

Beryl Care Limited

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## 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

The inspection took place on 30 and 31 July 2018 and was announced. At our previous inspection in July 2017 we were unable to formally rate the service as we had insufficient evidence to support our findings.

Beryl Care is a domiciliary care agency providing 24 hour live in care to people within their own homes. Beryl Care is registered to provide a service for people living with dementia, older people, people living with a physical disability and or sensory impairment and people who misuse drugs and alcohol. The service was not registered to provide nursing care.

At the time of our inspection the service was providing care and support to two people.

The service had a registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff understood their role and responsibilities to keep people safe from harm. Staff had received training to deliver care safely and to an appropriate standard.

Staff had a good knowledge of the provider's whistleblowing policy and procedures which meant they were able to raise concerns to protect people from unsafe care.

People were supported by staff that promoted their independence, respected their dignity and maintained their privacy.

Care plans reflected people's individual needs and preferences and were regularly reviewed to ensure the provider continued to meet people's needs.

Risks to people had been assessed and reviewed regularly to ensure people's individual needs were being met safely.

Recruitment processes were robust to make sure people were cared for by suitable staff. There were sufficient numbers of staff deployed to meet people's needs.

Staff understood the requirements of the Mental Capacity Act 2005 and their responsibilities to ensure that people who were unable to make their own decisions about their care and support were protected.

There was an effective complaints system in place. People told us they were confident to raise any issues about their care and that they would be listened to and addressed.

People told us the service was well-led and managed by an effective and organised management team. Systems were in place to monitor and improve the quality of the service provided.

## 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. People were safe because staff understood their role and responsibilities to keep them safe from harm.

Risk was assessed and measures in place to reduce identified risk.

Staff were recruited safely.

### Is the service effective?

Good ●

The service was effective. Staff had received training to deliver care safely and to an appropriate standard.

Staff understood the requirements of the Mental Capacity Act 2005 and their responsibilities to ensure that people who were unable to make their own decisions about their care and support were protected.

Staff were supported in their role through regular supervision meetings with management.

### Is the service caring?

Good ●

The service was caring. Staff were kind and caring and had developed positive relationships with the people they supported.

Staff understood people's needs and how they liked things to be done.

Staff respected people's choices and provided their care in a way that maintained their dignity.

### Is the service responsive?

Good ●

The service was responsive. Care plans reflected people's individual needs and preferences.

Care plans were regularly reviewed to ensure that they continued to meet people's needs.

The provider had a complaints policy which set out the process

and timescales for dealing with complaints.

### **Is the service well-led?**

The service was well-led. Effective audits and systems to measure the quality of the service were in place and actions identified were acted upon.

There were clear lines of accountability and responsibility within the service's structure. Staff confirmed the registered manager and nominated individual were readily contactable for advice and support

Records relating to people's care were accurate, up to date and stored appropriately.

**Good** ●

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## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 and 31 July 2018 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides care to people living in their own homes and we wanted to make sure staff would be available to speak with us.

The inspection was carried out by one inspector.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

The provider completed a Provider Information Return (PIR). This 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.

Inspection activity started on 30 July 2018 and ended on 31 July 2018. We visited the office location on 30 July 2018 and spoke with the registered manager and nominated individual. We reviewed care records and documents central to people's health and well-being. These included care records relating to two people, recruitment records for two staff members, staff training records and quality audits.

On the second day of our inspection we spoke with two members of staff by telephone and the relatives of two people receiving care and support.

We received feedback from one health and social care professional from a national charity who worked closely with the provider and from one health and social care professional from the local commissioning authority.

## Is the service safe?

### Our findings

One relative told us staff were always kind and courteous. They were positive about the service and told us it was delivered by staff who had time to provide all the care needed. Another relative told us, "The staff are amazing. Both [names of care staff] are very good. He [my relative] is lucky to have them". A health and social care professional told us, "We feel that Beryl Care provide a very safe service, often at short notice. We have no concerns at all about the safety of people".

Staff demonstrated a good understanding of people's needs and the support required to promote their safety and wellbeing. They were able to tell us about risks individual people faced and spoke confidently about how they maintained their safety. Staff told us the one to one care they provided enabled them to develop a greater understanding of the person and so they were able to quickly identify any concerns.

The provider had policies and procedures which protected people from the risk of abuse neglect or harassment. Staff had received training in safeguarding and all staff completed regular refresher courses. Training records and discussions with staff confirmed this. One member of staff told us, "I have never had to report anything but would know what to do if I did see it". Staff were able to describe the different types of abuse, the signs and symptoms that abuse may have occurred and how they would manage these situations in order to keep people safe. Staff knew and understood what was expected of their role and responsibilities and said they had confidence that any concerns they raised would be listened to and action taken by the registered manager.

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as the Care Quality Commission (CQC), if they felt their concerns had been ignored.

Safe recruitment processes were in place. Staff files contained all the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

There were sufficient numbers of staff deployed to meet the people's needs. The registered manager told us they did not accept any new care packages if they felt there were not enough staff with the right skills to meet people's needs and deliver care safely. Staff told us they knew the people they supported well and were allocated to work with them on a regular basis so they were able to provide a consistent service. This was confirmed by the relatives we spoke with. One relative told us, "It's usually the same carer most of the

time. It only changes when they have a day off but the other carer that comes knows what to do so we don't really notice anything differently".

Risk assessments were completed to help staff support people and to minimise risk whilst ensuring people could make choices about their lives. These included people's mobility, nutrition and medicines. Assessments were undertaken to assess risks to people and to the staff supporting them. The service had carried out comprehensive environmental, health and safety and home working risk assessments which included information about action to be taken in order to minimise the risk of harm occurring.

There were systems in place to ensure that medicines were managed safely. Most people receiving care or their relatives managed the ordering, storage and disposal of medicines however staff had all received training to administer medicines when people were unable to do so for themselves. A relative told us, "The staff are very good with the medicines. They always get them a glass of water to help them swallow their pills". Where possible, people were encouraged and supported to take responsibility for their own medicines. The risk assessments and care plans had sufficient detail to ensure people received the support they needed and this was reviewed regularly.

Accidents and incidents were appropriately recorded and analysed to identify any trends. Staff were aware of the reporting process for any accidents or incidents that occurred in people's own homes. A staff member described the actions they would take in the event of an incident which showed us that people's safety and wellbeing was at the forefront of the care and support provided. At the time of our inspection there had been no recorded accidents or incidents however the registered manager was able to demonstrate the actions they would take if they were required to do so.

There were arrangements in place to ensure that staff had access to management support out of office hours in the event of an emergency. The registered manager told us they were always available outside these hours should staff or people need advice or support. Staff and relatives of people confirmed they could contact management at any time, night or day, for advice, guidance and support.

The registered manager had arrangements in place to manage and monitor infection control practices. Personal Protective Equipment (PPE) were available for staff to use as needed.

## Is the service effective?

### Our findings

Relatives told us people were cared for by staff who had the skills and knowledge to meet people's needs. One relative told us, "They [staff] are very good at providing my relatives care. They know what they are doing". Another relative said, "They do everything we as a family ask and more. We couldn't wish for better".

People had access to healthcare services to maintain good health. One relative told us their loved one's health care appointments and health care needs were organised by themselves or by the care staff if they felt professional intervention was needed. They added, "We are confident in the knowledge that if [relatives name] is unwell or appears to be not themselves the staff will, as they have done in the past, arrange for a doctor to visit sooner rather than later". Another relative told us, "[Name] was considered at end of life two years ago which is why we arranged a carer to come and live in. Two years on and he is still here thankfully and I really believe it's down to the dedicated care and support he receives".

All new staff employed had undergone an induction which included the standards set out in the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Training included for example, moving and handling, infection control, food hygiene, safeguarding, medicines management and dementia awareness.

Staff told us they felt supported in their role, and were provided with regular one to one supervision meetings, spot checks / working supervisions and an annual appraisal. This was confirmed in records which showed they were provided with the opportunity to discuss the way that they were working and to receive feedback on their work practice. For example, a review of supervision meetings evidenced that specific subjects were discussed such as, safeguarding, risk management and staff well-being. Other topics discussed included recent guidance from NHS England in relation to the heatwave and how to keep people safe.

Due to the uniqueness of the service the provider was unable to hold formal staff meetings. One member of staff told us, "The registered manager visits me every week to check on how things are going. We usually chat about the person I am caring for and if I have any worries. At least once a month we sit down and have a formal meeting [supervision] but I can talk to her or call her [registered manager] anytime if I need to. I do feel the support I get is very good".

A relative told us that they had witnessed staff seeking consent from their relative before they carried out any care or support. They added, "They always encourage [name] to do what he can for himself even if it's with their support. They never assume anything and won't do anything unless it's agreed". A member of staff told us, "It's very important to ensure people are encouraged to maintain as much independence as possible. I always ask how they are and how I can support them. I never assume they can or can't do something for themselves".

Staff had completed training in relation to the Mental Capacity Act 2005 (MCA) and understood how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights

protected. The MCA provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and nominated individual told us they would work with family members and other healthcare professionals if they had any concerns about a person's ability to decide to ensure that care and support was provided in their best interest.

People's dietary and hydration needs were an important focus during assessment and care planning. People's likes, dislikes and preferences about food and drink had been recorded in their care plan. The guidance given was personalised and reflected people's individual choices. A relative of one person who had their meals prepared by staff told us they were always asked what they wanted to eat and staff knew their dietary requirements. Staff fully understood the need for people to eat well and to have good hydration to maintain their wellbeing. The registered manager told us if people were not eating or drinking adequate amounts, staff would report it and this would be passed on to their GP or family.

## Is the service caring?

### Our findings

People were positive about the care and support delivered by Beryl Care. One relative said, "They are marvellous, I really don't know what we would do without their support. It was a difficult decision to have somebody actually 'move in' with [relatives name] to care for them but in doing so it has given them the independence to stay at home. As a family we have peace of mind knowing they are safe and well cared for". A health and social care professional told us, "We have received good feedback from our clients and their families on the level of care provided by Beryl Care. Although most of our work with them is short term the staff are always very caring and attentive".

Relatives told us they were involved, together with their loved ones in making decisions about their care and support and we saw that staff respected people's choices and preferences. One relative told us, "We were all involved in arranging the care [person's name] needed. We sat down with [name of registered manager] and together we sorted out what care we needed. The registered manager calls in very regularly to make sure everything is working well".

Staff spoke about the importance of developing good positive relationships with the people they supported and their families. They spoke about people respectfully and described the importance of valuing people, respecting their rights to make decisions about the care they received and respecting people's diverse needs. One member of staff told us, "I live and work with the person I support and I feel very much part of their family. It's important I have a good relationship not only with the person I care for but also the family".

Staff understood how to promote and respect people's privacy and dignity, and why this was important. Staff could tell us how they made sure people received support with their personal care in a way which promoted their dignity and privacy by closing doors and covering people whilst providing personal care. One member of staff described how they gave people time to complete their personal care themselves where possible, for example they waited outside the toilet or bathroom until the person asked for their support.

## Is the service responsive?

### Our findings

Relatives were complimentary about the service and told us that the care provided was responsive to people's needs. One relative told us, "They're very good they do everything we ask of them". A health and social care professional told us, "The service we get from Beryl Care is very responsive. Sometimes we have very little notice of an impending crises where we need their [Beryl Care] support. They are always willing and able to 'step in' when needed".

Before receiving care, people's needs were assessed by the registered manager to ensure the provider could meet their needs and expectations. The registered manager used information shared with them by a national charity and in conjunction with their own assessments identified any needs people had in relation to mobility, communication, medical conditions, nutrition and hydration and personal care. One relative told us, "They came to see [person] and we went through what they could do and what they couldn't do and where [person] needed the help. The relative went on to say that the process was extremely thorough and covered the care [person] needed and to make sure the home was safe to work in.

Care plans were easy to read and contained detailed information to inform staff of each person's individual needs and wishes. People's preferences, wishes and choices had been taken into account in the planning of their care and treatment, and the care plans we looked at confirmed this. Care had been taken to ensure staff understood the importance of personalised care and to respond to changing needs. Care plans included the initial needs assessment, a daily log, risk assessments, personal history and what people required assistance with. Some people required full assistance with personal care such as bathing and dressing, some required prompting and support with taking medicines. Staff were clear about people's individual needs and the level of support they needed. People's care records were written in a positive way and included information about the tasks that they could carry out themselves as well as detailing the level of support they required.

The provider had a complaints policy which set out the process and timescales for dealing with complaints. This was provided to people when they started to receive care and support. There were no recorded complaints since our last inspection however the registered manager was able to demonstrate the actions they would take to investigate and resolve any complaint the provider received.

Relatives told us they were confident that if they needed to make a complaint the provider would take this seriously. Relatives told us they had not had to make any formal complaints and any minor concerns or issues raised were dealt with and responded to swiftly.

## Is the service well-led?

### Our findings

Staff, and relatives told us they felt the service was well led and spoke positively about the management. One relative told us, "Yes I think it's well run. I've certainly had no issues". Another relative told us, "I find the manager to be very approachable. They always return my calls and if I have a problem she [registered manager] comes to visit me and we sort it out". One member of staff told us, "I feel very happy working here. The registered manager is very supportive and always at the end of a phone if I need help or guidance".

Since our last inspection the service continued to work closely with a national charity in providing short term emergency care in times of crisis. For example, where the main carer for a person [care giver] was a family member such as husband or wife who were unable to provide care due to illness or if they needed a break, Beryl Care were commissioned by the charity to provide care. This enabled the care receiver to stay at home safely and maintain their independence. A health and social care professional from the charity told us, "Over the past 12 months Beryl Care have responded to about 65 requests from us for emergency care cover. The service is well run. The registered manager is very accessible and we work well together. The service responds very quickly when we need support for a person and always work with us to ensure people are cared for in a safe way".

The provider had established systems of quality monitoring which included seeking feedback about the service. However due to the size of the service and high turnover of people receiving care feedback using this method was limited. Feedback was however received via a national website and comments included for example, '[name of national charity] supported me with this company and sent an emergency live-in carer and she is brilliant. She is respectful of the situation and is a life line for us at our time of need. I can't thank her enough for responding and being at my parent's home within four hours. Thanks to the partnership of the care company and the [name of national charity] it has made a difficult situation more bearable', 'I think both carers were very good and excellent with grandad. Would be very happy to use them both again' and '[name] asked me to pass on how wonderful [name of carer] was and she is very grateful for everything she did'.

Staff maintained daily records for each person and provided information about the care they received. One relative told us the daily notes made by care staff were valuable as they could see quite clearly the care and support that was delivered. We found evidence that care records were checked and monitored by the provider to ensure that the quality of recording was accurate and appropriate.

Staff were enthusiastic and positive about their work. They described their roles and responsibilities and gave examples of the systems in place to support them in fulfilling their duties such as supervisions and appraisals. They said they had been provided with contracts of employment and job descriptions, which outlined their roles, responsibilities and duty of care. One member of staff told us, "I feel very well supported by the registered manager. They really do work with us and for us to help us deliver the very best care".

There were clear lines of accountability and responsibility within the service's structure. Staff confirmed the registered manager and management were readily contactable for advice and support. One member of staff

said, "Yes I enjoy working here. I feel supported and the registered manager is always accessible if I need advice or support".