

Bevris Support Ltd

# Regus House, Heron's Way

## Inspection report

Chester Business Park  
Heron's Way, Chester Business Park  
Chester  
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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This was an announced inspection, carried out on the 17 June 2016.

Regus House, Herons Way is a domiciliary care agency registered to provide personal care to both adults and children who live in their own homes. The agency is based on the outskirts of Chester and currently provides support to three people who have a range of complex health and support needs.

There was a registered manager in post at the service. 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 service has not been previously inspected by Care Quality Commission.

People were protected from the risk of abuse or harm. Family members confirmed that their relatives were kept safe. The service had processes in place to safeguard people from different forms of abuse. Staff had been trained in safeguarding children and adults. Staff were confident that they could raise any matters of concern with the provider or the registered manager and that they would be addressed appropriately.

Risk assessments were completed for each person supported, and identified any risks to their health and safety. Assessments gave clear information to guide staff on how to minimise risks to people and themselves when providing care and support.

The service had robust recruitment procedures in place, which ensured that applicants were suitable for the job role. All staff received training to enable them to fulfil their roles which included essential subjects such as moving and handling, safeguarding people and medication awareness training. Staff were well supported through regular supervisions and team meetings.

The manager and staff showed a good understanding of the Mental Capacity Act 2005 (MCA). Support protocols identified how people's capacity had been assessed in line with the principles of the MCA. Staff were able to clearly describe how people were involved in making decisions in their day to day support and the importance of gaining consent to care. Staff had received training in the Mental Capacity Act 2005 (MCA). This ensured that people's rights were protected.

Discussions were held with family members and people were referred onto the appropriate service when concerns about their health or wellbeing were noted. Staff worked well with external health and social care professionals to make sure people received the care and support they needed.

Family members told us that staff were kind, caring and patient in their approach and it was evident through discussions that they took time to get to know people well. Staff understood the importance of maintaining

people's privacy, dignity and independence and staff respected individual's decisions regarding their lifestyle choices.

Staff understood how to meet the needs of those individuals they supported. The service ensured that where possible, staff supported the same people. This enabled people, their family members and staff to build good working relationships and develop confidence in the support provided.

Support protocols were in place for people and reviews were completed to ensure that the needs of people were sufficiently met by the registered provider.

The registered provider's complaints procedure was robust and accessible to people and their relevant others. Family members told us that they had never had reason to raise a complaint but were confident their concerns would be acted upon.

People and staff described the registered manager as 'approachable and supportive'. Quality assurance audits were undertaken by the registered provider to ensure that they provided a service that was effective and meeting people's needs. The registered provider understood the importance of seeking feedback from people and their family members. An annual survey had been designed and arrangements were in place to send this out.

## 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

People who used the service were protected from harm. Staff were confident about dealing with any concerns they had about people's safety.

There were sufficient numbers of skilled staff to meet people's needs. Recruitment processes were robust and ensured staff were of suitable character work within the service.

Risk assessments were in place to identify and manage risks to people's health and safety.

### Is the service effective?

Good ●

The service was effective

Staff had a good understanding of the Mental Capacity Act 2005 which meant that people's rights were protected.

Staff had training and support which enabled them to carry out their role effectively.

Guidance and support was accessed when required from relevant health professionals, to ensure people's wellbeing was maintained.

### Is the service caring?

Good ●

The service was caring

Staff showed compassion towards people and treated people with dignity and respect.

People's confidentiality and privacy was respected at all times.

Positive relationships had developed between staff and the people who used the service.

### Is the service responsive?

Good ●

The service was responsive.

The care and support that people received was individualised. Staff knew people well and what their preferred routines were.

People were aware of how to raise concerns and were confident that they would be resolved.

People were assisted to access a variety of activities to support their social and well-being needs.

### **Is the service well-led?**

The service was well led

The registered manager knew the service well and staff felt valued and supported by them.

Regular audits were carried out by the registered provider in order to monitor the quality and effectiveness of the service.

There was positive partnership working with other professionals who supported people who used the service.

**Good** ●

# Regus House, Heron's Way

## **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.

This inspection took place on the 17 June 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service for people who live in the community and are often out during the day; we needed to be sure that someone would be available at the office. The inspection team consisted of one adult social care inspector.

Before the inspection, we reviewed the information that the provider had given us and also looked at information provided by the local authority and safeguarding teams. No concerns were raised about the service. We also looked at information we held about the service, including previous notifications and any complaints or safeguarding concerns. A notification is information about important events which the service is required to send us by law.

As part of the inspection we spoke with three family members and two health professionals who regularly visited the people supported. We interviewed three staff, and the registered manager. We also looked at three care plans, four staff files, training information and policies and procedures in relation to the running of the service.

# Is the service safe?

## Our findings

Family members told us that their relatives were safe and were very happy with the service they received. They told us "[My relative] is definitely kept safe. Staff make sure they still take risks in their day to day life, but don't let them come to any harm" and "[My relative's] safety is of great importance. I trust the staff without a doubt; they make sure they are safe at all times".

We saw policies that informed and provided guidance to staff on how to make a safeguarding referral in line with the registered provider's and local authority's guidance and procedures. Records included information about how the provider prevented abuse from occurring, the different types of abuse, indicators of abuse and the actions staff needed to take if they were told about, suspected or witnessed abuse. Staff were confident in describing the correct processes which were to be followed in the event of any concerns being identified. They told us "I would let my manager know straight away if I even suspected someone was at risk. I would never let any harm come to people we support". Records confirmed that staff had received safeguarding training. Staff told us that they felt confident the registered manager and staff team would take the appropriate action to safeguard people.

Staff were familiar with the registered provider's whistle blowing policy and information about the process to follow was clearly described within the staff handbook. Staff informed us that they would not be afraid of reporting any concerns they had about the service and were confident that their concerns would be dealt with thoroughly and in confidence. Whistleblowing is where staff are able to report any concerns, either to the registered provider or to an external agency, without fear of reprisals.

The registered provider had safe procedures in place for recruiting staff. We viewed recruitment records for four staff and saw that a range of checks had been carried out to assess the suitability of applicants prior to them being offered a position. This included completion of an application form which required the applicant to provide details of their skills, experience and previous employment. References obtained from applicants' previous employer and a Disclosure and Barring Service (DBS) check was obtained prior to applicants starting work at the service. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. This ensured staff were suitable to work with vulnerable people.

Staff were allocated to work with the same people to ensure familiarity and consistency for people they supported. The registered manager discussed the support needs of one person who would become unsettled if there was changes to their staff support. The registered manager informed us that any changes to staff would need to be discussed with the person to allow time for them to adjust. Plans were in place so that the same small group of staff would rotate support when required to ensure familiarity for the person. In addition to this the registered manager and assistant manager were on duty and available for people to contact. This showed that the registered manager had considered how to ensure that people felt safe when they received their care and support. Family members told us, "Consistency with carers is so important to [my relative]. We have the same group of staff that we know all the time" and "They are like our family now and [our relative] sees them as friends, not just carers".

Staff received training in the management and safe administration of medication, however the registered manager confirmed that no one required support in this area at present. Staff were able to describe how they would prompt or encourage a person to take their medication and what actions they would take if the person refused. People's medical history and any allergies were clearly recorded in support plans. Staff had access to policies and procedures in relation to the management of medication.

Risks to people's health and safety were well managed. There were risk assessments and management plans to help keep people safe, with regards to their mobility, health conditions such as distorted sensory perceptions and vulnerability in different environments. Staff had a good knowledge of people's identified risks and described how they would manage them. Risk assessments clearly outlined the potential risk, known triggers and a management strategy to guide staff on how best to support people at times of increased risk. This showed that risks to people's safety were robustly assessed and monitored.

## Is the service effective?

### Our findings

People received care and support from staff who had the skills and knowledge to meet their needs. Family members were positive about the staff who supported their relatives. They informed us "The staff have had training to help them understand [my relatives] condition. They are very knowledgeable and if they don't know something they will find out" and "The staff understand the importance of taking their time to explain anything to [my relative]. It takes them a little longer to process information because of their condition".

Training records showed that staff were provided with the knowledge and skills needed to give people good care. Training completed by staff included safeguarding adults and children, moving and handling, health and safety and food hygiene. Records and discussions with staff confirmed that the registered provider supported their professional development. One staff member told us "If we need specific training to be able to support someone appropriately, we will let the manager know and it is arranged for us". The registered manager informed us that staff had access to e-learning and also that a local training company was used to provide bespoke training sessions. Training in areas such as autism awareness, communicating effectively and training on how best to support people who have an acquired brain injury had been identified and completed by staff. This meant that staff induction and training was centred around the needs of individuals. Records confirmed that regular updates were accessed in line with the registered provider's policy and procedures.

We saw minutes of staff team meetings that had taken place. Areas such as care planning, person centred care and communication were discussed with staff. Staff had individual training and development plans in place which were discussed as part of their supervision. Staff members told us "The manager insists we meet every six weeks or so to discuss my performance and make sure that people are receiving good care and support" and "We catch up on the telephone all of the time to make sure everything is ok. We get regular feedback about our performance and also what has gone well in our jobs. That is quite nice". The registered manager used the supervision process to discuss staff knowledge and understanding in areas such as the Human Rights Act (1998), dignity in care and how to promote people's independence. Questions such as "How do you ensure that you do not infringe on a person's human rights?", "What do you think would be difficult about receiving personal care? And "How do you think people we support feel when we help with personal care?" were recorded and discussed with staff on a regular basis. This showed that the registered manager understood the importance of assessing staff knowledge and practice through a variety of different methods.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Policies and procedures in place offered guidance to staff in relation to obtaining people's consent to the care they received. The registered manager had ensured that where relevant a mental capacity assessment

and best interest decision meeting had been completed to ensure that people wanted to receive support from the registered provider. Assessments undertaken had included the four stage assessment process and where people were deemed to have capacity this was clearly recorded in their plan of support. Support protocols demonstrated that people had been consulted with about their care and relevant signatures were in place. The registered manager and staff had a good awareness of what actions would need to be taken if someone lacked capacity to make decisions for themselves.

Staff were confident in describing how they had considered and discussed people's consent prior to delivering care and support. They told us "It doesn't matter what age people are, I make sure I ask them what support they would like and explain what I am going to help them with" and "[name] will clearly let you know if they don't want to do something. I respect their decisions". Family members told us that staff always involved their relative or them (where appropriate) in decisions about their care and support.

Records showed that health professionals were regularly involved with people who had particular health concerns or specialist support needs. Staff were confident in assessing information and, in consultation with family members or at the request of people, made referrals to external health services for guidance and support. An example of this was where staff had requested support from the Speech and Language therapist to guide them on the effective use of assistive technology, to help with one person's communication needs.

## Is the service caring?

### Our findings

People received a service that was described by family members as caring, personal and supportive. They told us, "We are really, really pleased with the support [our relative] receives" and "The staff are brilliant. They are so respectful of [my relative] we couldn't ask for more".

Staff demonstrated a good understanding of the needs and wishes of the people they supported. They told us, "I work with the same person all the time. I think this is really good as consistency is very important to them. It also helps me, as I feel more confident as I have had the luxury of getting to understand and know someone properly". Family members told us, "The staff are very patient and have got to know all [my relative's] little ways and habits. They take this stuff into account each day. I think that is great".

One person's support protocols showed how personal preferences in relation to their daily support needs had been considered. This included information about what help they needed with personal care and how staff should help them to maintain their independence. Written examples included, "Staff are to assist me to turn on the shower. I can wash myself but will need you to put shower gel on my flannel" and "I am independent in using the toilet. I will use my call buzzer to let you know when I need your help". Family member told us, "They are much better at promoting [my relative's] independence than me. They treat them like an adult, whereas they will always be my baby" and "The staff will encourage [my relative] to do things for themselves all the time. If they are out and about, they get them to pick their own meals and pay for them. [My relative] wouldn't do that for me. I think that is great".

Staff told us that they always treated people with dignity and respected their privacy. Staff were confident in describing how they would promote and maintain people's dignity. Staff shared examples such as ensuring that people's privacy was respected during personal care and that people were given the opportunity to spend time by themselves. One family member told us, "[My relative] responds really well to the staff as they are young. They have similar interests to [my relative] and they share good banter together. How nice is that? That makes it all the more personalised". This showed that the registered provider had given thought and consideration when choosing the right staff to meet people's needs.

People and their family members were provided with a detailed service user guide and statement of purpose. The guide outlined information relating to the service people could expect to receive from the registered provider. Some of the information included referred to matters of health and safety, safeguarding procedures, arrangements to cover staff sickness and how to make a complaint and to whom. The registered manager explained that the guide was discussed with the person and their relatives when their support package commenced.

Personal records were stored in a locked office when not in use. The manager's had access to up-to-date guidance and information on the service's computer system that was password protected to ensure that information was kept safe.

## Is the service responsive?

### Our findings

The provider's complaints policy and procedure was made available to people who used the service and information about how to make a complaint was included in the service user guide. No complaints had been received by the service at the time of our inspection. The registered manager explained that any complaint would be dealt with appropriately within the registered provider's own timescales and an accurate record would be maintained. Family members told us, "I have never had any reason to complain at all. We have always been very happy with the service [our relative] receives" and "There is nothing to complain about, they are great".

Prior to any support being delivered an initial assessment of need was completed with each person and/or their relevant others. This information was used to form the basis of support protocols for staff to follow in order to deliver the support a person required. Information gathered included people's specific health care needs, preferred method of communication, mobility support and day to day support requirements. However, we found that protocols in place for two people included only basic information about the support people required and an overview of what actions staff would need to take to meet their needs. Records were not always signed and dated by staff. We spoke to the registered manager about the requirements of having signed and dated records and also the benefits of support protocols and plans that included a good level of detail so that staff, less familiar with the person could also provide a personalised service. The registered manager confirmed that people's support plans would be reviewed and updated.

Staff delivered care and support that was appropriate to meet people's needs. Through discussions with staff it was clear that they were able to describe in good detail people's character, routines, personal preferences, and health and support needs. They told us, "I have looked after [name] for many years now. It has been good as I know the things that they like and don't like and how best to approach their support". Family members confirmed that staff had a good knowledge and understanding of how to best support their relatives.

Records demonstrated that care reviews had been completed or had been arranged by the registered manager with people, their families or representatives to discuss and highlight any changes to their care and support needs. The registered manager explained that there had been difficulty at times with attendance at meetings, however this had not always been recorded. The registered manager confirmed that they would ensure that records evidenced when and why a review could not take place moving forward. One family member told us, "I can pick up a phone or speak to the staff if I need too. Everything is good with the care provided. We have no concerns". Visiting professionals told us "The provider will get in touch with us if there is anything that is of concern. Equally we will contact them if there are any changes to the care package. There is a good open communication in place". The registered manager explained in the event of a person's needs changing the service would contact the allocated case manager to discuss their concerns.

People were supported to maintain a range of individual interests and activities, according to their personal support needs and preferences. Family members told us "The staff help [our relative] go out in the community to do their shopping and other activities such as going to the cinema, whatever they would like

to do really" and "[Our relative] looks forward to them coming. They do lots of activities and outings together. It's important they are active". Care needs assessments identified individual interests and hobbies which enabled staff to provide a personalised service. Activities such as bike riding, swimming and going to the cinema were identified. Staff told us, "People choose what they would like to do and we are there to offer support and encouragement. It's a lovely part of our work".

## Is the service well-led?

### Our findings

The service had a manager who was registered with CQC since 2014. The registered manager took responsibility for the day to day management and overview of the service provided to people.

During our inspection we noted that the registered manager had changed her surname and not notified CQC. We highlighted this to the registered manager and they submitted the appropriate forms to change their name on the registration certificate following the inspection.

We asked staff to describe the culture and values of the service. They told us that the manager was 'approachable', 'down to earth' and 'supportive'. One staff member told us, "I like the way she works. You can talk to her about anything and she will always help you out" and "It's a great company to work for. It's always about making sure people get the best help with their day to day lives. We work hard as a team to get it right". Staff told us that they felt valued working at the service and they were always given the opportunity to develop their skills and knowledge. Through discussions with the registered manager we found a culture that promoted openness, honesty and transparency was in place at the service.

The registered provider had quality assurance systems in place and audits were completed by the registered manager. Information such as staff recruitment processes, training, supervision and appraisal, care plan reviews, accidents and incidents were some of the areas reviewed. In addition regular telephone discussions were held with the team which gave an opportunity to discuss any other areas of good practice or concern and to share updated information relating to the service provided to people.

We viewed the registered provider's accident and incident reporting procedures. At the time of our inspection there had been no accidents or incidents at the service. Records enabled each accident or incident that occurred to be reviewed by the management team and a post incident analysis to be completed. This supported the service to identify if any changes would be needed to minimise the risk of an incident occurring again. This meant that systems would be effective in monitoring accidents and incidents to identify risks and trends and to help ensure that care provided was safe and effective.

The registered manager had a good awareness of her responsibility in line with the Health and Social care Act 2008. Registered providers are required to inform the Care Quality Commission (CQC) of important events that happened within the service. The registered manager was aware that CQC are required to be informed of specific events by law to ensure people are kept safe and well. There had been no significant incidents that had occurred at the service since the registration of the service.

The registered provider had a comprehensive set of policies and procedures for the service. The registered manager informed us that policies were reviewed and updated as required. Records confirmed this. All staff were issued with a staff handbook when they started working for the agency. The handbook contained details about key policies and procedures in order to assist staff to follow current legislation and best practice. Policies were also available on the computer system at the office which ensured that staff had access to up to date information and guidance when required.

The registered provider had designed an annual survey to use with people who used the service, family members and staff. This was due to be sent out to all people at the end of June 2016. The registered manager told us that information gathered would be used to measure their success and address any areas of development appropriately. This demonstrated that the registered provider understood the value of people's opinions and feedback to further develop and shape service provision.