

Rebecca Priestman (Care) Ltd

# Beech Grove Care Services

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

Beech Grove Care Services is registered to provide personal care in people's own homes. This was an announced visit which took place on 26 November 2014.

The last inspection of Beech Grove Care Services took place on 3 July 2013 when it was found to be meeting all the regulatory requirements we looked at.

The registered manager for the service was not available at the time of our visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered provider, they are

'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were 25 people using the service at the time of our inspection who were supported by a staff team of 12 care workers, which included the registered provider and registered manager.

# Summary of findings

People and relatives who we spoke with said that they felt safe with the care workers who supported them. People told us that they were always introduced to a care worker before they started to receive support from them.

We saw that there were recruitment and selection procedures in place to help protect people who used the service from coming into contact with staff who were unsuitable to work with vulnerable people.

No issues were raised by people who used the service and relatives about care workers skills and ability to carry out the job. However, we found that the staff team training record showed significant gaps in both the online and external basic training, which should be undertaken by staff.

The team training record showed that most of the staff had not received any training in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty safeguards. This training would help provide care workers with guidance about their responsibilities under this legislation which is in place to safeguard the rights of people who may lack the capacity to make their own decisions.

We looked at the support arrangements for six people who used the service. Rotas' showed that people received consistent support from care workers. Relatives we spoke with confirmed that this was the case. One person said "We have consistent care. This is really important to ensure that [my relative's] individual needs

are met." Two relatives told us that they worked with the care workers as a team. One relative commented, "[my relative] always knows who is coming as they have a copy of the rota."

We saw a copy of the risk assessment which was completed for each person who used the service. The risk assessment covered the person's home, security arrangements, suitable hygiene facilities, equipment such as hoists, fire safety which included checking smoke alarms were fitted. Where people needed support with personal care, staff had access to disposable gloves, aprons and hand gel to help prevent the risk of cross infection.

A relative said that the care the person who used the service received had been "First class, very professional they know how to care. This has given me the confidence to step back a little" and "They [care workers] do not speak to my relative like a child." Another relative said "I do trust them and I have peace of mind." And "I would not leave [my relative] if I was not confident they were safe or being cared for properly."

People who used the service and staff told us that the registered manager and the registered provider were very approachable and supportive. The registered provider told us they were involved in attending local partnership meetings. This helped them to keep up to date with changing legislation and guidance.

# 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?

The service was safe.

People and relatives who we spoke with said that they felt safe with the care workers who supported them. People told us that they were always introduced to a care worker before they started receive support from them.

We saw that there were recruitment and selection procedures in place to help protect people who used the service from coming into contact with staff who were unsuitable to work with vulnerable people.

Good



### Is the service effective?

The service was not always effective.

Although no issues were raised by people who used the service and relatives about care workers skills and ability to carry out the job, we saw that the team training records showed significant gaps in both online and face to face training which was offered through the local authority training partnership.

There was little evidence available on the staff files that we saw to show that regular formal supervisions were undertaken with care workers or that unannounced spot checks were carried out at to observe care workers direct practice.

The staff team training record showed that most of the staff had not received any training in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

Requires Improvement



### Is the service caring?

The service was caring.

We saw that there was information available for staff about person centred care and what this meant. Information encouraged staff to consider the person's point of view, how they are feeling about receiving support and treating them as individuals.

Rotas showed that people received consistent support from care workers. Relatives we spoke with confirmed that this was the case.

Good



### Is the service responsive?

The service was responsive.

People and relatives we spoke with talked about the attention to detail they received from care workers.

People's care was reviewed annually or more regularly if people's needs changed or at their request.

Good



# Summary of findings

The registered provider told us they encouraged people to raise any concerns they had as soon as possible so that they could be resolved.

## Is the service well-led?

The service was well led.

People who used the service and staff reported the registered manager and the registered provider were very approachable and supportive.

The registered provider told us they were involved in attending local partnership meetings. This helped them to keep up to date with changing legislation and guidance.

**Good**



# Beech Grove Care Services

## 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 and to provide a rating for the service under the Care Act 2014.

One inspector carried out this inspection. The service was given short notice about our visit in line with our current methodology.

Before our inspection we reviewed the information we held about the service including notifications the provider had

made to us and the Provider Information Record (PIR) that they had completed. This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make.

We also had contact with the local authority safeguarding team and the commissioners of the service to obtain their views about the service.

We visited the office of the service on 26 November 2014. We talked with the registered provider and the administrator about the day to day running of the service and also looked at a range of records held by the service which included, care records, staff recruitment files, computerised rotas and some policies and procedures.

Following our visit we spoke on the telephone with two people who used the service, six relatives and two care workers to ask them for their views and opinions about the service.

# Is the service safe?

## Our findings

People who used the service who we spoke with said that they felt safe with the care workers who supported them. They told us they could speak to the registered manager or the registered provider about any concerns, worries or problems they had and were confident that the registered manager would take action to sort the issue out. One person who used the service told us “I would speak to [the registered provider] and I am sure she would sort any concerns out.”

The term safeguarding is used to describe the processes that are in place in each local authority that people can use to help ensure people are protected from abuse, neglect or exploitation. We saw that information about safeguarding which covered the types of abuse.

There was a policy available for staff that covered their responsibilities in relation to reporting poor practice should they suspect abuse was occurring within the organisation.

People told us that they were always introduced to a care worker before they started receive support from them. They confirmed that care workers wore an identification badge and wore a uniform with the company logo displayed on it to help identify them. This helped people who used the service identify them.

Some care workers accessed people's houses using a key safe system. We saw on the staff records we looked at that care workers had signed an agreement not to discuss or disclose any information relating to people who used the service; this included information required to use the key safe.

We saw a copy of the risk assessment which was completed for each person who used the service. The risk assessment covered the person's home, security arrangements, suitable hygiene facilities, equipment such as hoists, fire safety which included checking smoke alarms were fitted.

The staff member told us about what action they would take if an emergency situation occurred, for example, if a person they were visiting needed to go to hospital. This included contacting the office so that they could inform the

next person they would be visiting that their care worker would be late or if another care worker was to be sent instead. They said they would contact the person's nearest named relative where appropriate.

We looked at the recruitment files held for two staff who were employed by the service. We saw there were robust recruitment and selection procedures in place which met the requirements of the current regulations. Records we saw showed that a thorough interview took place to ensure the potential employee had the right qualities and motivation to work with vulnerable people.

We talked with one care worker who told us about the recruitment process. They told us that they had initially spoken with the registered manager about their suitability to apply. They then completed an application form and had a formal interview. The care worker confirmed they did not start working directly with people until their criminal record check from the Disclosure and Barring Service (DBS) and had been returned.

We saw that staff completed a health screening questionnaire to help ensure that they were physically and mentally fit to carry out the roles and responsibilities of their role. Staff also completed and signed an equality and diversity statement as well as an equality opportunities monitoring form, which explained the importance of treating everyone equally regardless of their colour, age, gender, religion, ethnicity, disability or sexual orientation.

A relative said that “the provider deserves a pat on the back for employing the right care workers.”

We looked at the support arrangements for six people who used the service. Rotas showed that people received consistent support from care workers.

Care workers were responsible for the administration of some people's medicines. We saw systems were in place to record what medication people had taken. People we spoke with told us that they never ran out of medicines and always received it at the time they should. The registered provider told us that they prompted the majority of people to take their own medicines.

We saw that a detailed risk assessment was undertaken to identify any potential risks with people's medicines and what action was to be taken to minimise them. Examples of assessed risk included, the person's ability collecting prescriptions, the safe storage of medicines, the person's

## Is the service safe?

level of understanding and their ability to remember taking them. Details of the assessed level of need were reached and the document was then signed by the person carrying out the assessment, the person receiving support and their representative if appropriate.

The assessment clearly stated that other tasks, for example, the application of eye drops, simple dressing and changing and disposal of stoma appliances would only be

undertaken by care workers who have received the appropriate training. The also assessment encouraged the assessor to promote people's independence where possible.

Where people needed support with personal care staff had access to disposable gloves and aprons and also hand gel to help prevent the risk of cross infection. A care worker said "There are always plenty available." We saw that there was a large amount of stock available at the office.

# Is the service effective?

## Our findings

No issues were raised by people who used the service and relatives about care workers skills and ability to carry out the job. However, we saw that the team training records showed significant gaps in both online and face to face training which was undertaken through the local authority training partnership. This included the registered manager and the registered provider who also worked directly with people. A care worker we spoke with told us they had previous experience working with vulnerable people and had received all their mandatory training locally prior to starting work at the service.

There was little evidence available on the staff files that we saw to show that regular formal supervisions were undertaken with care workers or that unannounced spot checks were carried out to directly observe the practice of care workers.

The team training record showed that most of the staff had not received any training in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty safeguards. This training would help provide care workers with guidance about their responsibilities under this legislation which is in place to safeguard the rights of people who may lack the capacity to make their own decisions.

This was a breach of Regulation 23 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Where people who used the service were being funded by the local authority we saw copies of the community care assessment that had been carried out and a care plan developed by the person's social worker. This information helped the service decide whether or not people's needs could be met at the point of referral.

We saw that people's needs were also assessed by either the registered manager or the registered provider before a service was offered to ensure people's needs could be safely and effectively met. One relative told us that the registered manager had spent two hours carrying out an assessment with them and their relative. They said that "No stone was left unturned." Another relative commented that there had been a meeting with the person, their family and a social worker to discuss the necessary arrangements.

We saw that there was a staff induction checklist in place for new starters which included information about the roles and responsibilities and general information for example about uniforms. A care worker we spoke with confirmed that before they worked with people directly they had shadowed an existing member of the staff as part of the induction process. This gave them an opportunity to meet people and get to know their personal preferences before working with them. A relative we spoke with confirmed that this happened. A care worker confirmed that they were encouraged to raise any concerns they had before they started to work alone and that they felt safe and comfortable to do so. A check of whether the care worker was competent to work without supervision was undertaken following the initial induction period.

A member of the care staff told us that they thought that team work and communication was good. The organisations used mobile phones to keep in contact with one another and to update each other as to any changes or concerns about people who used the service so that they could be followed up at the next visit. We saw information for staff about essential record keeping for example the need for records to be accurate, clear, dated, factual and signed by the person writing them as well as what staff should do if they made a mistake.



# Is the service caring?

## Our findings

We saw information was available for staff about person centred care and what this meant. Information encouraged staff to consider the world from the person's point of view, how they were feeling about receiving support and treating people as individuals. Information included the need to encourage people to do as much for themselves as possible to help maintain their independence, make the most of people's strengths, the need to foster an atmosphere of freedom and not control and treat the person as you would wish to be treated. A care worker said that we care for people, "Like you would want for your own family."

Three relatives we spoke with had experienced poor care from other services so were able to draw comparisons with other services. The relatives we spoke with were highly complimentary about the care workers who supported their relative and the attention they paid to the detail around the individual they were supporting.

"A relative commented "[the main care worker] is absolutely excellent, brilliant." After a poor experience with another agency my relative's confidence improved within the first hour. They told us their relative commented "I really like these [care workers]. We're sticking with them aren't we?"

A relative said that the care the person received had been "First class, very professional they know how to care. This

has given me the confidence to step back a little" and "They do not speak to my relative like a child." Other relatives said "I do trust them and I have peace of mind." "I would not leave [my relative] if I was not confident they were safe or being cared for properly." And "They are very caring and very efficient."

Relatives we spoke with confirmed that this was the case. One person said "We have consistent care. This is really important to ensure that [my relative's complex] individual needs are met." Two relatives told us that they worked with the care workers as a team. One relative commented, "[My relative] always knows who is coming as they have a copy of the rota."

A care worker told us that consideration was given to matching the person who used the service to particular care staff, for example the care worker might need the ability to sit for long periods of time with a person who had dementia and keep them occupied. They also talked about the importance of team work and that this was encouraged by the service.

The PIR we received from the provider informed us that all staff would receive end of life training during the next 12 months. A care worker told us about a person who was reaching the end of their life. They said arrangements had been put in place while the person was still well enough to form relationships with the care workers so they were not meeting the staff for the first time during the later stages of their life limiting condition.

# Is the service responsive?

## Our findings

We saw copies of two care plans that were kept at the office. The care plans detailed people's individual needs and were signed by the person concerned; this indicated they were in agreement with the care to be provided. One relative commented "They follow everything on the care plan to the letter." The administrator for the service had a system in place to check that all the necessary care records were in place for people.

A care worker told us that they thought care plans covered the tasks that they undertook well but not always the small detail they became aware of as they got to know the person better. This included for example, how a person liked their cup of tea or the order that people liked tasks to be carried out.

A care worker said that they helped some people with food and drink. Some people used ready-made microwave meals. However they always asked what the person wanted in case they preferred an alternative for example, poached egg on toast.

The registered provider was looking at ways to capture this detail. Consideration was being given to using a one page profile, which would include what people strengths were as well as their support needs and the details that were important to them.

Some of the relatives we spoke with, where the person being supported had complex support packages commented on the need for attention to detail and to ensure consistent routines and practices were in place.

They said this helped to put the person at ease and keep them safe for example, complex transfers when using a hoist and infection control procedures. They said that their relative received this level of consistency from the service.

The registered provider had a system in place to ensure people's needs were regularly reviewed. We were told that people's care was reviewed annually or more regularly if people's needs changed or at their request.

We saw a copy of a care review form which covered the person's care plan and care provision, medication, moving and handling, their environment and equipment. The document was signed by the person concerned and the provider to confirm agreement with the findings. The review gave people the opportunity to give their views and opinions about the quality of the service they receive.

We saw that the provider had a complaints policy and procedure in place. The registered provider told us there had been no formal complaints made by people who used the service or their relatives since our last inspection visit.

The registered provider told us they encouraged people to raise any concerns they had as soon as possible so that they could be, "Nipped in the bud." A relative told us that there had been some, "Teething problems at first" but these had been resolved.

At the office we saw many thank you cards that had been received by the service. The comments written on the cards were seen to be highly complimentary. The registered provider agreed that they would gather this information as part of the quality assurance process.

# Is the service well-led?

## Our findings

The registered manager for the service was unavailable at the time of our inspection visit due to ill health. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered provider, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Services which are registered are required to notify the Care Quality Commission of any incidents that arise. We checked our records and saw that we had received no notifications since our last inspection. At this inspection we did not find any evidence of incidents that we would have required a formal notification.

Prior to our visit we asked the provider to complete a Provider Inspection Return (PIR) form and this was returned to us. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Planned improvements included the review of policies and procedures, the development of a one page profile for people so that what matters to them is recorded and to access more training for staff in promoting independence and communication skills.

The registered provider told us they were involved in attending local partnership meetings. This helped them keep up to date with changing legislation and guidance.

Before our inspection visit we contacted the local authority commissioners who had recently started to commission the service. They informed us that the feedback they had received from people who used the service had been positive and they had received no safeguarding concerns or complaints about the service.

People who used the service and staff told us the registered provider and the registered manager were very approachable and supportive. Care workers told us they were encouraged to raise any concerns they had with them. Both the registered manager and the registered provider worked directly with people and with other care workers so they knew them well.

We saw that the service was requesting feedback from people and relatives about the service through the internal review process. We recommend that the registered provider looks at ways to develop this information into a quality assurance format.

There was an on call system in place in case of emergencies outside of office hours and at weekends. This meant that any issues that arose could be dealt with appropriately.

Relatives we spoke with told us they would recommend the service to other people. One relative said, "I would recommend them to anyone. They are good at communicating with me and are flexible. Absolutely brilliant. I would not go anywhere else." Another said "Yes absolutely it has been life changing for me."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff</p> <p>The registered provider must have suitable arrangements in place to ensure that people who are employed by them receive appropriate training and supervision.</p> <p>Regulation 23 (1)(a)</p>