

Be Caring Ltd

Be Caring Manchester

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Be Caring Manchester is a domiciliary care agency providing personal care to people in their own homes. The service was supporting 131 people at the time of the inspection, including older people, those living with dementia, people with a physical disability and younger adults.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

Support plans identified people's support needs. There were varying levels of detail in the guidance for meeting these needs and managing identified risks. The interim manager was aware of this and was supporting the assessors to include the required level of detail. We have made a recommendation to have a robust plan to ensure this is completed in a timely way. People and their relatives had been involved in agreeing and reviewing the care and support plans.

There were enough staff to complete the required calls. Staff said they were able to get to calls on time. Most people or their relatives also said staff were on time. Staff were safely recruited and received the training required for their role. Staff were positive about working for the service and felt well supported by the management team. Consistent staff supported each person so they knew people's needs well.

People received their medicines as prescribed. People were supported to maintain their health and nutritional needs, where applicable.

A quality assurance system was in place. Improvements had been made where issues had been identified. Communication between people, their families, the staff teams and the management team were good. Any issues raised were resolved.

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.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 30 June 2022). There were no breaches of regulations.

Why we inspected

We undertook this focused inspection to check they had followed their action to plan to make further improvements. This report only covers our findings in relation to the Key Questions safe, effective and well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Be Caring Manchester on our website at www.cqc.org.uk.

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 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 well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Be Caring Manchester

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

One inspector visited the service's offices and telephoned members of care staff. An Expert by Experience telephoned people supported by the service and some relatives to gain their feedback about their care. 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 service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. An experienced interim manager from the provider's head office had been in post for 3 months. A new manager had been appointed who would apply to be registered with the CQC. A full induction and handover were planned with the interim manager.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or interim manager would be in the office to support the inspection.

Inspection activity started on 20 April 2023 and ended on 11 May 2023. We visited the location's office/service on 20 April 2023.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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. We used all this information to plan our inspection.

During the inspection

We spoke with 6 members of staff including the interim manager, nominated individual, recruitment manager, assessor, team leader medicines champion and 3. We also spoke with 4 members of the providers head office including the performance director, continuous improvement manager, medicines co-ordinator and clinical director. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We telephoned 9 people who used the service and 5 relatives. We telephoned 8 members of care staff to gather their feedback on working for Be Caring Manchester.

We reviewed a range of records, including 5 people's care and medication records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance, complaints and safeguarding were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks people may face had been identified and guidance provided for staff to manage these risks. However, the amount of detail included in the guidance varied. For example, 1 moving and handling assessment gave detailed information about how to safely use the hoist and slings, whilst another was very brief. We were told some staff had needed prompting to correctly use the sling for this person. We discussed this with the interim manager who said they would review this person's support plans.
- Where one person could become anxious and have behaviours that could be challenging, guidance was not always clear what the behaviour was and what staff should do. Another person's support plan stated staff should contact the person's GP if their mental health was deteriorating but did not specify the signs staff needed to be aware of. We discussed these issues with the interim manager who clarified the support plans.
- The management team were aware some support plans needed more person-centred detail. Work was ongoing to review and improve the level of detail in people's risk assessments and guidance. Further training and support were being provided for staff writing the support plans.

We recommend a clear plan is agreed for the review of all risk assessments and guidance in a timely manner.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff were able to explain what they would need to report if they had any concerns or issues via the electronic care planning system on their mobile phone.
- Incidents and safeguarding reports were investigated, and actions taken to reduce the risk of further incidents occurring. The provider's central communications team published additional guidance to all staff in all branches, where applicable, after an incident. For example, information about the risk of self-neglect and how this should be reported promptly.
- Following a safeguarding investigation, a new 'task' had been added to each care visit which highlighted the key information staff needed to know about each person. Another task prompted staff to check for any changes in the person's presentation and report these to the office, for example if a person had refused care, or had not eaten as much as normal.

Staffing and recruitment

- There were enough staff to attend all calls and meet people's needs. Staff stayed the full length of the call times. Most people and relatives said their calls were on time. One person said, "They are all nice ladies who arrive on time. They complete all the tasks and stay for the full call time."

- Staff also said they were able to get to the calls on time. Any overlapping calls were flagged by the electronic rota system. Runs had been reviewed where needed to improve punctuality.
- Where possible, regular staff supported each person so they could get to know them and their needs well. One staff member said, "I have a regular run. I'm used to the clients, and they know me as well." People said they had different carers at times, but they all introduced themselves and new what support they needed.
- Staff were safely recruited with all pre-employment checks completed before they started working at the service.

Using medicines safely

- People received their medicines as prescribed. An electronic medicines administration record (MAR) system was used. This would alert the office team if medicines had not been administered at the agreed time and they could then follow this up.
- The support people required with their medicines was recorded. It was clear on the electronic system which medicines staff had to administer and how people preferred to take their medicines.
- A follow up audit had been undertaken, with any patterns or trends identified. Actions identified had been completed. The branch champion would complete a monthly audit of all medicines when trained.
- Staff had completed on-line medicines training and competency checks had been carried out to ensure they were following best practice.

Preventing and controlling infection

- Personal protective equipment (PPE) was provided for staff.
- Where it was part of the agreed support, staff supported people to maintain the cleanliness of their own home.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received the training and support they needed to carry out their roles. The provider had recruited a new trainer. Additional face to face training courses had been arranged to ensure all staff training was up to date.
- Currently the service did not take on support for more complex needs. The interim manager said, if needed, specific training would be arranged for the staff team to meet a person's needs prior to starting their support.
- Care staff completed a range of on-line and face to face training when they joined the service and did shadow shifts to get to know people and their needs. The on-line system highlighted when refresher training was becoming due, and staff were prompted to complete the courses required. A staff member said, "The training's very good. I did a week's training and then 3 shadow shifts with other carers to get to know people."
- Staff said they were well supported by the office team and could speak with the management team if they needed to do so. They had regular supervision meetings (called Be Supportive) and were able to discuss any ideas or concerns they had.

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

- People's needs were assessed prior to the service starting to ensure the service could meet their needs.
- The interim manager said they worked well with the local authority so new support packages were only accepted when it was safe to do so. This meant ensuring there were enough staff to make all the required calls and, where necessary, they had any specific training needed to meet people's needs.

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

- Where it was part of people's support plan, people were supported with their nutritional and health needs.
- Staff prepared meals with, or for, people. Guidance was provided for the support people needed whilst eating and drinking. People's food preferences were recorded where applicable.

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

- Any other professionals involved in a person's support, for example district nurses or dieticians, were recorded and any guidance followed.
- Staff supported people to maintain their health and were prompted to report any changes in people's health to the office so this could be shared with relatives or medical professionals. Where applicable they

would support people when speaking with their GP.

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 was following the MCA. Additional training and guidance had been implemented since our last inspection to strengthen the mental capacity care plans. Where there was a concern the person may lack the capacity to make a decision, the assessors were prompted to raise with the social workers so a formal capacity assessment could be completed.
- Where relatives held lasting power of attorney (LPA), proof was obtained, and a copy downloaded to the care planning system.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and 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; Continuous learning and improving care

- Staff were clear about their roles. There were some vacancies in the office team which were in the process of being filled, which would further support the interim manager to maintain the improvements being made.
- A quality assurance system was in place. This was being further strengthened by a dedicated medicines champion for the branch to audit medicine care plans, administration records and undertake staff competency checks. All issues noted in the audits had been actioned.
- Changes had been made to the care plans to make key information more readily accessible to the care staff. Additional tasks had been added for each care call for care staff to report any changes in a person's health or wellbeing, for example if they had refused support.

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 their relatives were satisfied with the quality of the care and support they received from the service. Feedback from people was sought through review meetings as responses to previous posted surveys had been very low. Any concerns raised through the surveys were followed up and action taken to resolve where applicable.
- People said they were able to contact the office if they needed to. One person said, "Communication is good with staff and the office. My care plan involves my comments and I've done a survey."
- Staff felt able to speak with the interim manager and office staff if they had any concerns. One care worker said, "If I'm unsure I can ring the office; there's always someone to answer and advise what I need to do." Regular supervision meetings and observations of practice were completed which also enabled staff to discuss their performance, training, and any issues they had.
- Communication with the care staff was said to be good, with phone calls made to inform staff if people's needs had changed. Whole staff emails were used to communicate key updates and policy changes.
- A staff survey in December 2022 showed a high level of staff satisfaction working for Be Caring Manchester. Actions had been identified and completed through feedback from previous surveys, for example supplying staff with alarms and torches for when they worked in the dark evenings.

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 interim manager knew their responsibilities under the duty of candour. They had policies in place to

ensure they were open and transparent when things went wrong. They told us it was important to use these experiences to learn and improve from.

Working in partnership with others

- The service had recently started a pilot project with the local authority commissioning team which made changes to the way support packages were organised and funded. The aim was to provide a better service for people and to aid staff retention through offering contractual hours.
- The service worked with other professionals, for example GPs and district nurses, involved in a person's support.