

Be Caring Ltd

# Be Caring Liverpool

## 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

### About the service

Be Caring Liverpool is a domiciliary care agency providing personal care to people living in their own homes. At the time of this inspection the service was supporting 201 people with personal care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

There were enough staff to support people safely. However, people's and relative's feedback about the timing of their calls and the consistency of staff who supported them was mixed. Comments included, "I generally get the same carers coming to see me. They generally arrive on time and always stay for the full time" and "Mostly I do feel safe but there is an ongoing issue with call times." The provider had recognised these issues and had started taking steps to improve in these areas.

People and relatives said they felt safe with the staff. One person said, "I am confident that I am safe with the carers who come to see me." Staff were safely recruited by the service, ensuring that only people who were suitable to work with vulnerable adults were employed.

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 and relatives spoke positively about the care and support they received from staff. One relative commented, "The care my relative gets is very good and her regular carers really love her and treat her as one of their own." People and relatives told us staff treated them with dignity and respect. Comments included, "They [the staff] always ask if I am happy when they are doing any personal care for me. They are very thoughtful like that" and "The staff all treat [Relative] with the utmost respect and will do anything for him."

People and relatives told us staff involved them in the care planning and review process, ensuring people received support in line with their needs and choices. People's individual communication needs were considered and met by the service. Staff had supported people to learn how to use technology that was new to them which enabled them to keep in touch with loved ones via telephone and/or video calls.

People's and relatives' feedback about the care staff and the service overall was positive. One person said, "[Registered Manager] has always been helpful and I would happily recommend this company." People and relatives spoke positively about how staff engaged with and involved them. One relative commented, "We feel that we are well informed and valued as clients. Our opinions are listened to and calls and emails are responded to in a timely manner."

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

This service was registered with us on 09/06/2019 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on our approach to inspecting newly registered services.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our caring findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Be Caring Liverpool

## 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

This inspection was carried out by one inspector. Two Experts by Experience also assisted by carrying out telephone calls to gather feedback from people supported by the service and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This 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

This inspection was unannounced.

Inspection activity started on 4 November 2021 and ended on 5 November 2021. We visited the office location on 4 November 2021.

#### What we did before inspection

We reviewed information we had received about the service since its registration. We sought feedback from the local authority and professionals who work with the service. 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.

During the inspection

We spoke with 12 people supported by the service and six people's relative about their experience of the care provided. We spoke with 12 members of staff including the head of quality, training and health and safety, registered manager, care coordinators and carers.

We reviewed a range of records. This included six people's support plans and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision and appraisal records. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

# 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 good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- There were enough staff to support people safely. However, people's and relative's feedback about the timing of their calls and the consistency of staff who supported them was mixed. Comments included, "I generally get the same carers coming to see me. They generally arrive on time and always stay for the full time" and "Mostly I do feel safe but there is an ongoing issue with call times."
- The provider had identified call punctuality as an area for improvement in their own analysis of performance data and had started to put in place plans to address this including ongoing staff recruitment. This in turn will also improve staff consistency.
- Staff were safely recruited by the service, ensuring that only people who were suitable to work with vulnerable adults were employed.

### Assessing risk, safety monitoring and management

- People had personalised risk assessments which were reviewed regularly and gave staff the information needed to manage the risks associated with people's care.
- Staff felt they had the information and skills required to support people safely. Staff explained they could always seek additional support and advice if needed.
- Staff were able to seek support and guidance when needed from senior staff based at the office. An on-call system was in place ensuring staff were able to access similar support outside of usual office hours.

### Using medicines safely

- People received their medicines safely and as prescribed.
- Staff had been trained to support people with their medicines safely and their competency was regularly checked.
- The provider had effective quality assurance processes in place to ensure people received their medicines safely. When issues were identified appropriate action was taken, such as additional training and support being offered to staff.

### Systems and processes to safeguard people from the risk of abuse

- People and relatives said they felt safe with the staff. Comments included, "I am confident that I am safe with the carers who come to see me", "I feel very safe" and "I do feel that with our two regular carers my relative is safe as they know him and his needs."
- The provider had effective systems in place to safeguard people from the risk of abuse and staff took appropriate action when any such concerns arose.
- Staff received safeguarding training and understood their role and responsibilities managing safeguarding concerns.

### Preventing and controlling infection

- Staff had access to relevant and up-to-date information and guidance in relation to infection prevention and control (IPC).
- Staff were supported to access regular COVID-19 testing and the COVID-19 vaccination.
- Staff had received training on infection prevention and control and used personal protective equipment (PPE) in line with the national guidance.

### Learning lessons when things go wrong

- Accidents and incidents were appropriately recorded and responded to by staff.
- This information was regularly reviewed to reflect and learn from what had occurred and to identify any emerging patterns or trends that needed addressing.
- Relevant policies and procedures were in place to help guide staff.

# 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 and preferences were assessed before they were supported by the service. This information was used to create people's personalised care plans and risk assessments.
- People's needs in relation to equality and diversity were considered during the assessment and care planning process, such as age, disability and religion.

Staff support: induction, training, skills and experience

- New staff were given a full induction into their role with support from senior staff. This included a probation period, training, shadow-working and spot checks observing their practice.
- Staff were up-to-date with their training, which ensured they had the knowledge and skills to safely and effectively meet people's needs. Where necessary, staff completed additional training relevant to the needs of the people they were supporting.
- Staff felt well-supported in their roles and had regular supervision with senior staff. Staff were also able to access further guidance and support from senior staff whenever needed.

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

- People and their relatives said staff gave people all the support they needed with their food and drink. This included supporting people to make choices about what they ate and drank. One person commented, "My carer goes out of her way to help. For example, my appetite is not as good as it was so she has found and bought some meals which are smaller in size."
- People's care plans gave staff clear information about their individual needs and preferences relating to food and drink.

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

- Staff supported people to access healthcare services when needed to maintain their health and wellbeing. One person said, "I do have confidence that if I needed some medical help then they would know what to do."
- Staff were aware of and sensitive to people's individual health needs.
- There were effective systems in place for staff to escalate any concerns they had about people's health to senior staff, ensuring appropriate input and advice from relevant health professionals was sought.

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. Where people may need to be deprived of their liberty in order to receive care and treatment an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's consent was sought and obtained in line with the principles of the MCA.
- Staff understood their responsibilities under the principles of the MCA and ensured people's rights were protected.

# 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 and relatives spoke positively about the care and support they received from staff. Comments included, "My girls [the staff] are brilliant. They are marvellous and will do anything at all to help", "The care my relative gets is very good and her regular carers really love her and treat her as one of their own" and "[Relative] is really happy with the care staff. They make time for him and for a little chat too."
- Staff knew how to support people safely, which included understanding their individual support needs, likes and dislikes.
- Staff considered people's individual equality and diversity needs as part of the care planning process and ensured these needs were met. For example, one person did not speak English as their first language. The provider was able to deploy staff who were fluent in the person's first language and this improved both their wellbeing and engagement with staff.

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

- People and their relatives were involved in making decisions about their care, such as during care plan review meetings. One person said, "Staff are approachable and helpful. They regularly review my care and everything is kept up-to-date."
- Staff signposted and supported people to access additional support from independent advocacy services when needed.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff treated them with dignity and respect. Comments included, "They [the staff] always ask if I am happy when they are doing any personal care for me. They are very thoughtful like that" and "They [the staff] ask before they do things and gain my permission. My experience is entirely positive" and "The staff all treat [Relative] with the utmost respect and will do anything for him."
- People's confidential information, such as care plans, was stored securely and only people who required access could do so.

# 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 ensure people have choice and control and to meet their needs and preferences

- People and relatives told us staff involved them in the care planning and review process, ensuring people received support in line with their needs and choices.
- People's care plans were person-centred, regularly reviewed and gave staff the information they needed to safely and effectively support people. The information included in people's care plans enabled staff get to know people and what was important to them, such as important relationships with family, friends and pets.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's individual communication needs were considered and met by the service. Staff were able to access information and guidance about people's communication needs in their care plans.
- The provider was able to provide information in alternative and accessible formats for people when necessary, such as braille or easy-read text.

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

- Staff had supported people to learn how to use technology that was new to them which enabled them to keep in touch with loved ones via telephone and/or video calls.
- Staff had access to person-centred information in people's care plans and so were able to engage with people about topics or interests that were important to them.

Improving care quality in response to complaints or concerns

- The provider had an effective complaints policy and procedure in place, ensuring complaints were appropriately investigated, responded to and action taken when necessary.
- People and relatives said they knew how to make a complaint and felt staff would deal with any concerns appropriately. One person said, "The office staff are approachable, helpful and any issues are resolved."

End of life care and support

- The service was not supporting anyone with end-of-life care at the time of this inspection. However, this

was considered as part of the care planning process and important information, such as people's wishes regarding resuscitation, was documented.

# 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; and how the provider understands and acts on their duty of candour responsibility

- People and relatives told us the reliability of their call times and the consistency of staff coming to support them could be improved. However, their feedback about the care staff and the service overall was positive. Comments included, "[Registered Manager] has always been helpful and I would happily recommend this company" and "I do think they know how [Relative] likes things done. Our two main carers really do understand her and will go the extra mile to make sure she is happy, which is what caring is about.
- There was a positive and caring culture amongst staff at the service. Many of the staff, including several senior staff, had worked at the service for several years.
- The registered manager understood their responsibility regarding the duty of candour and promoted a culture of openness and transparency.

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

- The service had a registered manager.
- Staff had notified CQC of all significant events which had occurred, as is required.
- The provider had a range of regularly reviewed policies and procedures in place to help guide staff. Staff were able to access this information when needed and senior staff signposted staff to any important updates, such as via team meetings or supervision.

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

- The service had systems in place to gather people's and relatives' feedback about the service, such as via care plan review meetings, spot checks and satisfaction surveys.
- People and relatives spoke positively about how staff engaged with and involved them. One relative commented, "We feel that we are well informed and valued as clients. Our opinions are listened to and calls and emails are responded to in a timely manner."
- Staff told us they felt well-supported and valued in their roles.
- Staff had opportunities to share their feedback about the service during supervisions with senior staff and team meetings.

Continuous learning and improving care

- The provider had an effective range of quality assurance processes and audits in place to monitor, assess

and improve the quality of service being provided.

- Senior staff carried out regular spot checks and audits to monitor staff practice and ensure people were receiving high-quality and safe care. Records confirmed appropriate action was taken when needed, such as arranging additional training and support for staff.

Working in partnership with others

- Staff worked in partnership with other health and social care professionals, such as GPs, nurses and social workers, to ensure people's health and wellbeing was maintained.