

24 Hour Homecare Limited

Beloved Homecare

Inspection report

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Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Outstanding 
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

About the service

Beloved Homecare is a domiciliary care service. The service provides personal care to people living in their own homes.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Since our last inspection, the service had introduced several creative and innovative ways to enhance people's safety, particularly regarding risk management. Enabling people to take positive risks was something the service did extremely well, meaning people could retain as much independence as possible.

Staff had gone 'above and beyond' what was expected from their roles to ensure people received outstanding care and support. People who used the service and their relatives were at the heart of how the service was run, and involvement in the care they received was a high priority to the management and staff team.

The service was highly passionate about ensuring people received high quality, person centred care that was based around their likes, dislikes, hobbies and interests. Feedback from relatives whose loved ones had previously used the services of Beloved Homecare as they approached the end of their life, was very positive.

The management and leadership of the service was also described as being outstanding. Community links within the local area and partnership working with other organisations was excellent. The registered manager and staff team were committed to achieving positive outcomes for people. Staff morale and a positive culture amongst the staff team was also very apparent. The service had won awards both nationally and in the local area, where their contribution to the care sector had been recognised and valued.

People received their medication safely and were encouraged do this themselves if they were able. Staff were recruited safely and there were enough available to ensure people received the care and support they required. Staff displayed a thorough understanding regarding safeguarding procedures, with both people and relatives telling us they felt the service was very safe to use.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Outstanding (published 28 March 2018).

Why we inspected

This was a planned pilot virtual inspection. The report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the provider's office location.

The pilot inspection considered the key questions of Safe and Well-led and has provided an updated rating for those key questions. Only parts of the Effective, Caring and Responsive key questions were considered and therefore the ratings for these key questions are those awarded at the last inspection.

Follow up

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

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 extremely safe.

Details are in our safe findings below.

Outstanding 

Is the service effective?

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to effective.

Inspected but not rated

Is the service caring?

At our last inspection we rated this key question Outstanding. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to caring.

Inspected but not rated

Is the service responsive?

At our last inspection we rated this key question Outstanding. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to responsive.

Inspected but not rated

Is the service well-led?

The service was extremely well-led.

Details are in our well-Led findings below.

Outstanding 

Beloved Homecare

Detailed findings

Background to this inspection

The inspection

As part of a pilot into virtual inspections of domiciliary and extra-care housing services, the Care Quality Commission conducted an inspection of this provider on 28 October 2020 and 6 November 2020. The inspection was carried out with the consent of the provider and was part of a pilot to gather information to inform CQC whether it might be possible to conduct inspections in a different way in the future. We completed this inspection using virtual methods and online tools such as electronic file sharing, video calls and phone calls to gather the information we rely on to form a judgement on the care and support provided. At no time did we visit the provider's or location's office as we usually would when conducting an inspection.

Inspection team

We carried out this inspection between 28 October and 3 December 2020. The inspection was carried out by an inspector, a medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of the inspection there were 57 people using the service, with approximately 50 in receipt of the regulated activity 'Personal care'.

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 a short period notice of the inspection. This is because the service was taking part in the pilot into virtual inspections and we needed to gain their consent to be part of this process.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and eight relatives about their experience of the care provided. We also spoke with five members of care staff, the registered manager, managing director and other members of the management team. All of this correspondence was done either over the telephone, or virtually using video conferencing systems.

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

After the inspection

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

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has improved to Outstanding. This meant people were protected by a strong and distinctive approach to safeguarding, including positive risk-taking to maximise their control over their lives. People were fully involved, and the provider was open and transparent when things went wrong.

Assessing risk, safety monitoring and management;

- The service had an extremely proactive approach towards risk management. Since our last inspection, a specialised training room had been created which resembled a person's own front room. This was to show new staff who may not have worked in care previously, what it was like to carry out tasks during care visits. A 'Frailty simulation suit' had been purchased, with a weighted feel to it which gave the idea of being elderly and how they feel when mobilising. Sight impairment goggles had also been purchased and provided staff with an insight into some of the sensory difficulties people may encounter when attempting to mobilise safely.
- Enabling people to take positive risks and therefore promoting independence was something the service did exceptionally well. One person had been found to wander, potentially unsafely within the local community. Staff introduced daily social calls to support this person to still be able to go out and made identity cards which were added to the pockets of clothing the person was wearing, to enable them to return home safely.
- Another person, who was living with a specific health condition had a strong passion for swimming, although had not walked across the length of the pool before and instead held the sides. They had expressed a wish to do this by solely walking. Following a period of staff support, the person managed to do this and was elated in doing so. Their self-esteem rose significantly, with increased confidence in recent visits.
- People were able to benefit from the service's creative and innovative approach when promoting excellent nutrition and hydration intake. Dehydration had been recognised as a key risk amongst the elderly population and because of this, the service had purchased droplet hydration cups. These prompted people to drink more fluids by lighting up when they have not had a drink for a significant amount of time. The person's family could also record a message on the cup to remind their loved one to drink more. Staff had also identified and prompted the use of a 'Gravity bottle'. This just needed a person to bite the end of the straw for water to be dispensed, with limited effort.
- Both dementia and Parkinson's cutlery had been purchased for people to use as needed, making it easier for people to understand how to hold these items correctly and safely. Where people had swallowing difficulties and needed to eat a pureed diet, staff had recognised that the presentation of this was not always appealing to people, meaning they may not always eat a full meal. Staff had researched and contacted a local food delivery company, who specialised in the preparation of pureed meals, which were presented in the same way as normal food and therefore more enjoyable for people to eat.
- Ensuring people remained as safe as possible in their home environment was of extreme importance to the staff team. One person had been struggling to use their kettle safely when they were alone at home. Staff

had purchased and supplied a 'One cup kettle' for this person which is device where the water is boiled directly in the cup and meant the person no longer had to use the kettle in an unsafe way, reducing the risks of burns and scalds. Staff had also offered to test a person's smoke alarm each week due to them being bedbound and unable to access certain parts of the home. Staff arranged for safety tests where people used electric blankets, following a recent incident which had been circulated by Age UK.

- Prior of our inspection, staff had actively researched and begun to use assistive technology to make sure people could live with as few restrictions as possible and keep them safe. For example, the use of motion censored lights in one person's bedroom so that when they got out of bed in the evening a light would automatically be activated, and this enabled them to see where they were going in the dark. The use of door alarms was also being considered by one family, after their relative had potentially become unsafe in the community, meaning they would be alerted when they went out.
- People and their families were engaged in reviewing and improving safety systems throughout the service. Three people were currently involved in a pilot scheme with an organisation called 'Beanbag', part of a technology group looking to enable families to keep in contact with their loved ones more efficiently and feedback on their care, particularly during the Covid-19 pandemic. Since the last inspection, staff had introduced a comprehensive safety management system. This was a live system which alerted the management team to any errors, such as a missed visit, or missed medication, meaning it could be rectified before any harm occurred.

Staffing and recruitment

- There were enough staff to meet people's needs and they had never experienced late or missed visits. Staff rotas showed staff always arrived and stayed for the correct length of time at each visit and often longer. One person said, "Always on time. If they are going to be late because of previous visit, I get a phone call."
- Staff files included all appropriate documentation to ensure staff were recruited safely.
- The service used psychometric testing on all new recruits before carrying out interviews. This enabled staff to analyse candidates' attitude, conscientiousness and would highlight any concerns to be discussed at the interview stage.
- People were actively involved in decisions about the staff who provided their care and support. New staff were often interviewed by the people they would be supporting and were asked specific questions as part of the process, which were of importance to people.

Preventing and controlling infection

- Safe infection control procedures were in place. There was an up to date policy and procedure which included reference to the current pandemic.
- All staff had completed infection control training and were aware of how to use personal protective equipment correctly, with sufficient amounts always being available. There were regular staff spot checks to ensure this was being done correctly.

Systems and processes to safeguard people from the risk of abuse

- People felt the service was safe. One person said, "The staff always wear face masks and it makes me feel safe. I feel much better for it." Another person said, "I feel very safe and the use of PPE is very good."
- Staff had received training in safeguarding and they demonstrated an understanding of what the signs of potential abuse might look like.

Using medicines safely; Learning lessons when things go wrong

- People received their medication safely. An electronic medicines administration record system was used to record when medicines were given. The records we looked at showed medicines were being taken as prescribed.
- Creams and other topical preparations were recorded on this administration record as required. Additional

body maps were available to explain to staff where the creams needed to be applied. Information was available for staff about when to administer medicines which had been prescribed to be taken 'when required'.

- Arrangements were made so medicines which have to be taken at specific times were managed appropriately. When medicines incidents were identified, they were investigated, with actions taken to prevent them re-occurring.
- Falls, accidents and incidents were documented clearly with appropriate actions completed regarding mitigating any future risks.

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 the last inspection this key question was rated as Good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

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 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.

- People's capacity to make decisions was taken into consideration when assessing their care and support requirements. Any change in people's abilities resulted in a referral to the appropriate professionals or team to assess, such as the local authority.
- Staff had completed Mental Capacity Act (MCA) training and displayed an understanding about how to help people make their own decisions.
- Applications had been made to the Court of Protection as necessary for the management of people's financial affairs, where they lacked the capacity to do this themselves.

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 the last inspection this key question was rated as Outstanding. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

Ensuring people are well treated and supported; Supporting people to express their views and be involved in making decisions about their care

- The service was exceptionally caring and the feedback we received from people and relatives was extremely positive. One person said, "They are great, and I am very happy. They never let me down and are always on top of everything." A relative also said, "Outstanding. Nothing is too much trouble, they're so approachable. They are absolutely brilliant, and I'd recommend them wholeheartedly". Another relative said, "The service provided is excellent and I could not ask for better. They are all friendly and open. You never feel you're imposing. We're almost friends now." A third relative told us, "My top line comment is I am so thrilled to be with Beloved Homecare. I could not be more thrilled. It's their professionalism and diligence. They are wonderful. I have confidence mum is being looked after in the best way."
- We reviewed the feedback provided on independent websites, where people had been able to leave reviews and comment on the care provided by the service. The feedback was overwhelmingly positive. Of 65 reviews in the past two years, the service had achieved an overall score of 9.9/10, with 58 of those describing the care as excellent. A recent review stated, "The best care in the area from a dedicated and professional team. They recommended adjustments to care when necessary, were quick to respond to enquiries and flexible with the any requirements. My grandmother was treated with dignity throughout. Highly recommended."
- We were informed of numerous occasions of where staff and management had gone above and beyond what was expected of them to ensure people received excellent care. This included assisting people to visit places where they got married, delivering people meals on Christmas day, taking a person a portable heater when their heating was broken and purchasing items such as a cushion with a picture of their relative on to remember them by.
- People were heavily involved in the care they received and were encouraged to express their views throughout when receiving care from Beloved Homecare. This included involvement with the initial assessment which consisted of both a telephone consultation and home visit. People were also involved with the management of their own medication, recruitment of staff and when trialling new technology initiatives within the service.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Outstanding. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Without exception, people and their relatives told us they were consulted about important decisions at every opportunity regarding the care provided. One person said to us, "We have 100% been kept involved and consulted on everything. They make suggestions about what would help". Another relative said, "We are fully involved about decisions. They did a home visit and we were contacted within a week to check how things were going." Another relative added, "Even though I live far away, I know I don't have to worry. I am kept involved with all decisions about the care."
- Care plans were extremely person centred and contained important information about people's personal history, likes and dislikes, interests and preferences, with the outcomes people wanted to achieve described in great detail.
- Both the staff and management team were very responsive to people's needs to ensure people received a highly person-centred service. One person wanted to have more social inclusion and to visit places of enjoyment, have more interaction with people due to feeling lonely and learn new skills. As a result, staff had provided visits of varying lengths to support this person to use their iPad, go for walks in the local area and visits to the garden centre.

How are people supported at the end of their life to have a comfortable, dignified and pain-free death

- The service had provided end of life care to a number of different people and supported various families in recent years. We spoke with some of those families, and their feedback about the standard of care was exceptional. One relative said, "They were amazing. They treated her like their own mum. It was the little things like bringing her CDs and teddies. The way they brushed her hair and did her nails, they treated her like family. They allowed me to have a life and without their care it would have been very different."
- People's end of life care needs were considered as part of the care planning process. Additional care visits were also provided by the service at short notice and by the same members of staff ensure people continued to have continuity of care. People's preferences were respected, such as the choice of clothing they wanted to wear, ensuring people could remain clean and comfortable.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- A family operated business, Beloved Homecare commenced trading in June 2015 (previously known as Heritage Healthcare), primarily following poor experiences within the care industry and therefore wanting to make a difference and change people's perceptions of care.
- Ensuring people received excellent outcomes and as a result, providing Outstanding care and enhanced safety was very apparent amongst the entire staff team. The service had been commended by both district nurses and GP's for their part in the prevention of pressure sores. These professionals had commented how they had never seen a person's skin in such good condition, given they had been cared for in bed for the past three years. The service had also been extremely proactive to ensure people did not have to be admitted to hospital. For example, providing overnight support as needed, or increased packages of care at short notice.
- The feedback we received about the management and leadership within the service was very positive. One person using the service said, "It is excellent. Everyone I have spoken to is informative, friendly and helpful. When they take on staff, they know what they're looking for. I have peace of mind." A relative added, "The manager leads the team and is phenomenal. I have email contact with her up to seven times a week sometimes. She is endlessly patient, endlessly supportive and caring." A member of staff added, "It is outstanding, and everything is done to a very high standard. They have been amazing and are there every step of the way."
- The staff team spoke of an extremely positive culture within the service and told us they were highly satisfied in their roles with strong team work throughout. One member of staff said, "Beloved are very good to work for and we have a great team. Everyone is very supportive." Another member of staff said, "I absolutely love it here. There is good staff team and we all help each other out."
- Staff welfare, job satisfaction and career development were very important within the service. All staff worked approximately 22 hours per week. This was to ensure staff remained in good health and were not overworked. Staff were able to undertake National Vocational Qualifications (NVQ), between level two and five. Promotion opportunities were also available, such as progressing from a care worker, to a care supervisor and three members of staff had recently expressed interest in moving up in to this role. A member of staff said, "They always talk with us about how we can develop and look at areas for promotion."
- The service operated a car allowance where a member of staff had served for 12 months and worked 20 hours, received a monthly allowance of £125 towards the purchase of a new car. Important life achievements were celebrated throughout the team, such as engagements and both people and staff were given presents for their birthday and at Christmas.
- Photos were displayed in the office of people and staff from celebrations such as Christmas parties,

Halloween and during Covid-19 to further boost staff morale. Weekly emails were sent to all staff to keep them updated with things within the service, introduce new staff and wish staff well if they were leaving to take up a new role elsewhere.

Working in partnership with others

- Community links within the local area and partnership working with other organisations was excellent and had been developed in line with people's interests. This included supporting people to local animal sanctuaries and dog cafes due to their passion for animals, providing them with a source of entertainment and to break up their day. The managing director of the service was also a trustee on the board of Age UK.
- One piece of partnership working was with the local occupational therapy team. One person had been in hospital for 13 months, although other care providers had declined to take on the package because of the complexity of the care package. Beloved took the package on immediately and provided the staff team with the training needed that meant the person could eventually return home.
- The service had won awards both nationally and in the local area, where their contribution to the care sector had been recognised and valued. This included being ranked in the top 10 home care providers in the North West of England by Homecare.co.uk for the past five years. The service was also shortlisted for the award of the Best National Start Up in the UK, in recognition of its growth and robust business model.
- The service was 'Investors in People' accredited and made regular contributions to local newspapers and 'Homecare Insights', a high-profile homecare magazine. A recent contribution was during the Covid-19 pandemic, where they had provided feedback about their experiences during this period and any areas of good practice developed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Both the registered manager and provider were clear about their roles. A quality monitoring audit was completed to ensure the service provided to people could be monitored effectively and help the service to continually improve.
- Spot checks and observations were carried out of staff undertaking their work to ensure care was being delivered correctly. Competency assessments were also carried out with regards to medication and moving and handling.
- Notifications were submitted to CQC as required for incidents such as expected deaths and safeguarding allegations. These are legally required to be sent to CQC so we can decide if any further action needs to be taken.

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

- Systems were in place to involve people, relatives and staff in how the service was run. These included the use of satisfaction surveys and staff meetings so that feedback could be sought and used to make improvements.

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 provider and registered manager understood the requirements and their responsibilities under the duty of candour. There had been no incidents that required them to act on this duty.