

Tasmiyah Healthcare Limited

The Beacon

Inspection report

Westgate Road
Newcastle Upon Tyne
Tyne And Wear
NE4 9PQ

Tel: 01912425408

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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

The Beacon is a domiciliary care provider in Newcastle supporting people with personal care in their own home. They specialise in end of life care and support. There were five people were in receipt of personal care at the time of inspection.

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

People felt safe and well supported by staff. Risk assessments were detailed and person-centred, meaning staff had clear instructions to support people and reduce risks.

Medicines were administered and audited in line with established best practice. Policies, procedures and staff knowledge reflected this. The registered manager assessed staff competence on a regular basis.

Record keeping and quality assurance processes were clear. The registered manager was committed to identifying ways of continually improving the service.

Processes were in place to ensure pre-employment checks took place.

Out of hours emergency arrangements were in place. There had been no missed calls and people told us staff arrived on time, stayed for the duration of the planned call and never appeared rushed.

Staff were well trained and supported to meet people's needs confidently and effectively.

Staff liaised well with external healthcare professionals to ensure people received the help they required.

People and their relatives gave consistently positive praise about the caring and compassionate approach of staff.

People felt involved in the planning and review of their care. This was enabled through introductory meetings and regular reviews.

The service delivered end of life care and support to people who wanted to remain in their own homes. They did this tactfully and with patience. All people and relatives we spoke with praised how sensitively staff conducted themselves.

People were encouraged to maintain levels of independence by staff who had regard to their likes, dislikes

and individualities.

The service was well-led by a registered manager who took personal accountability and ensured the culture was open, supportive and inclusive.

Staff consistently described the registered manager as supportive and approachable. They took pride in working for the service.

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 good (published 23 July 2019)

Why we inspected

This was a planned inspection based on the previous rating.

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 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 ●

The Beacon

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector and one 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. They specialise in end of life care and support.

Notice of inspection

Due to the sensitivity of the care provided by the service, the provider was given 3 working days' notice of our visit. This was so people who used the service could be told of our visit and asked if they would be happy to speak with us over the telephone.

Inspection activity started on 8 October 2019 and ended on 9 October 2019. We visited the office location on 9 October 2019.

What we did before the inspection

We reviewed all the information we held about the service, including changes, events or incidents that the provider is legally obliged to send us within the required timescales. We contacted professionals in local authority commissioning teams, the clinical commissioning group and safeguarding teams. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and four relatives over the telephone. We spoke with two

members of staff: the registered manager, and an administration assistant.

We looked at two people's care plans, risk assessments and medicines records. We reviewed staff training and recruitment documentation, quality assurance systems, a selection of the home's policies and procedures and lessons learned documentation.

After the inspection

We contacted a further two external health and social care professionals by email and four members of staff over the telephone.

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 remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Staff were well trained in topics that helped keep people safe and minimise risks.
- Care planning and risk assessment information was detailed and person centred. Staff demonstrated a good knowledge of the risks people faced.

Staffing and recruitment

- The registered manager continued to ensure there were a range of checks in place to ensure prospective staff were suitable and safe for the role.
- Staffing levels were appropriate to the needs of people who used the service; there had been no missed calls. One person told us, "It's never an issue. They have only ever been two or three minutes late. I am extremely safe and happy." Staff agreed that they had ample time to attend care calls.

Using medicines safely

- Oversight of medicines administration remained consistent and rigorous. The registered manager demonstrated an up to date knowledge of good practice and ensured staff were kept aware of this. Regular checks of staff competence were in place.
- Medicines were administered safely and well audited.

Systems and processes to safeguard people from the risk of abuse

- People trusted staff who cared for them. People confirmed they were introduced to their carer by the registered manager prior to the care package starting. They were reassured by this approach. One said, "We got to know them and [registered manager] made sure we were happy first."
- Staff had received appropriate safeguarding training. They demonstrated a good knowledge of the risks people could face and how they should act. Staff confirmed they were encouraged to raise any concerns via the service's whistleblowing procedures should they need to.

Preventing and controlling infection

- Regular observations of staff took place to ensure they had appropriate gloves and aprons with them, and that they used them as required.

Learning lessons when things go wrong

- There was a culture of analysing any incidents or concerns to identify areas for improvement. The registered manager had a safeguarding/incidents file in place and it was evident they had reflected on a recent safeguarding incident and ensured staff had the opportunity to reflect on it.

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. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received ongoing refresher training to ensure they were well equipped to meet people's needs. This was through a blend of online learning and face to face learning (for instance, moving and handling and first aid). One person said, "Staff are brilliant, they know exactly what they're doing and we have confidence in them."
- Staff confirmed they received the right support. One said, "The registered manager has been really supportive in me trying for the next [NVQ] level up." One healthcare professional said, "When they took over the package they were proactive in determining the equipment that was in use and ensuring carers were trained."
- Regular staff supervisions, appraisals and staff meetings took place.

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

- Care plans clearly indicated people's preferences regarding food and drink, and what staff needed to do to meet these preferences. Where people had specific dietary needs these were well detailed. One person told us "They know what I like and they help me to make it. We work together well."

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

- Information was available in care files from external health and social care professionals, ensuring staff had access to up to date details regarding people's needs.
- Staff liaised well with external professionals such as occupational therapists and social workers to ensure they were providing people a high-quality service.

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

- The provider supported people who were receiving end of life care in their own homes. Staff ensured people had prompt access to district nursing support when needs changed and encouraged people to make healthy choices.

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.

- All people receiving personal care from the provider had capacity to consent to their care. People confirmed staff always ensured they consented to support given. The registered manager demonstrated a sound understanding of the best interest decision-making process, should they need to have regard to this in future.

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 good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives were consistent in praising the patience of staff. They confirmed staff always helped people in a manner that preserved their dignity and upheld their independence as much as possible. One person said, "They are always kind and caring. They are more like family than care workers – they respect me like their own family."
- Staff felt the culture was one where the registered manager genuinely cared for them. They felt this had an impact on their morale and how they were able to empathise and be compassionate with people. The provider was therefore a caring one.

Ensuring people are well treated and supported; respecting equality and diversity

- A continued area of strength of the service was the ability to match staff with people whose first language was not English. One person told us, "They are culturally sensitive and it makes a big difference that they speak the same language".
- People also confirmed the continuity of staff remained high, with very low turnover of staff since the last inspection. This meant people had formed strong bonds with the people who cared for them, and felt safe in their company. Staff said, "You go to the same person and you spend a good amount of time with them, so you build a close bond."

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

- The registered manager visited each person prior to them using the service to ensure their needs could be met and their wishes respected. They then visited after three months and then on a yearly basis, unless there were changes, to ensure care plans were still effective. One person told us, "I am always involved in my care plan, I have a copy and they do listen to what I want. I am very happy."
- The registered manager asked for feedback on an ongoing basis and people made it clear they knew they could share thoughts with them at any time.

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 good. At this inspection this key question has remained the same. 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

- People's personal support plans were extremely detailed and gave staff comprehensive instructions regarding how they needed to help people. These had regard to people's individualities, cultural background and preferences.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider supported people to stay comfortably in their own homes at the end of their lives. Despite that, staff used their detailed knowledge of people's likes, dislikes and values to ensure they felt included. One relative said, "They always ask her what she wants. They have built a good relationship with her so know what she likes and dislikes. Sometimes it is about knowing when to be jolly and when to be calmer."

Improving care quality in response to complaints or concerns

- There had been no complaints since the last inspection. The registered manager made people aware of the complaints process at the beginning of the care package.

End of life care and support

- People and relatives told us staff excelled at providing sensitive, patient and calm end of life support. Staff had received appropriate training and were suitably skilled in this area. The majority of care packages involved staying overnight with a person, meaning they were able to build a strong bond with people.
- Staff we spoke with demonstrated an excellent knowledge, not only of people's end of life needs and wishes, but about how they enabled people to retain aspects of independence and individuality on a day to day basis.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- At the time of inspection nobody using the service had a sensory impairment. The registered manager confirmed service user information was available in other formats should they be needed. Communication plans in people's care files were extremely person-centred.

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 good. At this inspection this key question has remained good. 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

- Staff consistently told us they felt the culture of the service and the actions of the registered manager enabled them to provide person-centred care. One said, "I've been in care for 30 years and this is the most caring service I've worked for. The registered manager is always there if you need anything and is so supportive."
- External professionals were similarly positive about the person-centred approach displayed by the service. One said, "They always follow the plans...they have responded to my queries appropriately and have been effective at raising queries on to me."

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 registered manager understood their requirements regarding the duty of candour. They were proactive in ensuring concerns could be fully understood and acted on. People confirmed they were proactive and ensured queries or concerns were fully addressed.

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

- The registered manager was responsible for the day to day running of the service. This included scheduling rotas and producing care plans. They told us they were in the process of employing a care co-ordinator and hoped this would enable them to delegate a range of these duties.
- The registered manager oversaw all processes and ensured regular auditing and checks of quality were in place. All records we reviewed were up to date. They were aware of their regulatory responsibilities and had made appropriate notifications to CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager had implemented surveys for people and staff. They had analysed staff responses and took action where there were any points of feedback suggesting an improvement could be made.
- One relative said of the registered manager, "We can pick up the phone anytime and she is there to listen and to help. We can't ask for any more."
- The registered manager signed up to a range of best practice websites and national organisations and had incorporated recent developments into care planning.

Working in partnership with others

- The registered manager acknowledged there was still scope to develop mutually beneficial working relationships with either other providers or other organisations. They regularly attended a provider forum and already worked well with external health and social care colleagues.