

Tasmiyah Healthcare Limited

The Beacon

Inspection report

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Tyne And Wear
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Tel: 01912425408

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Ratings

Overall rating for this service	Good ●
Is the service safe?	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 eight people using the service 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

Improvements had been made to risk assessments, meaning people were safe and staff had clear instructions to support them and reduce risks.

Medicines were now managed in line with established best practice. All relevant policies and procedures had been reviewed to ensure they were in line with this practice.

The registered manager undertook regular audits of medicines records and observed practice to ensure standards were maintained.

Record keeping and quality assurance processes were now clearly embedded and understood. The registered manager was able to demonstrate where effective auditing had led to continued improvements.

Pre-employment checks, out of hours emergency arrangements and procedures for a missed call were all 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.

The service was well-led by a registered manager who took personal accountability for making the improvements required. They had completed the actions as set out on their action plan and had in place suitable arrangements for sustaining these improvements.

Feedback about the registered manager and the culture of the service was consistently positive and people felt well supported by regular staff.

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 requires improvement (published 14 November 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of

regulations.

Why we inspected

This was a focussed inspection based on the previous rating. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. The ratings from the previous comprehensive inspection for those Key Questions not looked at on this occasion were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Beacon on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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 team was made up of 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.

This service is a domiciliary care agency. It provides personal care to people living in their own homes and specialised in end of life 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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

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

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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- At the previous inspection the registered manager had not been aware of the most recent guidance from the National Institute for Health and Care Excellence about administering medicines in people's homes. At this inspection they demonstrated how they had reviewed this guidance and updated policies and procedures accordingly.
- Protocols for when people were prescribed medicines 'when required' were detailed and specific to each person's need. Prescribed creams were supported by detailed instructions regarding how and where they should be applied.
- The registered manager had implemented regular medicines audits to identify and improve upon any areas of poor practice.

Assessing risk, safety monitoring and management

- At the previous inspection some risk assessments lack person-centred detailed. The registered manager had since reviewed all risk assessments and ensured they contained good levels of person-centred information. This meant any new member of staff would be better placed to understand how to keep people safe in line with their individualities and preferences.

Systems and processes to safeguard people from the risk of abuse

- The registered manager had implemented a safeguarding log with clear procedures in place for when any instance of abuse or suspicion of abuse occurred. This log was regularly reviewed and staff received safeguarding training at their induction.
- People told us, "They always make me comfortable and I feel safe. I have no concerns," and, "My care worker always looks out for my wellbeing."

Staffing and recruitment

- No new staff had been employed since the last inspection but appropriate policies and procedures were in place for the safe recruiting of new staff.
- Staffing levels were appropriate to the needs of people who used the service. There had been no recent missed calls. People confirmed they knew which staff were due and that delays were extremely rare.

Preventing and controlling infection

- The registered manager undertook regular spot checks of staff to ensure they had appropriate gloves and aprons with them, and that they used them as required.

Learning lessons when things go wrong

- Where the registered manager had identified areas for practice improvement they had clearly shared these with staff, either as a group or individually, where appropriate. The service was still small, with a low number of people using the service, and incidents were limited.

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 requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to ensure all records were accurate and that appropriate governance systems were in place. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- The registered manager had implemented a range of audits and quality checks to ensure information was accurate and that the provider's policies and procedures were adhered to.

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

- The registered manager continued to take personal responsibility and accountability for the standards of the service. People told us, "The manager is fantastic – I feel they always go the extra mile."

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 had worked openly with the local commissioning and safeguarding teams when a concern arose. They worked proactively to ensure people could raise any concerns at an early stage to ensure more significant problems were averted.
- People who used the service described the management of the service as, "Very open." One said, "They always listen and they do what they say they will do."

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

- At the last inspection, whilst staff understanding of their roles was clear, the registered manager had not yet implemented regular supervisions or spot checks of staff. We saw these were now in place and sufficiently detailed. Staff were subject to ongoing support and scrutiny to ensure standards remained high.

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

- People who used the service gave positive feedback about the level of input they had into care planning. One stated, "They communicate really well and always involve us."

- The registered manager continued to ensure people whose first language was not English were, if possible, matched with care staff who spoke their language.

Continuous learning and improving care

- The registered manager had familiarised themselves with a range of best practice since the last inspection. This included guidance regarding medicines, oral care and capacity. They had incorporated this information and learning into care planning, policies and the leadership of staff.

Working in partnership with others

- Since the last inspection the registered manager had made improvements in this area. In addition to signing up to relevant updates from sources of best practice, they had joined and attended a provider forum. This was a means of sharing experiences with other providers and ensuring the service was not isolated.