Be Caring Ltd

Be Caring Tyneside

Inspection report

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16 February 2022

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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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Be Caring Tyneside is a large domiciliary care agency. Between December 2021 and February 2022, they supported 423 people each day. There are four distinct parts to the service, each with its own manager. They provide care and support to people living in their own homes; complex and palliative care; supported living schemes for people with a learning disability and/or autism and a short-term service primarily for people with autism.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
Most people received care when they needed it. Care plans contained information relevant to people's needs. Some risk assessments, related to the homecare service, were also either missing or did not contain sufficient information about how to keep people safe.

The provider had a structured approach to quality assurance. However, this had not always been effective in chasing up issues with risk assessments. There was a lack of management oversight of the COVID-19 testing arrangements to provide the required reassurance that staff were testing in line with Government guidance. The provider was implementing systems to address this.

People and relatives gave mostly positive feedback about their care and praised the staff providing it. They told us they felt safe accessing the service. They also knew how to raise concerns, if required.

Safeguarding concerns were reported and investigated. Staff knew how to raise concerns and felt confident to do so. Incidents and accidents were also investigated and action taken as a result. Medicines were handled safely, and the provider had effective recruitment practices.

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's needs had been assessed and this formed a baseline for developing their care plans. Staff had access to regular supervision and relevant training. However, not all staff said they felt supported. Staff supported people to have enough to eat and drink and to attend healthcare appointments, when required.

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.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Staff supported people to make choices and decisions about their care. People told us they were enabled to be as independent as possible. There were positive relationships between people and staff, with people confirming they were treated well and were involved in their care.

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 the service under the previous provider and premises was good, published on 17 June 2019.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

You can see what action we have asked the provider to take at the end of this 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 not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our well-led findings below.	**Good**

Be Caring Tyneside

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 and two Experts by Experience carried out this inspection. 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. It also provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had managers 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 arrange telephone calls with people using the service and we wanted to visit some services where people are often out. We wanted to be sure there would be people at home to speak with us.

Inspection activity started on 16 December 2021 and ended on 22 February 2022. We visited the location's services and office on 20 and 21 December 2021 and 16 February 2022.

What we did before the 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. 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. We used this information to plan our inspection.

We used the information gathered as part of monitoring activity that took place on 4 November 2021 to help plan the inspection and inform our judgements.

During the inspection
We spoke with 16 people who used the service and 12 relatives about their experience of the care provided. We received information and feedback from 16 members of staff including the operations manager, the registered managers and care workers.

We reviewed a range of records. This included 21 people's care records and multiple medication records. We looked at 10 staff files in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the management and safety of the service, including some policies and procedures.

Requires Improvement

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 good. At this inspection the rating has changed to 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

- The provider did not always assess and manage risks robustly. Although risk assessments were carried out, these did not always describe in detail the measures required to keep people safe from potential harm.
- Some risk assessments were missing or not done on time. A risk assessment for one person's serious health condition was not done until over six months after they started receiving care. Other risk assessments where staff could potentially be physically harmed had not been completed.
- The provider had plans to ensure people continued to receive care in emergency situations.

Preventing and controlling infection

- The provider did not always have robust systems to prevent and control infections, especially in relation to COVID-19 testing for staff. Some staff told us they were not consistently following the Government's guidance. They said they thought this was optional so they did not always take tests or register the results.
- The provider did not have effective oversight of the Covid-19 testing arrangements for care staff and could not provide reassurance staff consistently followed guidance. The provider was looking at options to provide the required assurances, which they plan to implement moving forward.
- Staff followed safe infection prevention and control (IPC) procedures when providing care.
- Staff used personal protective equipment (PPE) correctly and had access to the PPE they needed. One person commented, "They have good hygiene standards and wear masks and gloves when working."

Staffing and recruitment

- The provider deployed sufficient staff so that most people received care when they needed it.
- People receiving a homecare service did not always receive their support on time or for the planned duration, with many care calls being late or shorter than planned. This was partly due to staffing issues caused by the COVID-19 pandemic.
- The provider had taken steps to try and improve punctuality, but records showed this was still an issue. For example, in October 2021 51% of calls were planned without travel time between them. This meant if staff stayed for the full length of the call, they would be late for the subsequent call. In November 2021 this had improved to 46%.
- Although most staff gave positive feedback, some raised rotas as an area for improvement. One staff member commented, "To improve the care provided and to build confidence of the service users, promptness should be a key factor, but zero travel time is allotted." Health professionals also highlighted staffing issues had impacted on the consistency of people's care, along with many other care providers.
- The provider had robust systems to ensure new staff were recruited safely.

Systems and processes to safeguard people from the risk of abuse

● The provider had systems to help keep people safe. Most people and relatives told us they were safe with the staff providing their care. One person told us, "The staff treat me nice. I am happy living here."

● The provider dealt with safeguarding concerns appropriately. Previous concerns had been referred to the local authority and investigated.

● Staff understood the safeguarding and whistle blowing procedures. Most staff told us they would feel confident to raise concerns, if needed. One staff member commented, "I haven't had to use it but I think I would be able to approach the relevant people if there was an issue."

Using medicines safely

● Medicines were managed safely. People usually received their medicines on-time. One relative commented, "They all are trained in giving [family member] her medicine and using the nebuliser, all the medicine charts are correctly filled in."

● Staff kept accurate records which confirmed the medicines people were given. Senior staff checked these records and acted to remedy any errors made.

Learning lessons when things go wrong

● The provider used the findings from quality assurance audits to learn lessons. Individual incidents and accidents were investigated with action taken to address any concerns identified.

● Senior management reviewed incidents and accidents monthly to look for trends. This information was used to identify areas for improvement.

Good

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 good. The rating for this key question has remained 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 need had been assessed to determine their care and support needs.
- The provider was looking at a new format for completing needs assessments as the current checklist did not provide the opportunity to record people's views about their care.

Staff support: induction, training, skills and experience
- Staff accessed the training and support they needed. Training records showed most training was up to date. Where this was overdue, the provider was aware and had taken steps to address this.
- Staff received regular supervision from their manager. Although most staff said they felt supported, a small number told us they didn't feel supported. This was consistent with the findings from the last staff survey. The provider had developed an action plan, which included measures to improve staff wellbeing.

Supporting people to eat and drink enough to maintain a balanced diet
- People were supported to have enough to eat and drink, in line with their preferences. One person said, "We choose what we want to eat. We sit down and talk about the menu."
- Staff had access to care plans, which described the support people needed with eating and drinking.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
- Staff supported people to access healthcare services when needed. One person said, "[Dr's name] comes, she has to see me. She was here a couple of weeks ago. I told her everything I could think of to tell her."
- Care records provided information about the health care professionals involved in people's care. They also confirmed what input people had received to help them stay healthy.
- Feedback from health professionals was mostly positive. They described how staff were skilled, knowledgeable and motivated to carry out their recommendations to improve people's care.

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 followed the requirements of the MCA. Appropriate authorisations were in place or being applied for in relation to restrictions placed on people.
- People told us they were supported to make decisions about their care and their choices were respected.
- Some people had weight charts and/or food and fluid charts. However, consent arrangements and the rationale for having these were unclear. The provider told us they were planning to review this situation.

Good

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 our last inspection we rated this key question good. At this inspection the rating has remained good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence
- People confirmed they were treated with dignity and respect. One person said, "It is really nice, I like the staff. I am treated nicely."
- Some people did not always receive care when they wanted it or for the length of time they requested. This was due to difficulties with staffing and rota management. The provider had reviewed all instances where this had happened and was working with others to address people's concerns.
- People were supported to be as independent as possible. One person commented, "I can come and go as I please. I go for walks."

Ensuring people are well treated and supported; respecting equality and diversity
- Although some people, relatives and staff had concerns about rotas, most people said they received good care.
- People and relatives commented on how kind and considerate their care staff were. They said, "The staff are all really kind and so caring towards [family member}. They are just lovely with her and anything we ask they do it so graciously. They are wonderful for [family member]."
- Where people had settled staff teams, they had developed positive relationships. One person commented, "We have such a special bond with (staff member). We have one-to-one time [with staff], six times a week. We go to the shops, have a chat, play scrabble."

Supporting people to express their views and be involved in making decisions about their care
- People were supported to speak up and make decisions about their care. One person commented, "I can make my own decisions." They went on to tell us about how they were involved in decorating their room.
- Some people had relatives and advocates to support them with decisions.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- Planned care was personalised to the needs and preferences of most people. Care plans detailed what support people required from care staff.
- Care records contained information to enable staff to have a holistic view of each person they care for. This included information about areas where people did not require support.

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.

- The provider followed AIS requirements. Staff showed a good understanding of people's communication needs. They used this knowledge to help people make day-to-day decisions about their care.
- People had communication profiles which described the support they needed to communicate effectively. Information was available in different formats, such as easy read and pictorial.

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

- Staff supported people to engage in meaningful activities and to maintain contact with others. One person told us, "I am going to do colouring today. We have a chill room, we do colouring in and arts and crafts. I've been making cakes."
- Another person described how staff helped them to keep in touch with family. They said, "I am going to family for Christmas Day. I had a birthday party in the garden. Family came, so did staff and people here."

Improving care quality in response to complaints or concerns

- The provider responded appropriately to complaints and concerns. They had a structured approach to dealing with complaints, which meant they were investigated and action taken to address the concerns.
- Complaints were analysed periodically to review the action taken and to learn lessons. However, it wasn't always clear from the analysis the subject of the complaint made.

End of life care and support

- The provider ensured people received end of life care in line with their wishes. Many relatives had complemented the provider for the care and support shown to them and their family members through

difficult times. They described how the care and compassion care staff had shown were a support to all.
- People had care plans which described how they wanted their end of life care provided.

Good

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

Continuous learning and improving 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

- The provider had quality assurance systems which consisted of a range of checks and audits. This was intended to be a way of analysing information and identify learning. However, these systems had not identified some shortfalls relating to risk assessments relating to the homecare service. The provider accepted these needed addressing immediately.
- The provider lacked oversight of the COVID-19 testing arrangements, which meant they could not be sure staff were following the guidance in place at the time. The provider agreed to implement a simple system to check compliance moving forward.
- Although most people received their care when they needed it, rotas for the homecare service confirmed some people did not receive their care when they wanted or needed it. The provider acted to address this and had made progress. This included working with partners to review people's care needs to ensure calls were appropriately planned.

Working in partnership with others

- The provider worked with local commissioners and health services with an aim of promoting good outcomes for people. Feedback described the provider as responsive and engaging positively when needed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered managers were proactive in submitting to the Commission the required notifications following significant events at the service, such as for incidents and accidents.
- Most people, relatives and staff felt the registered managers were supportive and approachable. One relative said, "I would say most of the time it's well managed and we know who manages the agency. Sometimes it can take a while to get through on the phone but if we leave a message, they always ring us back."

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

- There were opportunities for people and staff to offer feedback about the service. People and relatives told us they were invited to reviews to discuss their care and suggest changes. One relative commented,

"Every two weeks a supervisor turns up and does a spot check. We also have feedback calls, it more like a conversation about how things are going which is really helpful to us all."

● Surveys were sent to people, relatives and staff to gather views about the service. The provider acted to make positive changes.