

Bevris Support Ltd

Bevris Support

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

About the service: Bevrís Support is a domiciliary care agency registered to provide personal care to people who live in their own homes. The service specialises in supporting people and children affected by birth injuries, traumatic accidents, autistic spectrum conditions and physical disabilities. Not everyone who used the agency was receiving support with their personal care. At the time of the inspection the service was providing personal care to two people.

People's experience of using this service:

People received a consistently good service that was safe and effective. Staff were kind and caring, knew people well and had a good understanding of their personalities as well as their health and social care needs.

People, their relatives and care managers had been fully involved in the assessment and planning of their care before they started using the service. A care plan had been developed with each person detailing their likes, dislikes, preferences and care needs.

Consent had been sought before any care had been delivered in line with legal requirements and people were supported to have maximum choice and control of their lives.

Staff treated people and their relatives with kindness, dignity and respect. People's privacy was protected and confidential information was stored securely. People were supported and encouraged to remain independent and do as much as possible for themselves. People were supported to pursue their hobbies and interests and take part in activities they enjoyed. The provider had organised and invited people who used the service to social events to help widen people's social circle.

Steps had been taken to make sure people were safe. Risks to people had been assessed and minimised in the least restrictive way. Staff had access to protective clothing such as gloves and aprons and had completed training in infection control.

Each person had their own team of safely recruited and trained staff who had a good understanding of their needs. Staff felt supported by the registered manager and had completed the training they needed to meet people's assessed needs. Management and staff worked in collaboration with other stakeholders such as health and social care professionals, care managers and people's relatives.

A complaints procedure was in place for people to follow. Although no complaints had been received there was a system in place for complaints to be recorded and responded to.

The service met characteristics of Good in all areas more information is in the full report.

Rating at last inspection: Good (report published 16 July 2016).

Why we inspected: We inspected the service as part of our inspection schedule methodology for 'Good' rated services.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 remained safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained well-led.

Details are in our Well-Led findings below.

Bevris Support

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector completed this inspection.

Service and service type:

Bevris Support is a domiciliary care service providing support and personal care to people in their own homes.

The service 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 visit because it is small and needed to be sure that there would be somebody in the office when we called.

The inspection activity started on 15 January 2019 and ended 15 February 2019. We visited the office location on 15 January 2019 and the 15 February 2019.

What we did:

Our planning took into account information we held about the service. This included information about incidents the provider must notify us about, such as abuse; and we looked at issues raised in complaints and how the service responded to them. We contacted a care manager involved in one persons care to

request some feedback on the service. We used all this information to plan our inspection.

During the inspection, we spoke with one person's relative and one person's care manager. We also spoke with the registered manager, the business manager, a service manager and two members of staff. We looked at two people's care records and a selection of other records including quality monitoring records, recruitment and training records for four staff, staff meeting minutes and accident and incident records.

After the inspection the business manager sent us some additional information about the results of satisfaction surveys.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes protected people from the risk of avoidable harm. The registered manager and staff understood how to report any concerns they may have to relevant professionals and worked in line with the local authority safeguarding policy and procedures.
- The provider had a whistleblowing policy and staff felt confident any concerns would be taken seriously.
- There was guidance in place for staff to follow so the service could continue to function in the event of an emergency such as loss of power, flood or fire.

Assessing risk, safety monitoring and management

- A relative and care manager told us people's safety was maintained by staff.
- Risks to the health and safety of people and the staff that supported them had been assessed and mitigated. Care records provided clear information around identified risks in order for staff to keep people safe from avoidable harm.
- Staff received training in safe moving and handling techniques and the use of equipment such as hoists.

Staffing and recruitment

- Sufficient numbers of safely recruited, suitably qualified and trained staff were on duty to meet people's needs and keep them safe.
- Staff were recruited to meet people's specific needs and each person had their own team of core staff to provide consistency of care.
- Staff arrived on time and stayed for the full duration of the call.
- There were systems in place to ensure calls were covered if staff took unexpected leave.
- People were supported by the same staff who they were familiar with and who had a good understanding of how to meet their needs and keep them safe.

Using medicines safely

- People received their medicines safely from appropriately trained staff.
- A relative confirmed that staff always signed the Medication Administration Records (MARs) and supported their loved one to take their medicines safely.
- MAR were checked regularly to make sure they were accurately and fully completed.

Preventing and controlling infection

- Staff had received training in infection control and had access to protective personal equipment (PPE) such as gloves and aprons.

Learning lessons when things go wrong

- There were systems in place for the recording and monitoring of accidents and incidents that occurred at the service. The registered manager had overview of these and monitored them for themes and trends.

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.

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

- People, their relatives, care managers and other health and social care professionals had been fully involved in the assessment and planning of people's care before they started using the service. A relative told us the assessment process was very thorough and covered all aspects of their loved one's life.
- Care managers and a relative confirmed that people's care was delivered in line with the persons preferences and assessed needs.

Staff support: induction, training, skills and experience

- Staff received the training they needed to deliver safe effective care and meet people's individual needs.
- Staff completed a robust induction which included shadowing experienced staff before working unsupervised.
- A staff member told us they felt supported in their role and were confident they had received all the training they needed to support people effectively.
- A relative and a care manager told us they felt staff were skilled and delivered care safely and effectively.
- Staff had the opportunity to discuss their training and development needs at meetings with their manager and at an annual appraisal of their performance.
- Each person had a team of staff that supported them. Staff teams met on a regular basis to discuss ways of working and any changes to people's needs.

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

- People were supported to eat and drink in line with their personal preferences and dietary needs.

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

- Staff worked in collaboration with people's relatives, staff from other agencies, care managers and healthcare professionals involved in people's care.
- A relative and two care managers confirmed they had regular contact with the management team.
- Staff had access to and followed guidance provided by health and social care professionals such as physiotherapists.
- A care manager wrote to us and told us. "I receive support worker notes regularly and have found that all of the support team engage with all professionals involved within a persons therapy treatments".

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.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People living in their homes can only be deprived of their liberty through a Court of Protection order. At the time of our inspection no one receiving support was subject to any restrictions under Court of Protection.
- The management and staff had completed training in the MCA and had a good understanding of the need to gain lawful consent.
- Where people lacked capacity to give consent to their care and treatment the relevant people had been involved in making decisions in the persons best interest.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity: Respecting and promoting people's privacy, dignity and independence

- A relative and care managers told us people were treated with dignity and respect by kind and caring staff.
- A relative confirmed that their loved one felt comfortable with the staff that supported them and that staff had a good understanding of their needs.
- Staff had access to guidance they needed to communicate with people effectively and understood people's communication needs and choices.
- People and their relatives had shared information about people's life history, likes, dislikes and preferences. Staff used this information to help them get to know people and engage with them in meaningful ways.
- Staff treated people with dignity and respect whilst providing care and support.
- People's right to privacy and confidentiality was respected. Staff ensured they delivered personal care to people in private.
- Staff ensured that people's confidentiality was maintained.
- People were given choice and control over their day to day lives and supported to maintain their independence wherever possible.
- People were encouraged to maintain and develop their independence. Care plans provided staff with detailed and clear guidance on what people could do for themselves.

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

- People's relatives and care managers told us people were involved in making decisions about their care and were confident in expressing their views about the support provided by staff.
- People and their relatives were fully involved in selecting the staff that would provide support.
- People were asked to provide information about the interests and personal qualities they would like support staff to have.
- The provider gave people pen portraits of staff that matched their preferences so they could select which staff they would like to be introduced to. After meeting staff they then had the opportunity to choose which staff they would like to provide the support. Comments we received included "We were fully involved in choosing the staff; they put a lot of thought into it".
- Staff were aware of how to support people to access advocacy services should the need arise.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's individual care needs had been identified. Care plans were detailed and had been developed with the involvement of the person and where appropriate their relatives and care managers.
- Care plans were person centred; they took account of people's likes, dislikes, wishes and preferences about their daily routines. They provided all the guidance staff needed to support people effectively and respond to their needs.
- Staff supported people to set and reach their own goals. A care manager wrote to us and told us 'Within the brain injury world we work on rehabilitation goals and my clients that have received support from Bevrís have met and exceeded their personal goals. I find that the team are confident to suggest goals to myself and the therapy team that they feel the client wants to reach or could reach'.
- Staff completed a daily record at each visit to ensure that any concerns or identified changes were detailed making sure other staff had access to up-to-date information. Where possible a verbal handover was given to staff coming on duty.
- Care managers and a relative confirmed staff communicated any changes in people's care needs to management who reassessed their needs and reviewed their care plan.
- People received care and support from their own staff team who knew their routines well.
- The service recorded and shared information relating to people's communication needs as required by the Accessible Information Standards.
- People were supported to participate in their hobbies and interests and to try new things.
- People were supported to maintain relationships with people that matter to them and to develop their social circle.
- The provider organised social and fundraising events for people who used the service and staff. This had helped people at risk of social isolation to meet new people and develop friendships.

Improving care quality in response to complaints or concerns

- There were systems in place for people, their relatives and care managers to provide feedback about their experience of the service.
- People, their relatives and care managers were encouraged to share their views about the care they received at regular reviews, through surveys and at meetings. Results of the most recent surveys showed a very high level of satisfaction.
- People, their relatives and care managers were given information about how to make a complaint and were confident that any complaints they made would be listened to and acted on in an open and transparent way. A relative told us "I can ring the manager anytime if something needs changing or if an invoice isn't quite right and they get on and put it right; I'd be 100% confident in raising a complaint."
- No complaints had been made but there were systems in place for complaints to be investigated and

responded to.

- A care manager wrote to us and told us 'I have never received any negative feedback from my clients that have Bebris as a care agency'.

End of life care and support

- Nobody using the service at the time of the inspection was receiving end of life care.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- A relative told us they had confidence in the management of the service and told us they felt the management team with whom they had regular contact "Went the extra mile" and "Always take on board any suggestions".
- The registered manager promoted a culture of honesty and openness at all times including when things went wrong. A relative confirmed this and told us they felt management and staff were "Very approachable, open and honest".
- There was a strong emphasis on providing high quality, consistent care that put the needs wishes and preferences of the person first.
- Staff understood the service's vision and felt respected, valued and well supported.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager promoted an inclusive culture and management engaged with everyone using the service, their relatives, care managers and staff on a regular and on-going basis.
- Staff morale was high and results of the most recent staff survey showed a very high level of satisfaction.
- Staff felt supported; they were recognised and received thanks from the management team. One staff member told us the provider had paid for them and their family to have a weekend holiday as a thank you for 'going the extra mile' and providing cover for staff sickness over the Christmas period.
- A care manager who wrote to us told us 'The communication between myself and the office staff is excellent it is always timely and concise'.
- The introduction of on line customer satisfaction surveys had made them more accessible and resulted in an increase in the response rate.
- Events organised by the provider to raise money for local charities had increased their community presence. People who used the service and staff attended and enjoyed these events.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Bebris Support is a family run business and the registered manager and had been in post since the service opened.
- The registered manager was clear about their role and responsibilities and they had a good understanding of regulatory requirements. They had notified CQC when it was required of events and incidents which

occurred at the service.

- People's relatives and care managers had confidence in the leadership of the service and told us they had regular contact with the registered manager and management team.
- Staff were clear about their responsibilities and reported any concerns, errors or changes to management without delay.
- The provider had moved to an online system which enabled them to have an overview of the service and easily monitor and evaluate their own key performance indicators.

Continuous learning and improving care

- People's care records, daily records and medicine administration records were reviewed and updated on a regular basis. When issues had been identified action had been taken to address them.
- Spot check observations on staff were completed to ensure they were delivering the right care to people.
- The results of satisfaction surveys were used to identify areas that could be improved and action plans were implemented to drive improvement.