

Benhall Care Limited

Benhall Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

Benhall Care is a domiciliary care agency providing personal care in people's own homes. At the time of the inspection the service was providing live-in care and support to two people. 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

At the time of the inspection, the service provided live-in carers to people who needed support to live in their own home. The registered manager monitored the quality of care people received through staff observations and feedback from people and their relatives.

However further quality assurance checks needed to be implemented to ensure staff had access to accurate care records and the service fully complied with legal requirements relating to the safe recruitment of staff. We have made a recommendation about maintaining and monitoring accurate and complete records relating to people who use the service and staff

The registered manager had not always ensured fit and proper staff had been employed to provide the regulated activity of personal care.

Staff had access to paper copies of people's care, medicines and risk management plans which directed them on how to support people to mitigate their risks and manage their medicines.

Staff were trained to care for the people they supported. However, the registered manager recognised that further training was needed to ensure staff had a suitable range of skills if the service was to expand.

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 were supported by a small staff team who were familiar with their needs. The approach and kindness of staff were praised by people's relatives. They told us staff were kind and always respectful and polite.

Staff respected people and their homes. They promoted people's independence and always cared for people with dignity and respect. Staff worked closely with people's relatives to monitor people's well-being.

Staff were aware of their responsibilities to report any concerns of abuse, accidents, incidents and near misses.

The registered manager was passionate about delivering good quality care to people. They valued people feedback and staff suggestions to help drive improvement. People's relatives and staff complimented the registered manager and told us they were approachable and provided support as needed.

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 in May 2021 and this is the first inspection.

Why we inspected

This service had not been inspected since their registration; therefore, this inspection was carried out to gain assurances about the quality of care and systems used to monitor and manage the service.

We have found evidence that the provider needs to make improvements. 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.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the staff recruitment at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety.

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good and to monitor their progress.

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Benhall Care

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 30 June 2022 and ended on 4 July 2022. We visited the location's office/service on 30 June 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with two people's relatives about their experience of the care provided. We spoke with the registered manager and the care coordinator and received feedback from four members of staff.

We reviewed a range of records. This included two people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. 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.

This is the first inspection of 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.

Staffing and recruitment

- Safe recruitment systems were not always used when employing new staff.
- The registered manager had not always kept a record of their checks into the criminal and employment backgrounds of staff. The reasons for staff leaving previous roles and gaps in their employment had not always been explored to ensure staff were of good character.

Safe recruitment practices had not always been used to ensure fit and proper staff had been employed to provide the regulated activity of personal care. 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 the time of the inspection, the service was providing live-in carers to support people to remain in their own home. Staff provided assistance and support according to people's needs.
- A system was in place to ensure people remained supported when staff had a break from their role or in the event of an emergency. This was confirmed by staff and relatives.

Assessing risk, safety monitoring and management; Using medicines safely

- People's risks associated with their health and well-being had been identified and assessed as part of their initial assessment.
- Staff had access to people's care plans which were held in their own home. The plans provided staff with information about the assessment of people's risks and provided clear guidance for staff to follow to keep people safe and mitigate their risks.
- Staff understood people's support requirements and managed people's conditions and health with support from people's relatives.
- Staff who supported people with medicines had been trained and assessed as being competent in the management of people's medicines.
- People's relatives confirmed people received support with their medicines according to their support needs. Staff who supported people with medicines had been trained and assessed as being competent in the management of people's medicines.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place which safeguarded people from harm and abuse.
- Relatives told us they felt people and their property and belongings were safe when supported by live-in carers. One relative said, "I feel [my relative] is very safe. I have no concerns."

- The provider dealt with safeguarding concerns appropriately. We found previous concerns had been referred to the local authority and investigated as required.
- Staff knew about the providers safeguarding and whistle blowing procedures. They told us they would raise concerns if needed and were able to describe the processes if a safeguarding incident occurred in line with the provider's policy.

Preventing and controlling infection

- Staff followed safe infection prevention and control (IPC) procedures. The provider had current policies and procedures to deal with the Covid-19 pandemic.
- Staff had access to the personal protective equipment (PPE) they needed. Staff were COVID-19 tested however the provider had not implemented a system to assure themselves that the tests were being completed in line with government guidance.
- Through spot checks of staff practices, the provider checked that staff followed good IPC and PPE practices.

Learning lessons when things go wrong

- The registered manager reviewed all incidents and concerns with the aim to continually improve the service for people and learn when things went wrong. Staff confirmed they were involved in decisions about changes in people's care requirements as a result of an incident.
- One staff member said, "Yes we discuss any incidents or near misses and we avoid these happening again."

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.

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 MCA 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 relatives told us that staff were always courteous and respectful of people's views and wishes about how they wish to be supported.
- Staff provided people with choice and in their best interest if they were unable to agree to decisions about their care.
- The registered manager recognised that people's consent to care and support in making choices about their day to day living and best interest decisions needed to be more explicit in their care plans. They were working at reviewing this element of people's care plans to make it clear that people had consented to their care and guide staff on how they should support people using the principles of the MCA.

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

- People's care needs were effectively assessed to ensure that the service could support people's care requirements. Care was delivered based on current best practice and the recommendations made by health care professionals.
- The provider had implemented an electronic care management system which enabled staff to read information about people's care needs and to record their care provision. The system allowed the registered manager to monitor people's well-being, respond to concerns and review the care they had received from staff.

Staff support: induction, training, skills and experience

- People were supported by staff who had been provided with necessary training to support them. Staff had gained their skills through training, peer support and guidance from health care professionals.

- Relatives we spoke with told us that they thought staff were well trained and were confident they had the right skills.
- Staff told us they felt supported in their role. One staff member said, "Yes I feel I am supported, and the manager is available on the phone or attends in person when I require support."
- Staff were inducted into their new role. The provider recognised that further staff training and assessment of their skills were needed to ensure staff were competent to support people's specific care requirements such as dementia awareness. Plans were in place to address this.
- Staff supervisions were being completed for all staff individually or as part of handovers between the live-in carers, although this was not always recorded to evidence their discussions. The registered manager said they would implement a system of recording supervisions as a matter of priority.

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

- If required, people were supported with the preparing of meals and drinks.
- People were encouraged to make their own meal choices and were provided with their preferred meals and drinks. We were told that people's cultural and religious food preferences would be researched and met where required.
- For one person, the recommendations of their food consistency by speech and language therapists had been implemented. We were told that information about their specific dietary requirements were clearly displayed in their home to guide staff.

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

- Staff knew people well and helped to monitor their well-being and reported any concerns or changes to the registered manager. They worked collaboratively with people's families to ensure people accessed health care services in a timely way.
- Staff prompted and supported people to attend health care appointments as needed.

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

- Relatives spoke positively about the service and the good quality of care provided by Benhall Care. They complimented their live-in carers and told us they were very kind and always respectful. One relative said, "The managers and carers always look at her [relative] as a person" and then went on to describe how the staff met their relatives wishes such as supporting flexible mealtimes. Another relative told us their live-in carers addressed people by their preferred names and always explained what they were doing and sought permission to carry out personal care tasks. We were told how the service had enhanced the lives of relatives. One relative said, "I know I can trust them, so I don't need to be so involved in [relatives] care."
- Staff supported and encouraged people to maintain their independence to enable them to live in their own home. Staff provided support as required and supervised people from a distance to ensure their safety.

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

- As part of their initial assessment, people were consulted about the support they needed and how they wished to receive it.
- Relatives confirmed they were consulted about any changes in people's care and that communication from the service was generally good.
- People's care records were stored securely on the providers electronic care management system and used appropriately in line with the provider's policies. Each staff member had their own secure login details to access any information stored electronically. Paper care records were held in people's homes for those who favoured this way of viewing their care records.

Respecting and promoting people's privacy, dignity and independence

- Staff spoke positively about the service and the quality of care they provided. One staff member provided feedback and said, "Most definitely, I think that the manager goes beyond to ensure that my work is of a high standard in order to ensure that my service user receives the best quality of care. I feel also that he is able to motivate me to stay focused on my work."
- Relatives said they had not witnessed any concerns about staff not treating people with dignity and respect. One relative said, "They [staff] are very kind and respectful to [relative] and us as a family."
- Arrangements were in place to ensure that people's privacy was respected by their live-in carers. This enabled people to have time to themselves whilst being monitored from a distance by their carers.

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 received responsive and personalised care from their live-in carers. Relatives told us the staff were very attentive to people's needs and accommodated their wishes and requests for support.
- Staff monitored people's changing needs and brought these to the immediate attention of the registered manager and people's relatives, who arranged for reviews or referrals to health care services, as required.
- Staff accessed people's care records via an electronic care management system which had recently been implemented by the provider. The registered manager had identified that elements of people's care plans needed to contain more details and were reviewing records to ensure especially live-in carers who may be deployed to people's homes in an emergency had all the information they needed to meet people's needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed as part of their initial assessment. Information about their visual and auditory impairments and prescribed aids to help people improve their communication was recorded in their care plans.

Improving care quality in response to complaints or concerns

- Relatives told us they knew how to make a complaint and felt that the registered manager would be very responsive if they needed to make a complaint. They told us, any minor concerns raised with the registered manager and staff had always been managed well and in a timely manner.
- The registered manager told us they hadn't received a complaint since their registration but was able to describe the actions they would take to manage a complaint in line with their complaints policy including carrying out an investigation and providing an apology to the complainant.

End of life care and support

- The service was not supporting people with end of life care at the time of our inspection.
- The provider stated that end of life processes such as, care planning and staff training was being considered to ensure that they could respond effectively and safely to people who may require end of life support in the future.

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 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.

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

- The provider had not ensured effective systems were being operated to assist them in the monitoring of the service.
- People being supported at the time of the inspection had personalised paper copy care plans in their home to direct staff on the support they required. However, through their own systems of monitoring, the registered manager had not recognised that people's risk and medicines management plans on their electronic care management system did not always reflect the paper copy care plans. This may cause confusion and potentially lead staff to deliver inappropriate care.
- The systems to monitor that the provider's recruitment policy had been followed had not been robust in identifying gaps in staff recruitment processes.
- A system to monitor the frequency and results of staff's bi-weekly COVID-19 tests had not been implemented to ensure that staff were testing in line with government guidance and were safe to support people. However, the provider immediately addressed this concern and implemented a system to monitor the frequency of staff testing.

We recommend the provider consider current guidance on maintaining and monitoring accurate, complete and contemporaneous records relating to people who use the service and staff.

- The provider had a business contingency plan in place which considered the possible risks to the service and ensured the continuity of the care during an unplanned event or emergency.
- The provider had ensured staff were trained to carry out their role when supporting specific people, however they had identified further training was needed to ensure staff were knowledgeable in a range of skills if the service was to expand.

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

- The registered manager was clear about their vision to deliver personalised care with the aim to provide good outcomes for people.
- The registered manager was well thought of by people, relatives and staff. One relative said, "[Name] always remains flexible and is on top of things."

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

- The registered manager was aware of their responsibility to be honest with people, investigate when things went wrong and to take action and learn from any mistakes. Staff were aware of the importance of reporting any concerns, accidents and near misses promptly.

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

- Systems were in place to ensure good communication was maintained across the service. One staff member said, "I feel communication is open and free among the fellow carers and management also strive to discuss all issues with us and make us feel free to communicate any concerns with them."
- Relatives told us that the registered manager was approachable and responsive to any concerns. One relative said, "[Name] is very approachable and always conscientious and helpful."

Continuous learning and improving care

- The registered manager was open to learning and to drive improvements across the service.
- Staff stated they could raise any concerns with the registered manager and were assured that they would take action to resolve any concerns. Staff were aware of their responsibility to alert and report any accidents or accidents about people's wellbeing to the registered manager on the providers electronic care management system.

Working in partnership with others

- Staff worked in partnership with each other and with people's relatives and health care professional to support the continuity of people's care provision and to ensure they remained safe living in their own homes.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Safe recruitment practices had not always been used to ensure fit and proper staff had been employed to provide the regulated activity of personal care.