvement had been made to systems which meant people's medicines were now safely managed. One staff member told us the medicines records were less complicated now and clearer on what medicine and support people needed.
- People, who received support with their medicines, told us they had no issues with the support they had from care staff. They received their medicine when they needed it and as agreed.
- People's medicines were administered by staff who were trained and competent to carry out the task.
- Improvement had been made to people's medicine assessments and administration records. Staff signed to confirm the support given to people and if medicines had been taken.

### Assessing risk, safety monitoring and management

- Improvement had been made to how risks to people were managed, minimised and monitored.
- People were involved in discussing the risks to them and how to minimise them. These risks and the action staff needed to take, to help minimise them, were reflected in people's care plans.
- Risk assessments covered people's medicines, their mobility, their home environment, including any risk to staff and security arrangements. Staff were aware of the risks to people and how they needed to support them to keep them safe.

### Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff who supported them in their own homes. People and their relatives were encouraged to report any concerns they may have about their safety. One relative said, "I can speak to on-call or manageress (if I have concerns)."
- Staff had received training to protect people from the risk of abuse. One staff member said, "There's a lot of things that could happen. Even what you say could come across as abuse if you say it in the wrong way." Staff had access to policies and information about what abuse was and who to report it to, both inside and outside the organisation.
- The registered manager spoke with people on a regular basis to ensure they had no concerns about their safety, their care or the care staff who supported them.
- The registered manager understood their responsibilities for liaising with the local authority if they had concerns about people's safety.

### Staffing and recruitment

- Improvement had been made to how people's care calls were monitored to ensure they received them as planned. Staff were now required to log in and log out of every care call and this was monitored by managers and field supervisors. This system identified where care staff were late, so the person could be informed and alternative arrangements made if needed.
- People were supported by enough staff to safely meet their needs. People told us they received a rota telling them which care staff would attend their care calls. They also confirmed care staff arrived at the expected time and they were contacted if staff were running late.
- People were supported by staff who had been safely recruited. Checks on staff's backgrounds were completed, as required, to make sure they were suitable to work with people in their own homes.

### Preventing and controlling infection

- People told us staff wore gloves and aprons when they supported them.
- Staff were trained in the prevention and control of infection and had access to protective personal equipment, which was available at the office.

### Learning lessons when things go wrong

- The registered manager maintained a record of accidents and incidents which occurred. Once reviewed, they could contact any relevant agencies and take further action as needed.
- Since starting at the service, the registered manager had reviewed past incidents, especially previous medicine errors, to help identify trends. They had used this information to learn from and introduce new procedures. Staff were kept involved and updated through supervisions and meetings.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At our previous inspection in we had found the service was not consistently effective and had rated the effectiveness of the service as requires improvement. At this inspection we found improvement had been made and we have changed this rating to good.

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

Staff support: induction, training, skills and experience

- Improvement had been made to the training staff received. Observations of their care practice helped to ensure they were competent in their roles and put their training into practice.
- Staff told us that alongside the training they received, they were supported by their colleagues and line managers to help them understand their training and the needs of the people they supported. They had opportunities to discuss their practice and development with their line managers.
- New staff worked alongside and shadowed more experienced staff before they worked alone with people. They also completed a structured induction programme to ensure they understood their roles and responsibilities.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's care needs were discussed and assessed before they used the service to ensure these and their preferences could be met. One field supervisor told us, "We discuss their care needs with the person and relatives. Then the care plan is created and discussed with the person for them to agree to." The registered manager said, "Only when we know we can meet their needs and have enough staff will we start providing their care."
- People's preferences were documented and some consideration had been given to people's diverse needs under the Equalities Act 2010. The registered manager confirmed they had already started making improvements to the way they captured and used people's information and this work was on-going. This could help staff to better understand people's social background, behaviours and culture to ensure the person was supported holistically.
- The service worked alongside people's GPs, district nurses and other community services to ensure people had the support, healthcare and equipment they needed to help them remain safe and independent at home. Staff followed the guidance given by other healthcare professionals to enable people to remain living in their own homes.
- People were supported to maintain good health and any concerns about a person's health was referred to their GP or other relevant healthcare professional. Relatives confirmed they were kept up to date with any healthcare concerns staff had about their family member.

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

- Where people required support to eat and drink, information about their needs and preferences were recorded in their care plan.
- Staff followed guidance when supporting people with specialist diets and, when required, recorded what people ate and drank.

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.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.
- Staff knew the importance of gaining consent from people before they provided care and support. Everyone who used the service was able to make their own decisions. Staff had received training in the MCA and understood how this would affect their practice with regards to gaining consent and ensuring best interest decisions were made appropriately.
- The registered manager was clear on their responsibilities about the MCA. They told us they would liaise with community mental health teams to ensure people's capacity was assessed as needed.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At our previous inspection, we had found the service was not consistently caring and had rated this key question as requires improvement. At this inspection we found improvement had been made and we have changed this rating to good.

Good: 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

- People and relatives were positive about the care and support they and their family members received. They confirmed staff were kind and caring, with some telling us staff were "Absolutely great" and they "Couldn't fault them". One relative told us they felt they couldn't manage without the support the service provided.
- People felt staff knew them well. One person said, "I think they do know me well. I do get different ones (care staff) but know who they all are. If there's a new one (care staff) they come with one of the old ones."
- The staff and registered manager were dedicated about ensuring people received the best care possible. Staff were aware of the diversity in people's lives and showed they respected that. One staff member said, "We have to treat people equally. Just because we're carers doesn't mean they have to have things our way. I'm going into their home and I respect that."

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

- People were involved in making decisions about their care. They confirmed staff spoke with them about the support they wanted at each care call. One person told us the registered manager had visited them to make sure they understood their plan of care. They said, "The new manager was appointed last Autumn. They came out and talked everything through."
- People told us they did not feel rushed and staff had time to listen to them and what they wanted. One relative told us staff communication was "brilliant" and they always involved their family member and them in everything that happened. Another relative told us staff always had patience with their family member. This was because they had to keep repeating themselves due to the person's health.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and treated them with dignity. People told us staff never made them feel embarrassed when they supported them. One staff member said, "We must always offer them privacy, even if it's something we do every day with them. We ensure they are safe and then can wait outside the door when needed."
- Staff encouraged people's independence when they supported them. Staff spoke about encouraging people to use their walking frames, wash themselves and do what they could for themselves. One staff member said, "We get used to what they can and can't do. If it is safe to, then we must always encourage."

# Is the service responsive?

## Our findings

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

At our previous inspection, we had found the service was not consistently responsive and had rated the responsiveness of the service as requires improvement. At this inspection improvement had been made and we have changed this rating to good.

Good: 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

- People received care which was personal to them and respected their preferences and needs. One person's relative told us, [Person's name] has what she needs and when she needs it."
- People's care was reviewed with them to make sure it responded to any changing needs. One field supervisor told us the length of time between reviews was dependent on the risks to the individual person or as and when their needs changed. People confirmed updates to their care records were discussed and agreed with them.
- Information about people's communication needs, sensory impairments and any support they needed was identified in their initial assessment. This information was not always fully reflected in people's care plans. However, the registered manager understood the Accessible Information Standards and told us they would review how this information was highlighted in people's care plans.
- Each person had a 'Hospital grab sheet'. The registered manager told us this would be removed from the person's care file and accompany them if they were admitted to hospital. This document gave information on the person's medicines, mobility and next of kin and would help hospital staff or other professionals to understand the persons needs and preferences.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make a complaint, if needed, and were confident their complaints would be taken seriously. People and relatives told us, in the first instance they would speak with the registered manager.
- The provider had a system in place to manage and respond to any complaints received. Details of the complaint's procedure were in the "service user guide", which was given to people when they first started using the service.

# 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 our previous inspection we had continued concerns about the provider's quality monitoring systems, risk management and the management of medicines. At this inspection we have changed this rating to good.

Good: 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; Continuous learning and improving care

- No registered manager was in post at our previous inspection and we had found the quality systems in place were not used effectively to reduce risk to people. We had imposed conditions on the provider's registration, which meant they have had to send us monthly quality reports. These reports have helped us to monitor the service and ensure quality assurances activities were effectively monitoring the standard of care provided.
- At this inspection, significant improvement had been made in how the provider monitored and improved the quality of care delivered. A new registered manager had been registered in November 2018. Audits were now completed on all areas of the service including, staff practice and record keeping, people's care records and people's opinions on the care they received.
- The registered manager, along with provider had oversight of the service. The registered manager had been responsible for introducing new quality systems and processes to improve the service. They had been supported by the provider in making and monitoring these improvements.
- Staff told us they felt more confident in their roles because of the improvements to their training and the support they now received.
- The RM was aware of further improvements needed and these were discussed at inspection. These included ensuring information gained about people's equality and diversity were fully embedded in their care plans.
- The registered manager understood the responsibilities of their registration, including keeping us up to date with what happened at the service. The rating of the last inspection was on display at the office and the service's website.

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

- Staff we spoke with all told us the service had improved since the registered manager started in November 2018. One staff member told us, "Since our last inspection, everything has got better; staff morale, the atmosphere, the teamwork. Since the (registered) manager has come, it's been a whirlwind of good change."
- The service had an open and supportive culture. The registered manager understood their duty of candour responsibilities and instilled this into the staff's practice. Under the Duty of Candour, providers

must be open and transparent. There are specific guidelines providers must follow if things go wrong with care and treatment.

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

- Beaumaris Healthcare Limited is a member of the Dementia Alliance's local action group. The registered manager told us they, along with the other members of the group, were working together to make Newport dementia- friendly. Other members included local businesses and care providers.
- People told us they regularly spoke with the registered manager, either face to face or over the telephone, to give feedback about the care they received. One person said, "They [registered manager] comes occasionally to see if everything is alright." This information was used to make changes in people's care packages as appropriate or to improve the service provided.
- Staff attended meetings with the registered manager where their views were encouraged. They also were updated on new systems and plans for improvements. Staff told us they felt valued and their opinions respected.