

Bewdley Care Limited

Suite 1

Inspection report

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26 February 2019

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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: Suite 1 is registered as a domiciliary care agency providing the regulated activity 'personal care' to the people who live in their own homes. At the time of our inspection, the service was providing personal care to 110 people.

People's experience of using this service: The management of medicines was safe, but minor issues were noted with some medications records. Staff had completed training in the safe management of medicines. People told us they felt safe and staff knew how to respond to possible harm. Risks to people were assessed and records contained guidance for staff to follow. Staff followed infection prevention and control guidance when supporting people in their own homes.

There were enough skilled and experienced staff to meet people's needs. An induction was completed by all staff. Staff received appropriate training and support to enable them to perform their roles effectively. Robust recruitment processes were in place and followed.

Staff involved healthcare professionals to ensure people's health care needs were met. People received support with eating and drinking, when required. 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 and relatives said staff were reliable, kind and caring. The staff described how individual people preferred their care and support delivered and the importance of treating people with dignity and respect. People's care plans were personalised, with sufficient detail for staff to provide effective care. Staff had received training in end of life care.

People and relatives had the opportunity to provide feedback on the service received. Information was provided so people knew who to speak with if they had concerns. There was a system in place to respond to any complaints. Systems were in place to monitor the quality of service and action was taken where areas for improvement were found.

Rating at last inspection: At the last inspection the service was rated Good. (published 9 February 2016). The overall rating has remained the same.

Why we inspected: This was a planned inspection to check/confirm that this service remained Good.

Follow up: We will continue to monitor the service through information we receive. Further inspections will be planned for future dates as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

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 remained Good.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained Good.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remained Good.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remained Good.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remained Good.

Details are in our Well-Led findings below.

Good ●

Suite 1

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: The inspection team consisted of one inspector and two Experts by Experience. 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 domiciliary care.

Service and service type: Suite 1 is a domiciliary care agency and provides personal care to people living in their own homes. It provides a service to older adults. Not everyone using Suite 1 receives a regulated activity; Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. For these people we also take into account any wider social care provided.

The service had a manager registered with the CQC. This means 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. We needed to be sure the registered manager would be available to facilitate this inspection. We visited the office location on 25 and 26 February 2019.

What we did: Before the inspection, we reviewed the information we held about the service, including statutory notifications. Notifications are used to inform CQC about certain changes, events or incidents that occur. We requested feedback from stakeholders. These included the local authority safeguarding and commissioning team and Healthwatch England. Healthwatch England is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider had completed a Provider Information Return (PIR). The PIR is a form providers are required to send us which contains key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with 12 people who used the service and five relatives about their experience of the care provided. We spoke with the owner, the registered manager, deputy manager, field care manager and five care staff members. We looked at four people's care plans and a selection of medication administration records. We saw records and documentation about the management of the service, recruitment information for two staff members, staff training and supervisions records, complaints and staff rotas.

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.

Using medicines safely

- The registered manager told us most people's medicines were dispensed from the pharmacist in a dossett box, which minimised the risks of errors being made.
- Whilst we found no evidence to suggest medicines were not administered safely, minor issues were noted with some records related to medicines management. The registered manager agreed and was going to review the records to make them more robust.
- All staff completed training in the safe management of medicines and their competency had been assessed before they were able to administer medications. One staff member said, "I have had training in medicines but, if I am not sure of anything I will always ask, they [office staff] do explain things quite well."

Systems and processes to safeguard people from the risk of abuse

- People and relatives, told us they or their family member felt safe with staff. One person said, "Yes, I feel very safe." A relative told us, "I completely trust how my mother is looked after." People knew who to contact and relevant contact details if they had any concerns.
- Staff knew how to recognise and protect people from the risk of abuse.
- The provider had effective safeguarding and whistleblowing systems and policies in place. Staff had received safeguarding training.
- The registered manager reported safeguarding matters appropriately to the local authority safeguarding team and the Care Quality Commission.

Assessing risk, safety monitoring and management

- The potential risks to each person's health, safety and welfare had been identified, along with any environmental risks.
- Staff understood where people required support to reduce the risk of avoidable harm. Risk management plans were individualised and contained guidance for staff to follow.
- A relative told us, their family member received support which involved the use of a hoist, they had no concerns with how staff used this equipment.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's care and support needs.
- People and relatives told us they received care in a timely way and staff did not rush. One person said, "My carers don't seem rushed, I have enough time for them to do what I need." A relative told us, "Mum, needs two carers per visit and they usually arrive on time together which is pretty good going if you ask me."
- There was an effective staff rota management system. The registered manager told us they had employed staff specifically to cover holiday and extended periods of sickness. Staff said they worked together well to make sure all the visits were covered. People confirmed they had a core team of staff who supported them.

A relative said, "We have usual carers and we like that and when a new one comes my husband is more than capable of guiding them. We are very happy and we have never had a problem with any one."

- The provider had robust recruitment procedures in place which ensured appropriate checks were completed prior to new staff starting work.

Preventing and controlling infection

- Staff followed good infection prevention and control practices to help prevent the spread infections.
 - People told us staff took care in relation to food preparation and personal care.
 - Staff had access to disposable gloves and aprons, these were used when undertaking personal care tasks.
- Staff had completed infection control and food hygiene training.

Learning lessons when things go wrong

- Lessons were learned when things went wrong so that improvements could be made to the service.
- The registered manager told us they made changes routinely and reviewed the adverse error and incident log audit every six months to obtain an overview and look for trends. For example, changes to staff rotas were not always robust so a second check was implemented prior to rotas being sent to staff.

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.

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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For this type of service any applications to deprive a person of their liberty must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA

- People said care processes were consensual and they were provided with appropriate choices. One person said, "Yes, I am asked for my permission before the carers do anything for me." A relative told us, "They always ask [name of person] what he would like them to do."
- Discussions with the registered manager and staff showed they understood the requirements of the MCA. A staff member said, "I offer choice for everything, even if people have dementia."
- Care plans showed people had consented to their care and some information was recorded regarding people's mental capacity. However, the registered manager told us they were in the process of further enhancing these records.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed to ensure the service could meet their needs.
- People said they had an assessment completed at the point they started to receive care and they felt involved.
- The registered manager used 'Skills for Care' and relevant guidance from the internet to obtain information to improve the care and support people received.

Staff support: induction, training, skills and experience

- People and relatives told us staff were appropriately trained. A relative said, "I think the carers who look after mum are very well trained and they do everything she needs."
- Induction procedures ensured staff were trained in the areas the provider identified as relevant to their roles.
- Staff new to care, completed the Care Certificate. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of job roles in health and social care.
- People were supported by staff who had ongoing training. One staff member said, "It is always good to have an update as things change, it is a refresher."

- Staff felt well supported and were given opportunities to review their individual work and development needs. One staff member said, "[Name of office staff member] comes out to do observations and assess your competency which is a good thing. I have had supervisions, I find these helpful."

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

- Staff assisted people to eat and drink when required. One staff member said, "I make small meals, bacon sandwiches etc. I encourage all sorts of choice, this keeps people's appetite up, I leave people drinks of their choice."
- People told us they were happy with the support they received with meals. One person said, "The carers help me with my meals. I have a mixture of freshly prepared food and Wiltshire farm foods, I find this works very well."
- Where appropriate, care plans ensured staff had the information relating to a person's eating and drinking needs.

Staff working with other agencies to provide consistent, effective, timely care

- Both care and office staff said they worked well as a team and communication and sharing of information was good. This ensured people received continuity of care.
- The registered manager said the management team held weekly discussions to review any issues or changes required.
- Care plans contained evidence of visits to and from external healthcare professionals including GP's and district nurses.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access and receive healthcare services.
- People said they were confident staff would support them to access healthcare professionals if required. One person said, "I was ill not so long ago, [name of staff member] knew straight away I was ill. She called the doctor."
- Staff liaised with healthcare professionals, where appropriate and gave examples of this. One staff member told us they had called an ambulance recently for one person who was unwell.

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

- People and relatives said they were well supported and provided positive feedback about staff and the service. Comments included, "I couldn't be happier with my carers they have been coming a while now and I am very happy with all they do and I am sure that its more than a job to them I feel they really care."
- Staff spoke about people in a kind and caring way. They knew people's preferences and used this knowledge to care for them in the way they wanted. Comments included, "This company really look after people well, I never hear a bad word said about them. We know when something is bothering them [people]."
- Care plans were used to get to know people and to build positive relationships.
- People's religious needs were recorded in care plans and people were supported to access religious services of their choice. For example, one person's care plan reflected what staff support was required for them to commence prayers.

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

- Staff supported people to make decisions about their care, and knew when people wanted help and support from their relatives.
- People and relatives told us they were involved with the planning of their care and with day to day decisions. A relative said, "Right from the beginning we all have been involved with planning mums care and it has really worked well."
- Information on how to access an advocacy service was available for people. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person said, "After my shower, while I am getting dry the carers keep me covered to maintain my dignity, I like that." A relative told us, "I hear the carers telling him what they are going to do next, they are all so respectful towards him."
- Staff understood the importance of respecting people's privacy and dignity. One staff member said, "I make sure we are in a private room, I wash one half at a time and keep the other half covered."
- People said staff supported them to stay independent. Staff gave examples, where they had encouraged people to remain independent. For example, one staff member said, "If they [person] can, I give them the flannel to wash their face and hands and towel to dry them self."

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 were cared for by staff who knew their likes, dislikes and preferences. Comments included, "They understand me and know how I like things to be done" and "It's usually regular carers and they know what to do and how I like it done."
- Care plans were person centred and staff were knowledgeable about people's care and support needs.
- People's diverse needs were detailed in their care plans and met in practice. This included cultural needs and religious requirements, where required.
- Staff knew how to communicate with people and information was provided in ways which people could access and understand. Care plans contained information about people's communication needs and any sensory support or adaptations they required.
- The provider complied with the Accessible Information Standard, a legal requirement to meet communication needs of people using the service. The registered manager said information was in a format each person could understand and access. They said information could be produced in any format or language, if required.

Improving care quality in response to complaints or concerns

- People and relatives said they had information on how to make a complaint and would feel comfortable doing so. A relative said, "We had a problem once and I needed to complain and the problem was sorted out straight away. I have confidence in the company this will not happen again."
- On commencement of the service, people and relatives were given a copy of the providers service user guide. This contained information on how to make a complaint.
- Staff said they would talk with the registered manager about any issues or concerns.
- The provider had procedure to guide staff in how to manage complaints. The service investigated and responded to complaints appropriately.

End of life care and support

- At the time of the inspection, the service was not supporting anyone who was at the end of their life.
- Staff had completed training in dying, death and bereavement.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was evidence audits had been completed including a care plan audit.
- Adverse errors and incidents were analysed six monthly, with action taken if required.
- The registered manager was supported by a team of staff based in the office who coordinated care packages. These staff were responsible for monitoring the quality of the care provided, completed care reviews, arranged staff training and supervisions.
- The provider had policies and procedures in place which provided staff with clear instructions.
- Staff spoke positively about the registered manager. A staff member said, "The management team are brilliant, people have their own role so you know who to go to and there is always someone on the end of the phone."
- People said the service was well managed and they received good support from the office. Staff were polite and their calls were always dealt with in an appropriate manner.

A relative said they had nothing but praise for the management. They said, "We get told what is going on and if I have any queries they are always sorted very quickly."

- The provider and registered manager demonstrated an open and positive approach to learning and development. There were systems in place to ensure staff continued to learn, were trained and supported in their role.
- The registered manager had completed a training survey in 2018. This identified areas for improvement and action taken to resolve any concerns.
- The registered manager continued to notify the CQC of all significant events, changes or incidents which had occurred at the service in line with their legal responsibilities.

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

- The provider had sought feedback to help maintain and improve standards at the service.
- People said they had appropriate opportunities to provide feedback to the registered manager.
- A service users survey had been conducted in 2018. Most of the responses were positive but where any follow up was required this had been recorded and action taken.
- Staff felt supported by the registered manager and gave examples of this.
- Newsletters were routinely sent to staff which provided information on any changes or amendments to the service.
- The registered manager and staff team worked in partnership with other professionals such as commissioners and day centres to promote and maintain people's quality of life.

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

- The provider and registered manager were committed to providing good quality care to people and promoted a positive culture that was person centred and caring.
- People said they were happy with service and would recommend it to others. One person said, "Yes I am very happy and would definitely recommend it. It's because of the staff and the way they care for me." A relative said, "Yes, I would recommend the service, because we have been given the attention and care we want."
- Staff enjoyed working at the service and said the management team were approachable. One staff member said, "I feel management listen to me and appreciate the work that I do."