

Care-Away Limited

# Care Support Bedford Branch

## Inspection report

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Date of inspection visit:  
13 April 2018  
18 May 2018

Date of publication:  
21 September 2018

## 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 inspection commenced on 13 April 2018, and it was announced.

Care Support Bedford Branch provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

At the time of our inspection they were providing a service to 61 people at Gordon Colling House and St Bede's, both located in the town of Bedford.

The service had a registered manager in post who was present throughout our inspection. A registered manager is a person who has registered with the CQC 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 told us that they felt safe. There were safeguarding procedures in place to protect people from harm and staff had received effective training in safeguarding people. Staff understood their responsibilities and described an open culture for reporting any concerns.

Potential risks to the health and well-being of people had been identified, assessed and managed through detailed risk assessments. Staff were provided with guidance on how individual risks could be minimised and all assessments were updated regularly.

Any accidents or incidents that were reported by staff were analysed by senior staff and action taken to reduce reoccurrence.

People were supported by a consistent, reliable staff team who were sufficient in number to provide the care and support required. The service had robust recruitment procedures in place to ensure safe recruitment of all staff.

There were effective systems in place for the management of medicines. People were supported to take their medicines as prescribed, where assessed as required. People were supported to maintain their health and well-being and accessed the services of health professionals.

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

People had been involved in planning their care and deciding in which way their care was provided. Each

person had a detailed care plan which was reflective of their needs, had been reviewed at regular intervals and evidenced people's consent to the service agreed.

Staff had the skills and knowledge to care for people effectively. Regular training, support and supervision was provided to all staff with an ongoing staff development plan in place for each staff member. Spot checks and annual appraisals were consistently completed and used to improve upon and give feedback on performance.

People were provided with an individualised service by staff who were described as being kind, caring and helpful. Staff provided care in a respectful manner and maintained people's dignity. Staff were knowledgeable about the people they were supporting and positive relationships existed.

People knew who to raise concerns or complaints with and felt confident in doing so. The provider had an effective process for handling complaints. They were recorded, investigated, responded to and included actions to prevent recurrence. Feedback on the service was encouraged and was consistently shared with staff for learning and development of both themselves and the service they provided.

There was positive leadership at the service. People and staff spoke highly of the registered manager and senior staff. Management were visible, approachable and were actively involved in the running of the service. Staff felt valued, motivated and were committed to providing quality care.

There were effective quality assurance processes to monitor the quality of the service and understand the experiences of people who used the service. Action plans had been developed to address any issues raised within audit processes and surveys, with a view to continuously improve the service.

## 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 had confidence in the service and felt safe when receiving support.

There were appropriate systems in place to safeguard people from the risk of harm. Staff had received safeguarding training and had a good understanding of the procedures in place.

Risks to people's health and well-being had been identified, assessed and managed appropriately.

There were sufficient staff to meet people's needs. The provider had robust recruitment processes in place.

Systems were in place for the safe management of medicines.

The provider had systems and processes in relation to infection control. Staff were provided with appropriate equipment.

### Is the service effective?

Good 

The service was effective.

Training, supervision and support from senior staff equipped staff with the knowledge and skills to provide the care and support people required.

People were involved in decision making were asked to give consent to the care and support they received.

People were supported to access the services of health care professionals.

### Is the service caring?

Good 

The service was caring.

People were supported by staff that were kind, helpful and friendly.

People were supported to be involved in making decisions about their care and support.

Positive relationships existed between people and staff.

Staff protected people's privacy and dignity and demonstrated respectful behaviour.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People were involved in the planning of their care and received an individualised service.

Care plans were personalised and reflected people's individual needs and requirements.

People were aware of how to raise any concerns or complaint. The provider had an effective system to manage complaints.

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

**Good** ●

The service was well-led.

The registered manager was visible, supportive of the staff team and promoted an inclusive, person centred service.

People were encouraged to give feedback and this was used to develop the service provided.

People and staff spoke highly of the registered manager and their management of the service. Staff were motivated and committed to provide quality care.

There were effective quality assurance procedures. Senior staff completed regular audits to monitor the quality of the service provided.

# Care Support Bedford Branch

## **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.

Inspection site visit activity started on 13 April 2018 and ended on 18 May 2018. It included visiting each of the extra care housing schemes and speaking to people and the members of staff on duty. We also made additional telephone calls to people and their relatives to obtain their views and experiences of using the service.

We visited the office location on 13 April 2018 to see the manager and office staff; and to review care records and policies and procedures.

The provider was given 48 hours' notice because the location provides a domiciliary care service to people in their own homes and therefore had to give permission before we could speak with them. We also needed to be sure that senior staff would be available on the day of the inspection and that records would be accessible.

The inspection was carried out by one inspector.

Before the inspection, we reviewed information available to us about the service such as information from the local authority, information received about the service and notifications. A notification is information about important events which the provider is required to send us.

We spoke with 8 people who used the service. We also spoke with five care workers, two senior carers, two scheme managers and the registered manager. We also sought feedback from the local authority.

We looked at 6 people's care records to see if they were reflective of their current needs. We reviewed three staff recruitment files, reviewed the staff duty rota and care call scheduling and staff training records. We also looked at further records relating to the management of the service, including complaints management and quality audits, in order to review how the quality of the service was monitored and managed.

# Is the service safe?

## Our findings

People expressed a high level of satisfaction with the service and told us they felt safe whilst receiving care. They had no concerns about the conduct of staff or their ability to provide care safely. When asked if they felt safe a person told us, "Yes, absolutely. The building is secure, and someone is always on duty." Another person told us, "I feel very secure living here. The staff are always on hand and keep me safe." A third person told us, "I feel very safe. The staff, the building, it's just what I wanted."

Staff demonstrated a good understanding of how to safeguard people, recognise signs of harm and what to do if they had concerns. They had received training on safeguarding procedures and were able to explain these to us, as well as explain the types of concerns they would raise. One member of staff told us, "I can report anything to a senior member of staff and know they will take it seriously." Another member of staff told us, "We have regular conversations with seniors and can always talk to them about any concerns. [Name of registered manager] encourages us to be open and not to worry about discussing anything."

Staff records confirmed the training received and there was information about safeguarding people displayed in each of schemes. Guidance for staff included how to report concerns and the contact details for local agencies. The registered manager was aware of their responsibilities in relation to safeguarding, and the safeguarding log they maintained and associated records, showed they investigated concerns in a transparent way and had made relevant referrals to the local authority, where required. They had also appropriately notified the Care Quality Commission (CQC) of these. The registered manager had been pro-active and referred some concerns that did not meet the threshold for safeguarding however, they continued to include these types of concerns on the safeguarding log for future reference and learning.

Accidents and incidents were recorded, with evidence that they had been analysed by the scheme manager or registered manager, and appropriate action had been taken to reduce the risk of recurrence. Where required, people's care plans and risk assessments were updated to reflect any changes to their care as a result of these. Any lessons learnt from accidents and incidents were discussed at supervisions and staff meetings.

Risks to people's safety and well-being had been identified, assessed and managed appropriately. A range of detailed risk assessments were in place which gave guidance to staff on specific areas of people's care and support needs. These included risks associated with health issues, personal care, medicines, emotional well-being and where people were at risk of falls. The risk assessments provided information about the risk, the control measure in place and the action that staff should take to reduce the risk of harm. We saw that risk assessments had been reviewed and updated regularly to reflect changes in people's needs.

Staffing levels were assessed and monitored to ensure that there were sufficient staff on duty. People that we spoke with told us that staff were reliable and that they had consistent members of staff. One person told us, "I see the same group of carers all the time and they are always available if I need them, day or night." Another person told us, "The place is a community. Staff know me and I see them all the time throughout the day. They always come in to me on time." A third person told us, "All the staff are reliable and I know



exactly when they'll be here."

Staff in both schemes told us that there was sufficient staff to provide the care required. One member of staff told us, "There's always enough of us and we always know which other staff are on duty with us. It's planned well." Another member of staff told us, "We work together across the building and the visits are planned well. We can always tell the senior if there is a problem or we're slightly behind and they can allocate calls to other staff." We saw that there was an effective system to manage the rotas and schedule people's care visits in each of the schemes.

Safe recruitment processes had been followed and systems were robust. We reviewed the recruitment files for three staff and found the provider had a procedure in place to complete all the relevant pre-employment checks including obtaining references from previous employers, checking the applicants' previous experience, and Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed. There was an ongoing recruitment process to ensure that adequate members of staff were employed to meet the needs of the people who required support from the service.

People received their medicines safely and as prescribed. Senior staff carried out an assessment of people's ability to manage their own medicine when their care and support began. One person told us, "No issues with my medicines, I get all the help I need." Another person told us, "It's just a reminder from staff for me." Staff were aware of who required their medicine to be administered, who required prompting and who was able to administer their medicines without support so as to maintain people's independence.

Medicines were only administered by staff who had been trained and assessed as competent to do so. Member of staff we spoke with described the processes involved in the safe administration of medicines and the training they had received. One member of staff told us, "We have to do all of the training before we can assist people with their medicines and there are checks in place to make sure we are doing it safely and well."

A review of the daily records and Medicine Administration Records (MAR), showed that staff were recording when medicines had been given or prompted. Where issues with medicines had been identified by staff they had been reported promptly with appropriate action taken and recorded. We found that monthly audits were completed to check the accuracy of the administration and documentation of all medicines and action was taken to rectify any discrepancies. The findings from the audits were seen to be shared with members of staff during supervision and team meetings. We also saw displayed in the staff office a 'Medication of the Week' information poster which the registered manager used to inform staff of either new medicines that had been prescribed for a person using the service or providing additional information of an existing medicine in use.

The service managed the control and prevention of infection. Staff received infection control training and told us they were provided with appropriate Personal Protective Equipment (PPE) such as disposable gloves. We saw that each scheme had a plentiful supply of equipment for staff to use and the provider had an up to date policy on infection control for guidance.

## Is the service effective?

### Our findings

People told us that the service was effective in meeting their needs and felt that staff had the necessary skills to provide their support. One person told us, "Everything here is just wonderful. Just what I need and the staff are all very good." Another person told us, "The staff are all good at their job, such a lovely team." A third person told us, "[Registered manager] runs a good service. I would say all the team are well trained."

Staff told us the registered manager had a positive attitude towards training provision and that they were kept up to date with the skills relating to their roles and responsibilities through regular training. One member of staff told us, "We couldn't ask for better training and support. We have loads of training and information available to us." Another member of staff told us, "We always update our training on training. [Registered manager] makes sure we do. She encourages us." The registered manager and scheme managers monitored the training needs of the staff team and when refresher courses were required.

An induction was completed by all staff when they commenced employment with the service which included training, a period of shadowing experienced team members and assessments of their competency. Records confirmed the training programme followed by each member of staff and the assessment of their performance during the induction period through observations of task completion, medicine administration and the completion of spot checks by a senior member of staff.

Staff received the support they needed to undertake their role. Staff received formal supervision at regular intervals and told us that they had regular contact with senior staff. One member of staff told us, "I don't think the support could be any better. We get regular one to ones and can ask for support at any time. The management team are really supportive." Another member of staff said, "The support and help we get is great. In handover, supervision or just by going to the office, we can speak up about any concerns or problems that we might have." All of the staff we spoke with expressed that they could speak to the registered manager or a senior member of staff if they needed support. We saw evidence of meetings in the records we looked at and saw that they were used as opportunities to discuss performance, training requirements, staff well-being and any other support measures that the member of staff may require. Each member of staff had a staff development plan and this was reviewed at each meeting, detailing any progress made against any action or any new actions to be included.

In addition to formal supervision, senior staff undertook various spot checks to ensure that staff were competent in their roles and that they met the needs of people appropriately. These checks included an evaluation of the care workers' performance with regards to task completion, the skills used and attitude shown at care visits. We noted that these records were discussed with members of staff and an action plan completed should any issues be found during the assessment.

The registered manager had also introduced a 'theme of the week' for staff support and learning. This was when focus was given to an aspect of the service and staff were provided with information, support and their competency and awareness checked through 'on the spot' questioning. At the time of our inspection the theme was confidentiality and the registered manager explained how focus had been given to the 'theme' at

handovers and through conversations with staff in the office. The registered explained how this method was used to promote knowledge through the staff team, encourage conversation and highlight where a member of staff may need more support which had not yet been identified.

People we spoke with told us they were supported to make their own decisions and confirmed that staff would always ask them for consent before they provided them with care or support. One person said, "It's my home here and they [staff] respect that. They only help me where I need, or want, it. They give me the choice." During our observations we saw members of staff consistently seeking consent from people prior to providing them with support and obtaining their permission to enter their properties. We saw that consent forms were present in people's care records which they or a relative had signed on their behalf to show they agreed with the care and support package provided.

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.

Staff told us that they had received training on the requirements of the Act and understood their roles and responsibilities in ensuring that people consented to their care and how to provide support to people in making choices and decisions. Staff told us they would always seek consent from people prior to providing care and support.

People's needs, likes and dislikes in relation to food and fluids were documented in their care plan and they told us they were supported with preparing meals and to eat and drink sufficient amounts by the care staff, where they needed help. One person told us, "I go to the restaurant and enjoy the social chat. I don't need much help." Another person told us, "They [staff] help me out a bit with my meals." Staff we spoke with told us that they were aware of the different support people required in relation to their food and drink. Staff confirmed they would report any concerns with regards to a person's nutrition or hydration to the senior member of staff on duty.

People were supported to maintain good health and were supported to access health care services. One person told us, "Staff can always call the GP for you but I'm generally healthy and keep up to date with my appointments." Another person said, "Having someone around 24/7 is reassuring when you're under the weather. Knowing that someone will call in and check you're ok or call the doctor if you need them." A member of staff told us, "Many people are able to sort their own appointments, or it is something they are helped with by their families, but sometimes we have to step in. Sometimes it's just suggesting to someone they should call the GP or asking if we can do it for them."

All members of staff we spoke with told us that they sought advice from the senior member of staff on duty if they had concerns over a person's well-being, called the person's GP or contacted emergency services if required. We noted from the care records that people had accessed the care of other health care professionals, such as district nurses, occupational therapists and specialists. This had occurred either during their assessment or when required in managing an ongoing health concern. The registered manager also explained how they had recently sought support and information from a charitable organisation providing care and support to people with end of life care to further staff's awareness of the health care needs of people who may use their service in the future.

## Is the service caring?

### Our findings

People spoke positively about the caring attitudes of staff and told us that staff were kind, helpful and friendly. One person said, "They really are wonderful. Very polite and kind to me." Another person told us, "Everyone is so friendly; always stop and say hello. Couldn't ask for a nicer team."

We saw many compliments had been received by the service in relation to the kindness and helpful attitude of the care staff. People had developed relationships with other people living in the schemes and with staff members and these relationships were evident from the warmth in the interactions we observed.

We also saw a 'reflections' book in the office at Gordon Colling House which recorded positive experiences and feedback from people. The registered manager explained how they used this book as a record of compliments but also a morale booster to staff for them to reflect on the compliments received. The book was also used as a communication method between all staff to express their positive reflections on their colleagues and experiences at work. The registered manager told us, "If staff are feeling a little bit low I point them towards the reflections book. It's a nice boost for them to remember the positives we receive."

Staff were enthusiastic about working at the service and the relationships that they had developed with people. One member of staff told us, "I really enjoy coming to work here. It's such a nice atmosphere between everyone." Another member of staff said, "The relationships here are what makes it. Between the staff and the people. It's a community."

Staff knew the care preferences of people they supported. All the staff we spoke to were able to explain the care needs of the people they visited and how they preferred to be supported. Through the care plans, and visiting people frequently, staff were aware of people's life histories and backgrounds and used this information to build relationships with people.

People told us that care workers were respectful and treated them with dignity. One person said, "It's very friendly here but respectful. It's my home and the care and treatment I receive from everyone is always dignified." Another person said, "I've been asked if I would prefer a male or female carer and because of what care I need I chose a female. That choice is always respected." Staff explained to us how they promoted privacy and dignity when supporting people. We saw that policies were in place to ensure that all staff respected the privacy and dignity of people and this was promoted within the staff team.

People said that they were asked their views and were involved in making decisions about their care and support. People told us that staff listened to them and acted on their wishes. One person told us "I am very happy with the service. I'm asked frequently if everything is going ok. If I want to make any changes or anything." Another person told us, "Everything is my choice; and It's very flexible. I do most things for myself but can always ask for a bit more help or change the times I need the staff." Members of staff explained to us the flexibility available in the schemes and were able to accommodate changes and additional requests for support on a day to day basis.

People confirmed that they had been involved in developing the care plans that they had and knew what they were for. One person told us, "Everything was agreed with me when I started with them. What I wanted and what I needed. I've seen all the paperwork." Records showed that people had been involved in the assessment of their care needs and deciding the care they wished to receive and had been provided with a range of information to enable them to decide if the service was right for them prior to moving in to the scheme or accepting the services of Care Support Bedford Branch.

Care plans were regularly reviewed and updated whenever there was an identified change. We looked at 6 care plans and saw they were individualised to meet people's specific needs. There was evidence of people's involvement in the assessment and planning of their care and signatures of people to confirm that they agreed with the content. Regular meetings were held with people, their relatives and the registered manager to monitor and evaluate the care being provided and to review the care package in place. We saw any changes agreed at these meetings were reflected in the care plans and signatures of people to evidence their involvement and agreement were present.

## Is the service responsive?

### Our findings

People received an individualised service that was tailored to their needs and confirmed that they were involved in planning their care. One person said, "It's perfect for me. Support is there when you need it. They ask you before you move here, or take up their services, what you want from them each day." Another person told us, "They know what is required. I've told them." People described a comprehensive assessment process and regular reviews of the care provided.

Staff were knowledgeable about people they supported. During our conversations it was evident that they were aware of people's hobbies and interests, family backgrounds as well as their health and support needs. One member of staff told us, "The care plans are very detailed on the care and support we provide at each visit and the extra information all about them as a person so you know who you are caring for." Staff told us that they were kept informed of changes in people's needs at handovers, during team meetings or by reading updated care plans. Staff confirmed there was always a senior member of staff available to ask for clarification if they were unclear about any changes in people's needs or information within people's records.

People who used the service were aware of the complaints procedure or who to contact in the scheme if they had concerns. One person told us, "I have no complaints but no I can speak to any of the staff." Another person told us, "I feel listened to all the time so concerns never build up. I can always ask to speak to the manager, I would know how to make a complaint." The complaints procedure was displayed in each scheme with information displayed encouraging people to share their views on the service. A copy of the complaints procedure was also issued in the information pack when a person began using the service.

There was an effective system for managing concerns and complaints. We saw that where issues had been raised they were recorded along with the action taken to resolve them. Where formal complaints had been made they were logged and an investigation completed. For all recorded complaints, there was also a response to the complainant and the action that had been taken to prevent the concern occurring again or the learning achieved from the investigation. This demonstrated how the registered manager used complaints as opportunities to make improvements to the service.

People were also asked about their views on the service through care plan review meetings and via an annual survey. The registered manager explained how people, and their relatives, were offered at the time of a review the opportunity to give feedback specific to their care they received.

The annual survey was conducted by sending questionnaires to each person who used the service to determine how the service was performing. All of the responses seen were positive with many complimentary comments with regards to the staff, the care received and the quality of the service provided. We saw that the results were shared with people, relatives and staff. The registered manager explained how the results would be used in the formation of an action plan and contribute to the overall service development plan should any areas for improvement be identified in future surveys.

## Is the service well-led?

### Our findings

There was a registered manager at the time of this inspection. The registered manager explained to us how they managed each scheme and divided their time between them with the support of the scheme managers. Staff told us that the registered manager, and their respective scheme manager, provided them with consistent support and guidance and were a positive, active influence in the running of the service.

People knew who the registered manager was and confirmed that they were visible in the service. One person told us, "[Registered manager] is wonderful. I see her all the time and we always have a chat.". Another person told us, "[Registered manager] knows her stuff. She works hard for all of us and it's makes a difference."

Staff told us there was positive leadership in place from the registered manager. One member of staff told us, "[Registered manager] is the best manager I have worked for. She's very supportive and wants the best for all of us, the people and her staff team." Another member of staff told us, "[Registered manager] is passionate about the service and the work that we do. She wants us to do our best and will do almost anything to help us do that." None of the staff we spoke with had any concerns about how the service was being run and told us they felt valued by the registered manager. We found staff to be motivated and committed to providing the best possible care.

The registered manager was available throughout our inspection and clearly demonstrated their passion for the people using the service and staff. They had introduced a range of information sharing methods and 'celebrations' to provide staff with the information they required; with an aim to develop the relationships with staff, share their appreciation for the teamwork and develop the service further. This included a staff appreciation day, medication of the week, condition of the month and celebrations of the achievements of staff and the service. We saw they were actively involved in the running of the service and had a good rapport with people and staff.

During our inspection we saw that members of staff were relaxed. We observed positive communication amongst the staff on duty and saw the senior members of staff working together to meet the needs of people and enhance the experiences of the staff on duty. We saw frequent, positive conversations between members of staff and these opportunities were used to actively share information about people and their care. The registered manager encouraged open conversations with staff to share information, asked questions about their work and personal well-being and responded positively to any concerns that were raised.

Staff told us that they were provided with the opportunity to discuss their work and share information within the workplace. This was completed formally, in team meetings and supervision, and informally through discussions whilst on shift. Staff told us that regular staff meetings were held where they were able to discuss issues relating to their work and the running of the schemes. They confirmed that they were given the opportunity to discuss any concerns at these meetings. Recent meeting minutes showed that topics discussed included safeguarding, health and safety, communication, medicines, survey feedback from

people and their families and the use of call monitoring. Staff were also asked for feedback on their experiences via an annual staff survey.

There were effective quality assurance processes in place. Senior staff undertook spot checks to review the quality of the service provided and these were consistently completed for all staff. Senior staff also carried out regular audits of care records to ensure that all relevant documentation had been completed and kept up to date. This included the review of medicine administration records (MAR) and daily visit records. Where gaps were found in records or errors noted, an explanation was given and the actions taken recorded. We also saw action plans that had been completed by the registered manager following internal and external audits. This demonstrated how the registered manager used feedback and information from a variety of sources to drive future improvement in the service.