Beavers (Worcester) Limited

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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

Overall summary

The inspection took place on 11 February 2016 and was announced.

The service provides personal care to people living either in their own home or the home of a family member. At the time of the inspection, approximately 80 people used the service and a registered manager was in post. 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 and associated Regulations about how the service is run.

People felt safe with the care staff supporting them in their home. Relatives we spoke with told us they knew the staff and they had no concerns about their family member's safety.

People received care from staff who understood their individual health needs and how to manage risks when

Summary of findings

caring for them. Where appropriate, people were supported to take their medications. The registered manager made regular checks to ensure people received their medication when supported by staff.

People received care and support from staff who were regularly supervised and their performance and ability to do the job was checked. People were supported by staff that understood their needs and knew their individual requirements. Staff could request and access training when they needed. Staff training was also reviewed and updated frequently.

People's consent was obtained by staff. The registered manager understood the requirements of the law and had responded appropriately.

People were offered choices in the meals and drinks staff prepared for them. Staff understood people's needs and made appropriate arrangements for them when preparing their meals.

People's health needs were assessed regularly and care staff understood how they should care for people. Staff kept families informed about their relative's care and where appropriate other health professionals were notified.

People liked the staff who cared for them and the regularity of staff enabled people to feel staff understood their needs. People's privacy and dignity were respected by care staff who understood peoples individual support needs.

People understood they could call the administration office and speak to the registered manager or one of the management team if needed. When people had called they had discussed issues and concerns, which were acted upon.

People's care was regularly checked and reviewed by the registered manager. Where changes were requested these were responded to.

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 told us they felt comfortable with the staff supporting them in their home. Staff understood what it meant to keep people safe and how to support people with their health. People benefitted from enough staff and they received support to take their medicines when needed.

Good

Is the service effective?
The service was effective

People had confidence in the staff supporting them. Staff understood the importance of obtaining someone's consent and the registered manager understood their obligation under the law. People were offered choices in the meals prepared for them and additional support was requested from health care professionals when appropriate.

Good

Is the service caring?
The service was caring.

People liked the care staff supporting them. Regular contact with the same staff meant staff understood people's individual needs. People were cared for by staff who understood how to treat them with dignity and respect.

Good

Is the service responsive?
The service was responsive.

People's individual care needs and preferences were taken into consideration when planning their care. People understood they could complain if needed to and understood the process for complaining.

Good

Is the service well-led?
The service was well led

People felt able to contact the administration office and discuss their care. Staff enjoyed working at the service and felt supported and listened to. The registered manager had systems for monitoring the quality of care provided.

Good

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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 11 February 2016 and was announced. The registered provider was given 48 hours' notice because the organisation provides a domiciliary care service and we needed to be sure that someone would be available. The inspection was carried out by one inspector.

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 looked at the information we held about the provider and this service, such as incidents, unexpected deaths or injuries to people receiving care. This also included any safeguarding matters.

As part of the inspection we spoke to five people receiving care from the service. We also spoke with five relatives, three care staff, the training coordinator and the registered manager.

We reviewed the care records held at the office for three people and two staff recruitment records. We also viewed records relating to the management and quality assurance of the service including monthly checks. We also looked at minutes of meetings, complaints and compliments received by the service.

Good

Is the service safe?

Our findings

People and their families told us they were safe. People said they felt comfortable with care staff in their home. One person told us, "We do feel safe. We've got used to them." People felt reassured because regular staff attended to them. One relative told us they, "Felt safe with the carers in the house."

Staff we spoke to understood what it meant to keep people safe in their homes and were confident in their knowledge. Staff understood the different types of abuse and how they might identify it. Staff told us they had received training on safeguarding people and if they had any concerns, they would discuss these with the registered manager. The registered manager told us they would discuss and share concerns they had with the local authority in order to ensure that people were safe.

People told us they were supported by the number of staff they expected to attend. For example, if people required two staff to support them, two staff attended their calls. We spoke to staff about staffing levels. Care staff told us that staffing levels were correct for the people who required support. We asked the registered manager about how they determined staffing levels. They told us they recruited continually whilst reviewing opportunities they were alerted of so they could consider whether they had capacity to undertake the work. Staff attendance at calls was monitored by an electronic call monitoring system. The registered manager would be alerted if care staff failed to attend or if care staff did not stay for the duration of their calls so that the person was not left without the appropriate care. The registered manager told us that office staff could step in and support people if needed and this was part of the contingency plan. Staff attendance was monitored daily so that people were not left without care.

Staff we spoke to understood people's health conditions and risks affecting their individual care. For example, one care staff member told us they were always careful of people's skin condition. If they became concerned they would make a note of the concern and alert the registered manager and request further support for the person. Another care staff member we spoke to told us they knew which people lived with diabetes and ensured they had access to a drink or a meal to keep their glucose levels as they should be. Staff told us they were made aware of risks to people's health through reading people's care plans and from talking to people and their families.

We reviewed the registered provider's recruitment process to ensure the necessary checks were completed prior to care staff commencing work. We reviewed two care staff files and saw that the registered provider requested satisfactory references and completed DBS (Disclosure and Barring Service) checks prior to staff working unsupervised. Staff we spoke to also described the same process to us.

People told us staff supported them to take their medicines. One person told us, "Staff get my tablets ready for me." Although not all people were supported to take their medicines, we reviewed how the registered manager ensured staff supported people correctly. We saw that medication administration records (MAR) were reviewed and anomalies highlighted so that they could be investigated further. Regular checks were also carried out to ensure staff understood what they were supposed to do when supporting people with their medicines.

Good

Is the service effective?

Our findings

People we spoke with told us they thought staff understood how to support them. When we asked people if they had confidence in staff supporting them, people responded positively.

Staff told us they received support through feedback they received in supervision meetings. Staff told us meetings were held frequently and that they were invited to contribute areas of discussion they needed to discuss. For example, one staff member told us they requested refresher training on the use of slings and that had been arranged. Another staff member told us they did not have a background in care work but the training they had received helped them to feel confident in the work they were doing. They told us they shadowed other care staff until they were comfortable in the work they were doing. Other staff told they were able to access training and identify areas they required further training on and that there was no hesitation by the management team in arranging this.

Staff told us that a member of the management team would conduct routine checks to ensure they completed their work correctly. One staff member told us, "They tend to check what we're doing." Staff said they understood the need to do this and that it helped them keep their knowledge and practice up to date. Staff told us they also supported new staff that joined the service. New staff shadowed experienced staff so that they could understand the needs of people they supported together with developing an understanding of the registered manager's expectations. This was then verified by observations from one of the management team.

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.

We saw examples where decisions had been made involving the person and their family in order to make decisions in the person's best interests. For example, one person had previously had minimal support, but this was increased in consultation with the family. The registered manager told us they would refer matters to the Court of Protection if they needed to.

People were supported to have meals and drinks that they chose. People told us that staff always ensured a meal was prepared for them as well as a drink. People told us that even when they did not want to eat the meal immediately, care staff would prepare it so that it could be eaten later. One relative told us, staff always asked their family member "What would you like?" so that their family member could choose what to eat that day.

People told us staff supported them to access medical support if they needed it. One relative told us their family member had been unwell and care staff had called them and a doctor to come visit their family member. Another person told us that a care staff member had alerted their family when they became unwell. Care staff understood that concerns about people's health needed to be escalated. One care staff member told us care staff had access to numbers for district nurses and they could contact them if they had any concerns. Care staff also said, when they wanted the other staff to keep an eye on people, this was recorded in the communication notes for the next member of staff to read and act upon.

Good

Is the service caring?

Our findings

People we spoke with talked positively about the staff that cared for them. One person told us, "They're all very nice people." Another person said, "I look forward to them coming." People we spoke with talked about care staff member and how they had a very good understanding with them. A further person told us, the staff member supporting them was "The best carer I've ever had."

People told us about things care staff did that were important to them and made people feel that care staff understood their needs. One person told us about how care staff always completed the tasks and didn't mind doing other things to help them. One relative told us about how one of the care staff always shook their family members hand before they left. The relative told us that this made the person feel like they mattered and felt valued. Another relative told us that staff were always "Polite and respectful. They take a personal interest and like to have a chat."

People told us the same staff usually supported them and this helped care staff understand their needs. One person told us, "We know the girls, they're like friends." Another person said, "They've (care staff) got used to me. They know what I like."

We asked staff about how they understood what people needed support with. Care staff told us they gained this information from a variety of sources. They told us they read people's care plans, spoke to people and consulted their relatives if necessary. One care staff member told us they spoke with people and gradually got to know all their preferences and made other staff aware of these. Staff told us about how important information about people's support needs was cascaded to them when they were covering for other care staff. Staff told us they were usually telephoned by someone in the office and that they could also read the person's care plan about anything they were unsure about.

People's experience of being treated with dignity and respect was positive. People told us that staff supporting them treated them with respect. One person said staff treated them with dignity "without exception." People described different ways in which staff supported them. One person explained how staff supported them to do things for themselves, they told us, "I want to keep my independence – you have to keep moving." One relative told us their family member preferred a same-sex care staff member to support them with their personal care and this was provided. Another relative told us that their family member did not like care staff being in the bathroom with them, so care staff never interrupted them in the bathroom.

Staff we spoke to understood what supporting people to retain their independence meant. One care staff member told us that each person was different and that it was important to understand what each person needed support with. Another care staff member told about practical ways in which they supported people. For example ensuring that the bathroom door was closed when they helped people in the bathroom.

Good

Is the service responsive?

Our findings

People told us they discussed their support needs with the management team when they first started receiving support to outline what they needed. One person said they spoke with people at the office to discuss their needs and made changes if required. For example, one relative told us their family member had gradually become more and more frail and they had spoken to someone in the office and the support was increased. Another relative said they asked for extra temporary support and this had been arranged without a problem.

People told us they were able to discuss their personal preferences with care staff so they received the support they needed. One person told us, "They do everything I ask them to do." Another person said staff understood their needs and would anticipate what further support they may need. For example, a person suffered from headaches and staff would often prepare a sandwich the person could eat later if the person could not eat when they visited. A relative told us their family member's care was increased to a more intensive care package when their family member was discharged from hospital. The relative told us, "They (care staff) were marvellous."

People told us they understood they could complain if they needed to. One person said, "I've got no complaints." Another person told us they had not needed to complain about anything because they were "absolutely satisfied" with their care. People understood that should they need to complain, they could contact the office and raise their concerns.

The registered manager told us that they classified complaints as, "Anything that's reported into the office that's negative." We saw that the registered manager had a system for receiving and recording complaints. We reviewed how the registered manager responded to complaints by evaluating what action was taken. We saw that in response to one complaint, one of the management team met with the person to discuss their concerns and a solution was identified. In another complaint the person had made the management team aware of wider issues. A text was sent to all care staff making them aware so staff understood what needed to be corrected and an explanation was given to the person.

Good

Is the service well-led?

Our findings

People felt comfortable contacting the office. People told us that if they contacted the office and spoke with the management team, issues they raised would be resolved. One relative said, "You can get hold of them no problem." One person told us, "Yes I can call the office." People told us they felt the service was well managed.

Staff we spoke with told us they enjoyed working with the service and they were happy in their work. One staff member said about their work, "I love it." Another staff member told us, they enjoyed the work and could not have done the job without the support they had received.

Staff told us they felt they worked as part of a team and they received regular information from the management team about changes affecting people who used the service. One staff member said, "They tell you what's going on." Staff told us they could speak about issues affecting their work if needed. One staff member we spoke with said they had to rearrange their work recently due to a period of sickness and found the management supportive and welcoming when they returned. One staff member described the registered manager as "very supportive." Another staff member told us they found them, "Easy to talk to, quite willing to try and help."

We reviewed how the registered manager monitored the quality of care. We saw they had a system for regularly checking the care people received. People's medications, care needs and daily notes were all checked for anomalies. For example, one staff member had not completed their medication charts completely and this was raised with the staff member to ensure there was no repeat. Staff told us how they performed their work was also checked. This involved spot checks as well as speaking to people about the service they received. This enabled the registered manager to drive up standards. One staff member told us they asked one of the management team to come out on visits to people, if they were concerned about something or they needed more guidance. Another staff member asked for the registered manager to visit a person when they became concerned about the person's behaviour. The staff member told us they felt reassured by having the support.

People said they were asked about their experience of the service and changes they may like to request. People told us when they requested changes about individual staff members and where possible the registered manager tried to accommodate these. Other changes included adjustments to times and tasks and these were also amended to meet people's expectations. The registered manager told us they worked with the local authority to discuss peoples care when changes were required. This involved speaking to social workers and families to understand what was needed and request the necessary changes.

The registered manager told us they attended training events arranged by the local authority to increase their knowledge and understand all the latest developments with respect to care. For example, the registered manager had arranged to attend an event aimed at understanding how the local authority were changing some of their requirements for supporting people. The registered manager also kept their knowledge up to date by accessing reading materials on the internet.