

Be Kind Health Care Limited

# Be Kind Health Care - Main Office

## 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 Kind Healthcare Ltd is a domiciliary care agency providing personal care. The service provides support to older 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. At the time of our inspection there were three people using the service.

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

People were supported by staff who knew how to protect them and keep them safe. Staff had been recruited safely with appropriate pre-employment checks carried out. Calls were carried out on time as staff were provided with private transport to get from one call to another.

People's needs were fully assessed prior to the start of care. The provider ensured staff were trained to meet people's needs and kept them up to date with best practice guidance. People were supported well with their health and wellbeing needs.

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 compassionate and respectful staff. Staff knew how to deliver care in a dignified way and assisted people to maintain their independence as much as possible.

People received personalised care by staff who were given details about people's likes and dislikes to enable them to support people in a way they preferred.

The service was led by a compassionate and kind provider, whose sole focus was on supporting and helping people. The provider actively engaged with people and staff, as well as the community to be able to continuously learn, expand and improve the service they provided.

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 31 December 2021 and this is the first inspection.

### Why we inspected

The inspection was prompted in part due to concerns received about the management of the service. A decision was made for us to inspect and examine those concerns.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the full report.

#### Follow up

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 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 well-led.

Details are in our well-led findings below.

Good ●

# Be Kind Health Care - Main Office

## 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 not a registered manager in post.

#### Notice of inspection

We gave a short period notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 9 August 2022 and ended on 19 August 2022. We visited the location's office on 12 August 2022.

### What we did before the inspection

We reviewed information we had received about the service since it had been registered with CQC. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

### During the inspection

We spoke with one person who used the service and one relative of someone using the service about their experience. We sought feedback from three staff and one healthcare professional who had worked with the service. Whilst at the office we spoke with one of the directors and reviewed records, including recruitment files, care records and quality assurance checks.

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

Systems and processes to safeguard people from the risk of abuse

- People felt safe whilst receiving support from care staff. A person told us, "Staff are totally reliable and I trust them with my life."
- Staff were trained on how to safeguard people and knew the process to report and escalate any concerns.
- The provider understood their safeguarding responsibilities and duties.

Assessing risk, safety monitoring and management

- People's individual risks around their health and wellbeing were assessed and managed.
- The provider ensured staff were provided with information on how to support people safely prior to delivering care.
- Where someone had a specific identified need a care plan and associated risk assessment was in place that guided staff on how to meet that person's individual needs, what they needed to do to monitor and mitigate any risks.

Staffing and recruitment

- The provider ensured they had enough staff to meet people's needs, they were actively recruiting to allow them to be able to support more people.
- Safe recruitment processes were in place. These included pre-employment checks such as Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People told us care staff turned up when they expected them to. The provider had taken proactive measures to ensure calls were completed on time, this included purchasing cars and employing drivers to transport care staff to the calls. This meant care staff were able to attend calls promptly and not experience delays from public transport.

Preventing and controlling infection

- There were safe infection control measures in place.
- People told us care staff always wore personal protective equipment. Staff had appropriate infection control training.
- Staff understood the importance of infection control and appreciated the private transport the provider arranged, "It is safer not to use public transport when working with vulnerable service users to control infection."
- The provider ensured care staff had access to COVID-19 tests and acted on results in line with government

guidance.

#### Learning lessons when things go wrong

- When things went wrong the provider took appropriate action, learnt lessons and implemented new processes to prevent reoccurrences.
- For example, following a missed call, the provider introduced a new system whereby care staff and service users need to sign a log and this is submitted to the office.

#### Using medicines safely

- The provider had systems, policies and procedures in place to support with medicines safely.
- At the time of the inspection the provider was not administering any medicines to people. However, the provider ensured staff were trained and competent to be able to administer if required.
- Staff did support people to self-administer and information about people's medicinal needs had been recorded.

# 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

- The provider ensured prior to starting to support anybody a thorough initial assessment was undertaken. This usually occurred face to face to ensure they understood people's needs and were able to meet them.
- This assessment included gaining a holistic understanding of people's preferences and choices, covering people's likes, dislikes, baselines for people's vital signs and religious needs.
- When people first started with the service, the provider ensured the senior was available to undertake the first visits in order to be able to develop their care plan and really get to know them.
- The provider had an equality, diversity and inclusion policy which emphasised the service's commitment to respecting people's ethnic, cultural and religious practices. It also demonstrated the provider understood their legal responsibility to uphold people's human rights.
- The provider ensured care staff were kept informed of latest guidance around care delivery.

Staff support: induction, training, skills and experience

- Staff were supported and provided with relevant training to be able to undertake their role effectively.
- Staff told us they had a full induction and completed shadow shifts alongside experienced members of staff before delivering care by themselves. They were also provided with training relevant to their role, including courses specific to people's needs such as catheter care.
- People told us care staff, "do everything they are supposed to do properly."

Staff working with other agencies to provide consistent, effective, timely care;

Supporting people to live healthier lives, access healthcare services and support

- The provider worked with healthcare professionals to support people's physical and mental wellbeing.
- People told us how care staff worked with district nurses to support and improve people's health.
- Where people had specific health needs, these were documented to ensure all care staff were aware of how best to support people.

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.

- The provider understood their responsibilities under the MCA and ensured their staff were working within the principles of the MCA.
- People's capacity was considered at initial assessment and care staff were encouraged to support people to make their own decisions where they could.

# 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 told us they were treated with respect and staff supported their diverse needs.
- People said, "Staff are absolutely wonderful. . .they are very respectful, they treat elderly people with such respect, they are so kind, it has got the right name."
- A healthcare professional told us, "The carers were always polite and respectful."
- The provider equality, diversity and inclusion policy guided staff on how to ensure they were meeting people's needs. For example, by helping people celebrate events and festivals that are important to them.

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

- People were involved in their care and were supported by the provider to actively express their views.
- Staff told us how they gave people options and choices, for example choice of clothing, and "involved them in decisions regarding their care needs."
- The provider ensured they regularly communicated with the people they supported and valued people's individual choices.

Respecting and promoting people's privacy, dignity and independence

- People told us they were supported with dignity and respect.
- Staff supported people to maintain their independence as much as possible. For example, they supported one person to independently take their medicines rather than administering them on their behalf.
- Staff told us how they always spoke with people before supporting them and talked them through what they were doing. Staff described this as, "friendly communication."

# 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's care needs were established by speaking in depth with them, or their family members, prior to care being commenced. This enabled the provider to ensure they were able to plan and provide personalised care.
- People's care plans detailed people's choices and preferences which guided staff to be able to provide individualised support. For example, care plans indicated a person's preferred number of pillows and their particular choice of bedtime drink.
- People had religion, culture and belief plans in place, which covered their specific needs in this area and detailed how staff could support them with these needs.
- People's relatives were able to feedback and handover information on people's daily notes so staff were aware of any changes to people's care 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 were taken into consideration at the initial assessment stage and the provider strived to meet all communication needs. For example, when an enquiry for support came in for someone who communicated via British Sign Language (BSL) the provider told us they were arranging for staff to be trained in BSL.
- For people who had difficulty with their vision, information and care plans were available in large print.

Improving care quality in response to complaints or concerns

- People we spoke with had no complaints or concerns, however they knew they could speak with the provider if they did and felt comfortable to do so.
- The provider had a clear complaints process and policy in place.
- At the time of the inspection no formal complaints had been received by the service.

# 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 well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- At the time of the inspection there was no registered manager at the service. Whilst the provider was working on recruiting a permanent management team, the directors ensured there was continued management oversight.
- The directors ensured the auditing and quality assurance of the service continued in the absence of a registered manager. This included regular spot checks on staff and meeting with people to check if there were any changes in their needs. There were also measures in place to track the timings of calls and carry out formal audits of care plans.
- The provider's compassionate values and ethos were demonstrated throughout the service. They explained, "It was the best decision I've made in life to go into this field, to feel like I've helped somebody. We look at the little details, every member of staff and everyone in the office should know people's needs. Time matters, carers shouldn't be rushing. We focus on what people can afford and willing to pay to make support easily accessible. We offer two hours free service for 1:1 time or to get out in the community. We look at how I would want to be treated and cared for, you heart needs to be in it."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider actively engaged people, staff and the public. They had plans and ideas on how to expand engagement in the future.
- Staff said, "The best part of my job is that we are appreciated and respected by the directors and managers, they support our needs. We are provided with free transport, so we are at ease with travelling. We are always welcome in the office, we can share anything or raise any concerns about a service user over a cup of tea."
- People told us how they were regularly in communication with the directors and were kept up to date about changes. The provider explained how they regularly met with people and family members to seek feedback on the service provided.
- A healthcare professional told us, "I can always contact Be Kind by phone or email and they have responded promptly."
- The provider was part of internet forums to share and get advice on managing a health care service. They were also were involved with Age UK, day centres and community coffee mornings, to see how best to support people and their wider community. For example, they were looking to arrange a music class and

support people to attend to relieve some of the distress some people experience by just being at home.

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 understood their duties and worked in a transparent way with both staff and people using the service.
- At the time of the inspection there had been no accidents or incidents, however people told us they had confidence in the provider and had open communication with them.
- The provider encouraged people and staff to feedback and come forward with any concerns to be able to learn and improve the care they provided. They understood the importance of building relationships to enable people to feel comfortable to do so. They said, "They need to be able to open up if something goes wrong, they need to be able to tell us to learn, we can't be perfect but we can learn from it."
- The provider also supported their staff with wider learning to improve care delivery. For example, enrolling staff on English classes to improve communication and record keeping.