

Bess Care Ltd

# Bess Care Limited

## 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?

Requires Improvement ●

# Summary of findings

## Overall summary

About the service:

Bess Care Ltd provides personal care and support to people in their own homes. At the time of our visit there were 16 people receiving care and support from the provider.

People's experience of using this service:

The service was not consistently well led. The provider did not have effective auditing systems in place to monitor the effectiveness and quality of service provision.

People were kept safe and secure from risk of harm. Potential risks to people had been assessed and managed appropriately by the provider. People received their medicines safely and as prescribed and were supported by sufficient numbers of staff to ensure that risk of harm was minimised.

Staff had been recruited appropriately and had received relevant training, so they were able to support people with their individual care and support needs.

Staff sought people's consent before providing care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with kindness and compassion. People's rights to privacy and their dignity was maintained and respected by the staff who supported them. People were supported to express their views and be actively involved in making decisions about their care and support needs.

People's choices and independence were respected and promoted. Staff responded appropriately to people's support needs. People received care from staff that knew them well.

People using the service were confident about approaching the manager if they needed to. The views of people on the quality of the service was gathered and used to support service development.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

At our last inspection in June 2016 [published 06/12/2016] we rated the service as good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

At the last inspection the service was rated as Good. The service remained rated as Good overall.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, 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 remains good

Details are in our Safe findings below

### Is the service effective?

Good ●

The service remains good

Details are in our Effective findings below

### Is the service caring?

Good ●

The service remains good

Details are in our Caring findings below

### Is the service responsive?

Good ●

The service remains good

Details are in our Responsive findings below

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-Led findings below

# Bess Care Limited

## Detailed findings

### Background to this inspection

#### The 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 was planned to check 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.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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.

#### What we did before the inspection

When planning our inspection, we used the information the provider sent us in the provider information return (PIR). 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 looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts, which they are required to send us by law. We also contacted the Local Authority commissioning service and the local Health watch for any relevant information they may have to support our inspection.

#### During the inspection

During our visit we discussed the care provided with three people who used the service, two relatives, three

members of care staff, the registered manager and a social worker.

We looked at the care records of three people who used the service and three staff files, as well as the medicine management processes and records maintained by the provider about recruitment and staff training. We looked at records relating to the management of the service and a selection of the service's policies and procedures to check people received a quality service.

# 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

- A person we spoke with told us, "I'm very happy with them, they're friendly, good at their job, I'm not worried about anything when they come".
- We saw the provider had effective processes in place to support staff with information if they had concerns about people's safety and how to report those concerns.
- Staff received training on keeping people safe from abuse and avoidable harm and understood their responsibilities for reporting safeguarding incidents if they suspected that someone was at risk of harm or abuse. A member of staff said, "I've had safeguarding training, I'd go to the manager if I thought anything was happening".

### Assessing risk, safety monitoring and management

- We saw that staff acted in an appropriate way to keep people safe and were knowledgeable about the potential risks to people.
- We saw that people's risk assessments were reviewed regularly, depending on the level of identified risk.
- We saw that all potential risks were recorded along with informal observations which were carried out daily and any changes were added to people's care plans.

### Staffing and recruitment

- A person we spoke with told us, "Calls are generally on time and they're [provider] pretty flexible if I need to reschedule".
- In the PIR the provider acknowledged that there had been some issues with late calls in the past and had introduced a new system to minimise occurrences. They also had systems in place to ensure there were enough members of staff on duty with the appropriate skills and knowledge to ensure people were cared for safely.
- Care staff we spoke with told us the provider scheduled their rota with sufficient time to travel between calls.
- The provider had an effective recruitment policy in place. We reviewed the recruitment process and saw this included references and checks made through the Disclosure and Barring Service (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care.

### Using medicines safely

- People received their medicines safely and as prescribed. A relative told us that they had no concerns about their family member receiving their medicines on time and as prescribed.
- Staff had received training on how to manage and administer medicines.

- The provider had systems in place to ensure that medicines were managed appropriately. We saw daily records were maintained by staff showing when people had received their medicines as prescribed.

#### Preventing and controlling infection

- A person we spoke with told us, "They [staff] keep the place nice and clean and tidy. Since they've been coming it's the best it's ever been".
- Staff understood how to protect people by the prevention and control of infection. A member of staff told us that they were provided with the appropriate personal protective equipment by the provider.

#### Learning lessons when things go wrong

- The provider demonstrated they assessed and learnt from mistakes. For example; The provider had responded to the issue concerning late calls.
- The registered manager explained that all accidents, incidents were analysed and actions put in place to mitigate future occurrences.
- People and staff were consulted throughout and informed of any actions.



# 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 had received appropriate training and had the skills they required to meet people's needs.
- We saw the provider had training plans in place which were reviewed and updated on a regular basis.
- Staff told us they had regular supervision meetings to support their development and that the registered manager was available for support and guidance when required.
- A member of staff said, "[Registered manager's] door is always open, so we can discuss anything we need to."

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

- We saw the provider had processes in place which involved people in how they received personalised care and support.
- We saw that assessments of people's needs were supported and informed by advice from other professionals.
- Staff could explain people's needs and how they supported them.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (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. 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.

- People being supported by Bess Care had capacity to make informed decisions about their care and support needs.
- A person told us, "They [staff] talk to me all the time, they're very polite. They ask how I like things done if they're a little unsure".
- Members of staff we spoke with told us they had received MCA and DoLS training and understood what it meant to deprive someone of their liberty.

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

- All of the people we spoke with needed very little support with their meals. One person told us, "They get

me a bit of lunch, it's just those ready meals so they only need to put it in the microwave, that does me".

- Staff understood the importance of people maintaining a healthy weight by eating a nutritious, healthy and balanced diet.
- We saw care plans that included nutrition diary charts, where staff had been required to monitor a person's weight and food intake.

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

- The provider supported people with their health care needs.
- Care staff understood people's health needs and the importance of raising concerns if they noticed any significant changes. A member of staff told us that any changes to people's health were reported to the registered manager and recorded in daily notes.

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

- A member of staff told us, "If I see any changes to their health I let the manager know. If it was an emergency, I'd call 999".
- We saw people's care plans included individual health information and showed the involvement of health care professionals, for example; doctors, dentists and opticians.

# 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. 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

- People and relatives told us staff treated them with kindness and compassion. A person told us, "They're [staff] my sort of people, the type of people I've grown up with 'round here".
- The registered manager told us how they discussed the needs of the people they supported and tried to match them with care staff with similar backgrounds, characteristics and interests.

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

- The provider supported people to express their views and they were involved in making decisions on how their care was delivered.
- A person we spoke with told us, "I do make my own decisions. They [staff] ask for my opinion on things and if it's alright to do certain things, especially when they're getting me ready in the morning. They make sure I'm comfortable for the day".

Respecting and promoting people's privacy, dignity and independence

- Care staff knew the importance of respecting people's privacy and dignity. A person told us, "They [staff] do respect my privacy. They help me to wash in the morning and they're very respectful, they make sure I'm covered up as much as possible".
- People were encouraged to be as independent as practicable. One person told us how they had been supported to become more mobile and independent in their day to day activity.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that services 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 that 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 that was responsive to their needs. A person told us, "We sorted out a care plan early on, so everybody knows what they're supposed to be doing."
- Staff told us how they got to know the people they supported by talking to them, reading their care plans and by taking an interest in their lives.
- We found staff knew people well and were focussed on providing personalised care.
- Staff had received training on equality and diversity and understood the importance of relating this to people they supported.

Meeting people's communication needs

Since 2016 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 care plans were designed in line with the Accessible Information Standards (AIS). The standard aims to ensure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand, and with support, so they can communicate easily with health and social care services.

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 registered manager gave examples of when they had supported people to attend social events and that they had implemented coffee mornings at the provider's offices.
- Care plans we looked at included people's interests, hobbies and cultural wishes and ways in which the provider would support them.

Improving care quality in response to complaints or concerns

- We found the provider had procedures in place which outlined a structured approach to dealing with complaints in the event of one being raised. These were used to improve and develop the service.
- A person told us, "If I need to raise a complaint I can talk to [care manager] or [registered manager], I'm not afraid to bring up any issues I have." Another person said, "They're [provider] very good. There was one carer I wasn't happy with, but I told them, and they didn't come back again".

End of life care and support

- There were no people living at the location that required this level of support.
- Care plans included information about people's plans and wishes should they require end of life care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that 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 deteriorated to 'Requires Improvement'. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

### Continuous learning and improving care

- Quality assurance and audit systems were inconsistent for monitoring service provision. For example; Daily records and MAR sheets should be returned to the providers offices every month, however, we found that this practice was not consistently observed. This meant that despite having regular verbal contact with people and staff, the provider was unable to monitor and evaluate service provision effectively. The provider was in the process of developing service auditing IT systems. Whilst we were on site the registered manager spoke to the care manager and they agreed to appoint a senior member of care staff to take responsibility for submitting monthly records.
- During our visit we discussed several areas for improvement with the registered manager, such as: quality assurance planning, improvements to record keeping and new care plan implementation. Discussions highlighted that although the provider was aware of issues regarding quality assurance there was no formal process in place to support service development. The registered manager agreed to develop a workable system.
- Areas for learning and service improvement were shared with staff during supervision and team meetings.
- The provider used feedback from people and staff to develop the service.

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

- The provider had a history of meeting legal requirements and had notified us about events they were required to by law.
- Staff understood the whistle blowing policy and how to escalate concerns if the needed to, via their management team, the local authority, or CQC. Prior to our visit there had been no whistle blowing notifications raised at the home.
- Staff said they were listened to by the registered manager and felt confident about raising any issues or concerns with the manager at staff meetings or during supervision.

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

- People, staff and relatives were involved in making decisions about how the person-centred planning was promoted. A person we spoke with said, "I'm very happy with them, they do everything I need anyway".
- We saw copies of questionnaires, showing how people were consulted on the care and supported they

received.

- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in accordance with this regulation within their practice.
- The provider was displaying the rating from our last inspection in a prominent place for people to see.

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

- We saw the provider regularly engaged with people, relatives and staff members for their views on the service. Feedback was collated from meetings and informal discussion and was used to develop service provision.
- People, staff and relatives were involved in making decisions about how the service was run.
- Staff were confident to make any suggestions for improving people's care through staff meetings and regular meetings with their managers.
- The provider had developed close working relationships with other health and social care professionals, and feedback was used to drive through improvements in the care provided at the home, ensuring people's physical and health needs were promptly met.

Working in partnership with others

- The provider informed us they worked closely with partner organisations to develop the service they provide.
- They told us they attended meetings with healthcare professionals to identify areas for improvement.