

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?	Good ●

Summary of findings

Overall summary

This inspection was announced and took place on 15 November 2016. We gave the provider 48 hours' 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. 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 2008 and associated Regulations about how the service is run. At the time of our inspection 59 people received care and support services.

People we spoke with told us that they felt safe with staff supporting 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. Staff understood how to protect people from abuse and were clear about the steps they would need to take if they suspected someone was unsafe.

People had their individual risks assessed and had plans in place to manage them. Medicines were administered by staff that had received training. The provider had procedures in place to monitor that people received their medicines to safely meet their health needs.

Care staff had been recruited following appropriate checks and the provider had arrangements in place to make sure that there were sufficient care staff to provide support to people in their own homes. Staff said training helped them do their job and gave them the right skills to meet the needs of the people they supported.

People told us they had developed good relationships with staff who they said were caring. Staff treated people with privacy and dignity. Staff respected people's homes and belongings and people were supported to maintain their independence. People told us they were happy with the way in which care staff supported them to choose and prepare meals.

People were involved in how their care and support was received. People were given choices and their wishes were respected by staff. Staff understood they could only care for and support people who consented to being cared for. People told us responded when they were unwell and that care staff arranged health appointments on their behalf if they asked.

People who used the service were able to raise concerns and the provider had a system to deal with any complaints. People said staff listened to them and they felt confident they could raise any issues should the need arise and action would be taken.

The provider ensured regular checks were completed to monitor the quality of care that people received and look at where improvements could be made.

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 received care from staff that understood how to keep them safe and minimise the risk of potential harm.

People were supported by a sufficient number of regular staff and were happy with how staff supported them with their medicines.

Is the service effective?

Good ●

The service was effective.

People received care in the way they wanted and from staff who were trained to support them.

Staff had a good understanding of their responsibilities and sought people's consent before providing care.

Is the service caring?

Good ●

The service was caring.

People said they liked the staff who supported them. People and relatives said staff provided support and care to people with dignity and kindness.

People were listened to and were supported to make their own decisions and choices.

Is the service responsive?

Good ●

The service was responsive.

People received care that met their needs. Staff provided care that took account of people's individual needs and preferences and offered people choices.

People understood they could complain if needed and how to make a complaint

People who use the service felt staff and management were responsive and there were regular opportunities to feedback about the service.

Is the service well-led?

Good ●

The service was well led.

People and staff were complimentary about the service and had care provided by staff that felt supported by the management team.

People benefited from a service which was regularly monitored because the registered provider had systems in place to check and improve the quality of the service provided.

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 15 November 2016 and was announced. The inspection team consisted of one inspector. 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.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also 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 six people who used the service and two relatives. We also spoke with the registered manager, one senior care worker and five members of staff. We looked at the care records of four people to see how their care was planned. We also looked at three staff files, medication records, complaints and compliments, communication records, spot checks records and minutes of staff meetings.

Is the service safe?

Our findings

People who used the service told us they felt safe in their homes whenever staff visited. Four people we asked told us they received a rota each week telling them who would be supporting them. People told us this reassured them as they knew who to expect. One person told us, "I get a rota.... I feel much better knowing who's coming." Two people told us they liked it that staff always called out when they arrived so they knew who was coming into their home.

Staff we spoke with confirmed that they had received training in safeguarding people and demonstrated a good understanding of the types of abuse people could be at risk from. Staff 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 and that action would be taken. One member of staff told us they had raised a concern which had been dealt with immediately by the registered manager. They told us they were advised of the actions taken and the situation was resolved.

All staff we spoke with were able to describe the different risks to people and how they supported them. Three members of staff told us they checked areas were hazard free before they left people to help keep them safe. People's risks had been assessed when they first received care from the service and had then been reviewed regularly and changes recorded in their care plans. Staff said the assessments gave them the correct level of information to provide care and support and were kept up-to-date to ensure they were aware of any changes to people's care needs.

Five people told us that they usually had the same staff provide their care. One person commented, "I have a regular carer. The rota tells me if it's going to be someone different, it's not an issue because they [staff] are all nice and I already I know most of them." 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 and the office staff could also cover calls. One member of staff said, "We cover between us and it works out; I do not feel under pressure to pick up extra calls."

The provider used a planning system to ensure staff cover. The system recorded all care calls and alerted office staff if a visit had not been made enabling them to take action to ensure people received the support they needed. The registered manager told us the provider was looking to recruit more staff and they would not take on more calls during certain periods of the day until staffing levels had increased.

We saw records of employment checks for three staff completed by the provider to ensure staff were suitable to deliver care and support before they started work. The provider had made reference checks with previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions.

Some people told us they received support with their medicines. One person told us they got their medicine as required. They commented, "They [staff] help me with my medicines, it really helps me having them do it for me." Staff told us they had received training in supporting people to take their medicines. One member

of staff told us the medicine training was, "Good," and gave them the right level of knowledge to support people.

Three people also told us they received reminders from staff with administering some of their medicines. One person said, "I do my medicines myself, its helps keep me independent, but they [staff] do check".

Checks of the medicine record sheets were made by the management team to ensure staff had correctly recorded the medicines they had given to people. We saw that action had been taken where gaps in medicine records had been identified.

Is the service effective?

Our findings

All people we spoke with told us staff knew how to support their needs. One person said, "As far as I'm concerned, staff certainly know what they are doing." Staff we spoke with explained training helped them to do their job. All staff we spoke with confirmed access to training was good and were able to give an example of how training had impacted on the care they provided. For example, one member of staff explained how dementia training helped them develop awareness, understanding and skills to support people living with dementia.

Two members of staff confirmed their induction training was good and gave them the skills they need for their role. One member of staff told us they were new to care and induction training had, "Helped me so much." They said they had shadowed different staff on a number of calls providing care to people with different needs. They told us this gave them a good level of knowledge. They said, "They [management team] then send you to care for people you have met and know. It gets your confidence up."

All staff told us they received regular supervisions and attended staff meetings, which gave them the opportunity to discuss any issues or request further training. One member of staff told us, "Meetings are an open discussion." In addition regular spot checks were made by senior care workers to observe their care practice. One member of staff said, "I get the right level of support. Spots checks are made monthly and if I have any issues I wouldn't wait until supervision I know I could speak to someone straight away."

The 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 looked at the way the provider was meeting the requirements of MCA. The registered provider had not made any applications to the Court of Protection for approval to restrict the freedom of people who used the service. They were aware of this legislation and were happy to seek advice if they needed to. They were currently completing MCA training to ensure they kept their knowledge up-to-date.

Staff we spoke with told us they were aware of their responsibilities to ensure people's consent to care and treatment was sought and recorded. This was confirmed by people we spoke with, one of whom commented, "Staff always check with me." Another person said, "If I say no, they [staff] respect my choice."

Some people were being supported by staff to eat and drink enough to keep them well. People told us staff would give choices and ask what they would like to eat and made sure they had plenty to drink. One person

said, "They [staff] make me breakfast, I choose what I want." One member of staff said, "I ask what they fancy and show them what's available so they can make a choice." One person told us although staff did not make their meals they did prepare a sandwich for them so that it was available later in the day.

People told us staff would help them access medical help if they needed. One person said, "I'd only have to ask and I know they would contact the doctor for me." Staff told us if they felt someone was unwell they would contact staff in the office; who then ensured contact with the GP was made in line with the person's consent. We saw that staff had contacted health professionals, for example, GP and district nurses, in the support of people's healthcare needs.

Is the service caring?

Our findings

All of the people we spoke with told us they felt staff were caring. One person said, "Staff are so kind, we get on really well." Another person told us, "The [staff] are very kind. Before they leave they do extra little things to help me." One person told us of the relationship they'd developed with staff who they felt treated them with respect. They said, "Staff treat me as an equal."

We saw that the provider had received compliments from relatives of people receiving care. One relative had written into say, "Thanks to the A & M carers, [family member] liked them [staff] all and was so happy to see them. Their kindly considered approach made life easier." Another relative had written in to say, "We are so pleased with carers. [Family member] looks forward to [staff names] going in to see them."

People told us that staff knew how to provide their care in the way they wanted it. One person said, "They bring life into me, we enjoy a laugh together, it's just the way we go on." One relative told us their family member was well supported by staff. They said, "[Family member's name] gets on with them [staff]. They are caring and [family member] responds to them."

Three staff we spoke with said they enjoyed working with people and had developed good relationships. One member of staff told us, "I enjoy working here, I love all the people." Another member of staff said, "It's so rewarding I couldn't imagine doing anything else." Staff spoke in a caring way about the people they supported. They told us the provider looked to keep regular staff for people. One member of staff said, "They [provider] look to keep continuity which is nice, as it allows you to build up a relationship with people."

All of the people we asked told us staff were considerate and treated them with dignity and respect. One person told us, "Staff know my aches and pains and are very gentle with me." People told us staff also respected their homes and belongings. One person told us, "They respect my house. They don't mess with things." Another person told us staff always ensured their house was tidy before they left.

Staff told us how they respected people as individuals and how they involved people in their day to day care which promoted their independence. This was confirmed by one person who told us they felt their opinion mattered. They told us staff, "Ask my opinion, they listen to what I've got to say."

Staff we spoke with also shared their understanding of caring for someone with dignity. They told us about practical ways in which they maintained a person's dignity. One staff member listed things they did such as closing curtains when people were getting dressed as well as ensuring doors were closed when supporting people with personal care.

Is the service responsive?

Our findings

All people we spoke with said they received the care they wanted. People told us they were happy with the service. They told us staff understood their needs and they felt comfortable to discuss or share their day to day tasks with them. One person told us, "They don't just start; they always ask if all's OK when they first come in." Another person told us, "I have a laugh with staff and chat about the news because that's what I like."

Four people told us that they were involved in planning their care and any reviews. One person told us, "Reviews are regular; a senior [care worker] comes out and asks how things are." One relative also confirmed they had been involved in a review of their family members care. They said, "We had a review and we updated the care plan." We saw that people's comments and feedback were recorded in the spot check records.

Care plans gave staff information about the person receiving care including their likes and dislikes. Staff confirmed the information was a good starting point but they felt the best way to learn about someone was talking to them. One member of staff said, "I talk to people and get them to tell me how they like things done."

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. One relative told us their family member had a personalised plan of care to meet their individual needs. Staff said good communication systems were in place to advise them of any changes. One member of staff told us management were quick to update care staff. They said, "Communication is very good. They [management] are on the ball."

The provider used an electronic system to rota calls and it also allowed staff to write 'clients notes' of updates and useful information to each other. One member of staff said, "It's a very good system, I worked for another agency that didn't have it. This is much better system to communicate useful information." Another member of staff said, "I always read the client notes. It's always up-to-date."

People told us they felt listened to. One person told us, "I had a small concern, I told staff about it and it was sorted the same day. I was very pleased." Another person told us when a change was made to their rota that didn't suit them, they rang the office. They said, "They listened to me and they changed it straight back; without a fuss."

Two people we spoke with told us they had not had reason to complain but were aware of how to raise concerns. One person told us, "They've given me a big book of contact numbers to call if I need to. I've never had cause to raise a concern but I certainly would if I needed." People we spoke with told us they felt assured that action would be taken as necessary.

All staff we spoke with told us they knew how to raise concerns or complaints on behalf of people receiving care and support. We saw that where the provider had received a complaint these had been logged

investigated and responded to.

Is the service well-led?

Our findings

At our comprehensive inspection on 9 December 2015, we found that not all relevant notifications had been made to CQC and 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. This inspection found improvements had been made. We found there was now a process in place to make notifications to CQC and a new process was in place for monitoring complaints.

All people we spoke with were very positive about the service they received. One person told us, "It's very good, I am very satisfied." Another person commented, "It's great, I am over the moon with my ladies [staff]." People told us that they knew the management team and they were approachable. One person said, "Office staff often come out to do checks. They are all very friendly and we chat about my care."

Since our last inspection a new registered manager had been appointed. Staff also spoke positively of the management of the service and of the changes that had taken place. Five members of staff told us they felt the service was well managed. One member of staff said, "It's improved and it's well managed, people tell me they are happy with the care and that's what matters."

All staff we spoke with told us they felt supported by the registered manager who was approachable and available to them. One member of staff said, "They listen to any concerns you may have and offer advice and support." Another member of staff gave us an example of when they had received support from the registered manager. They said, "[Registered manager] was very understanding. They were very open and very supportive. They made time for me."

All staff told us they felt able to tell management their views and opinions at staff meetings. One staff member said, "They [management] hold three meetings to give everyone chance to attend. They are very accommodating." Staff told us the meetings covered updates and any issues. One member of staff told us, "All the office staff and the registered manager cover care calls, so they understand anything you raise."

The registered manager felt that all staff worked well as a team. Staff confirmed this, for example, one member of staff told us, "It's a good team. I feel I have been made very welcome since I joined." Another member of staff said, "It's a good team of carers and we all get on with one another."

Staff told us they felt valued. One member of staff said, "They [management] often call and say thank you, it makes you feel appreciated." Another member of staff told us they had received a carer of the month award and a bottle of wine in recognition of positive feedback from people and the office staff. They told us, "It was a nice way to say thank you and made me feel valued."

The registered manager told us some of the improvements made, for example they were introducing a recognition programme for staff. When staff were recognised as providing good care or had covered for a member of the team for example; a certificate of recognition was going to be awarded. Likewise where any performance concerns were noted this would be recorded together with the action taken, for example

supervision or additional training. We saw this new programme had been discussed with staff at a staff meeting.

In response to feedback of inconsistent support from staff, the registered manager had also introduced a 'House spot check', which checked tasks had been completed correctly. For example bins emptied and out of date food disposed of with the agreement of the person receiving care. The registered manager said the checks were successful and ensured calls were completed as required and gave people confidence that support was consistent.

The registered manager completed a number of monthly checks to assure themselves of the quality of care being delivered. For example we saw monthly checks of medicine administration records and monthly spot checks were completed to observe staff practice. These included a check of equipment to ensure it was in correct working order.

The provider had sent questionnaires to all people using the service and staff in July 2016 asking for their feedback and opinions on the care provided. A response was made by 38 people and showed that people were happy with the care provided. All the people who responded said carers were 'friendly, polite and respectful.' The staff questionnaire was responded to by 20 staff who gave positive responses overall.

The registered manager said they were happy with the results of the two questionnaires which showed an improvement from the previous year. We saw where areas had been identified for improvement action had been taken. For example, when asked if staff felt they were supported by senior carers, eight staff had responded 'sometimes'. In response the registered manager had discussed support available at a staff meeting.

The registered manager said they were supported by the provider who they meet with on a regular basis and also provided a monthly report to them giving an update on the service. The registered manager said the provider also provided advice and knowledge. They said, "They are always at the end of the phone. They always make time for me and are always willing to help; no matter what time I call."

The registered manager said they kept their knowledge up to date by attending training and researching online guidance. For example, the registered manager said they had accessed the NICE (The National Institute for Health and Care Excellence) guidelines for home care to refer to.