

Mrs Theresa Clark

The Beeches Homecare Services

Inspection report

International House
107 Gloucester Road
Malmesbury
Wiltshire
SN16 0AJ

Tel: 01666825496

Website: www.beecheshomecare.co.uk

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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 Beeches is a domiciliary care agency (DCA). The service provides personal care services to people in their own homes or people in supported living arrangements. At the time of our inspection 100 people received personal care as the regulated activity.

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's dignity, confidentiality and privacy were respected, and their independence was promoted. People's rights to make their own decisions were upheld.

People and their relatives were positive about the service and the care provided. People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. People received their medicines as planned and systems were in place for the safe management of medicines.

Incidents and accidents were investigated, and actions were taken to prevent recurrence. Enough staff were available to meet people's needs and people told us when they needed assistance, staff responded promptly. Training records confirmed, and people told us staff followed infection control and prevention procedures.

Care was delivered by staff who were well trained and knowledgeable about people's care and support needs. People's needs were assessed, and care was planned and delivered to meet legislation and good practice guidance. People were encouraged to maintain good diet and access health services when required.

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.

Rating at last inspection and update

The last rating for this service was good (published 6 July 2017).

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

reinspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at 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?

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 Beeches Homecare Services

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 team consisted of one inspector, one assistant inspector and two Experts 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 houses and flats. 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 24 hours' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all this information to plan our inspection. This information helps support our inspections. We used all of this information to plan our inspection. 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.

During the inspection

We spoke with 16 relatives and 21 people about their experience of the care provided. We spoke with six members of staff, the provider and the registered manager.

We reviewed a range of records. This included 10 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.

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

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe. One person said, "I definitely feel safe with the carers looking after me. I like the fact that on a Saturday morning I will get a list through the post which tells me who should be coming and at what time for the following week. That way, I know I haven't been forgotten about and that I haven't got to worry whether somebody is going to turn up or not. For me, that's my safety blanket".
- People were cared for by staff that knew how to raise and report safeguarding concerns. One staff member described the different types of abuse they may come across and what action they would take as a result.
- The provider had safeguarding policies in place and the registered manager worked with the local authorities' safeguarding teams and where necessary the police and reported any concerns promptly. Staff knew how to report concerns externally. One staff member said, "Firstly I would contact my manager, make sure the client is safe, I would go higher if I thought my manager wasn't taking it seriously" and "I could also go to adult social services or the police".

Assessing risk, safety monitoring and management

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure the risks were managed and that people were safe.
- People's risk assessments included areas such as mobility, pressure care and falls. Staff were familiar with and followed people's risk management plans. Appropriate action had been taken where necessary.
- Care records evidenced people's safety was maintained through the safe use and monitoring of equipment.

Staffing and recruitment

- People told us there were enough staff to meet their needs and they did not experience missed or excessively late visits. The staffing rotas confirmed, there were sufficient staff to meet people's needs.
- The service had enough staff to support people in a consistent way. The service is spread across three geographical locations and different systems are in place to record and monitor staff punctuality and deployment. We reviewed these systems and were satisfied that they were robust and effective at the time of this inspection.
- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices. We saw examples of how the provider used social media internet searches to support their safe recruitment decisions.

Using medicines safely

- Medicines were managed safely, people received their medicines as prescribed. One person told us, "I do

need some help with my tablets because these days I can become quite forgetful. My carer passes them to me out of the box from the chemist and then I take them with some water and it all gets written up in my notes afterwards".

- Staff had completed training in medicines administration and management. Staff competencies were assessed to ensure medicines were administered safely and in line with best practice guidance.
- Medicines incidents were recorded and investigated. Records showed the actions taken to prevent re-occurrence.

Preventing and controlling infection

- People were protected against the spread of infection.
- People told us staff washed their hands and used personal protective equipment (PPE) such as gloves, when providing care. One person told us, "I used to work in a job where hygiene was of the utmost importance, so it's been interesting for me to see how the carers cope with this aspect of their work. I have to say I've been very, very pleasantly surprised, because I've never had to remind any of them about the importance of hygiene and as a matter of routine they just get on with washing their hands and using their disposable gloves as is appropriate with the work they're doing".
- The registered manager ensured staff had enough stocks of PPE. Staff had been trained in infection control and demonstrated a good understanding of how to support people safely.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded to ensure action was taken to minimise the risk of reoccurrence.
- Following a number of minor shortfalls in practices relating to medicines management the registered manager and provider reviewed their policies and procedures to ensure the systems in place were more robust and aligned to national guidance. This intervention had reduced the number of shortfalls and showed a learning approach.
- The registered manager ensured learning was shared across the staff group following incidents.

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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them receiving personal care. Assessments were used to develop person centred care plans that respected people's diversity. This included identifying and respecting people's life histories.
- Care interventions were carried out consistently and in line with nationally recognised best practice, for example medicines administration was based on national best practice.
- The registered manager ensured that people were supported in line with good practice guidance.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. One staff member told us "The training is fantastic, I have learnt different manual handling techniques which I didn't know before."
- Staff were supported through regular supervisions and an annual appraisal. One member of staff told us, "I know if I have a problem I can request a supervision at any point and get the support I need to achieve what I need to achieve".
- Staff received training to ensure they had the skills and knowledge to meet people's needs. We noted that refresher training for some staff had expired recently. However, this had been picked up through a training audit and an action plan was in place and this was being addressed.

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

- People who required support with food, told us they were supported effectively by staff. One person told us, "My carers usually just help me by preparing a sandwich or something light for me to have at lunchtime. They never mind what they make, and they usually help me by reminding me what I've got in the fridge or the cupboard and particularly when things are coming up to their use by date, because I hate wasting food".
- People's care plans highlighted what they needed support from staff with in relation to meals. Feedback about staff food preparation was positive.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- Beeches Homecare had clear systems and processes for referring people to external services. These were applied consistently to maintain continuity of care and support. Where referrals were needed, this was done in a timely manner.
- People were supported to live healthier lives through regular access to health care professionals such as their district nurses, GP's, occupational therapists and speech and language therapists.

- Guidance and advice from healthcare professionals was incorporated into people's care plans and risk assessments. Guidance was followed by staff.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's rights to make their own decisions were respected and people were in control of their support. Through conversations with the registered manager and staff it was clear that this is something that they felt passionately about.
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member told us, "We need to ascertain if the person understands the information, then we need to ascertain if they can weigh up the information, what that person's communication style is, we also need to always assume capacity until proven otherwise".

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 now remained the same. 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

- The diverse needs of people using the service were met. This included individual needs relating to disability, gender and ethnicity.
- People were positive about the care they received and told us staff were very caring. One person said, "For me, it's just the little things they do, like making sure that everywhere is tidy, my bed is made properly, and my clothes are all folded up and put away. When I've used an agency in the past, I've also found that it's these jobs that get neglected. I certainly can't say that of this agency. My carers always check round after themselves to make sure that absolutely everything is done before they leave me".
- Staff talked about people with real consideration and kindness and emphasised their desire to be kind and compassionate in the support they provided. One staff member said, "I do this because I care, and I really like to make a difference, even if it's making someone egg on toast".

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

- Care plans were completed with people to ensure they reflected people's wishes. One person told us, "I must've spent a couple of hours with the manager before my care started when we talked through everything that I needed help with and how I like things to be done. I know in my old-age I can be quite set in my ways, and probably the carers would like to do things a much different way, however, they humour me and always do things how I like them to be done, which I appreciate".
- Records clearly showed that people's views and needs were considered, in particular what was important to people had been identified and staff demonstrated through talking with us that they knew people well.
- One person had difficulties communicating. The service referred the person to the appropriate healthcare professionals as a result specialist equipment was put in place to support them with their communication, as the person's needs changed the service ensured new equipment was put in place to match their needs. This meant the person could express their care needs to staff and be involved in their care.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence. Care plans guided staff to encourage people to do what they could for themselves.
- People were treated with dignity and respect. When staff spoke with us about people, they were respectful and displayed genuine affection towards them. Language used in care plans showed respect for people.
- Staff told us people's privacy was respected. A relative told us "When they come in each morning, I hear them go up to her room and they always knock on the door and wait until she calls them in. I usually just about hear them say hello and ask her how she is before the door closes. They really take her privacy

seriously, even though they know there's only me here apart from themselves."

- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept in offices which were locked and only accessible to authorised persons.

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 received personalised care and support specific to their needs, preferences and routines. People's care plans reflected individual needs with clear guidance for staff to follow to ensure they delivered person centred care. People's care plans were regularly updated to reflect people's changing needs.
- People's care records held information on their current health and support needs in all areas of daily living, such as eating and drinking. This included information and guidance for staff on how best to support people and meet their needs.
- The leadership team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers and update meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.

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.

- People's initial assessments captured people's communication and sensory difficulties.
- Care plans were regularly reviewed to ensure these remained current. Reasonable adjustments were made where appropriate that ensured the service identified, recorded, shared and met the communication needs of people with a disability or sensory loss.
- Staff were knowledgeable about people's communication needs and ensured people were supported in a way that maximised their communication. This ensured people were able to express themselves in a way that suited them.

Improving care quality in response to complaints or concerns

- The provider had effective systems to manage complaints and the records reflected any issues received, these were recorded, fully investigated and responded to as per the provider's policy.
- People told us they knew how to make a complaint. Complaints had been dealt with in line with the providers policies and procedures. A relative we spoke with told us, "I remember being shown a leaflet about how to complain when we first started with the agency, and I presume it must still be in her folder. To be honest though, we've never had anything we've had to complain about or even raised as an issue with the agency in all the time we've been with them. Knowing how they operate as a service though, I would be confident if we had a problem they would deal with it appropriately".

End of life care and support

- When people were nearing the end of the life, staff assessed their needs and developed detailed end of life care plans with information about their choices and wishes in relation to end of life care.
- Staff told us when needed, they would involve professionals to ensure people have a dignified and a pain free death.
- Detailed information was documented which informed staff about how to keep the person comfortable and maximise their wellbeing. Staff ensured medicines were obtained to manage symptoms such as pain.

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 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

- The registered manager and all the staff we spoke with, demonstrated a commitment to provide person centred, high-quality care. They placed people using the service at the centre of everything they did.
- Staff were extremely complimentary of the support they received from the registered manager. One staff member said, "They are so approachable and easy to talk to." Another said, "[Registered manager] is amazing".
- There was a positive open culture at the service that valued people as individuals and looked for ways to continually improve people's experience. People told us the service was well run, one person said "We've never experienced anything other than good service from the agency, so, as far as we're concerned this shows that they must be managed well. We have happily recommended them to other people already and won't hesitate to do so again".

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 CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager understood their responsibilities.

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

- The registered manager was supported by the provider. There was a clear management and staffing structure and staff were aware of their roles and responsibilities.
- The provider had quality assurance systems in place and had further plans to improve them. These included, care records and medicine records. These provided an overview to ensure improvements were made where necessary.
- The management team promoted continuous learning, they held meetings with staff to discuss work practices, training and development needs.

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

- People, relatives and staff were encouraged to contribute their views on an ongoing basis informally and

through regular feedback systems such as annual surveys and monthly phone calls.

- Staff morale was good, and they told us that they were involved in the development of the service, through discussions at staff meetings and weekly messages which included important updates on people and the service.
- From our observations and speaking with staff, the registered manager and provider demonstrated a commitment to providing consideration to peoples protected characteristics.

Continuous learning and improving care, working in partnership with others

- We found an open and transparent culture, where constructive criticism was encouraged. Managers and staff were enthusiastic and committed to further improving the service delivered for the benefits of people using it.
- The registered manager had action plans to take forward improvements to the service based on feedback they gained from a variety of sources and the findings from their internal systems.
- The management team promoted continuous learning, they held meetings with staff to discuss work practices, training and development needs.
- The service worked in partnership with health and social care professionals to ensure people received support to meet their needs.