

Bess Care Ltd

# Bess Care Limited

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 24 June 2016 and the inspection announced.

We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their homes; we needed to be sure that someone would be available at the office. A registered provider was in charge when we inspected the service. Registered providers are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. This service was not required to have a registered manager in post. The service supported fourteen people with care in their home when we inspected.

People felt safe with staff in their home. People knew the staff supporting them and felt reassured by having regular contact with the same staff. Where people required support to take their medicines, they received support to take these. The provider undertook regular checks to ensure people received their medicines as they should.

People were supported by staff that had access to support and supervision from the provider. Staff felt able to request training should they require support. People felt confident that staff would seek support from other medical professionals if they needed it.

Staff received training that was regularly reviewed and updated. Staff were able to access further training if they required this. People liked and knew the staff supporting them because the same staff regularly attended their calls. Staff had developed an understanding of people's specific needs over time. Staff spoke with relatives in order to develop a relationship with families to understand people's needs better. People's care needs and preferences were known to staff and people felt confident that staff understood their needs. People were given choices about the meals and drinks staff prepared for them.

People's privacy and dignity were respected in ways that were important and individual to them. Relatives understood the process for complaining if they needed to complain and felt assured their concerns would be responded to. The registered provider had a system for recording and responding to complaints.

People felt comfortable contacting the office and discuss issues important to them and speak with one of the management team. The registered provider undertook some of the calls to people to assure themselves of the quality of care being delivered. They also felt this gave them regular contact with people. People's records were regularly checked and reviewed. The provider was in the process of improving their record keeping further to help them maintain records that were easier to follow.

## 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 and their families were comfortable with staff in their homes and who knew how to keep them safe. People's medical conditions and risks to their health were understood by staff. People received support where necessary to take their medications.

### Is the service effective?

Good ●

The service was effective.

People were cared for by staff that had access to training and regular supervision. People were offered choices in the drinks and meals prepared for them. People felt staff would seek help from other professionals for them if they needed this.

### Is the service caring?

Good ●

The service was caring.

People were cared for by staff they liked and who they valued. People were treated with kindness and compassion. People felt able to make decisions about their care.

### Is the service responsive?

Good ●

The service was responsive.

People received care that was specific to their circumstances and their individual needs. People's concerns were responded to by the provider and people understood the complaints process and how their concerns would be resolved.

### Is the service well-led?

Good ●

The service was well led.

People's care and the quality of care was regularly reviewed and updated. The provider assured themselves of the quality of care being delivered by sharing some of the calls and speaking with people using the service. Staff we spoke with felt supported by the provider.

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## **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 24 June 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We spoke with three people and one relative by telephone. We also spoke with three care staff.

We looked at four records about people's care, computerised records, checks the provider completed, complaints, minutes of team meetings and daily records.

# Is the service safe?

## Our findings

People and their relatives we spoke with told us that their family member felt safe while care staff were in their home. One person when asked if they felt safe said, "Absolutely." People we spoke with knew the staff that attended because they were their regular carers and therefore felt reassured and safer with those staff.

Staff we spoke with understood what it meant to protect people from harm. Staff described their understanding of what it meant to safeguard people. Staff told us they had received training on the subject and they would speak with the provider if they were concerned about anybody. The provider told us they discussed any concerns with the Local Authority so that they could ensure people were kept safe from harm.

Staff we spoke with understood the risks that people lived with and how their risks needed to be managed to keep them safe. For example, two staff members we spoke with told us about how they supported people with Diabetes. They said they always ensured the person felt well and always left a person with a snack they could have later if they needed it.

The registered provider told us they undertook environmental risk assessments to ensure it was safe for staff to work in people's homes. The provider said that in cases where they have not deemed it safe for staff to work there, they had declined packages of care. The provider told us they recorded important information to share with their staff in order that staff could attend to calls safely. For example, where they may park their car.

People we spoke with told us they were supported by the correct number of staff they had asked for. For example, where the call needed two staff to attend, two staff usually attended. Staff we spoke with told all calls were attended to and people did not miss out on care. The provider told us that during busier periods or if staff were on leave, they attended some of the calls to ensure people received their care as requested. The provider told us they were actively recruiting staff in order to bolster staff numbers.

People we spoke with told us that staff attended on time. Where staff were likely to be late, they received a call from the office to alert them of this. People said they had not been left without care.

People we spoke with were happy with the support they received to take their medicines. Staff received training to help support people with their medicines and people's records of medicines were reviewed regularly. The provider raised any anomalies with staff to ensure records for people's medications were completed correctly. For example if there was a missed signature staff were made aware of this so that they could improve the way they recorded the information. One staff member told us they had recently undertaken medication training. The provider told us that all staff received medication training which was updated.

## Is the service effective?

### Our findings

Staff told us they trusted staff and felt confident in their care. One relative said they had felt reassured by the staff and their ability to care for their family member.

Staff told us they received training and support from the registered provider. They said they attended supervision meetings regularly. One staff member told us they could call the office and speak with one of the management team if needed. Staff told us their training was reviewed regularly and were made aware of any training opportunities that arose. Staff told us they received enough training to undertake their job. Two staff we spoke with told us they shadowed senior staff in order to better understand the requirements of the work.

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. Any applications to deprive someone of their liberty for this service must be made through the court of protection. People we spoke with told us staff explained what they were doing when they supported people so that people knew what was going on. Staff we spoke with understood the importance of the MCA and what this meant for people. Two staff told us they had received training on the subject. The provider told us they did not currently support anyone that had been referred to the Court of Protection.

One person told us staff always prepared a drink for them as soon as they arrived and one again as they left. Another person told us they enjoyed the same breakfast every morning and staff understood this and prepared it the way they liked. Staff we spoke with understood the importance of offering people choices and told us they always asked people what they would like before preparing the meal. Relatives we spoke with told us they were happy with the support people received with meal preparation.

People told us they felt assured that staff would seek additional help if they needed it. One person said if they ever felt unwell staff would ask them, "Do you want me to call the Doctor or shall I ring your family?" Staff we spoke with told us if they were ever concerned about someone they were supporting they would contact the office or call for an ambulance if they thought that was necessary. The provider told us they came from a nursing background and this helped them understand some of the medical concerns people lived with so that they could offer advice and support to staff.

## Is the service caring?

### Our findings

People we spoke with talked affectionately of the staff supporting them. One person told us about staff, "They are very, very caring. They can't do enough for me." One relative told us staff were, "Absolutely first class."

People told us staff responded to their individual needs. One person told they liked to have "a bit of a laugh and a joke" with staff and that staff responded accordingly. Another person told us staff always chatted to them and that they looked forward to staff visiting them.

Staff told us they understood people's preferences and how best to care for them. For example, one staff member explained about how a person liked their meals prepared and how they preferred to be supported to be dressed. Staff we spoke with said they learnt about people's needs from speaking with them and their relatives and getting to know them. They also told us they read people's care plans in order to understand the person and their individual requirements.

People felt involved in their care. For example, one person explained how they told staff what tasks they wanted completing and staff always listened. Another person told us, "They come in and they know exactly what to do." People we spoke with said staff understood how to care for them and in a manner they wanted.

People we spoke with told us staff treated them with dignity and respect. One person told us they liked the way staff spoke with them because it made them feel at ease. Another person said staff also respected their property and wore shoe covers when the weather was bad to protect their carpets and that this demonstrated to them that their home was also respected.

One relative we spoke with told us they had no doubts that staff treated people with kindness and dignity. They gave examples of how this had helped their family member when their family member was particularly poorly. For example, the relative told us staff spoke respectfully and in a caring way towards their family member and this helped the person feel comfortable around staff.

Staff we spoke with understood what it meant to support a person with dignity and respect. One staff member told us it meant "giving a person some space when they needed it?." Another staff member said they always ensured they were discreet in offering personal care to the person. A relative we spoke with told us, their relative had been cared for in a "dignified way" and that staff understood the person's specific requirements and had always been respectful towards the person.

## Is the service responsive?

### Our findings

People's care was reviewed and updated regularly based on people's changing circumstances. Two people and one relative we spoke with told us they spoke with staff regularly to make the necessary amendments to their day to day care requirements. One person told us they had initially had very little need for support but as their health deteriorated their need for care increased. They told us they worked with staff to develop their care requirements so that staff understood what needed to be done when they visited. One relative told us that they and their family member had discussed their family member's needs with the provider. The provider had suggested reducing their call hours because their needs could be covered within a shorter period. The relative valued the honest feedback because they felt their needs were being prioritised and not those of the provider.

Three people we spoke with told us before staff left they asked them if they were happy with the care they had received. People we spoke with said they felt able to discuss their care with staff and make day to day changes if needed. For example, one person told us they sometimes asked staff to change the order in which they did things.

We reviewed three people's care plans and saw that when people's care needs changed, instructions to staff were updated as well as any risks assessments for the person. Information was communicated to staff via telephone messages, team meetings and updates to people's care plans. Staff we spoke with confirmed they received the updates and were kept informed about people's changing needs.

People we spoke with told us they understood they could complain to the provider if they needed to. One person told us they had called the provider when staff had attended calls slightly late, but this was addressed and further calls were attended at the requested time. We reviewed the provider's complaints system and saw there was a process in place for acknowledging and responding to complaints. We saw one person had not liked care staff speaking in their own language and had contacted the office. At subsequent calls, staff spoke in English in their home. Three people we spoke with felt comfortable contacting the office to share concerns if needed. One person told us, "I speak with the Gaffer and it gets sorted."

# Is the service well-led?

## Our findings

Three people and one relative we spoke with were all happy with the care delivered by staff from the service. People felt able to contact the office and discuss their care needs with the management team and make any adjustments to their care they required. People knew the names of the management team and felt able to contact them.

Two staff we spoke with told us they enjoyed working at the service and felt supported by the provider. One staff member said, "I'm very happy." Another staff member told us "It's the people that make all the difference." Staff told us they regularly spoke with the management team and raised issues they felt they needed the management team to be aware of. They told us any issues that had been brought to their attention had been resolved. Staff we spoke with told us they felt their work was made easier because they had a good understanding of people's needs and that regularly seeing the same people helped them develop a good working relationship with people.

Staff we spoke with told us they were invited to team meetings and could discuss issues affecting people's individual care if needed. We saw minutes of team meetings and memos that were sent to staff to keep them updated about issues affecting people's care. We also saw where necessary clarification was given to all staff about issues affecting people's care they needed staff to be mindful of. For example, we saw staff were made aware that some people preferred staff to speak English to each other when in their home and staff respected this.

The provider felt confident that as a small service, they had a good understanding of people's care needs as well their staff needs. The provider's system for reviewing care was based on sharing some of the calls with staff so that they could maintain contact with people as well as staff. Two people and one relative told us one of the management team had attended calls and that they felt reassured by this contact.

The provider reviewed how they ran the service and made improvements where these were needed. We reviewed four care plans and saw that changes were made to people's care plans. The provider recognised that although they reviewed people's care it was not always clear how they had demonstrated this in their records. They had already started to improve their recording of reviews so that it was clear to see whether the person's care needs had changed or not.

The provider told us they kept their knowledge up to date by being a member of a Care Association who kept them updated about changes in managing care. They also attended training events run by the local authority aimed at care providers. The provider told us they had developed links with the social workers and the local brokerage team and felt able could clarify things if about people's care if required.