

A & M Bewdley Care Service Limited

# A & M Bewdley Care Services

## 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?

Requires improvement



## Overall summary

This inspection was announced and took place on 9 December 2015. We gave the provider 48 hours' notice of our intention to undertake the inspection. This was because the service provides domiciliary care to people in their own homes and we needed to make sure someone would be available at the office.

A & M Bewdley Care Services is a domiciliary care agency registered to provide personal care to people living in their own homes. At the time of our inspection 52 people received care and support services.

There was a registered manager in place. A registered manager is a person who has registered with the Care

Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

On the day of our inspection the registered manager was on a period of leave. In response to this the provider had made cover arrangements and we spoke with the deputy manager.

# Summary of findings

People we spoke with told us that they felt safe when staff entered their home and that staff knew how to support them. Staff were able to tell us of the needs of the people they provided care for and their roles and responsibilities in keeping people safe.

People were supported by sufficient numbers of suitably qualified staff, who had a good understanding of protecting people from the risk of abuse and harm and their responsibilities to report suspected abuse. Medicines were administered by staff that had received training to do this. The provider had procedures in place to check that people received their medicines as prescribed to effectively and safely meet their health needs.

People told us they received consistent care from a regular team of trained staff who understood their likes, dislikes and preferences for care and support.

Staff supported people to make their own choices and decisions about their care and support. People were actively involved in how their care was planned and their needs met. Staff supported people to access health care services such as their GP and district nurses by arranging appointments or making the necessary contact.

People spoke positively about both support they received and the staff that provided it. People told us they were treated with dignity and respect and staff demonstrated their understanding of people's right to refuse care.

People received care that met their individual needs. People and staff said managers listened to them and they felt confident they could raise any issues should the need arise.

Relevant notifications had not been submitted to CQC where safeguarding reports had been referred to the local authority. CQC requires this information to look at the risks to people who use care services.

The provider and managers were accessible and approachable and the provider ensured regular checks were completed to monitor the quality of care.

People told us there had been a number of management changes and communication could be improved. The provider acknowledged there had been a period of change but felt positive changes had been introduced, for example the introduction of a new computerised call system would in future enable people to access information when they required it via their own computer.

The provider monitored the quality of care provided and support staff. They encouraged an open office where staff could 'pop in at any time' and staff confirmed that management were available and supportive.

# 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 felt safe with the care staff that supported them, and care staff knew how to keep people safe in their own home.

People received care from regular staff who had received training on how to support them with their medicines.

Good



### Is the service effective?

The service was effective.

People were supported by staff who were well trained and supported.

People were supported to access healthcare services when required by staff.

People received care they had consented to and staff understood the importance of this.

Good



### Is the service caring?

The service was caring.

People were involved in the planning of their care and staff provided care that took account of people's individual preferences and were respectful of their privacy and dignity.

Good



### Is the service responsive?

The service was responsive.

Staff had a good understanding of people's individual support needs and preferences.

People and staff knew who to speak to if they had concerns.

Good



### Is the service well-led?

The service was not consistently well led.

Relevant notifications had not been submitted to CQC where safeguarding reports had been referred to the local authority. CQC requires this information to look at the risks to people who use care services

Complaints were logged and investigated but learning had not been taken to minimise the chance of things going wrong again in the future.

The provider monitored the quality of care provided and made sure people were happy with the service they received.

Requires improvement



# A & M Bewdley 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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 December 2015 and was announced. The provider was given 48 hours' notice because the location provided a domiciliary care service. The provider can often be out of the office supporting staff and we needed to ensure that someone would be in. At the time of our inspection 52 people received care and support services. The inspection team consisted of one inspector.

As part of the inspection we asked the local authority if they had any information to share with us about the service. The local authority is responsible for monitoring the quality and for funding some of the people receiving care support.

We spoke with seven people who used the service and one relative by telephone. We also spoke with five members of staff, a care co-ordinator, the deputy manager and the provider. We looked at the care records of three people to see how their care was planned. We also looked at three staff recruitment files, staff rotas, medication records, a number of policies and procedures, communication records, complaints records, accident and incident recordings and the minutes of staff meetings.

# Is the service safe?

## Our findings

People told us that they felt safe in their homes whenever staff visited. One person told us, “I feel safe in the knowledge of who is coming and that they know how to look after me.” Another person told us, “I feel safe, they (staff) make sure everything is okay before they leave.”

Staff we spoke with confirmed that they had received training in safeguarding people and demonstrated an understanding of the types of abuse people could be at risk from. They were clear about the steps they would take if they had any concerns. Staff told us they were confident to report any concerns with people's safety or welfare to the registered manager. One member of staff also confirmed they were aware of external agencies where they could report concerns.

People we spoke with felt that staff knew how to keep them safe and meet their needs. For example, some people received care from two staff to support their mobility, staff told us they always ensured two staff worked together and they followed their training. All staff we spoke with were able to tell us the different risks to people and how they supported them. One member of staff said, “I always ensure that the environment is safe and free from obstructions and that everything is to hand for the person.” Both staff and people using the service told us that staff referred to care plans including the risk assessments before providing care.

The deputy manager advised that risk assessments were being developed to include more information. They showed us the new paperwork that had been produced and said they had a programme in place to review all care plans.

People told us that they usually had the same staff provide their care, however on occasion different staff did visit for

example when covering staff holidays or sickness. One person said, “I get rotas so if there's a change (of staff) I do know”. Both the people we spoke with and staff told us that there were sufficient numbers of staff available to meet the needs of the people they provided a service to. They told us that when staff were off work, other staff supported one another to cover calls. One staff member said, “We cover each other and if needed the managers lend a hand.” A new computer system had been introduced to monitor care calls. The system also alerted office staff if a call had not been made enabling them to take action.

We checked the recruitment records of three staff and saw records of checks completed by the registered provider to ensure staff were suitable to deliver care and support before they started work for the provider. The provider had made reference checks with staff previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. The provider used this information to ensure that suitable people were employed, so people using the service were not placed at risk through recruitment practices.

Staff we spoke with told us all the necessary checks had been put in place prior to them commencing in post.

Not all people needed help to take their medicines. One relative told us their relative was supported with their medicines. They told us, “They (staff) are very good. I've got no worries.” Staff told us they had received training in supporting people to take their medication. They were able to tell us what they would do if someone refused their medication, one member of staff told us, “I would explain why the medicine was needed and if they still refused I would record the reason why and dispose of the medicine safely.” Checks of the medications sheets were made to ensure staff had correctly recorded the medicines they had given to people.

# Is the service effective?

## Our findings

People told us that they were supported by staff who knew how to look after them. One person told us, “They (staff) are well trained. They know what I like. They know what’s what.” Another person told us, “They know what to do and how I like it.”

Staff spoken with told us that training helped them to do their job. All six staff confirmed that they felt access to training was good and each of them was able to give an example of how training had impacted on the care they provided. For example, one member of staff explained how medication training had improved their handling and disposal of medicines and their support to people. Staff told us that additional training was available to support their practice when caring for people with specific needs. For example, one member of staff had attended dementia training and now intended to share her training with other staff so that they could improve how they cared for people living with dementia.

Staff described to us their induction and told us they considered it to be good. They told us that part of their induction involved shadowing calls. One member of staff said, “They don’t send you out on your own until you are ready.” All staff told us they received regular supervisions, which gave them the opportunity to discuss any issues they had or request further training. In addition regular spot checks were made to observe their care practice. Staff told us the spots checks gave them feedback on the care they provided.

We checked whether the service was working within the principles of the MCA. 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

Staff we spoke to told us they were aware of their responsibilities to ensure people’s consent to care and treatment was sought and recorded. People had been able to consent to their care and were involved in care planning and reviews and had signed to confirm they had been included in the writing of the plan. Where people needed support with their decision making the deputy manager said the provider had a system in place and told us of the actions that would be taken. For example, speaking to the people who knew them well.

Three people we spoke with had their meals prepared for them by staff. One person told us, “They ask what I would like and I get what I ask for.” Another person told us, “They offer a choice, if I fancy a sandwich they will prepare one fresh or they will peel potatoes for me.” Two members of staff member told us they supported people with special diets. One told us, “I show them food available and ask them what they would like. I am mindful to encourage them with their diet.”

People told us that if they were unwell then staff would ring their GP for them. In the care records we looked at, we saw occasions when staff contacted the person’s GP on their behalf. One relative told us how when their family member was unwell staff contacted both the GP and the family. We also saw that staff had contacted the district nurses where necessary. One member of staff told us, “I have contacted they district nurses on several occasions. They are very supportive.”

# Is the service caring?

## Our findings

People spoke positively about both the support they received and the staff that provided it. One person told us that staff provided “Top class care”, whilst another told us, “It’s great, the girls are all lovely.”

People told us that they were supported by staff who knew how to provide their care in the way they wanted it. One person told us how they had a good relationship with the staff, they said, “I get on with them all.” People told us they preferred receiving care from the same staff although they understood this was not always possible with annual leave and sickness. One person told us that staff were, “Consistent” and this reassured them. Other people we spoke with said they knew which staff were due to arrive and they had regular staff. Information on the staff making the calls was provided in advance each week by the provider.

Staff spoke warmly about the people they supported and provided care for. One member of staff said, “They are like family.” Another told us, “I enjoy my work. The clients come first.” Staff we spoke with were able to detail people’s needs and how they gave assurance when providing care.

During our conversations with staff, they were able to tell us about the people they supported and their likes and

dislikes. One member of staff said, “It’s about what they want, not what we want.” Staff told us how they respected people as individuals and how they involved people in their day to day care and which promoted their independence. This was confirmed by people we spoke to, one person told us how staff helped them and said, “But I do some things myself. This keeps me fit and independent. They (staff) support this.”

Staff told us how they communicated with different people. One member of care staff explained how some people could use a gesture or nod to show they were okay. Another member of staff told us how she took note of people’s facial expression saying, “The look in people’s eyes can tell you a lot about how they feel.”

People we spoke with also confirmed that they were treated with dignity and respect. One relative told us, “They keep things private for [relative’s name], they use towels to cover her up and make sure she is comfortable.” Another person told us how staff looked to ensure their privacy for example, by closing doors before giving personal care. Staff were able to describe how they treated people with dignity and respect. One member of staff told us, “I look to reassure them. I treat them as I would want to be treated and spoken to.” Another member of staff said, “I always treat their home with respect and leave things nice and tidy.”

# Is the service responsive?

## Our findings

All people we spoke with said they received the care they wanted. They told us that they were involved in planning their care and any subsequent reviews. One person told us “They know my likes and dislikes.”

Everyone spoken with told us that they were happy with the care that they received. A family member told us, “They (staff) were very quick to react when [relative’s name] was unwell.”

Staff we spoke with were able to demonstrate a detailed knowledge of the people they cared for and how they supported them in the way they wanted to be supported. For example, one person told us they liked to go to bed later so morning calls were changed to a later time to support this.

Five of the people we spoke to confirmed they received weekly rotas detailing the calls and staff for the following week. Due to a recent change in the system used to monitor care visits, rotas had not sent over the previous few weeks but people were aware of why this had happened. The deputy manager said this situation should be resolved in the next few weeks and in the meantime people could access the rotas online.

People’s needs were assessed and reviewed. People told us and we saw that care plans were reviewed regularly and that they had been involved in the review of their care. Staff told us they always referred to care plans before providing care. We saw that care records held detailed instructions in the way people wanted their care delivered and these records were signed by the person receiving care to confirm

their agreement. Care plans included sections called on “Important things in my life” and “How best can we support”. Notes included details on how to encourage and prompt people.

Staff said good communication systems were in place to advise them of any changes. They told us the recently introduced new computer system had a facility to allow them to record carers notes. Three staff told us they found this a good way of communicating information to each other. For example, if they felt a person was feeling down and needed extra encouragement.

All staff told us care plans included the most recent information and these would be updated to reflect any changes in a person’s care. We saw that when a new medication had been prescribed to a person receiving care, records had been updated and all staff that supported the person were advised of the change.

All the people we spoke with told us how they would raise concerns if they had them. One person told us they, “Would soon shout if things were wrong and they would soon sort things.” Another person said “If I’m not happy I will say, I’m not afraid to speak up and they do listen.” Two people told us they had raised a concern and both confirmed that action had been taken and the matter resolved. One person told us they requested a change in carers and were satisfied when this had been responded to, “Straight away.”

All staff we spoke with told us they knew how to raise concerns or complaints on behalf of people receiving care and support.

The provider had a procedure for people to raise complaints should they have them and four complaints had been received over the past 12 months. We saw that complaints were logged, investigated and responses made.



# Is the service well-led?

## Our findings

We found that not all relevant notifications had been submitted to CQC when safeguarding reports were referred to the local authority for investigation. A notification is information about important events which the provider is required to send us by law and CQC requires this information to look at the risks to people who use care services. The systems used had failed to identify that four notifications had not been made to CQC. The deputy manager said this would be done following the inspection.

On the day of our inspection the registered manager was on a period of leave. In response to this the provider had made cover arrangements and we spoke with the deputy manager.

Three people told us that they were not really aware of who the managers were as there had been a number of changes. Four people told us communication could be improved, one person said, “It’s a bit hit and miss.”

We found that although complaints were logged and investigated there was no evidence of the provider taking any learning for improvements to minimise the chance of things going wrong again in the future. The deputy manager acknowledged this and said this would be done following the inspection.

The registered provider did not have effective systems to identify that safeguarding notifications had not been made to CQC. The provider acknowledged there had been a period of change but felt positive changes had been introduced, for example the introduction of the call system would in future provide better information to people.

Staff spoke positively of the management and the changes made. They told us they felt listened to and supported with one member of staff saying, “They are always there for me to ask advice. I trust them.” Staff confirmed there was an open office policy and that they could ‘pop in’ at any time to access information or ask advice.

The deputy manager felt that all staff worked well as a team. Staff confirmed this with one member of staff telling us, “We are a good team. Everyone is friendly, it’s a good atmosphere.” Another told us, “It’s a good team, everyone is helpful.” They also confirmed they were well supported by the deputy manager who they told us was “Very understanding and supportive.”

The deputy manager advised they could ask the provider, “Any question” and they told us the provider gave, “Good, hands on support.” The provider held management meetings to look at issues such as staffing. They advised in response to recent management changes they planned for these to be more frequent.

Staff spoken with confirmed updates and changes or staff information was shared via telephone messages or in staff meetings. They told us how they would visit the office get information or advice if required.

All staff we spoke to told us they received regular supervision and we found that staff had periodic spot checks to observe their practice. We saw that checks of records were in place and where issues had been identified action had been taken. For example, where records were not completed as required, messages had been sent to all staff reminding them of the required standards.

Staff told us that they attended staff meetings and when they were not able to attend the minutes were copied and made available to them. One member of staff told us, “We discuss general issues. Staff can raise issues or request a one-to-one meeting after if they prefer.”

The deputy manager also confirmed that she was looking to reintroducing an award for carer of the month and a staff newsletter. The deputy manager said these had previously worked well in keeping staff motivated and informed but had not been done over the past months.

To improve management information the provider had purchased a computer system that could monitor the calls staff made. The deputy manager told us that they were currently working on producing reports from the system. The system offered a range of facilities that the provider was keen to utilise in order to deliver effective, quality care. We saw that it allowed the office staff to monitor people’s calls and it would highlight if a member of staff was running late for calls. On the day of the inspection we were unable to determine how effective the system was as it had not yet been fully embedded.

The provider had sent a questionnaire to all people using the service in April 2015 asking for their feedback and opinions on the care provided. A response was made by 28 people and the overall results were positive. There was no record and the deputy manager was not able to tell us of any actions or learning taken from the questionnaire. For example, when asked to rate how well the service kept

## Is the service well-led?

people informed of change, four people had responded 'Not very good.' The deputy manager advised that they were planning to redesign the form for the next survey to make follow up actions easier.