

Beavers (Worcester) Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Beavers [Worcester] Ltd is registered to provide personal care for people who live in their homes. At the time of our inspection 51 people were receiving personal care in their own homes.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained Good.

This inspection took place 18 July 2018 and was announced.

People were protected from the risk of potential abuse and told us they felt safe in the company of carers because of the way carers supported and cared for them. Plans to manage people's individual risks were assessed, and identified in a way which promoted people's safety. There were enough carers employed to care for people and chat to them so they did not become isolated. Carers supported some people to take their medicines. Some people had requested carers just reminded them to take their medicines and this had been done.

Carers had the skills and knowledge to care for people effectively. Carers received regular training based on the needs of people using the service. Carers knew the histories and preferences of the people they were supporting and provided care in a way that meet individual people's needs. People had been involved in making decisions about how their care was delivered daily, and through their assessments, care planning and care plan reviews.

People were encouraged to make choices about the food they ate and carers knew if they had any dietary requirements. People were supported by carers to maintain their health and well-being.

People's consent was appropriately obtained by carers when caring for them. People are supported to have maximum choice and control of their lives and carers support them in the least restrictive way possible; the policies and systems in the service support this practice.

People received care from carers who took time to get to know them. People had developed good relationships with carers that were caring. Carers supported people to maintain their dignity and people were confident that carers respected their right to confidentiality.

The registered manager, carers met regularly with people to check they were receiving care in the way they wanted. People and their family members were encouraged to give feedback on the quality of the service. The registered manager made sure regular checks were completed to monitor the quality of the care. Carers were aware of and implemented the values demonstrated by the registered manager.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Beavers (Worcester) Limited

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 18 July 2018 and was announced.

We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service who are often out during the day. We needed to be sure that they would be in. The inspection team consisted of one inspector.

We requested information about the service from the local authority and Healthwatch. The local authority has responsibility for funding some people's care and monitoring their safety and quality. Healthwatch is the local consumer champion for health and social care services.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with eight people who use the service and two relatives by telephone following our visit to the office. This was to establish people's views about the care and support provided. In addition, we spoke with four staff employed by the provider during our visit to the office. We contacted another staff by telephone following our visit about their caring role. The provider refers to the staff they employ as "Carers" and people using the service as "Service Users."

Whilst at the office we talked with the registered manager. We looked at a range of documents and written records. These included sampling four people's care plans and daily records, four staff recruitment files and how people's rights were promoted. This included how complaints were responded to and the opportunities people had to share their care experiences.

We also looked at information about how the provider and registered manager monitored the quality of the service provided. This included the actions the provider and registered manager took to develop the service further, such as on-going staff training, responding to incidents and the organisation and monitoring of care calls. In addition, we looked at the quality checking systems the provider and the registered manager had in place to assure themselves people received a caring quality service which was safe, effective, responsive and well led.

Is the service safe?

Our findings

At our last inspection in February 2016 the provider was rated as good in safe. At this inspection the rating remains unchanged,

All the people we spoke with were confident that carers looked after them in a safe way. One person told us, "I feel safe because the carers [staff] are so well trained." Carers told us about how they helped people to stay safe. Every carer we spoke with knew what to do if they had any concerns for people's safety. All carers told us they knew how to keep people safe and what to look for that may indicate potential abuse and were aware of their responsibility to report and protect people from the risk of abuse and harm.

We saw risk assessments had been completed in risks to people's physical and mental health. Detailed guidelines had then been produced for carers to follow to keep people safe. We saw environmental changes and risks in people's homes had been assessed to help keep the person and carers supporting them to stay safe. We saw the registered manager had a system to record and monitor any accidents or incidents, and the actions taken so lessons could be learned to prevent further occurrences.

All the carers we spoke with told us, they checked people's care plans so they knew the best way to keep them safe. Carers told us how they shared information on people's changing safety needs. An on-call service was available to support people who used the service and carers at any time [including out of hours and weekends] if guidance was required to keep people safe. One carer gave us the example of how they contacted the "on call" when they visited a person and found them missing. As a result, the emergency services were called immediately and they found the person safe and well.

Carers and people who used the service confirmed carers followed good infection control practices to protect people from cross infection. One carer said "We have plenty of Personal Protective Equipment [PPE] available. We just call into the office and pick up gloves and aprons as we need these."

People who used the service told us carers had enough time to care for them safely, and they did not feel rushed. Carers we spoke with confirmed the length of calls meant they could care for people in a safe way and chat to them, so people's risk of isolation was reduced. One person told us, "The carers come into my home they never make me feel awkward." Another person told us, "The carers usually come on time but if they are running a bit late they do telephone me. It can't be helped if they are stuck in traffic."

We saw the registered manager undertook checks on the suitability of carers before they started their employment. The checks included obtaining a minimum of two references and DBS, [Disclosure and Barring Service] disclosure, so people were not put at unnecessary risk.

People told us they received their medicines at the agreed times. Where required people's medicines were administered and recorded by carers which showed the individual medicine administered. Carers were aware of the types and reasons for people's medicines and possible side effects to look for. People told us and records showed how medicines needed to be administered with the amounts needed. All the carers

we spoke with confirmed they had received training, and their competency was checked, so they would know how to administer medicines in a way which kept people safe.

Is the service effective?

Our findings

At our last inspection in February 2016 the provider was rated as good in effective. At this inspection the rating remains unchanged.

People who used the services and relatives told us the carers were effective and they were provided with the support which met their individual needs. One person said, "I am very, very happy with the care I receive. I can't fault them [carer's]. A relative told us "The care is good."

All new carers received an induction prior to working independently in providing people with care and support in their homes. This included working alongside more experienced carers along with the completion of the care certificate. The care certificate is a set of standards that health and social care workers can work in accordance with. It is the minimum standards that can be covered as part of the induction training of new care workers Carers we spoke with told us these approaches had prepared them for when they worked on their own in supporting people and had equipped them to carry out their roles with confidence. One carer told us "We have lots and lots of training. We are encouraged to complete our Quality Care Framework [QCF] qualifications."

Carers we spoke with were positive about the support they received from the management team who they felt were approachable and they could talk to them at any time. Carers told us they were encouraged to reflect on their practice and to consider their own professional development in meetings. We saw the registered manager and a senior staff member regularly conducted unannounced "spot checks" on carers to ensure carers were working in line with the providers policies and keep people safe.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. We found evidence in care plans we looked at that people had consented to care and our discussions with carers and management showed they understood the requirements of the MCA.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA for people living in their own home, this would be authorised via an application to the Court of Protection. At the time of our inspection the registered manager had not needed to make any applications to the Court of Protection.

Daily records reflected people were receiving the support to meet their needs and as described in their individual care plan. For example, in one person's care records we saw recorded how the person used specific aids so they could walk and shower safely.

When people needed help to ensure they had enough to eat and drink as part of their home care service this

was provided by carers. One person we spoke with told us carers would get them a meal and always made sure they had a drink before they left. People's care records gave carers information about the support needed to help people to eat and drink their meals where this was required. There were reminders in the care plan to ensure the carer left the person with lots of accessible fluids so people stayed hydrated. Carers recorded what people had eaten and drunk at each visit so they could respond quickly if any significant changes were noted. Carers we spoke with told us if they were concerned a person was not eating or drinking enough they would report their concerns to senior carers or the registered manager.

Carers worked closely with other organisations to ensure people's needs were met effectively. For example, carers had received training in diabetes so they were able to provide the specific care a person required to meet their health and nutritional needs. There was specific guidance for carers to follow which was personalised and reflected when carers should seek advice from other professionals, such as speech and language therapists and dieticians.

Is the service caring?

Our findings

At our last inspection in February 2016 the provider was rated as good in caring. At this inspection the rating remains unchanged.

People told us they felt carers were kind and caring in the way they supported them. We consistently heard from people who used the service and relatives how much they valued regular carers providing the care they required. One person told us "[Carer's name] is the best they are as good as gold." A relative described the carers as "A really nice crew."

Carers we spoke with talked about the people they supported with lots of compassion. One carer said, "I've been caring for some people for years, you build such a good relationship with them they become like your family."

People who used the service and their relatives told us, they had been consulted in how they preferred to receive their care and support. One person told us, "I get the care delivered the way I like it- they [carers] are on the ball with it." Another person told us, "Carers are excellent and don't make me feel uncomfortable, they respect my dignity". In the PIR it stated, "We offer as much choice as is practicable and listen to the wishes of the service user, their preferences and requirements for person centered care is then transcribed into their personal care plan."

Carers we spoke with understood the importance of respecting people's confidentiality and told us they would only share information about people on a need to know basis. We saw care records were secured in the office and only people with authorised access could look at computer records held by the provider.

Is the service responsive?

Our findings

At our last inspection in February 2016 the provider was rated as good in responsive. At this inspection the rating remains unchanged.

The registered manager described the process when people first started using the service, they or the assessor visited the person in their home to assess their care requirements. People we spoke with confirmed to us this had been the case. We saw people preferences and care requirements were detailed including things that were important to the person. For example, from any personal work history to recording the person's favourite television programmes and interests. A carer told us, "The information in the care plan is invaluable, it tells us all we need to know about the person." We saw these care plans were reviewed at least annually or when anything changed with the person's care, so carers had the most up-to-date information.

We discussed with the registered manager how responsive the provider was in relation to equality, diversity and human rights; and how inclusion was promoted for people of all religions, cultures and sexual orientation. The registered manager gave us examples of how they respected people's chosen religions, cultures and sexual orientation and any specific instructions were recorded in people's care plans for carers to follow.

The registered manager was aware of the Accessible Information Standard for people and people's communication needs were recorded within their care plans. Since August 2016, all public funded organisations that provide health and adult social care services are legally required to follow the Accessible Information Standard (AIS). This standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. It also aims to ensure that people understand how to meet people's communication needs appropriately if they transfer between services. The registered manager could give us examples of how they used flash cards to help a person understand because they had a hearing impairment.

We saw there were arrangements were in place to investigate and respond to people's concerns and complaints. People who used the service and relatives we spoke with knew they could telephone the office staff and speak with the registered manager or senior carer if they wanted to make a complaint or raise a concern. Where concerns had been raised there was a written recording and any action taken to say how they had been resolved.

Is the service well-led?

Our findings

At our last inspection in February 2016 the provider was rated as good in well-led. At this inspection the rating remains unchanged.

At the time of this inspection 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.

All carers we spoke with told us that the registered manager was approachable, accessible and felt they were listened to. Carers told us, they felt able to tell management their views and opinions at staff meetings. Carers told us, they enjoyed working for the provider. One carer described the registered manager as "One of the best I've ever worked for. She [registered manager] is there for you both professionally and personally, we can always go to her." In the PIR it said, "The company operates an "open door" policy that allows all staff to come to the office if they need to, to discuss areas of work and in some cases their personal lives."

The registered manager understood their responsibilities and conditions of registration. The registered manager kept CQC informed of formal notifications and other changes. The registered manager spoke passionately about ensuring people were looked after to the best of their ability.

The registered manager was pleased that all their carers worked as a team to ensure people received good care. The registered manager had regularly checked and reviewed the service provided. They had reviewed the care notes carers had completed when providing personal care. They checked to ensure the care provided matched the care plans. For example, they had checked the length of call time and what care had taken place on the call to ensure all expected care had been completed.

We saw the provider had regularly sought people's, relatives, carers and professionals' opinions through questionnaires. Comments received were all positive and included for example "All staff have caring, friendly attitude. Most carers are really helpful and do the "little things" that make a difference."

The registered manager regularly worked alongside the office staff and took that opportunity to review the quality of the service provided. To continue improvements, the provider had supported carers to study professional development training courses such as Quality Framework Qualifications and the Care Certificate. Therefore, people were supported by a management team that continually strived to improve people's quality of care.