

Betamindes Limited

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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?

Good ●

Summary of findings

Overall summary

About the service

Betamindes is a domiciliary care service providing personal care and support to people living in their own homes. They were providing a service to 59 people at the time of our inspection.

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

During the last inspection we highlighted improvements were required to the robustness of records to evidence compliance with the Mental Capacity Act 2005 (MCA). At this inspection we found 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 regular staff that had been safely recruited and had received a thorough induction and training appropriate for their role. There were enough staff employed to meet people's individual needs. People told us they had developed positive relationships with the staff that supported them.

People's needs were fully assessed before they were supported by the service. Each person had a care plan that reflected their individual needs, choices and routines. Care plans held enough information to inform staff about how to best meet people's needs. Care plans were regularly reviewed and were updated as people's needs changed.

Medication was managed safely by trained and competent staff. Medication administration records (MARs) were fully completed and regularly reviewed. Policies and procedures, as well as best practice guidance were available to staff. Staff had completed infection control training and followed best practice to minimise the risk of infection being spread.

People's privacy and dignity was respected, and their independence was promoted wherever possible. People spoke positively about the service and staff that supported them. There were audit systems in place that were fully completed and used to improve and develop the service.

People were protected from the risk of abuse. Safeguarding policies and procedures were in place and staff had received training on how to keep people safe. Staff told us they felt confident any concerns they raised would be promptly addressed.

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 good (published 5 January 2017)

Why we inspected

This was a planned inspection based on the previous rating.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector and an expert by experience. 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 homes.

Notice of inspection

We gave the service 24 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 7 August 2019 and ended on 15 August 2019. We visited the office location on 7 and 15 August 2019.

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 and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and ten relatives about their experience of the care provided by telephone. We visited three people and their relatives in their own homes. We spoke with seven

members of staff including the provider, registered manager, office staff and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four 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.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had completed safeguarding training and completed refresher updates.
- Staff felt confident to raise any concerns they had and told us prompt action would be taken.
- Up-to-date safeguarding and whistle blowing policies were in place.

Assessing risk, safety monitoring and management

- Risks to the health and safety of people and the staff that supported them were assessed. Guidance was in place for staff to follow and mitigate risks.
- Risk assessments were regularly reviewed and updated to ensure staff had access to the most up-to-date information.

Staffing and recruitment

- Recruitment procedures were safe. Pre-employment checks were carried out on all staff before they started employment.
- People told us they were supported by regular staff that knew them well. Their comments included; "Regular [Staff] visit and anyone new always shadow's someone that knows my routine first" and "I know all the [Staff] that visit me as they come regularly."
- Enough staff were employed to provide people with consistent care and support.

Using medicines safely

- Staff that administered medicines had completed training and had their competency regularly assessed.
- Medicines policies and procedures, as well as good practice guidance was available to support staff in their role.
- Medicine administration records (MARs) were in place and fully completed.
- Regular audits were completed to ensure people received their medicines safely. Areas identified for development and improvement were promptly addressed and actioned.

Preventing and controlling infection

- Staff received training about infection control and followed good practice guidance.
- Staff had access to personal protective equipment (PPE).
- Staff explained safe practice to reduce the risk of infection being spread.

Learning lessons when things go wrong

- Records were fully completed following any accidents or incidents that occurred.

- Accidents and incidents were reviewed by the registered manager to identify any themes and trends.

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 requires improvement. At this inspection this key question is now rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were fully assessed prior to being supported by the service. One person said; "We had a full assessment before staff started to visit. They were very efficient."
- People, relatives of their choice and health and social care professionals where appropriate were fully involved in the assessment of people's needs.
- Daily records were fully and consistently completed by staff and included details of all care and support provided in line with people's preferred routines and choices.

Staff support: induction, training, skills and experience

- Staff had the necessary knowledge, skills and experience to perform their roles.
- All staff completed an induction when they started work and were provided with ongoing training to meet the requirements of their role and the needs of the people supported.
- People's comments included; "All the staff are well trained, and some have excellent skills" and "I think the staff are all well trained for their role."

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

- People were supported to eat and drink in accordance with their assessed dietary needs and personal preferences.
- People told us that staff always asked what they would like to eat and drink at each call. Relatives told us staff encouraged people to increase their intake of drinks during warm weather.

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

- People received the care and support they needed. The service referred people to health and social care professionals where appropriate.
- People and their relatives told us staff contacted the GP or district nurse when required.
- People were supported to access their communities and undertake activities of their choice.
- People had access to local advocacy services if required to ensure their views were represented.
- Relatives comments included; "There have been occasions when there's been an emergency and the office staff have arranged for someone to visit Mum immediately as we live so far away. This is a great comfort to us" and "Staff are very quick to contact me if there is anything they are not sure about or are worried about Mum, which gives me peace of mind."

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.

- During our last inspection we found that the records which demonstrated that mental capacity assessments and best interest decisions had been carried out were not always robust enough. At this inspection we found improvements had been made and records were now clear and robust.
- Staff had received training in the MCA and assumed people had capacity to make decisions, unless assessed otherwise.
- People were involved and consulted in all decisions about their care and support. Consent was recorded within people's care plan files.

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.

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

- People were treated with kindness, respect and compassion.
- People and relatives comments included; "All the staff are wonderful, absolutely amazing", "Staff are kind, caring and compassionate, all I could wish for" and "All the ladies [Staff] that visit are friendly, approachable, caring and trustworthy."
- Staff had completed equality and diversity training and understood the importance of treating people as equals.

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

- People told us that they were regularly involved in decisions about their care and support. Reviews of people's care plans took place regularly.
- People's individual communication needs were clearly documented, and guidance included for staff to meet these needs.
- Staff ensured people were supported to make decisions and choices about their care and support. People were given the autonomy and independence to live their lives. One relative said; "Staff always ask her [Person] before they do anything, and ask for her to give them permission, they are very understanding and patient."

Respecting and promoting people's privacy, dignity and independence

- People right to privacy and dignity was respected. Comments from people and relatives included; "The staff treat Mum with complete dignity and respect, I have never seen anything that would concern me in any way" and "Staff always keep me covered up, they knock before they come in to my bedroom or bathroom."
- People's independence was promoted wherever possible. Relatives comments included; "They never over support her [Person], if she can manage to do it herself they step back and get on with other things" and "They don't overwhelm with help, which is good, they enable her to be as independent as she can be."
- Staff ensured people's confidentiality was maintained. Personal information was stored securely and only accessed by authorised staff. Information was protected in line with General Data Protection Regulations (GDPR).

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

- Care plans were detailed and held sufficient information and guidance for staff to follow to meet people's preferred needs.
- People were supported by regular staff who understood their likes, dislikes and daily routines. Comments from people and relatives included; "I have got to know my regular ladies [Staff] really well. I really look forward to them coming" and "It's the little things that make such a big difference. They know all my likes and dislikes, so I don't have to explain to them."
- Care was planned in a personalised way. Care plans took account of people's choices and preferences, likes and dislikes and they were reviewed regularly. Care plans were updated when changes occurred.

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.

- Staff understood people's individual communication needs and used appropriate methods when communicating with them. One relative described positively how the staff interacted with [Person's name] as they were no longer able to communicate verbally. They told us about how the staff read the person's body language and spent time ensuring they fully understood the person's needs.

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 told us they were supported to access the community to participate in activities of their choice. People told us staff supported them to attend appointments or get shopping from the supermarket and these simple activities made such a difference.
- Relatives told us that staff always took an interest in their wellbeing. They described staff asking if they were okay and listening to their concerns. They said this was important to them and made a difference to their day.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to raise a concern or complaint. They said they thought any concerns would be listened to and acted upon. Comments from people and relatives included; "I have had no reason to criticise any element of the care and support to date", "Management are very approachable. I did raise a complaint previously, I was invited in to the office for a meeting and it was sorted

immediately."

- The registered provider had a complaint policy and procedure which people told us they had a copy of within their care plan file.
- Complaints were investigated and responded to in line with the complaints policy. Learning from complaints was used to improve the quality of the service.

End of life care and support

- Staff described how they would support people at the end of their life to be comfortable and have a pain free and dignified death.
- At the time of our inspection there was not anyone in receipt of end of life care.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 staff team had clear roles and responsibilities within the service that they understood.
- The management and staff team had developed positive relationships with the people they supported and their relatives.
- People received individualised care and support that was regularly reviewed and updated as changes occurred.
- The registered provider had policies and procedures available to guide staff in their practice.
- The ratings from the last inspection were displayed at the service and on the providers website in accordance with regulatory requirements.
- Audit systems were consistently completed and used to highlight areas for development and improvement within the service.

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

- Each member of staff was clear about their responsibilities and took pride in being part of the Betamindes team. Staff comments included; "They are a very supportive employer and the office team are all approachable" and "On call staff are always available and responsive."
- The registered manager promoted transparency and honesty in the running of the service. They were respected by people, relatives and staff. They were described as 'approachable', 'supportive' and 'genuine.' Comments from relatives and people included; "Conversations I have had regarding my Mum have been open and honest. The managers are great at communicating and have been very accommodating" and "I have always been told that I can contact the management at any time and that is reassuring to me. I believe it is a well-run organisation."

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

- People, relatives and staff were all regularly invited to feedback about the service.
- Staff visited the office every week to collect their rota's and have contact with the office and management team. Staff meetings were held during the year.

Continuous learning and improving care

- The registered manager and staff team had all received training for their roles and undertook refresher updates to ensure their practice remained up-to-date.
- There were clear systems in place for learning following any concerns or complaints raised by people or their relatives.
- Audits were completed regularly across all areas of the service. Areas identified for development and improvement were addressed through action plans.

Working in partnership with others

- The registered manager and staff team worked closely with other agencies to ensure positive outcomes for people. This included working with health and social care professionals and commissioners so that people received person centred care and support to meet their individual needs.