

Betna Agencies Ltd

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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

We carried out an announced inspection of the service on 13 September 2018. Betna Agencies Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It currently provides a service to older adults. All people using Betna Agencies Ltd at the time of the inspection received regulated activity. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

The service has been registered with the CQC since 10 August 2017 and has provided regulated activity for people since October 2017. There was a registered manager in post at the time of our inspection. 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.

At the time of the inspection, four people received some element of support with their personal care. This is the service's first inspection under its current registration.

People felt safe with staff and the risks to people's safety had been assessed and acted on. Staff knew how to identify abuse and to protect people from avoidable harm. Staff arrived for each call on time and new staff to the service were safely recruited. People were supported safely with their medicines. Staff had received infection control training and the registered manager had the processes in place to investigate incidents and to learn from mistakes.

People's care records did not always consider current legislation and best practice guidelines. People felt staff understood how to support them and staff felt well trained and supported by the registered manager. People received the support they needed with their meals. Transferable information was available should people require support or treatment from other healthcare agencies. 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 liked the staff and enjoyed their company. People were treated with dignity and respect and their privacy was respected. People were supported to contribute to decisions about their care and their independence was encouraged. The provider told us they would make information about how to contact an independent advocate more easily available for people. The provider had the processes in place to ensure people's personal data was protected.

Before starting to receive care and support, assessments were carried out to ensure people's needs could be met. People's care plans were person centred and contained detailed information about their personal preferences. People's diverse needs had been discussed with people. No formal complaints had been

received but processes were in place to ensure they were responded to appropriately. End of life care was not currently provided; however, plans were in place to discuss this with people if they wished to.

People liked the registered manager and staff enjoyed working at the service. People were encouraged to give their views about how the service could be developed. The registered manager understood the requirements of their role and carried out their role in line with their registration with the CQC. Effective auditing processes were in place.

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 felt safe with staff. Risks to people's safety had been assessed and acted on. Effective safeguarding processes were in place. Staff were punctual and carried out the tasks required. People were supported safely with their medicines. Staff had received infection control training. Processes were in place to ensure incidents were investigated appropriately.

Is the service effective?

Good ●

The service was effective.

People's care records did not always reflect current legislation and best practice guidelines. People felt staff knew how to support them. Staff were well trained and their performance was monitored. People were supported with their meals where needed. Information was available if people need to use other healthcare agencies. People were supported to make decisions for themselves.

Is the service caring?

Good ●

The service was caring.

People felt staff were kind and caring and they were treated with dignity and respect. People were supported to do things for themselves. People could contribute to decisions about their care. Advocacy information was made available for people if they needed support with making decisions. People's personal data was protected.

Is the service responsive?

Good ●

The service was responsive.

People's health needs were assessed before joining the service. Formal complaints had not been received, but processes were in place to ensure they would be responded to appropriately. People's diverse needs were discussed with them and respected. End of life care was not currently provided.

Is the service well-led?

The service was well led.

People liked the registered manager. Staff enjoyed their role and felt valued. The registered manager carried out their role in line with their registration with the CQC. People and staff were given the opportunity comment on how the service could be developed and improved. Effective auditing processes were in place.

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 announced comprehensive inspection took place on 13 September 2018. We gave the service 48 hours' notice of the inspection visit because, due to the size of the service; we needed to be sure the registered manager would be available.

Before the inspection, we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed other information we held about the service. We also contacted commissioners of adult social care services and Healthwatch and asked them for their views of the service provided. We received one response.

The inspection was carried out by one inspector. During the inspection, we spoke with the registered manager. After the inspection we spoke with two members of the care staff, two of the four people who used the service and one relative.

We looked at records relating to all four people who used the service as well as staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

We asked the registered manager to send us copies of various policies and procedures after the inspection. They did this within the requested timeframe.

Is the service safe?

Our findings

People felt safe when staff supported them in their home. One person said, "They make me feel safe when they are here." A relative praised the approach of staff and told us they did all they could to ensure their family member was safe.

People were informed of who to contact if they felt their safety was at risk. This included local health and social care agencies as well as a person from the service if they wished to speak with someone outside of office hours. The risks to people's safety had been assessed and then plans were put in place to reduce these risks. The assessments included the risks associated with people's home environment, moving and handling and mobility. These were regularly reviewed to ensure they continued to meet people's needs. We did note the home environment risk assessment lacked detail on how to ensure people were safe in an emergency and if needed how to evacuate them. The registered manager told us they would address this.

People were supported by staff who understood how to protect people from the risk of avoidable harm and abuse. Staff had received safeguarding adults training and could explain how they would report concerns if needed. This was in accordance with the provider's safeguarding policy. At the time of the inspection, no allegations of abuse had been made that needed to be reported to the CQC and the local authority safeguarding team. However, the registered manager was aware of their responsibilities to do so if needed.

People told us staff arrived on time for their calls and all tasks were completed as required, within the agreed timeframe. One person said, "They are always on time." Another person said, "They always stay and do what I ask."

A call monitoring system was in place that enabled the registered manager to see when calls were late and to inform people when the staff member would arrive. We checked the registered manager's records for the past month and found staff, in most cases, arrived at the time agreed with each person. Consistently punctual arrival times helped to ensure people received care when they needed it.

People were protected from the risks associated with unsuitable staff because the provider had robust recruitment procedures in place. We checked three staff files and found; amongst other records, criminal records checks, references and identification documentation in place. Staff were not permitted to enter people's homes until these checks had been carried out. This continued to ensure people were safe.

Some people could administer their own medicines. Others required some support from staff. This could be in the form of administering, supervising or prompting people to take their medicines. People told us they were happy with the support they received.

Risk assessments were in place that helped the register manager identify any risks to people's safety in relation to their medicines, and to provide people safe support. People's allergies and their preferred way of taking their medicines were also recorded. This meant people could receive medicines in their preferred way.

The support provided by staff was recorded on medicine administration records (MAR). MARs are used to record when a person has taken or refused to take their medicines. We looked at the MAR for two of the people who received support from staff. These were appropriately completed. We noted the registered manager completed regular audits of these records to help them to identify any errors. Staff competency in safe medicine administration was checked by the registered manager. This included random visits to people's homes to carry out stock checks and to ensure people's medicines were stored safely. These processes helped to keep people safe and reduce the risks associated with medicines.

People told us staff did all they could to reduce the risk of the spread of infection. One person said, "They always clean up after themselves." Staff had received infection control training and had a plentiful supply of personal protective equipment. This included aprons and gloves that assisted them in reducing this risk.

The registered manager told us that no accidents or incidents had occurred since they first started supporting people in October 2017. They had the paperwork in place that if an accident did occur, then it would be fully investigated and acted on. The registered manager was aware of their responsibility to ensure the CQC were notified of any serious injuries that people had experienced.

Is the service effective?

Our findings

The registered manager ensured when people joined the service that assessments of their needs were carried out. These were completed to ensure their needs could be met by staff. These assessments also ensured people could receive support, without discrimination and in accordance with the protected characteristic of the Equality Act. However, we did note that whilst people's care records contained detailed information about how staff should support people, there was limited reference to people's on-going health needs. For example, we noted one person had a stroke before starting to use the service, yet there was limited reference to this in the care records. Another person had Multiple Sclerosis, which can also be referred to as MS. This person's care records contained limited reference to MS. Information was also limited on the impact dementia could have on people's needs.

People told us they were happy with the care and support they received from staff. However, the registered manager had not ensured that people's physical and mental health needs were always considered to ensure they were provided in line with current legislation and best practice guidelines. It is important to ensure that when care plans are formed that they reflect the most up to date best practice guidelines, to enable people to receive the most up to date care and support available. The registered manager told us they would review their care planning process and would amend care plans accordingly.

The support people needed with their meals was minimal as either they or their family members prepared their food and drink. Where people did require some support, care records contained clear guidance for staff to enable them to support people effectively. This included preferred meal times and people's food and drink preference. We did note that nutritional risk assessments were not currently in place. The registered manager acknowledged that although the support people received in relation to their meals was minimal, a risk assessment was required to ensure people received their meals safely. They told us they would address this.

People told us staff understood how to support them and they felt comfortable when staff provided care for them. One person said, "I feel they know what I need, I have no problems." A relative said, "They understand what [my family member] needs."

Records showed staff received an induction and on-going training that the provider had deemed necessary for them to carry out their role effectively. This included safeguarding of adults, record keeping and moving and handling. Staff were encouraged to complete professionally recognised qualifications such as diplomas in adult social care and the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers.

Staff received supervision to ensure they were competent and had the skills to continue to support people effectively. Staff felt supported and welcomed the understanding and supportive approach of the registered manager. The regular training and continued development of staff ensured people continued to receive safe and effective care and support.

Records showed the registered manager and care staff were aware of which health and social care agencies to contact to ensure that people continued to receive care and treatment for their current and changing health and social care needs. People's emergency details were recorded on an 'Ambulance sheet' which was in place to enable paramedics to have quick access to relevant information about people. Records showed people were supported to arrange medical appointments with GPs and dentists. The registered manager told us they had attempted to make the service known to local health and social care agencies to help build meaningful relationships when supporting people.

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. We found they were.

People had been assessed as being able to make their own decisions about their care needs. Where people's ability to make decisions was in question, appropriate mental capacity assessment and best interest paperwork was in place. This enabled assessments to be completed in line with the principles of the MCA. All of the people currently using the service were able to make decisions for themselves. However, the registered manager had the processes in place to support people who needed additional support to make decisions.

Is the service caring?

Our findings

People told us they enjoyed the company of staff and looked forward to seeing them each day. One person said, "They are all lovely people." A relative said, "They are all nice people and treat [my family member] well."

Staff had completed equality and diversity training. The staff we spoke with spoke respectfully about the people they supported and used this training to help identify people's diverse needs and to act on them. The registered manager told us the small number of people they currently supported had not expressed any diverse needs during their assessment. However, they would continue to discuss this with people during reviews of their care to ensure people's needs could be met when needed.

People were supported by staff who treated them with respect and dignity. This included when supporting them with personal care. One person said, "They are gentle with me." Staff could explain how they ensured people's privacy was protected. Ensuring doors and curtain were closed when providing personal care and leaving rooms when asked by people, were some of the examples given.

People told us they had been involved with the forming of their care plan and confirmed staff provided care in line with their preferences. One person said, "I told them what I wanted and they give me what I need."

People were regularly asked for their views on the quality of their care. Feedback was received from telephone discussions and regular meetings. Where people wanted relatives to support them with providing feedback, the provider ensured they were present and their views recorded.

People were advised that if they wished to consult an independent advocate, this could be arranged. However, details of how people could do so themselves was not provided. The registered manager told us they would amend their service user guide to include these details, further enhancing people's independence. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care. At the time of the inspection, no advocates were being used.

People's independence was encouraged wherever possible. People's care records contained detailed guidance on how people liked to be supported, but also included the things they liked to do for themselves. Supporting independence was a key aim of the provider and this was evident in the way people's care plans were written and agreed with people. Daily living tasks and people's preferred personal care routine, included clear guidance for staff on people's varying levels of ability to do things for themselves. This ensured people were supported to lead independent lives wherever possible.

People's care records were stored securely in the provider's office. This ensured people's personal data could not be accessed by unauthorised personnel. The registered manager told us they had the processes in place that ensured all records were managed in line with the Data Protection Act and The General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union. Records sent to us after the inspection had

been encrypted with a password that further protected people's personal data and showed the registered manager was aware of their responsibilities to protect people's data.

Is the service responsive?

Our findings

People's needs were assessed by the registered manager prior to them using the service. The registered manager told us this enabled them to be confident that they could meet people's needs. Once it had been agreed that people could receive the care and support they needed, care plans were formed. These care plans contained details about people's preferences in relation to their personal care, medicines and daily routines. We checked people's daily records to see whether they were receiving their care as agreed and found they were. This meant care and support was provided for people in line with the personal preferences.

Some people received support from staff to access their local community. This included visiting local amenities such as cafes, shops and pubs. One person visited their local pub with support from staff and this had been agreed with the person to help social inclusion.

People's care records showed they had been involved with regular reviews of their care. People told us they felt involved and the staff and the registered manager were receptive when they wanted to make amendments to their care package. One person said, "They do listen." We noted people had signed their care records to confirm they agreed with their current provision.

The registered manager had a good understanding of the Accessible Information Standard (AIS). The AIS is a law that requires that provisions be made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way that they can understand. They told us they could provide documents such as service user guides, policies and procedures and some care records in larger formats if needed. We discussed the need to ensure that all people were offered the opportunity to have their records in their preferred way. The registered manager told us this would now form part of their initial assessment process ensuring that people were empowered, treated fairly and without discrimination.

People told us they had not made any formal complaints but they felt if they did they would be acted on appropriately. Records showed no formal complaints had been received; however, the appropriate processes were in place that ensured complaints would be responded to in line with the provider's complaints policy.

End of life care was not currently provided at this service. Discussions had not currently been held with people in relation to end of life care. However, the registered manager told us they planned to discuss this element of care with people at future assessments and reviews.

Is the service well-led?

Our findings

People told us they were pleased with the overall quality of the service they received. One person said, "They are a good company." A relative said, "They are better than the one we used to use; I would definitely recommend them."

People and staff praised the approach of the registered manager and found him to be approachable and committed to providing high quality care. Staff felt valued and respected and all told us they felt able to contribute to the development of the service.

The service had not yet been operating for 12 months so an annual survey of people's and staff's overall views had not yet been requested. However, people told us they were regularly asked for their views about their care and the registered manager acted on any issues they had. The registered manager told us they were hoping to grow the service in the next few years, taking on more people and staff. They hoped to continue to develop the service and provide more people with high quality care and support.

The registered manager was aware of their responsibilities to ensure the CQC were always informed of all notifiable events that occurred at the service. These can include when a person had experienced a serious injury or if an allegation of abuse had been made against staff. This ensured there was an open and transparent approach to providing people with high quality care and support.

Quality assurance systems were in place that enabled the registered manager to continually assess the quality and effectiveness of the service provided for people. This included regular reviews of people's care records and medicine administration records. The registered manager had ensured risk assessments were in place where needed; and that staff received regular training, supervision and development. The provider had a business plan in place which showed how they planned to develop and improve the service in the future.