

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Betna Care Agency Ltd is a domiciliary care service. It provides care for people living in their own houses and flats. People are supported in their own homes so that they can live as independently as possible. CQC regulates the personal care and support. There were 31 people who received personal care at the time of the inspection. 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

Some improvements had been made since our last inspection to the provider's governance and oversight and some were still required. Records for medicines administration and governance and oversight arrangements were not always fully complete. The provider's policy framework was up to date and comprehensive, however not always fully embedded and followed. Audits had been introduced and had resulted in some improvements, however some audits still needed to be more robust to identify all shortfalls and continue to drive forward improvements.

Care plans and risk assessments were in place to help reduce risks and promote safe care for people. Systems kept people safe from the risk of abuse and avoidable harm. Risks from infection transmission, including COVID-19, were risk assessed and actions in place to reduce risks. Recruitment processes were followed to check staff were suitable to work with vulnerable people. There were enough staff to meet people's needs.

Assessment processes helped to inform people's care plans. These included advice and guidance from other health and social care professionals to help provide people with effective care. Staff were provided with training relevant to people's health and care needs. People were supported with relevant nutritional support where this was part of 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 received care from friendly and caring staff. Staff understood how to promote people's independence and respect their privacy and dignity. People's equality and diversity needs were respected. People were listened to and involved in their care decisions.

People received personalised care and their choices were respected so they retained control over their lives. Staff knew the people they cared for and provided responsive care. People were supported with any communication needs they may have. Care was provided in a way that helped to reduce social isolation and promoted people's relationships with others. People were able to provide feedback or raise complaints and

have them investigated and resolved.

At this inspection, we found improvements had been made and the provider was no longer in breach of regulation 12 (Safe care and treatment), regulation 19 (Fit and proper persons employed) and regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we imposed conditions on the provider's registration. At this inspection we found enough improvement had been made to remove these. We will continue to monitor the service.

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

Rating at last inspection

The last rating for this service was 'Inadequate' (published 15 December 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will 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 responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Betna Agencies Ltd

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 completed by two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing in Nottingham. There were two registered managers at the time of this inspection. One was also the nominated individual and provider. The nominated individual is responsible for supervising the management of the service on behalf of the provider. Both registered managers 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 one day's notice of the inspection. This was because the inspection was conducted during the COVID-19 pandemic and we wanted to speak with people and their relatives and care staff; we needed to be sure that the registered managers would be in the office to support the inspection.

Inspection activity started on 11 February 2022 and ended on 17 February 2022. Phone calls were made to people and their relatives and staff on 11 February 2022. We visited the office location on 14 February 2022. We continued to review evidence the registered manager sent us until the 17 February.

What we did before the inspection

We used information received about the service since the last inspection. We contacted local stakeholders to gather feedback on the care provided. This included the local authority commissioning team. On the 11 February 2022 we made phone calls to two people who used the service and three relatives to gather feedback about the care provided. We made telephone calls and spoke with three care staff.

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 reviewed a range of records including the relevant sections of five people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. We reviewed other records related to the management of the service, including policies, training records and action plans.

We spoke with five members of staff, including both registered managers and three care staff.

What we did after the inspection

We continued to seek clarification from the provider to validate evidence found.

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 inadequate. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

At our previous inspection, the provider had failed to operate effective recruitment processes. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of the above regulations.

Staffing and recruitment

- Recruitment files had been audited and any checks not previously completed had been addressed. Recruitment processes for new staff included all required checks including application form, interview notes, references, checks on any employment gaps and a criminal records check. These checks helped the registered managers make informed judgements as to the suitability of staff to work in care.
- New staff completed induction training that covered areas relevant to people's needs. They also worked with more experienced members of staff to further their learning.
- People and relatives told us two staff would always attend when this was required, for example if people required assistance with any equipment, such as a hoist. People told us staff arrived in a timely manner and stayed the full length of their expected call.
- People told us they often had regular care staff and where people had different staff, they knew in advance who would be coming. One person told us, "I do have different staff, but I get to know them as I get sent a rota." Staff told us they were given enough time to travel to people's homes and they felt there was enough staff available to meet people's needs.

At our previous inspection, staffing was not always adequate and risks, including those related to infection prevention and control were not always assessed and mitigated; safeguarding knowledge and processes were not adequate; and medicines management did not always follow recommended guidance and care plans did not always contain accurate information. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvements had been made and provider was no longer in breach of regulation.

Using medicines safely

- Following the last inspection, the provider was also required to complete medicines competency checks for staff. The provider told us staff completed medicines theory checks as part of their induction and later they would be observed by a senior staff member to ensure they were competent to administer medicines. However, records to support this were not robust. Following our inspection, the registered managers sent us a spreadsheet that recorded the dates when staff had completed their medicines theory and their medicines competency check. This recorded most staff as having had both checks.
- Following the last inspection, the provider was required to put in place guidelines for staff to follow when

people were prescribed 'as and when required' medicines. These were not in place for all people at the time of the inspection. Following our inspection, the registered managers sent us the guidelines they had introduced.

- Other improvements in medicines management had been made. Medicines administration record (MAR) charts contained instructions for where topical creams needed to be applied. This helped to ensure people received these medicines consistently.
- When information about medicines was added to MAR charts, this was done safely and in line with best practice guidance.

Assessing risk, safety monitoring and management

- Care plans were up to date and accurate. Risk assessments were in place for equipment used and contained guidance from other professionals involved in any assessment process. This meant guidance was available for staff to follow to reduce risks.
- Fire risks were assessed and any actions to reduce identified risks were taken. For example, requesting alternatives to paraffin-based creams.
- Care staff told us they had enough information in people's care plans and risk assessments to provide safe care.

Systems and process to safeguard people from the risk of abuse: learning lessons when things go wrong.

- People and their relatives told us they felt Betna Agencies Ltd provided safe care. One relative said, "Carers use the key safe, everything feels safe."
- Staff we spoke with understood the signs of potential abuse and were confident to report any concerns to their managers and the local authority safeguarding team. Staff were trained in safeguarding and had their knowledge checked by managers. This helped to reduce the risks of avoidable harm to people.
- Safeguarding policies were in place and up to date. Safeguarding referrals had been made to the local authority and this had helped keep people safe.
- Incidents were reviewed and investigated, and actions taken to reduce recurrence.

Preventing and controlling infection

- People told us staff wore personal protective equipment (PPE) including masks, aprons and gloves in line with government guidance. COVID-19 risk assessments were in people's care plans and included what actions staff were required to take to reduce the risks of infection transmission.
- Staff were trained and knowledgeable on infection prevention and control measures. Information about the prevention and control of infection was in people's care plans to reinforce good practice.
- COVID-19 and infection prevention and control policies were up to date.

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.

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

- People were involved in assessments of their health and care needs. These were kept under review and updated to reflect changes.
- Assessments contained advice and guidance from other health care professionals when they had been involved in assessing people's needs. For example, this included advice from occupational therapists for assessments on equipment to help people mobilise.

Staff support: induction, training, skills and experience

- People told us they were happy with how care staff provided care. One person told us, "I am confident in the staff."
- The registered managers had oversight of staff training so they could identify when training needed to be refreshed.
- Staff told us they felt supported to provide effective care and were supported to complete induction and on-going training. Care staff had supervision meetings with managers. Supervision provides staff members with the opportunity to reflect and learn from their practice, receive personal support and professional development. One staff member told us, "We have team meetings and supervisions every three months."

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

- Where people received care with their nutrition, relatives told us this worked well. One relative said, "We have a system where if family members can't do their meal then the carers will make them what they want; either a ready meal, or salad or sandwich, whatever they prefer."
- Records of people's daily care showed people were offered choices for their meals and care plans provided details of any allergies and foods to avoid.

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

- Information from other professionals involved in people's care was included in their care plans. This included information from nutritionists, district nurses and occupational therapists. Involvement of relevant professionals helped to support the delivery of effective care.
- Staff contacted emergency healthcare services when required. One relative told us staff called for an ambulance and stayed with their family member until it came when they were unwell. Another person told us, "They have been really helpful signposting me to additional services to help me." People were supported to access the health and social care support they needed.

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.

- People's mental capacity was considered in line with guidance and best practice.
- Where people had capacity to understand their care their choices were respected. One care staff told us, "My client can tell me what they want." Records of people's care showed the choices people made about their daily care needs.

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. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us the care staff that helped them were caring. One relative told us, "I couldn't ask for more, [name of carer] treats [name of family member] as their own." They went on to say, "They get on like a house on fire." Another person told us the registered manager was, "really nice." They told us they had recently experienced a problem and the registered manager arranged extra support. They told us how much they appreciated this and that they thought it was, "so lovely."
- People told us their care was provided in a way that respected their privacy and dignity and promoted their independence. One person said, "I'm an independent person and I can wash myself. The carers do support me to keep independent."
- Care plans provided information on what people could do for themselves and what care staff were required to help with. This helped to promote people's independence.

Ensuring people are well treated and supported; respecting equality and diversity

- There was an equality and diversity policy in place and care staff had completed equality, diversity and inclusion training.
- The service took steps to help meet any religious, cultural and other diversity needs people had. People we spoke with told us they felt care staff understood and met their needs and felt well-trusted. This helped to ensure people were treated well and not discriminated against.

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

- People were provided with information in the service user guide on how to access advocacy services. Advocacy services provide help to people to represent their views and opinions.
- People and relatives told us they felt their views and preferences were listened to. One person told us, "I spoke with the manager and we went through everything at the start, now the care plan is left in my room in my house." A relative told us, "We have a care plan and it is updated regularly and I am involved. They listen and take on board any views."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service 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 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 were supported to retain choice and control in their care. One person told us, "Carers always ask me what I want to do." One member of care staff told us, "My client is very jovial, they tell us where they want to sit and in the day they like to listen to the radio, they like football; In the evening they will ask for the radio off and then watch TV, like films or the news."
- Care plans reflected people's life histories and what was important to them to help staff begin to get to know the people they were caring for. One person said, "My care plan is kept under review and I am asked for feedback all the time."

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.

- Assessments identified any communication needs people had. Where aids or alternative methods of communication needs were helpful, these had been identified. These included developing a visual reference book.

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 and relatives told us they enjoyed meeting the staff that cared for them and they felt comfortable with them. One person told us, "All the staff are easy to talk with." A relative told us, "We all feel comfortable with [family member's] carer."
- Care staff told us they enjoyed chatting to people. One member of care staff told us, "It's a happy place to work and one of my clients, we talk about everything." People enjoyed positive relationships with the care staff.
- Relatives were included in people's care if this was appropriate and this helped to maintain people's important relationships. Relatives told us this worked well. For example, one relative told us they did the food shopping and care staff prepared the meals.

Improving care quality in response to complaints or concerns

- People were provided with information on their right to make a complaint and give any feedback and knew how to do this. One person told us, "I would be able to contact them and raise any concerns. There are contact numbers in the front of the care plan records they have left in my house."

- A complaints policy was in place to guide any response to complaints received. Where people had given feedback or raised issues, these had been investigated quickly and the person was involved in the complaint resolution.
- Positive feedback and comments had been received about the service and these were displayed in the office.

End of life care and support

- No-one was receiving end of life care at the time of the inspection. Care staff had completed relevant training to help them provide this care, along with other relevant healthcare professionals when needed.

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.

At the last inspection this key question was rated as inadequate. At this inspection this key question has improved 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.

At our previous inspection, systems and processes designed to assess, monitor and improve the quality and safety of the service had not always been operated effectively. Records were not always complete or up to date; feedback mechanisms to improve the service were not operated effectively and systems to learn from investigations were not in place. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 17.

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

- Some improvements were required to records for medicines administration and for oversight and governance of the service. For example, audits of MAR charts were not always effective at identifying where records required improvements. We found examples of where staff had not always completed MAR chart records in line with good practice.
- The provider's accident book did not record details for a relevant incident and not all records were disposed of in line with the provider's policies.
- Staff did not consistently report to the registered managers the results of their COVID-19 weekly tests, apart from if they had a positive result. This meant the registered managers did not have oversight of the testing staff were expected to complete for their role. The registered managers sent us evidence shortly after our inspection of the system they had introduced for oversight of staff COVID-19 testing.
- Statutory notifications were submitted for notifiable events and incidents.
- Audits to check on the quality and safety of care provided had been introduced since our last inspection. These checked the quality of people's care plans, risk assessments and daily notes. These were effective at improving these records.

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 displayed their CQC rating in their office location and on their website as required.
- The provider had a policy about the duty of candour. This provided guidance on how to meet this legal duty should incidents of this nature occur.
- Where incidents were investigated, action was taken to learn lessons and try and reduce the chance of

recurrence.

- Improvements in staff recording practice had been made since our last inspection. This showed the provider was continuously seeking ways to improve the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were happy with the service they received. One relative told us, "At first there were a few issues, but it's been quite a while now and they do a good job." Another relative said, "It's going very well, they are a very nice team."
- Care staff were asked about their experiences of working for the company, including training, management and support. This feedback had been reviewed to see if any further improvements could be made.
- People and relatives told us their views were listened to and taken on board during care plan reviews and told us they felt they could contact the service and give feedback at any time.
- One person told us, "My care plan is kept under review and I am asked for feedback all the time."

Working in partnership with others

- Care plans identified the involvement of other health and social care professionals. Staff told us, and records confirmed, when they would need to involve other health and social care professionals in people's care.