

Bewdley Care Limited

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Inspection report

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Date of inspection visit: 18 December 2015
Date of publication: 09/02/2016

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 

Overall summary

This inspection took place on 18 December 2015 and was announced. We gave the provider 48 hours' notice of our intention to undertake the inspection. This was because the service provides domiciliary care to people in their own homes and we needed to make sure someone would be available at the office.

Bewdley Care Ltd provides personal care for people in their own home. On the day of our inspection there were 135 people receiving services for which CQC registration was required.

A registered manager was in post at the time and was present at the time of our inspection.

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.

People were protected from the risk of potential abuse and felt safe with the staff that cared for them. Individual risks were assessed, agreed with people and written

Summary of findings

plans put in place for staff to follow in order to keep people safe. There were enough staff employed to care for people, so staff had enough time to spend with the person they were caring for. Staff supported people in the administration of their medicines and, checks were performed to ensure no mistakes were made.

Staff had the skills and knowledge to care for people effectively. Staff received regular training based on the needs of people using the service.

Staff knew people well and understood their histories and preferences so they were able to ensure they delivered the care and support that met individual's needs. People were involved in making decisions about their care, through involvement in assessments, care planning and care reviews. Staff supported people to make healthy choices about what they ate and drank, so maintaining good health. Staff knew the details of people's specific dietary requirements in order to keep them safe and well.

People's consent was appropriately obtained by staff when caring for them. If people's ability to make decisions changed, senior staff involved people's relatives and other professionals, so that care would continue to be delivered in the best way

Staff had small geographical areas to cover which helped staff build relationships with the people they cared for. People felt staff were very caring. Staff supported people to maintain their dignity and people were confident that staff respected their right to confidentiality.

The registered manager, provider and staff regularly sought feedback about the service they provided from people who used the service and their relatives. Regular checks and audits were in place to monitor the quality of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

People received care from staff who understood how to keep them safe and free from the risk of potential abuse.

There were enough staff to meet the needs of the people using the service.

People's medicines were managed safely.

Good



Is the service effective?

The service was effective.

People's preferences and needs were supported by staff that were trained to understand their care requirements and personal preferences. People were encouraged to make decisions about their care and support.

Staff knew how to promote people's physical health and well-being.

Staff knew people's individual dietary requirements and worked with other professionals to keep them healthy.

Good



Is the service caring?

The service was caring.

People and relatives were very positive about the caring relationships developed with staff. People's received care met their needs and maintained their dignity and respect.

Good



Is the service responsive?

The service was responsive.

People were involved in making choices and assessment of their care needs. Care plans were reviewed regularly and up-dated when people's needs changed. People knew how to make a complaint or raise concerns.

Good



Is the service well-led?

This service is well-led

People and staff were complimentary about the service. The Registered Manager of the service conducted regular quality checks to maintain a high quality of service.

Good



Bewdley Care Ltd

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 December 2015 and was announced. The provider was given 48 hours' notice because the location provides homecare services and we needed to be sure that someone would be in. One inspector and one expert by experience carried out this inspection.

An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was caring for people with dementia care.

We reviewed the information we held about the service and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. The registered manager had notified us the service had changed location. No concerns about the quality or safety of the service had been shared by the local authority.

Prior to the inspection the provider had returned a Provider Information Return Form we had sent them. This document was completed by the provider and gave us information about how they were meeting the five questions.

We spoke with thirteen people who used the service. We spoke with the registered manager, provider and five members of care staff. We looked at three people's care records, three staff recruitment files, staff training records, surveys that people had completed and returned to the provider and quality audit checks.

Is the service safe?

Our findings

People told us they trusted the provider and the staff that provided their care and support. One person said “I only have to ask for help and it’s there, I feel very safe with staff.”

Staff spoke with were able to describe how they kept people safe and what action they would take if they had any concerns for people’s safety. One member of staff told us “If I have any concerns I just have to phone the office or out of hours on call. They always phone me back usually within five minutes.” All the staff we spoke with knew how to raise any concerns either with the provider or if necessary external organisations.

Staff told us what action they would take if they went to a call and couldn’t get a reply, to make sure people were safe. “I would knock on the door, if they hadn’t got a key safe I’d tap on the window and call their name. If I got no reply I would immediately phone the office to report it.”

The registered manager told us how they assessed any potential risks, before a person started to use the service to ensure the right care and support was put in place. Risks to physical health needs were considered making sure the person had the correct equipment in place for staff to use. For example, staff told us some people had specialist lifting equipment in their homes to help them get out of bed into their wheelchairs in order to keep them safe. Where necessary two members of staff were allocated to assist in helping people move safely. People’s mental health and well-being was also assessed, to consider if the person was at risk of isolation. Care plans were then developed for staff to follow in individual people’s homes, so people’s health and well-being would be promoted.

All of the staff we spoke with told us they checked people’s care plans so they knew the best way to keep them safe. Staff told us how they shared information on people’s changing safety needs with senior staff and other care staff. We saw people’s risks were regularly reviewed, so staff were aware of the way to deliver care for people which promoted people’s safety.

People and staff told us they felt they had enough time allocated to care for people safely. Staff told us they didn’t feel too rushed and often had time to have a chat with the people they cared for. Staff felt this was an important part of their visits to give the person chance to speak with them and socialise and helped stop them feeling lonely. Staff told us that when they visited they had enough time to support people and were not “watching the clock”. If people required extra time staff could contact the office to let them know and if necessary the registered manager would reassess the time required and apply for extra funding. We saw from the staff rotas that there were enough staff on duty

People’s individual needs were assessed, so the correct amount of staff was identified to support them safely. For example where people required specialist lifting equipment two staff were allocated to maintain people’s and staff safety.

Staff told us they felt the service benefitted from a low staff turnover. We saw from the provider’s recruitment processes that the registered manager had undertaken staff employment checks. These included obtaining a minimum of two references and DBS, (Disclosure and Barring Service) disclosure, so the registered manager knew staff had had appropriate clearance to work with people.

We asked people how they were supported to take their medicines, all of them told us they managed their own, using blister packs supplied by the pharmacy. However some people told us the staff ensured that they had remembered their medicines and that staff recorded the medicine had been administered. We saw from the care records that any specific instructions of how people needed to take their medicines in order to keep them safe. For example one person’s medicine needed to be taken half an hour prior to taking water. We saw that the provider had checking systems in place and training for the administration of medication for staff to check their competencies in order to keep people safe and well.

Is the service effective?

Our findings

People were cared for by staff who had the right skills and training to care for them effectively. All of the people we spoke with said staff knew how to care for them. One staff member told us “The training we have is first rate – it’s mostly classroom based and involves practical training”. For example when they did the medication training “sample blister packs” were used, to show staff what to expect in the person’s home and so they could practice. One person told us about their dietary requirements to stay healthy and how staff had used their diabetes training to assist them. “She made a list of what I could have- she did this on the computer- she said leave it with me”

People told us they thought the staff caring for them were, “Very knowledgeable and very good”. Before starting to work with a person, the manager ensured that the staff allocated had the right skills and knowledge to support the person. If required extra training from either the internal trainer or external professional was sought. For example, where people required to take their food via a nasal tube. These meant the person could be supported and receive the correct care.

We asked staff about the induction. All the staff we spoke with said it had been “very good” and supported them in starting their new role. The training covered how to care for people in an effective way, how to keep them safe and how to respond to individual needs and support regarding communication and mobilising. One staff member told us “The trainer was always on hand for advice and support if we needed anything.”

Staff told us they had opportunity to reflect and discuss their training requirements at regular supervisions with their line manager. They told us these meetings happened at least four times a year, but if ever they needed any support they could pick up the phone to the senior care assistant, registered manager or on call for advice. One staff member told us “I never have to wait more than a few minutes to get a return call if the ask for advice”.

People told us they were asked for their consent about their care and support. People confirmed they were asked how and when they wanted their care delivered. People told us they had been consulted about the care package they required before it started. Meetings had been held

with the care co-ordinators to outline people’s preferences and choices. Before a staff member started work with a person, they were formally introduced by the care co-ordinator and their preferences outlined.

People we spoke with confirmed that staff always asked their permission before supporting them. For example one person told us “When I have a shower at the weekend, they always ask me if I want one. If I say no they respect my decision, and I have a good wash instead”. Staff told us that they would seek advice from a senior colleague if they thought someone’s ability to make decisions changed, they knew that they may need to act in people’s best interests and or involve the person’s relatives or social worker.

We found that staff understood and worked within the principles of the Mental capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS)

The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment.

This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. If the location is a care home, CQC is required by law to monitor the operation of the DoLS, and to report on what we find.

Staff knew about people’s dietary requirements. One person said how staff prepared food for them, but told us they chose what they wanted to eat. One staff member recalled how they tried to help someone eat healthily but had to acknowledge it was the person’s choice to lots sweet foods.

One person told us staff were “Very good cooks, the meals they prepare are lovely.”

We spoke with people about the support they received to access health care. One person told us how staff had seen changes in their physical health, and had encouraged and supported them to seek medical assistance, so they would regain their health. All of the people we spoke with were confident staff would seek assistance for them if they were

Is the service effective?

unwell. One staff member told us how they had stayed with a person whilst emergency assistance was called, because they had been concerned over someone's health deteriorating.

The wellbeing of each person was documented in daily records. We saw that when people needed care and treatment from other professionals the management team

and care staff supported the person with any advice and actions they needed to implement in their daily lives. For example, where people's physical abilities had deteriorated and physiotherapists had been involved. This supported our observations that the service was responsive to people's needs.

Is the service caring?

Our findings

We spoke with thirteen people who used the service all of them said they thought highly of the staff that provided care and support. One person told us "They are all smashing girls, they have become my friends". Another person said "They cannot do enough for me. I'm very happy with the service." One person told us "I've yet to find one carer who won't help – they're always willing to help. The way they do it (their work) I've got no complaints with whatsoever."

One person told us "I know. I just let them get on with it - I prefer it that way. I told them what I like on and I'm in a good wave length with them."

Staff knew what was important to the people they cared for. They took time to learn about people's interests and life experiences, for example what their job was prior to retirement and what was important to them. One person told us how much they enjoyed the staff visiting them, and felt they couldn't manage without them. People told us because they had a small regular group of staff visiting them over a period of years they had built meaningful relationships with the staff and trusted them. Another staff member told us they felt that everyone working at the provider "genuinely cared about people". They went on to describe how in person, the provider had called a family when their relative was taken very ill. They said "He showed the cared that meant a lot to me".

People and staff explained to us it had helped when a new person needed care and support that staff were given lots of details about that person and introduced by a care coordinator. This reassured all parties.

Everyone we spoke with said they felt valued by the staff, who listened and responded to their wishes. People told us they were generally allocated the same staff to support them so knew who to expect to call. One person told us "They are going to bring me a stool to help me do my cooking, to sit in the kitchen by the cooker and sink so I can peel my potatoes and watch my dinner being cooked. I love my cooking."

All people we spoke with said staff involved them in their care and support. For example one person told us about how they liked their personal hygiene delivered. One person told us "They always ask me what and when I like things done, they know on a Saturday I like my shower."

A member of staff told us they felt it was important that people still felt in control over their choices, they said "We try our best to encourage but ultimately I have to respect the person's choice."

People's dignity and privacy was considered by staff. People told us staff always made sure their personal care was delivered in way which promoted their dignity and privacy. People told us staff always made sure their personal care was delivered in way which promoted their dignity and privacy. For example one person described how staff made sure they were always covered in a towel whilst performing their personal care needs.

People told us that staff helped them stay as independent as possible. For example one person described how the staff helped them cook a meal. They told us, they chose the meal and with guidance cooked it.

Is the service responsive?

Our findings

People told us they received care and support from care staff who understood their individual needs. One person told us, "I can't fault them [staff] they are all brilliant". Another person told us "I've never had a complaint and can't imagine I will. They support me very well."

We saw in people's care plans detailed assessments of people's needs and how they liked to be supported. This included people's preferences and routines which had been compiled in conjunction with the person and their family.

Although care staff we spoke with had a good understanding of people's preferences, routine's and support needs people still had choice and control over the care and support they received.

For example people chose what and when they had their meals. One person told us how staff worked flexibly to suit them when their relative was visiting so not to intrude. Another person told us "Having them here really helps as they are tuned into my needs. I make my decisions myself. They know my likes and do everything to my satisfaction, they do as I want."

Changes in people's care needs were recorded by staff at each visit, so other staff would know the best way to care for a person as their needs changed. Staff told us significant changes were discussed immediately with senior staff. Staff told us they were alerted to changes by the registered manager or senior staff from the office. For example if a person's medication changed and they had been prescribed a course of anti-biotics.

We saw people were asked their views on the quality of service provided through satisfaction questionnaires. The registered manager then analysed these results, we did see all the responses were very positive. The manager had used the information gathered and as a result the provider had decided in the future to reduce the amount of fifteen minute calls, because they felt it did not allow them enough time to deliver quality care to people.

People we spoke with all told us they knew how to raise a complaint or concern. They told us if they were unhappy about anything they would phone the manager or senior carer. The registered managers had a system in place to record, and monitor any complaints and assured us that should they receive a complaint it would be responded to. At the time of the inspection no complaints had been received.

Is the service well-led?

Our findings

People told us they thought the service was very well run and managed. They were thought they received a good service and had no complaints. People told us how the registered manager and the provider made sure people were satisfied with the quality of care they received. They confirmed that the registered manager or senior staff arranged meetings with them and made telephone calls to review how their care was being received. One person told us “[Staff name] calls me to see if everything is ok, I’d certainly tell them if I had a problem, but I’ve never had a complaint.”

We saw how the registered manager and the senior staff monitored the quality of the service by conducting spot checks on staff. A senior staff member who had responsibility for performing these checks told us “The spot checks ensure that quality of the service is maintained. I ask the person being supported about their opinions of the service and this is fed-back to staff at their supervisions. We are always looking for ways to improve.” Feedback was then discussed with the registered manager. In the case of exceptional care being found staff were rewarded, by gift vouchers.

The provider monitored and took action to ensure that people's support kept them safe and well. People's welfare, safety and quality of life were looked at through regular checks of how people's support was provided, recorded and updated. For example, checks were undertaken on medicines and people's home environment risks. These

ensured the registered manager had a clear overview of support in people's homes. Planned visit times were checked against the records which care staff signed to confirm the times and dates staff had supported people in the homes.

We saw the registered manager used surveys to check that people and their relatives were happy with the quality of care people received. People told us they received a questionnaire usually at the end of each year. Comments made by people and relatives completing the surveys were very positive about the quality of the care provided.

The registered manager and senior staff also checked care records written by staff, so they could be sure people's care plans were up to date. Staff signed to show they had seen the most up to date care plan. In this way, senior staff were assured staff knew the best way to care for people.

Staff told us they felt supported by the registered manager and the provider and enjoyed working for the company. One staff member commented how they felt proud working for them, as they felt the company had a good reputation. They told us “The provider looks after staff it's like a big family.”

We spoke with the registered manager about their vision for the future. She told us that in the next twelve months she was looking to develop a keeping in touch database to enhance the service further. This would enable them to ensure they had regular and varied liaison with their service users.