Mrs Theresa Clark

Beeches Homecare Services (Kent)

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	**Requires Improvement**
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
Beeches Homecare Services (Kent) is a domiciliary care service providing personal care to people living in their own homes. 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. The service had only started providing a regulated activity to people in July 2020 and were slowly expanding their service. The service was providing personal care to 8 people at the time of the inspection.

People's experience of using this service and what we found
Staff were not always recruited as safely as they should be. Some safety checks had not been completed before staff started working with people.

Risk to people health and safety where identified. However, guidance on what action to take if the risk occurred was not consistently recorded. Staff did know what action to take.

People said they felt safe with the staff when they received care in their own homes. People told us they were treated kindly and compassionately by the staff.

People were supported to express their views and make decisions about their care. 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.

People's needs were assessed and reviewed to ensure care being delivered was up to date and reflective of their needs. People had care plans that provided detailed guidance for staff on the support and care that they needed on a daily basis. Care plans were specific and personalised. People were supported to do things they wanted to do. People consented to their care and were supported by staff who were trained to fulfil their roles effectively. Medicines were managed safety and people received their medicines as prescribed by their doctor.

People were safeguarded from the risk of abuse and received person-centred care that promoted their dignity and independence. When there were any incidents and accidents these were recorded, and steps were taken to prevent any re-occurrence. Staff understood how to prevent infection and wore protective equipment when necessary.

There were sufficient numbers of staff to provide the care people needed. People and their relatives said that staff arrived when they should and stayed the allotted amount of time. They reported that they had not had any missed calls. Staff received the training they needed to look after people in the way that suited them best. Staff received support, guidance and advice from the management team.

Staff communicated effectively with people and with each other to make sure people's needs were met in the way they had chosen. When people were unwell or needed extra support, they were referred to health care professionals and other external agencies.

People told us the service was well managed. Any complaints that were made were managed in the right way and people had been invited to suggest improvements to the service.

People and their relatives gave positive feedback about the service they received. They said the provider was approachable and sorted out any issues they had. Staff and people thought highly of the provider and staff. Staff knew their roles and were able to tell us about the values and the vision of the service. There were adequate quality assurance measures in place.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
This service was registered with us on 21 November 2019 and this is the first inspection.

Why we inspected
This was a planned inspection based on the length of time since the service registered with us.

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.

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 not always safe. Details are in our safe findings below.	**Requires Improvement**
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**

Beeches Homecare Services (Kent)

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.

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 was provided by a single provider and therefore a registered manager was not required.The provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave a period notice of the inspection. We needed to be sure the provider would be in the office to support the inspection. However, the provider was not available for when we planned to visit the office, so we arranged to speak with people their relatives and staff first. We requested documents to be sent to us. We arranged to meet with the provider in the office when they were available. Inspection activity started on 15 September 2021 and ended on 6 October 2021 when we visited the office.

What we did before inspection
We reviewed information we had received about the service since the they registered. We used the information the provider sent us in the provider information return. 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 used all of this information to plan our inspection.

Before the office visit
We spoke with two people and six relatives about their experience of the care provided. We spoke with four members of staff, including the provider, office staff, senior care workers and care workers.

During the office visit
We reviewed a range of records. We looked at three people's care records and medicines records. We looked the systems the provider had in place to monitor the quality of the service. We looked at staff files including supervision notes. We looked at minutes of meetings the service held. We looked at quality assurance and monitoring systems in place.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management
• Risks to people, including risks from the environment were assessed, monitored and recorded. Action was taken to reduce the risks. However, some risk assessments did not include full guidance for staff on what action to take if the risks occurred.
• One person had diabetes. There was no information in the risk assessment about what signs and symptoms staff should be looking for if the persons condition became unstable and the action they needed to take. Another person was at risk of developing pressure sores. There was clear guidance for staff to observe for redness or skin breaks but there was no guidance on what action to take if these occurred. Staff were able to explain what action they would take if these risks occurred. The provider said they would add the extra information to the risk assessments. This is an area for improvement. We will check this at our next inspection.
• Other risk assessments gave clear guidance to staff, detailing how to safely work with people, including medicines and moving and handling. Staff confirmed that the care plans gave them enough information for them to support people safely. People and relatives told us they always felt safe with the staff. One relative said, "I trust all the staff. They always make sure (my relative) is safe when they leave. I trust them."

Staffing and recruitment
• Staff were not always recruited safely. On some staff files gaps in employment history were not fully explored and full employment histories had not been obtained. On one staff files the required number of references had not been sourced before the staff member started work. Following the inspection, the provider took immediate action and obtained the missing information. They sent us evidence of this. We will check this has been sustained at the next inspection.
• Proof of identification was checked. Disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people.
• Enough staff were employed to make sure people received the care and support they needed. There was enough staff to provide safe care and they visited the same people regularly. People told us that they had a consistent team of staff who knew them well. One person told us: "They never let me down. I have the same staff most of the time."
• Staff arrived promptly and stayed for the allocated time. Each week people were sent a rota of staff who would be visiting and what time they would be arriving. One person told us: "They have never missed a call. I have the same team of staff, so I always know who is coming."

Systems and processes to safeguard people from the risk of abuse
• People felt very safe with the staff who came to visit them. A relative told us: "I definitely know (my relative)

is safe. I am very confident with the staff and trust them. They would let me know immediately if there were any concerns."
• Since the agency registered with CQC there had no safeguarding concerns raised with the local authority. There had been no safeguarding issues.
• Staff were trained to recognise and respond to potential abuse and the provider demonstrated knowledge of the local safeguarding procedures. The provider and care staff knew what to do if they suspected or witnessed if someone had been abused. Staff said in the first instant they would report anything suspicious to the provider and they were sure action would be taken. Staff also knew how to report to the local safeguarding team.

Using medicines safely
• Peoples medicines were managed safely.
• Medicine administration records (MARs) were in place and were signed by the staff when medicines were given. Relatives told us, "The staff always give the tablets in the morning and they sign a chart."
• Staff had received training on how to administer medicines safely. They had regular refresher training and their competencies where checked by a senior member of staff.
• Regular medicine audits were completed to ensure people received their medicines safely. If any errors or mistakes were identified or reported then action was taken by the provider. Investigations took place, staff were retrained, and their competencies checked. The provider was piloting an electronic medicines system which would immediately alert the management team if any medicines were missed or not signed for so immediate action could be taken.

Preventing and controlling infection
• Risks to people from infection were managed to ensure they were minimised.
• We were assured that the provider's infection prevention and control policy was up to date. Staff had completed the relevant training. Spot checks on infection control practice were undertaken to ensure staff were following the correct procedures.
• When staff were unable to wear the recommended personal protective equipment (PPE due to medical reasons the provider took action to make sure risks were minimised.
• Staff had access to enough PPE, and PPE was worn at care visits.

Learning lessons when things go wrong
• A system was in place to record accidents and incidents. Incidents and accidents were reported by staff in line with the provider's policy.
• There had been very few accidents and incidents since the provider registered with the CQC, but the ones that had occurred had been logged and noted.
• The provider was aware that accidents and incidents needed to be reviewed regularly to identify any trends and patterns. At the time of the inspection no trends or patterns had been identified.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 in line with best practise before being offered a service.

●The provider met with people before they started to use the service. Relatives told us that the provider visited and gathered all the information they needed to make sure they would be able to support their loved one in the way they preferred. One person said, 'They were very thorough and asked all the right questions." People were offered the support in the way they preferred and that suited them best.

● There was information about people's past medical history and information about people's background. People's care was regularly reviewed. Care plans were kept in their own homes and staff knew about people's individual needs. After six months (or sooner if necessary) the provider completed a follow up assessment to ensure people were still receiving the care they needed and identified if there had been any changes in care and support.

● People's protected characteristics under the Equalities Act 2010, such as religion, sexuality and culture were discussed with people.

Staff support: induction, training, skills and experience

● Initially newly recruited staff received an induction, which included all mandatory training such as manual handling and infection control. New staff worked alongside experienced members of staff until they had completed their basic training. Staff said they had got to know people and how they liked to be cared for and supported.

● Due to the pandemic most training was provided online. The provider was a train the trainer. They trained and observed staff undertaking tasks to make sure they were competent and safe. A relative said, "The staff seem very well trained. They know what they are doing. It is reassuring." The provider had identified that more training was required in specialised areas like diabetes and was going to source this training for staff. Staff confirmed they had received enough training to undertake their role.

● Staff told us they received regular supervision with the provider or a senior member of staff. Staff we spoke with said they felt supported by the management team. Annual appraisals were being planned. Staff practice was observed by senior members of staff to make sure they were safe and effective in caring and supporting people. Staff told us the manager was approachable and supportive.

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

● People's nutritional and hydration needs were met. Some people did not need support with their meals or planning a nutritious diet as family members made their meals.

● Those people who did need staff assistance chose what food they wanted. Where people required support with their meals and drinks, this was agreed with them. Some people were at risk of not eating and drinking

enough. Staff supported and encouraged them to have regular meals and drink enough fluids to maintain their health. People had gained weight and their health had improved as a result of the support they were receiving. Relatives told us, "Staff get my (relatives) breakfast ready and always ask what I'd like" and "Staff always make sure my (relative) has a drink close at hand before they go."

● Peoples' care records detailed when a person needed assistance with food preparation and there were instructions for care workers in how this needed to be done and what foods to prepare.

● Relatives confirmed that staff had enough information to support people with their meals where this was included in their care plan.

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

● People accessed healthcare services themselves or with the support of their relatives. Staff told us if they had concerns about people's health, they would offer to telephone their GP on their behalf or inform their relatives. One relative told us, "I am confident the girls (staff) call the doctor if one was needed. They always make sure my relative is OK."

● People were supported to maintain good health and were referred to appropriate health professionals when needed. For example, their GP, a district nurse or emergency services.

● Staff knew people well and knew when to report issues to the office or management team. One relative told us, "They seem to know my [relative's] needs very well and do a good job." Another relative said, "The carers keep me up to date on what is happening with my relative and always let me know if they have any concerns. It's very re-assuring."

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.

● Staff demonstrated they understood the principles of the MCA, supporting people to make choices when people were unable to make their own decisions.

● People confirmed the staff always asked their consent before providing their care. People, or their representatives where appropriate, had signed and consented to the care and support to be provided. The provider recorded consent to care and treatment in line with legislation and guidance. It was clear decisions around people's care had been made and/or agreed.

● Best interest meetings were organised when people did not have capacity to make important decisions about their care and treatment.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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
● People received kind and compassionate care and staff had built positive, meaningful relationships with people. People were always introduced to new staff before they came to provide them with care.
● People and their relatives were positive and praising about the care provided. A relative said, "My (relative) sometimes becomes confused and upset, the staff spend time consoling them and they make sure they are alright before they leave. They never rush. They explain everything they are going to do." Another relative told us, "Staff are very kind and respectful. They ask my (relative) how they would like things done. They listen to what they say. "
● The provider recognised people's diversity and staff the importance of treating everyone equally. People's diverse needs were known and respected by staff. Staff told us they treated people as individuals and respected their choices.

Supporting people to express their views and be involved in making decisions about their care
● People were involved in day to day decisions and had control over how their care was provided. Where appropriate relatives were also involved in decisions about people's care.
● Staff demonstrated a good knowledge of people's communication needs and how to support them to be involved in their care and support. Relatives told us the provider, or a member of the office team had visited them to discuss their support needs and ask about their views of the service. Relatives told us, "They are very caring and patient with my [loved one] and they listen to what they have to say. They stay for the right length of time" and "The staff sing songs from musical shows to my (relative) which they love. They join in and it cheers them up."
● People had a choice about who gave them support that they needed. If people decided they did not want a certain member of staff to visit them then their wishes were respected.

Respecting and promoting people's privacy, dignity and independence
● People and their relatives told us staff treated them with dignity and respect when meeting their care needs.
● Staff understood the importance of maintaining people's privacy and dignity. One staff member told us, "I let people do what they can for themselves. I explain what I'm doing and how and check this OK for them. I don't want them embarrassed or make them feel uncomfortable."
People were provided with consistency of care with the same team of staff which people appreciated. One person said, "I never had an issue with them., we have two or three regular girls. They are really lovely."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; End of life care and support:

- Care plans were personalised and included information around the person's backgrounds and how staff could support them with their care. A member of staff said, "There is good guidance on the care plans, if we notice any changes, we let the office know to update the care plans." Relatives told us care plans contained accurate details about the care their relatives needed, and the care plans were followed by the staff.
- Care plans provided clear detail on the daily routines specific to each person. One care plan gave detailed information on how a person liked to have their drink in the morning and gave staff information on exactly where they could find objects of importance that the person might want. There was information about people's specific medical conditions such as diabetes and how keep people's skin healthy. Call times for staff were flexible. When peoples need changed calls times were re-arranged to meet their specific needs.
- Communication between people, relatives and staff was effective. A relative told us that the staff were very good at informing each other of any changes or concerns they had about a person. The staff used a secure electronic method to keep each other up to date on people's needs. Care plans were reviewed and updated when people's needs changed.
- At the time of the inspection the provider told us that they were not providing end of life care to a people, however, they would ensure that preferences and choices around their end of life care would be planned and recorded.

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.

- Peoples' communication needs were understood by staff. Information was available and shared with people in formats which met their communication needs.
- Staffing rotas were shared with people so they knew who would be visiting them for their support calls. These were written in large format people when people had problems reading smaller print.
- Some people had 'white boards in their homes so staff could write on them to remind people of what was happening throughout their day. Some documentation was written in pictorial format, for example the quality assurance questionnaires were in a picture format, so they were easier for people to understand and complete.
- The service user guide was given to each person receiving care and contained all relevant information about the service and what to expect. People were supported by family members or friends who helped

them to understand information on a day to day basis if they needed it.

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

● People were encouraged and supported to take part in activities and interests, either in their home or in the community. One staff member told us that they always ask people if they have had contact with their family members and encouraged them to maintain contact.

● One person liked their hair styled regularly but was now unable to go to the local hairdresser. Staff had organised a mobile hairdresser to visit them at home which made them feel a lot better. Staff had also arranged for gardeners to visit when people were no-longer able to manage. A relative said this had reduced the person anxiety about not been able to attend to their own garden.

● Staff supported people to attend appointments in the community. Relatives and people told us that staff always had time to chat with them. They were not rushed. People looked forward to staff coming to their homes.

Improving care quality in response to complaints or concerns

● The provider had an appropriate complaints procedure in place. It explained how people and their relatives could complain about the service and how any complaints would be dealt with. People were given a copy of the complaints procedure when they started using the service.

● People and their relatives told us they could confidently raise any concerns with provider or staff.

● Complaints and concerns were taken seriously and used as an opportunity to improve the service. A relative said, "I rang once when a member of staff wasn't suitable. The provider listened to what I said, and we did not have the staff member again. "

● Complaints had been investigated and on the whole people and their relatives were satisfied with the response.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- People and relatives, we spoke with told us they thought the service was well managed. They only had positive comments to make. They said the phone in the office was always answered promptly when they rang, and the staff responded to queries. One relative said, "I can phone any time if I need to talk. There is always someone around. They always let me know if there are any changes or concerns about my relatives care."
- Relatives told us that the staff were good, kind and caring. One relative said, "There is no problem contacting staff even at weekends. They are always helpful," and "The staff have never let me down. The two girls (staff) we have got are good." People and their relatives told us staff were always helpful and knew them well, creating a relationship based on trust. People and relatives were confident in raising concerns if they had them and were sure they would be listened to.
- Staff and people had confidence in the provider and the management team. Staff told us communication was good and the provider was supportive. They told us that staff moral was good and they felt listened too. The provider was eager to develop the skills and knowledge of the staff. The provider spoke about valuing and promoting the staff team so, they in turn would deliver a high standard of care to people receiving the service.
- The provider told us that travel time was given between each call to ensure that staff were not rushed and to ensure that they stayed for the full length of the call. Staff said they had enough travel time. If there was a staff shortage or staff needed support, then the provider stepped in went on home visits to make sure people received the care and support that people needed.

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; Continuous learning and improving care

- The provider had systems in place which demonstrated the service was open and honest with people when things went wrong.
- The provider and office team demonstrated openness and honesty throughout the inspection process. They were fully aware of their responsibilities for monitoring and improvement of the service.
- The provider had undertaken transparent investigations into complaints and accidents/ incidents. The provider had learnt from these and had taken action to prevent any re-occurrence. Since the service registered there had been no safeguarding's to report.
- The provider had turned down care packages as they did not want to compromise the quality of care they delivered. They want to develop the service slowly and ensure they had a enough staff to give people the

care and support they needed.

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

● Services providing health and social care to people are required to inform CQC of important events that happen in the service. This is so we can check appropriate action has been taken. Since the provider registered with the CQC there had been no events which required reporting. The provider was aware of what to do if a reportable event occurred.

● People and relatives were complimentary about the management of the service. Relatives told us, "This is the best agency we have used, and we have been through a few. They are well organised. I can contact the office any time and get a response," and "I feel my (relatives) are safe. I feel they are in good hands."

● Staff were clear about their role and were positive about the management team. Comments included, "The management is very good, and they really support the staff. Everyone gets on well together. The communication between care staff the provider and is very good" and "They look after the staff. They support us and listen to what we say."

● Audits took place to look at the care being provided that included care note audits, care plan audits and, medicine audits. The provider discussed any shortfalls with staff to reduce the risk of re-occurrence. The records that were kept at the service were comprehensive, well ordered and easy to navigate.

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

● People were engaged and asked their opinions. There was an open-door policy when people, relatives and staff could give their opinions about the service and share their views at any time. People told us that they always got a response from the office when they had query.

● The provider and manager were committed to promoting an inclusive ethos. The provider met and spoke regularly with staff. Staff had the opportunity to discuss their roles and learn from each other's experiences.

● People told us they knew the provider and had confidence in them and the staff. One relative said, "Not only do they support (my relative) but they really help me too."

● Formal questionnaires had been developed but had not yet been sent to people, relatives or other stakeholders. This was because the provider had only been delivering the regulated activity for a short period of time. They planned to send questionnaires in the near future.

Working in partnership with others

● Steps were taken by the provider to support people and the wider community; they worked with external organisations to help with this, including Age UK.

● Staff communicated with a range of health professionals and other community agencies to ensure that people's needs were considered and understood so that they could access the support they needed.