BeeAktive Care Limited

BeeAktive Care

Inspection report

16 Anerley Business Centre
Anerley Road
London
SE20 8BD

Tel: 02086765622
Website: www.beeaktive.co.uk

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Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

This was the first inspection of the service since the provider registered with the Care Quality Commission (CQC) in July 2017. This inspection took place on 10 and 17 July 2018 and was announced. We gave the provider 48 hours' notice of the inspection visit because the registered manager could be out of the office supporting staff or providing care. We needed to be sure that they would be available.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. The agency provides a service to adults with physical disabilities and older people, including people living with dementia. The agency also had a contract to provide people with additional support on discharge from hospital. Not everyone using BeeAktive Care Limited receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection 20 people were provided with personal care by the agency.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider completed recruitment checks on staff but these needed to be more robust to help ensure that the right people were employed to provide care for people. This meant there was a lack of management oversight with staff recruitment as the provider had not identified the shortfalls we found at this inspection. The registered manager sent us an action plan after the inspection which showed they had taken appropriate steps to improve this.

There were enough staff and people felt safe with the staff who supported them. Staff knew how to recognise and report any concerns they had about people's care and welfare and how to protect them from abuse. Risks were identified and managed effectively to protect people from avoidable harm.

People were fully involved in making decisions about their own care and received a comprehensive assessment before they started using the service. Assessments considered whether people had any needs in relation to their disability, sexuality, religion or culture and these were incorporated into care plans if required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The support provided was person-centred and flexible, taking into account peoples' preferences and individual circumstances. People's care needs were regularly reviewed and their care plans updated to reflect any changed needs.

People were supported by regular staff who were appropriately trained and supervised. Management observed how staff cared for people in their home to ensure their practice was safe and people received the support they needed.

People told us they were always treated with dignity and respect. The service had received many written compliments that praised the staff and management team for the quality of the care provided for people.

Staff supported people to maintain and develop their independence and follow their interests and hobbies.

People were supported with their dietary and health needs. Staff took prompt action when people became unwell or were at risk from poor nutrition. They consulted other healthcare professionals to ensure that people received the additional support they needed. Medicines were managed safely and people had their medicines at the times they needed them.

The service was well managed. The registered manager was supported in their role by a deputy and administration staff. Staff felt well supported, recognised for their work and involved in the running of the service.

Quality assurance systems were in place and the provider had plans to refine roles and responsibilities in relation to monitoring the quality and safety of the service. The agency had effective links with external organisations and health professionals.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not safe. Recruitment processes required further improvement to help ensure that staff employed were of good character and suitable for their roles.

People were protected from the risk of abuse. People had confidence in the service and felt safe when receiving support.

Individual risks to people's personal safety were assessed and plans were in place to minimise these. Staff understood their responsibilities for reporting accidents, incidents or concerns.

There were enough staff deployed efficiently to meet people's needs.

Is the service effective?

Good

The service was effective. The provider assessed people's needs and choices for care and support. People and their relatives or representatives were fully involved.

Ongoing training, support and guidance gave staff the skills and knowledge they needed to support people effectively.

People received the necessary support to eat and drink in line with their preferences and needs. Staff worked with outside agencies to support people's health and wellbeing.

Staff understood the principles of the Mental Capacity Act 2005 and upheld people's rights. People were encouraged to make their own decisions and remain in control of the support they received.

Is the service caring?

Good

The service was caring. People were positive about the care they received and felt staff were kind and caring.

People were individually involved and supported to make choices about how they preferred their agreed day-to-day care. People and their relatives were consulted about their assessments and involved in developing their care plans.

People's rights were upheld and staff provided care with dignity and respect.

Is the service responsive?

Good

The service was responsive. People and their relatives were involved in their assessments. Changes in people's needs were recognised and appropriate prompt action taken, including the involvement of external professionals where necessary.

People felt the service was flexible and based on their personal wishes and preferences. Where changes in people's care packages were requested, these were actioned.

People were encouraged to express their views about their care and support. People and their relatives were aware of the complaints procedure and had confidence that the provider would respond to any concerns raised.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led. Systems were used to assess and monitor the quality of services that people received. However, these had not been used effectively to identify the shortfalls with staff recruitment.

The registered manager was committed to implementing best practice and driving improvements. Staff felt supported and worked together as a team.

The service regularly encouraged feedback from people receiving support as well as their families or representatives.

The agency offered an organised service and provided flexible and responsive support.

BeeAktive Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

This inspection took place on 10 and 17 July 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

This inspection was carried out by one inspector.

We visited the office location on 10 and 17 July 2018 to see the manager and office staff; and to review care records and policies and procedures. We reviewed eight people's care records to see how their care and support was planned and delivered. We checked employment records for five staff members and training and supervision records for the staff team. We also checked other records relating to the management of the service. These included staff allocation records, quality assurance audits, minutes of meetings, findings from questionnaires that the provider had sent to people and relatives, complaints and accident/incident reports.

Following our visit, we spoke by telephone with three people who used the service and four people's relatives to obtain their views about the care provided. We also contacted a healthcare professional who was involved with the service. They agreed for us to use their feedback and comments in our report.

After our inspection, the registered manager sent us additional information we requested in relation to training for staff and quality assurance. The registered manager also sent us an action plan which outlined development objectives for the service.

Requires Improvement

Is the service safe?

Our findings

The required recruitment checks had not always been undertaken before staff began work. There was a risk of people using the service being supported by unsuitable staff. Application forms and information about the applicants' previous employment history was incomplete for three members of staff. In one file, an employment reference requested by the provider did not correspond with the most recent employer on the staff member's application form. In another staff member's file, a reference had not been obtained from their most recent employer. References were not always stamped to confirm the authenticity of the referee or confirm whether the applicant had worked previously in a registered care setting. For three of the staff, references had been requested from another agency who provided training for staff working at BeeAktive Care.

We noted that other recruitment checks had been completed appropriately. There was confirmation of a criminal record check and staff only commenced in post once this had been undertaken and received. Records showed that people's identity had been verified and the provider checked a person's eligibility to work in the United Kingdom where relevant. Interview notes, a health declaration and copies of qualifications and training certificates were also available on staff files.

When we returned for our second visit, the registered manager provided written evidence they were taking action taken to address the shortfalls with recruitment. Missing references had been obtained and employment histories verified with the relevant members of staff. A member of the office staff was also in the process of checking all other staff records to confirm that they had been recruited correctly.

The above issues meant the provider's staff recruitment processes were not robust enough. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe with the staff and the care provided. Relatives shared similar views that staff kept their family members safe. One relative told us their family member was prone to falls and felt comforted that staff always called for an ambulance and accompanied the person to hospital.

People were supported by staff who understood their responsibility to protect people from possible abuse. Staff attended safeguarding training as part of their induction and updated this every year. The provider had appropriate policies and procedures for responding to concerns of suspected abuse. Information in the PIR supported what we found and what staff told us.

Risks to people's safety had been assessed and guidance was available within people's care plans for staff to follow. These provided care staff with information on how to manage and minimise any identified risks. Assessments considered risks in people's homes and were matched to the person's assessed needs. For example, those involving moving and handling, mobility, washing and dressing and taking medicines. Where appropriate, there were risk plans and arrangements in place on home security and for managing people's finances.

Staff wore an identity badge and were issued with a staff handbook that included telephone numbers for emergencies. We reviewed accidents and incidents that had been reported by staff. Records showed that appropriate action had been taken, for example by seeking the advice of an external healthcare professional.

People told us they had regular carers who were punctual and stayed for the expected length of time. One person said, "I've stayed with one person [name of staff], she's really listened and is very good. She travels by public transport and will ring if running late." Another person told us, "They tell me who is coming, when and at what time." The service used an electronic scheduling system to plan people's visits, allocate staff and to monitor and ensure all calls were being attended in a timely way. Staffing was maintained at a level that safely met people's needs. The registered manager gave examples where they had not accepted referrals due to staff capacity.

People told us they received their medicines as prescribed. Where people could self-administer medicines, they were supported to do so. One relative said, "The carers manage them [medicines] well." The care plans contained a list of people's prescribed medicines, any allergies, the dose and what time of day they needed be taken. Information about the level of support people needed in respect of their medicines was recorded and signed as agreed by the person. Staff reported in people's records when medicines had been given and signed a medicine administration record [MAR] to confirm this.

Staff were provided with training in the safe handling of medicines which was refreshed every year. They were not allowed to administer medicines until their competency to practice had been assessed by the registered manager. This involved three separate observational assessments before they were deemed safe to administer medicines.

People were supported by staff who understood their responsibility to protect people against the spread of infection. Staff received training on infection control and food hygiene safety as part of their induction. Management checked they followed procedures and safe practice through observational checks. For example, checking that staff washed their hands and used disposable gloves and aprons when supporting people with personal care.

Good

Is the service effective?

Our findings

People we spoke with confirmed they were asked about their personal care and support needs from the start. Social, physical and health needs were assessed to establish what support each person needed before they received a service. The registered manager or deputy completed an assessment and where people were referred by the hospital discharge team, assessments were received from them. This enabled the service to check they had the necessary resources to deliver the right support. Together these provided good information about the person, their needs and wishes and reasons for needing homecare.

People receiving care and their relatives, sometimes acting on their behalf, had been involved in their assessments and the care planning process. The care records were signed by people or their relatives indicating their agreement and included the chosen frequency and times of calls.

People received support from staff that had the knowledge, skills and management support to carry out their roles and responsibilities effectively. Staff benefitted from a well-planned induction and ongoing training provision. Newly recruited staff completed an induction programme that met the requirements of the Care Certificate Standards. These are a nationally recognised set of standards that give staff an introduction to their roles and responsibilities within a care setting.

Following induction, staff completed a probationary programme over 12 weeks. During this period new workers completed all mandatory training and a number of service-specific assignments through e-learning, classroom or distance learning. Training included health & safety, infection control, fire safety, emergency first aid, food safety & nutrition, moving & handling, medicines administration and safeguarding.

Staff training reflected the individual needs of people who used the service and included courses such as dementia awareness and the management of pressure ulcers. The agency organised practical training for staff on how to transfer people safely and use mobility equipment appropriately. This was arranged with a physiotherapist and an occupational therapist from the local authority. The registered manager told us she was organising for a community nurse to provide staff with training on stoma care so they would be able to support someone with these specialist needs, should the need arise.

Staff received regular supervision and an end of year review to discuss their performance and practice. Supervision included observational checks on practical tasks. This was to make sure support provided by carers was correct and consistent with people's agreed care plans. Records of supervision meetings included discussions about people's care and support as well as individual learning or development needs for staff.

People were supported to maintain their health and receive appropriate health care support. Relatives told us that staff understood their relations' health needs and responded appropriately. Staff had contacted people's GPs on their behalf when they identified health concerns. The service had good links with other external health professionals, such as community nurses, occupational therapists and physiotherapists. People's care records contained clear guidance from health professionals to ensure effective support.

People received the support they required in relation to eating and drinking. A relative told us, "Carers give [my relative] a choice of meals, whatever he wants." Individual care plans explained the support they required with food and drink, including their preferences, for staff to refer to. At the time of our inspection, the registered manager confirmed that none of the people using the service were assessed as being at risk of malnutrition or dehydration. Charts were available for staff to record and monitor people's food and fluid intake if the need arose.

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. The application procedures for this for people living in their own homes are through the Court of Protection. We checked whether the service was working within the principles of the MCA.

Staff were aware of the principles of this legislation and the importance of giving people as much choice and control over their decisions as possible. One person had chosen not to sign their care plan as they were happy with the support they received and felt they didn't need to. This decision was reflected in their care records. Other care plans reminded staff to always gain consent before supporting the person with a care task and explained the reasons where people were unable to consent. Records showed that people were asked for their consent about taking medicines, sharing personal information and their agreement to home care.

The registered manager understood what to do when a person lacked mental capacity to make a particular decision. This included arranging a meeting with the person's representatives to ensure all decisions were made in their best interests. At the time of our inspection, no applications had needed to be made to the Court of Protection.

Good

Is the service caring?

Our findings

People experienced a caring service and their feedback told us that staff treated them with kindness and respect. People's comments about staff included, "They respect me, absolutely, and will always ask if I need anything" and "They always greet me in the morning, ask what I watched on TV." Relatives were similarly positive about the conduct of staff. One relative told us, "Staff seem caring and concerned." A second relative described staff as "superb" and said, "Overall an excellent service." Another relative commented, "They're kind, really good to us." A healthcare professional described the registered manager as "very caring" as she would feedback if a person required more care calls or was able to cope with less calls. They said the registered manager contacted them if the person's home required a deep clean or if there was a lack of food in the house. They told us, "Nothing seemed to be too much trouble."

People's care plans included information about their likes and dislikes and people who were important to them. This gave guidance to staff about how people enjoyed spending their time and what made people happy or unhappy. Staff wrote clear care notes after each visit. These recorded what the person did that day and how they were feeling, the support they received and any changes in their health or wellbeing. Examples included, "[name of person] looked very cheerful and lively today" and "Sometimes we go outside to plant flowers as [person] loves flowers so much."

People and their relatives told us staff had developed positive relationships with them. The agency provided a live in carer service and relatives using this service told us they valued having regular carers who helped support the family as a whole. For example, providing companionship for their loved ones and supporting people with their meals or care needs when relatives were unavailable. One relative described their carer as "efficient" and told us, "They do what they need to do."

The service had received a number of compliments about the conduct of staff and standards of care. This included people's feedback provided to the hospital discharge team. One person had praised their carer for their "very efficient and caring" approach and said, "I don't know what I will do without him." As a result of their experience of the hospital discharge service, people told us they had continued their care arrangements privately with the agency.

Staff supported people to maximise their independence, remaining in control of their care and making choices about the support they received. One person told us, "I just need help with personal care, they will ask if I need anything else." People's care records contained guidance for staff that explained what level of support the person wanted and how they should encourage people to do things for themselves.

People's privacy and dignity was respected and promoted by staff. One person told us, "Yes, they are very respectful of my privacy." A relative said, "They [staff] always shut doors, for example, when [my relative] is using the commode." People were given choices about whether they wished to be cared for by male or female carers and staff were matched to people's individual needs and preferences. We saw records to support this. Staff had received training on dignity, respect and person centred approaches as part of their induction.

People's private information was kept confidential and secure. Written records were stored securely when not in use. Computer records were password protected so that they could only be accessed by authorised members of staff. Staff had been given training and guidance about how to manage information in the right way so that it was only disclosed to people when necessary.

Good

Is the service responsive?

Our findings

People received a responsive service that met their needs. People told us they received their visits at the right time and they were supported by regular staff who were familiar to them. One person told us, "Anything we ask for, they [staff] do." Relatives told us how they valued having the same carers as they understood their family members' needs and routines. A healthcare professional from the hospital discharge team told us, "The communication between us is very regular and thorough with [name of registered manager], who would contact [the team] if she felt further information was required."

People told us their care arrangements were adjusted to suit their needs. For example, times of visits could be altered or extended if people's needs had changed or they had other arrangements. We saw correspondence where carers had to be changed or the time of a call had to be altered. One relative complimented the agency for promptly arranging a live in carer due to an urgent family situation.

The care plans directed staff on how to meet people's needs and keep them safe. They stated where the person was independent and where support was needed. People had a review of their care needs shortly after starting the service and every two months or sooner depending on whether their needs changed. This helped ensure the care provided was still in line with people's preferences. Although there was up to date information about people's needs and choices, we found not all people's records were as personalised as they could be. Details about people's background history, their interests and social needs had not always been recorded. Following our inspection, the registered manager sent us an action plan to show how this was being addressed.

Staff told us they contacted the office if they had any concerns, including reporting changes in people's mental and physical well-being. Staff involved other agencies and professionals as they were needed in response to people's changing needs. For example, occupational therapy (OT) assessments had been arranged for people where their physical needs had changed or deteriorated.

The registered manager was aware of their responsibility to meet people's communication needs where those needs related to a disability, impairment or sensory loss and provide accessible information. The PIR told us, "Care workers have been taught how important it is to communicate and flag up issues so it can be dealt with as soon as possible. We work with other multidisciplinary teams who are involved in the care of the clients. Any issues identified during assessment is shared with other health and social care professionals involve with the clients care. We also ensure that clients where English is not their first language are taken into consideration when sharing information with them. We can refer them to language services to request for a translator."

People's care records included information about their communication needs and how staff should meet these. One example for a person with hearing loss explained, "Carers to speak loudly and clearly for [person] to be engaged in conversation as well as maintain effective communication."
People were provided with written information about the agency, the services available and the costs. We noted the wording in people's individual contracts about fees contained legal language that they may not

understand. In addition, the information was not available in an accessible format such as large print. The registered manager acknowledged that people may require the information in another format and agreed to review this. She confirmed that the agency was able to produce information in alternative formats and languages if required.

People's rights were upheld and they were protected from discrimination. The agency considered people's diversity, values and human rights and worked closely with people and their families to understand and meet their preferences. Any needs in relation to people's disability, sexuality, spirituality or culture were identified during the initial needs assessment and described in the care plan. All staff undertook equality and diversity training prior to supporting people in their home. The registered manager and deputy shared examples of how they had supported people with specific needs. For example, allocating carers who could speak with the person in their preferred language. The registered manager also held regular staff meetings to address issues on Human Rights principles.

People were provided with information about how to make a complaint at the start of the service. None of the people or relatives we spoke with had needed to raise a complaint and felt confident any concerns would be responded to and dealt with. The registered manager confirmed in the PIR that time keeping had previously been a theme for complaints but this had since improved. The PIR told us, "We ensure the clients we take on are easy to reach in terms of accessibility. We have two field supervisors on each day floating to assist any carer who is running late with their calls. All carers are advised to contact the field supervisors when running late." During our inspection, we saw evidence of this. There was a record of complaints and concerns and how these had been dealt with. There had been one complaint since the service registered. Records confirmed this was resolved and the complainant provided with a written response to their concerns.

At the time of our inspection there were no people supported by the service who were nearing the end of their life. The registered manager had arranged end of life care training for staff to give them the required skills to support people and their families, should this be needed in the future.

Requires Improvement

Is the service well-led?

Our findings

The provider had systems to monitor the quality and safety of the service although we found these were not always used effectively. There had been a lack of oversight with staff recruitment in making sure that the correct checks had been undertaken. This could have an impact on the quality of care and support people received. The registered manager acknowledged there was a risk of employing unsuitable staff and took appropriate steps to strengthen the recruitment process.

We found other governance systems were effective. People's care plans and risk assessments were regularly reviewed for accuracy. Daily care notes completed by staff were reviewed by supervisors every two weeks. This allowed them to check that people received their agreed care and support. Records of accidents and incidents were completed and read by management to check that sufficient action had been taken to reduce the risk of reoccurrence.

The agency used an electronic activity monitoring system to help ensure they had accurate and timely information about late or missed calls. The system also highlighted when people's care plan reviews were due and that staff were up to date with their training.

Arrangements were in place to monitor staff members' performance and identify training or development needs. Management observed staff in their working practice to check that people were receiving the care and support they needed. Staff we spoke with confirmed these checks took place and there were records to support this. Comments on records were positive about staff conduct and learning. They included, "[Staff member] was showing person centred support", "Excellent communication between carer and client" and "[Staff member] has done well with communication and report writing."

There was a management and staffing structure in place that provided clear lines of accountability, including administrative support. People and their relatives spoke positively about the registered manager and told us that they could always contact the office. One person said the agency was "a good operation" and described the manager as "very efficient."

The registered manager was experienced and demonstrated effective leadership. During both our visits, communication between members of staff was efficient and promoted good teamwork to ensure that people received their care visits as agreed. There was a welcoming atmosphere in the office and staff were courteous and polite when responding to telephone queries from people or relatives. Staff felt supported by the registered manager and able to discuss any issues.

People were involved in how the agency was run and were able to influence change. People and relatives told us the registered manager and staff visited and often telephoned them to check if they were happy with the care and support. They were also asked through questionnaires to comment s on the quality of the staff and reliability of services they received . Records supported what people told us and showed the provider responded to their feedback. For example, to improve the timeliness of calls, the agency provided transport for carers and allocated two staff [field supervisors] each day to cover unexpected absence or to assist with

delayed calls.

Staff meetings were held every month. These enabled staff to share information, develop or refresh their knowledge and skills and keep updated with current practice. At recent meetings, staff had recapped on medicines administration and hand hygiene training. The registered manager had also discussed well being with staff and planned to introduce staff ambassador or champion roles. This meant a nominated member of staff would have responsibility to oversee that other staff were following best practice. Examples included infection control, dementia care and food hygiene. The provider had introduced a recognition scheme for when a member of staff had gone beyond expectations in their role. Staff were nominated for 'best carer of the month' and staff told us this had had a positive impact on their work.

Policies and procedures were detailed, gave appropriate information to staff, people using the service and their relatives and had been updated in April of this year. There was a system in place for ensuring staff had read and understood them.

The service worked in partnership with other professionals and external organisations. A representative from the hospital discharge team told us, "Overall I can confirm our experience of working with BeeAktive was a positive one with [registered manager and deputy] plus a couple of other members of staff, always upbeat and positive with a 'can do' attitude." They told us that although the team had not witnessed any care being provided, they attended meetings with the registered manager and were impressed with the manager's knowledge of people, their needs and type of care package the person required.

The provider had arrangements for keeping up to date with best practice and looking at ways to improve their services. The registered manager attended learning events at forums run by the local authority and information from these was shared with staff through meetings and correspondence. They also accessed the CQC website for latest guidance and updates.

The registered manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to CQC and had systems in place to do so should they arise.

This was a new agency and the registered manager knew what was required to develop the service. The PIR provided clear information about what improvements had taken place or were planned. Our findings from this inspection corresponded with what the provider told us in their PIR.

We visited the service on two separate days and on the second day the provider had already made changes in response to discussions at our first visit. For example, they had put further checks in place to assess the suitability of staff before employing them. The registered manager also sent us an action plan with clear information about further improvements planned in the next six months.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered provider had not ensured that persons employed for carrying on of a regulated activity must be of good character. Regulation 19(1)(a). The registered person had not ensured that the specified information in schedule 3 of the regulations was available in respect of staff employed for the purposes of carrying out the regulated activity. Regulation 19 (3)(a).