

Beverley Martins Limited

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Inspection report

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Date of inspection visit:

05 October 2020

06 October 2020

08 October 2020

27 October 2020

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Beverly Martins Ltd is a domiciliary care agency which provides personal care and support to people living in their homes. 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.

At the time of our inspection the provider was supporting 135 people in the London Boroughs of Lambeth, Lewisham and Croydon.

People's experience of using this service

The provider had improved the way it assessed and mitigated risks to people's safety and wellbeing. Systems were in place to safeguard people from abuse or harm. People's medicines were being managed safely by trained staff.

The provider had improved the care plans which now contained detailed information about people's health and social care needs. People and their representatives were actively involved in the formation and review of their care plan. Staff ensured people's nutrition and hydration needs were safely met. The provider ensured staff received training and ongoing support.

People told us they received care from familiar staff who understood them well and staff were kind and caring. We received comments such as, "I have lovely carers who come four times a day" and "Staff always so nice, very caring, very tidy and top-class." People's privacy and dignity was upheld. Staff helped maintain people's independence wherever possible and care plans contained good information to ensure staff worked in a consistent way.

The provider had improved the quality assurance processes to ensure the service was run effectively and safely. We received positive comments from people receiving care about the management of the service. People told us, "I would recommend Beverly Martins, the staff are all good and well trained" and "Yes, they are very good people. I wouldn't be here without them." The provider worked with a range of health and social care professionals to achieve positive outcomes for people receiving care. Recruitment processes did not fully meet current requirements We have made a recommendation about the recruitment policy.

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

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 24 April 2019) and there were multiple breaches of regulation. 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 based on the previous rating. The overall rating for this service has changed from requires improvement to good.

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?

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Beverley Martins 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 one inspector and two experts 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 houses and flats and specialist housing.

At our previous inspection there was no registered manager in post. The service now 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 started on 5 October and ended on 27 October. We visited the office location on 8 October.

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 authorities and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report.

During the inspection

We reviewed a range of records including 15 people's care and medicine records and eight staff files in relation to recruitment, training and supervision. We also reviewed accidents and incidents, complaints and safeguarding records.

We spoke with 18 people who received care and 14 relatives. We also spoke with 12 members of staff including nine care workers, the finance director, the registered manager, and the nominated individual. The nominated individual is responsible for the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We reviewed samples of electronic call monitoring (ECM) data for 10 people. We gathered feedback from four health and social care professionals who worked with the provider to plan care and support.

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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

At the previous inspection the provider had failed to robustly assess the risks relating to the health and safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) 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 12.

- At the previous inspection we found risks to people's safety were not appropriately assessed and mitigated. The provider had made significant improvements in this area and we found risk assessments considered a wide range of risks and contained clear guidance for staff to ensure they understood how to support people safely.
- Where people had limited mobility there were good examples seen regarding moving and handling risks and guidance for staff to follow to ensure they kept people safe when using mobility equipment.
- We received positive feedback from people about how the service was keeping them safe. People told us, "Yes of course I feel safe with [carer]" and "I can go to work and relax knowing that he is in safe hands."
- Care plans contained environmental risk assessments of people's homes to identify any potential hazards to people's safety. The risks associated with the use of flammable emollient creams had been assessed. The provider had referred people for a London Fire Brigade check where they had concerns the person was at risk of being harmed in a fire in their home.

Staffing and recruitment

- Staff were employed based on skills, experience and personal values. Checks carried out before new staff started included people's right to work in the UK, references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS provides information on people's background, including convictions, to help employers make safer recruitment decisions.
- The provider used an Electronic Call Monitoring system (ECM) for one local authority contract where care workers logged in and out of their visits through the person's landline. The provider was planning on implementing a similar system for the other local authority contracts.
- ECM data we reviewed showed people received care visits as planned and people we spoke with confirmed this. We received comments such as, "Yes, no missed calls. I don't have that problem" and "Carers are always on time even if they're running a little bit late, I don't have to wait long before they arrive. They don't rush me."

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding of safeguarding procedures. They knew who to inform if they had any concerns about abuse or safety and how to escalate their concerns if they were not satisfied their concerns were being taken seriously.
- The registered manager was aware of their responsibility to report safeguarding concerns to relevant organisations including the local authority and CQC. The provider conducted investigations into allegations of abuse or neglect and shared findings with the relevant local authority.

Using medicines safely

At our last inspection we recommended the provider consider current guidance on administering medicines and act to update their practice. The provider had made improvements.

- Staff supported people to take their medicines safely and this was confirmed by feedback we received. People told us, "My carer puts the medicine in a container and gives it to me and checks to make sure I've taken it" and "Yes, they dispense the medicines, no problems with that."
- Staff who supported people to take their medicines had completed appropriate training and had been assessed as being competent in this area.
- A senior member of staff checked people's medicine records regularly to ensure staff were following the correct procedure. Samples of medicine administration records (MARs) we reviewed had been audited and actions taken where there were discrepancies. An external pharmacy consultancy also did audits of the medicine procedures and gave recommendations for improvements.

Preventing and controlling infection

- Staff had access to personal protective equipment such as gloves and aprons to prevent the spread of infection. People told us that staff observed safe hygiene practices when carrying out care and support. We received comments such as, "Yes, they come with masks and gloves and aprons" and "[the carer] always wears face mask and gloves. If the gloves break they are always replaced straight away."
- People receiving care were given information on how to keep safe during the pandemic. One person told us, "I've had a few letters about COVID-19 from the company."

Learning lessons when things go wrong

- There were systems in place to record accidents and incidents. Staff understood their responsibility to report these to the registered manager who ensured all necessary steps were taken to maintain safety after incidents occurred.
- The manager produced 'lessons learnt' reports after significant events to analyse the root cause and ensure measures were put in place to reduce the risk of reoccurrences.

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 has now improved to 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

- Initial assessments of people's needs were completed by the local authority and the provider, and care plans put in place to meet these.
- People told us they were involved in the formation and review of their care plan, which met their needs. We received comments such as, "In September they came to update [the care plan] because I went through it with them" and "At one time I was helped to bed at 7 o'clock in the evening I felt this was too early and asked for a later time. I asked to try 8 o'clock and the carers came then."
- The provider considered people's cultural and religious needs when conducting assessments. People could choose which staff supported them. This had been done with respect to the wishes and rights of both people and care staff. For example, people had been allocated a staff member from a similar cultural background so they would understand their language, cultural practices and cultural foods better.

Staff support: induction, training, skills and experience

- At our previous inspection we found the provider did not consistently ensure that care staff received the support and training they needed to conduct their roles. The provider had made improvements and people told us they were confident in the skills and abilities of their care workers. We received comments such as, "They are well-trained, they know how to move [family member] without distressing them, any issues they let me know" and "I couldn't do better than these carers."
- New staff had a comprehensive induction and probation period which included the completion of the Care Certificate, which is an identified set of standards that health and social care workers adhere to in their daily working life. One member of staff told us, "the Induction with the registered manager was very good. I came to the office for training for four days. After that I had to shadow a few carers for two or three days. Very thorough."
- The provider took prompt action when gaps in the staff's skills were identified. One professional who had recently worked with the service to review a person's moving and handling guidelines told us, "Gaps in skills were quickly identified and resolved by the provider through one to one training."

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

At our previous inspection we identified concerns in relation to people's nutritional needs. This was a breach of regulation 14 (Nutrition and hydration) 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 14□.

- People's fluid and nutrition needs were now being safely met. People told us they were happy with the way they were supported to prepare food and drinks they liked and were safe for them to eat. One person told us, "[Care worker] cooks the food I like, things like yam and sweet potato, leaves grapes beside my bed. She always makes sure that I don't have too many sweet dishes because of my diabetes."
- The provider monitored people's food and fluid intake where they identified people were at risk of dehydration or malnutrition.

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

At our previous inspection we found the provider was not always supporting people effectively with their healthcare needs as care records contained limited information for care staff. This was a breach of regulation 9 (Person centred care) 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 9.

- The provider had improved care records which now contained detailed information about people's medical history, current medical diagnoses, and information about how these affected them. We saw information on health conditions such as sepsis, diabetes and stroke which explained what the signs of these conditions were and what action staff should take if they observed any possible symptoms.
- The provider liaised with healthcare professionals where there were concerns about people's health. People told us staff supported them to get the appropriate medical support when they needed it. We received comments such as, "When (family member) complained of a pain in his side the carer called the doctor and escorted him to the doctors, I was kept informed" and "As soon as the carer found me when I fell over they called an ambulance and stayed with me until the ambulance arrived. They contacted my son straightaway."
- The provider worked with other health and social care professionals to ensure people's care needs were fully met. Staff liaised with professionals such as social workers, occupational therapist and physiotherapists when people's needs changed. One professional who worked with the service told us they had achieved "A satisfactory outcome for someone through joint working with the provider."

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.

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 now working within the principles of the MCA.

- At our previous inspection we found the provider did not always ensure that people were supported to make their decisions in accordance with legislation and guidance. Care plans now included detailed information about people's ability to make decisions about their care and support. People who were able

had signed to show they had consented to the care and support package.

- Staff received MCA training and understood their responsibilities in relation to protecting people's rights. Staff respected people's choices and asked for their consent before providing care and support. One staff told us, "We just had mental capacity training. We always offer choices and get permission before doing anything."

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 requires improvement. At this inspection, this key question has now improved to 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

- At our previous inspection we found people were not always supported by regular carers. The provider had improved in this area and people told us they were supported by familiar staff who understood their needs well. We received comments such as, "Yes, I have already let them know I don't want different people coming in" and "I always have the same man. Very friendly."
- People told us that staff were kind and caring. We received comments such as, "We have a lovely relationship, I feel very comfortable with them, they treat me with kindness" and "Yes, they are very nice people, they show me a lot of kindness."
- The provider respected people's equality and diversity. Care plans contained information about people's religious and cultural needs and staff gave us examples of how they adapted their approach to meet people's different needs. We saw examples of care plans which gave staff detailed guidance on how to support people with daily religious observances.

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

- At our previous inspection we found care plans contained limited personalised information about their care needs. The provider had made improvements and care plans contained detailed information about people's personal routines and preferences. There was a written record of people's history, likes and dislikes and personal interests and hobbies to give staff a broad understanding of the person.
- People and their relatives were now regularly involved in the planning and reviewing of their care. We received comments such as, "The manager came to see me and [family member] and between us we decided what had to be done" and "The supervisor from the agency comes and reviews and updates my care plan with me every three months."
- Staff told us how they supported people to make everyday choices. One member of staff said, "You have to change the way you give choices depending on the individual. It's all about getting to know them and understanding what they like and don't like."

Respecting and promoting people's privacy, dignity and independence

- At our previous inspection people told us their privacy and dignity was not always maintained. The provider had made improvements and people told us their privacy and dignity were promoted. We received comments such as, "The bathroom door is always closed when they are helping [family member] wash" and "Staff respect my privacy."
- Staff supported people to maintain their independence. One person told us, "Yes, I do what I can I do myself and I will call [carer] when I am ready to do my back." Care plans contained practical information

about what staff needed to do to ensure people's independence was maintained.

- Care staff spoke about people in a dignified way and explained how they promoted independence and choice. One staff told us, "Everyone can do bits and pieces for themselves. I always make sure I let them do what they can for themselves. It helps with people's self-esteem."

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 now 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

- The registered manager and other members of staff were clear about their roles. The registered manager understood their responsibility to monitor and mitigate risks to people using the service and care workers understood their responsibilities to provide safe and effective care.
- As part of our review of recruitment policy and procedures we identified the policy was to request only a five-year work history when recruiting new staff.

We recommend the provider review their recruitment procedure to ensure it fully meets current requirements.

Continuous learning and improving care

At our previous inspection we found the provider's audits and quality monitoring systems were not effective in improving the quality of care and support. 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.

- The registered manager conducted regular quality assurance audits of the service which monitored key areas such as health and safety, nutrition support, accidents and incidents and medicines.
- The provider also monitored quality and safety through spot checks and telephone monitoring calls. One person told us, "Oh yes, they do that. Sometimes they spot check on the carers and they ask me if everything is okay. So far so good" and "Since the new [registered] manager started I have had more frequent contact from the office."
- The service was planning on adopting an electronic care monitoring system so carers could access and update electronic care records whilst they were in the community carrying out their roles.

Working in partnership with others

- The service worked with a range of multi-disciplinary professionals, social care brokers and local authority commissioners to achieve good outcomes for people. We saw examples of joint working with healthcare professionals such as GPs and district nurses to help people manage health conditions.
- We received positive feedback from professionals about the way the provider ensured they communicated and shared appropriate information. We received comments such as, "Satisfactory communication" and

"The office staff are really reliable and quick to respond to queries. This is a definite improvement."

- The provider attended local authority events for homecare agencies to discuss the current and future challenges in the sector and share ideas to improve the quality of care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service worked to achieve positive outcomes for people and people's feedback confirmed this. We received comments such as, "Yes, the two girls I have are very good, no criticisms, they are very good" and "I have a cat and they look after my cat as well."
 - Staff were positive about how the team worked together to help deliver high standards of care. Staff told us, "I'm proud of how we look after people and help them stay safe and well" and "I am really passionate about ensuring people get the best care."
 - Staff were happy with the support they received from the organisation. We received comments such as, "They've been really helpful. It doesn't matter what time they are available" and "I speak to my manager daily. Even the director is available if you need them."

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 manager understood their responsibility to be open and honest and give people all the relevant information when things went wrong. They ensured they sent the appropriate notifications to CQC after significant events occurred.

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

- The service communicated well and engaged with people using the service. People had regular opportunities to give feedback about their care through monitoring visits, telephone calls and satisfaction surveys. One person told us, "They always send me a newsletter about whatever is happening, new appointments or numbers and any changes. They also send me a questionnaire to check you are happy with the care and that everything is as it should be."
- The service worked with external organisations such as age uk to help people get external advice and support and befriending services for people at risk of isolation.
- Policies and procedures such as the complaints policy were provided to people in different languages when English was not their first language.
- The provider has also conducted a staff survey to understand if staff felt supported by the organisation and an action plan was created to work towards improvements.