

BeeCared4 Limited

# BeeCared4 Limited

## 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

BeeCared4 is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to younger and older adults with various needs including, people with physical disabilities, mental health conditions, and dementia. At the time of this inspection 162 people were using the service. Not everyone who used the service received personal care. The Care Quality Commission (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

People were protected from the risks of abuse and harm and people said they trusted staff to keep them safe. People's care needs were risk assessed and care plans provided staff with the information they needed to manage the identified risk. People's ongoing risk assessments were reviewed on a regular basis and when needs changed. Medication administration processes were streamlined and medicines were safely managed.

Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults. Staff had the necessary safety checks in place before starting work and completed a full induction.

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 did support this practice. The service relied upon the local authority completing mental capacity assessments and best interest decisions prior to people receiving support from the service.

Care plans were detailed and person-centred. Changes to people's care plans were actioned and communicated immediately. Live links to mobile devices ensured staff, people and their relatives could access information and updates at any time. Complaints and concerns were addressed and responded to in line with the provider's policy.

The timing of people's care visits were not always consistent. The registered manager explained over the COVID-19 pandemic the service had struggled with retaining staff members, which has had an impact on regular call times and continuity of staff.

We received mixed feedback from people and their relatives in relation to the wider management of the service and the quality of care received. We informed the registered manager of the mixed feedback who assured us they would address the concerns. People and relatives provided us mixed feedback about staff members wearing PPE. We informed the registered manager of the mixed feedback, who assured us staff meetings had been arranged to discuss the concerns. Increased staff spot checks and re-training had also been implemented.

Staff had received training in equality and diversity. People were treated with dignity and respect. People's right to privacy and dignity was respected. People's views and decisions about care were incorporated when their care packages were devised. People and their relatives told us they were involved in making decisions about their day to day care. The service encouraged people to live as independently as possible and their care planning reflected this.

Governance systems were in place to monitor the standard of care people received. Staff praised the registered manager and wider management team, they felt supported in their roles. The culture was open and inclusive. Staff said they enjoyed their roles and the culture between staff and people was positive. The registered manager worked effectively in partnership with other health and social care organisations and networks to build connections and achieve better outcomes for people using the service.

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 and update

The last rating for this service was requires improvement (published 21 October 2020) and there was a breach of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection to follow up the action we told the provider to take at the last inspection. The service has not been rated overall before.

#### Follow up

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?

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 ●

# BeeCared4 Limited

## 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

The inspection was carried out by an inspector and two Expert by Experiences. 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.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

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

Inspection activity was carried out between 8 November and 1 December 2021. We visited the office location on 8 November 2021.

#### 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 of this information to plan our inspection.

#### During the inspection

We spoke with 16 people who used the service and 20 relatives about their experience of the care provided. We spoke with 14 members of staff including the provider, registered manager, field managers, team leaders, senior care workers and care workers.

We reviewed a range of records. This included nine 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.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at end of life care planning and mental capacity assessments.

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

Using medicines safely; Learning lessons when things go wrong

At our last inspection systems were not robust enough to demonstrate medicines were effectively managed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Medication administration processes were streamlined and the recording of people's medication had improved. An electronic medication recording system was in use and clearly documented people's medication needs and medicine administration. Protocols were in place for 'as required' medicines. People told us, "They [staff] watch over me when I take my medication to make sure I am getting it properly" and, "My tablets are in a blister packs and they [staff] help me with them. I have a good relationship with all of my carers."
- The recording of prescribed creams was consistent and safely managed. Body maps had been implemented as required. One person told us, "The carers help me with medication and apply my creams. Everything is okay, they [staff] help me daily."

Assessing risk, safety monitoring and management

- People's care needs were risk assessed and care plans provided staff with the information they needed to manage the identified risk. People's ongoing risk assessments were reviewed on a regular basis and when needs changed.
- Accidents and incidents were recorded and analysed. Follow up actions were implemented where necessary to reduce the risk of a reoccurrence.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse and harm and people said they trusted staff to keep them safe. People told us, "I do feel they are keeping me safe just by knowing they [staff] are coming," "I have always felt safe with them [staff], and they keep up with changes" and, "I do feel very safe. They [staff] are very nice and caring carers."
- Staff had received training in safeguarding people. Staff we spoke with were confident to report concerns and satisfied that action would be taken to investigate the concerns. A staff member told us, "I am aware of safeguarding processes. I would contact the managers or the local authority if needed."

## Preventing and controlling infection

- Staff received training in infection prevention and control and told us personal protective equipment (PPE) was readily available to them. A staff member commented, "We have lots of PPE and go to the office to pick up big boxes of gloves, aprons and masks. We have a full uniform, aprons, gloves and masks that we have to wear as standard. I have sanitiser also."
- People and relatives provided mixed feedback about staff members wearing PPE. Comments included; "The carers do not always wear PPE", "Masks are not always worn properly and are kept over their [staff] noses and they rarely wear aprons", "Staff always wear PPE" and, "They [staff] are all wearing masks, gloves and aprons when needed." We informed the registered manager of the mixed feedback, who assured us staff meetings had been arranged to discuss the concerns. Increased staff spot checks and re-training had also been implemented.

## Staffing and recruitment

- Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults. Staff had the necessary safety checks in place before starting work and completed a full induction.
- An electronic care monitoring system was used to arrange staff rotas and ensure people received their visits. Staff told us travel time between people's visits was not always inputted onto the rotas. The registered manager advised they are already aware of the issue and have been working with the rota co-ordinators to resolve this. We reviewed the latest rotas and saw travel time between visits had significantly improved.
- Timing of people's care visits were not always consistent. People told us staff were often late for their visits and they did not always receive regular care workers. The registered manager explained over the COVID-19 pandemic the service has struggled with retaining staff members, which has had an impact on regular call times and continuity of staff. The registered manager assured us they are using close monitoring functions and working with the local authority to resolve these issues.



# 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 of this domain for the service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had received an induction when they first started working at the service and training relevant to their roles had been provided. Staff told us, "I had an induction when I started three years ago, it was a very good induction and the training was very good" and, "I had two full days training and 16 hours of shadowing [other experiences members of staff]."
- Staff had regular training and opportunities for supervision and observations of their work performance. Staff commented, "I receive regular one to ones and they are helpful" and "Training is really good."
- Although staff had received moving and handling training and a spot check in their practice of moving and handling, people and relatives shared mixed feedback about staff's moving and handling practices. Comments included, "Not all the staff know how to use the equipment", "The staff don't act safely when using the hoist", "The carers are knowledgeable when using the hoist" and, "I feel safe when the carers are using the hoist." We provided this feedback to the manager who said all staff had received the same practical training and training had been consistent; however, they would address the concerns raised.

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

- People's needs were assessed prior to starting with the service and care plans were developed according to people's needs. An electronic care record system was used to develop person-centred care plans. Staff received updates to care plans instantly on their mobile devices.
- People and relatives were involved in their care planning, which was reviewed regularly or when people's needs changed. People told us, "The care plan I have presently is fine and I feel I am fully involved" and "Yes, I have reviews of my care plan, they [staff] sit down and talk to me and go through the book [care file]."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Some people independently managed their own nutritional needs or had support from their relatives. Where people required support with their food, the level of support was agreed and documented in their care plan.
- Professionals were involved with people's care as required. The service worked with other agencies to promote people's health, such as district nurses and GPs.

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.

- Staff received training in MCA and DoLS. They understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. One staff member told us, "MCA is about assessing an individual to see if they have the mental capacity to make decisions."
- Mental capacity assessments and best interest decisions were considered. The service relied upon the local authority completing mental capacity assessments and best interest decisions prior to people receiving support from the service. Although, people's care plans did consider elements of people's cognition and the provider did have processes in place to escalate concerns about people's mental capacity to the local authority, the provider did not carry out mental capacity assessments as part of people's care planning. All decisions were taken in people's best interest and there was no evidence that people had been negatively impacted, although this was done by the local authority. The provider implemented mental capacity assessments during the inspection process.

# 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 of this domain for the 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

- Staff had received training in equality and diversity and they were committed to ensuring people had equal opportunities. Support plans explained whether people had any specific religious or cultural needs and how these would be met. Staff told us, "I support a client with religious needs, they like to be kept clean as part of their religion and washing their feet is important."
- People were treated with dignity and respect. People told us, "I feel very well treated and I love seeing them [staff]. They are really nice and when they are tired at night, they are still pleasant and that says something" and, "The carers are very kind and caring. They treat me with dignity and respect."

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

- People's views and decisions about care were incorporated when their care packages were devised. This helped staff to support people in a way that allowed people to have control over their lives and make day to day decisions. Staff told us, "I listen to my clients and how they wish to have things done, as some clients have their own way. It's these things that can help out so much to ease the client" and, "We always ask them [people questions], listen to what they want and give options."
- People and their relatives told us they were involved in making decisions about their day to day care. A person told us, "The carers help me all the time and give me choices."

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and dignity was respected. A staff member explained, "We always maintain their [people's] personal space, boundaries, and respect their dignity. We involve them in decisions relating to their care." A person commented, "I get a wash in the bathroom, and they [staff] keep me covered with warm towels. My carers are nice. I am happy with my carers."
- The service promoted people to live as independently as possible and their care planning reflected this. A staff member told us, "If they [person] feel they could do something, I would push them in that direction, help them to gain more independence, like if someone can wash parts themselves. I give people independence as much as possible." A person added, "They [staff] always encourage me to do what I can for myself."

# 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 of this domain for the 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

- Care plans were detailed and person-centred. The care plans provided guidance for staff about how best to support people's needs and preferences. Staff completed daily care records for people, which showed staff were meeting people's needs. People told us, "I feel fully involved in my care plan" and "The care plan was done with me."
- Changes to people's care plans were actioned and communicated immediately. Live links to mobile devices ensured staff, people and their relatives could access information and updates at any time. One person commented, "There is an app that we can use. I can see the daily notes and stuff."

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.

- The service was aware of the AIS and each person's specific communication needs were detailed in their care records. At the time of the inspection, there was no-one using the service who required their information in an alternative to the current format.

Improving care quality in response to complaints or concerns

- Complaints and concerns was addressed and responded to in line with the provider's policy. There was an up to date complaint policy in place and the provider ensured the quality of care could be assessed, monitored and improved upon. People and their relatives told us about various complaints they had made which were in the process of being resolved.

End of life care and support

- End of life care was not routinely provided. Staff had access to end of life training and end of life care could be facilitated alongside community healthcare professionals if required. End of life wishes were not documented as part of people's care planning, however, the registered manager told us they would implement specific end of life care plans when required. The provider discussed and implemented end of life wishes as part of people's care plans during the inspection process.

# 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 requires improvement. At this inspection this key question has improved 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

At our last inspection the provider had failed to operate robust systems and processes to assess, monitor and improve the quality of the service. This contributed to the breach of regulation 17 (Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Medicine auditing systems were robust. Medication Administration Record audits had been adapted to make them more detailed and were being completed regularly. Actions from the last inspection had been implemented.
- Governance systems were in place to monitor the standard of care people received. Regular audits of people's care plans, daily logs, staff training and continuity of care workers were in place. Regular staff meetings took place, which also discussed and monitored the support people received.
- Staff praised the registered manager and wider management team, they felt supported in their roles. Comments included, "The managers are all lovely and really good. They are helpful and always there when you call and ask for help" and "[Registered manager] is lovely, approachable and really helpful. They have really helped me out and worked around me to keep me in work. They are brilliant."

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

- Person-centred care was promoted, and people told us the staff knew them well and responded to their needs in a person-centred way. One person told us, "I think the staff do understand my condition. I have got better since coming out of hospital and I have reduced my calls. I really only need a bit of help with my personal care now. Everyone I have seen has been very good."
- The culture was open and inclusive. Staff said they enjoyed their roles and the culture between staff and people was positive. Staff told us, "The care team is good and the ones I have worked with are great" and "I am happy here, I have no concerns, it is a good service. I always recommend this company to my family members. It is great."
- Staff, people and their relatives' views had been sought through regular contact, surveys and quality

monitoring. We reviewed the results of the recent surveys and found on the whole people and relatives were pleased with the service. The provider was yet to fully analyse the results and follow up any negative comments.

- We received mixed feedback from people and their relatives in relation to the wider management of the service and the quality of care received. Comments included, "I don't think the management team is right clever as at times they are not very professional on the phone", "I wouldn't recommend them [service] in fact, I am thinking of leaving", "The staff on the phone can be rude", "I would recommend the service very much so. The staff have always been lovely" and. "I would recommend them [service]. There are a few small problems but nothing to worry about." We informed the registered manager of the mixed feedback who assured us they would address the concerns.

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; Working in partnership with others

- The registered manager understood their responsibility to let people and their relatives know if something went wrong under their duty of candour.
- The registered manager worked effectively in partnership with other health and social care organisations and networks to build connections and achieve better outcomes for people using the service. For example, the service had made referrals to other agencies to improve the people's wellbeing, such as a local deaf society and the moving and handling team.