Care Quality Commission

CM Bespoke Care Ltd

Autumn Grove

Inspection report

Autumn Grove
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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 20 June 2018 and was announced.

Autumn Grove is registered to provide personal care to people in their own homes. Autumn Grove is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to 'adults with different needs, including dementia, physical disabilities and sensory impairments. Autumn Grove registered with us in May 2017 and this was the first inspection of this service. Before providers are registered, part of our registration process is to check those providing care, are of suitable character and have effective systems and processes to provide people with a service that meets their needs. At the time of this inspection visit, 50 people received personal care.

There was a registered manager 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.

People felt safe using the service and staff understood how to protect people from abuse and harm. There were procedures to keep people safe and manage identified risks to people's care,

People had a comprehensive assessment of their health and social care needs before they used the service. Care plans contained detailed information to enable people to receive appropriate care and support with their needs. People's care needs were regularly reviewed. The registered manager and the provider were in regular contact with people, or their relatives, to check the care provided was what people needed and expected. People and their relatives told us staff were reliable and stayed for the time needed. People were treated with dignity and respect.

Where medicines were administered staff were trained and assessed as competent to do so safely. The provider had a recruitment process that had suitable checks in place to ensure that prior to staff starting work they were suitable to support people who used the service.

People knew how to complain and information about making a complaint was available for people when they started using the service. There was a system in place to log and action any complaints or concerns that people may have.

Staff felt they had good training and their competencies and skills were continuously checked. Staff were supervised and supported in their roles. People were assisted to access health services when needed and staff worked well with other health and social care professionals.

The principles of the Mental Capacity Act (MCA) were followed by the registered manager and staff. People's decisions and choices were respected and people felt involved in their care. People were supported to have

choice and control of their lives and staff sought permission before assisting them.

There were governance systems in place that provided the registered manager with an overview of areas such as care records, medicine records and call times. A new system to improve the governance of the service was being developed and implemented by the provider.

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.

Staff understood their responsibilities to protect people from the risk of harm. Staff understood risks to people's health and social care needs. There were checks in place to ensure staff were suitable to support people with their care needs. Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff had appropriate levels of training that enabled them to meet people's needs effectively. Staff understood the principles of the Mental Capacity Act 2005 and supported people to make their own decisions. People were supported to maintain their health and staff involved and worked with other health professionals in people's care when needed.

Is the service caring?

Good

The service was caring.

The staff treated people with dignity and respect. Staff were kind and caring in the way they supported people.

Is the service responsive?

Good

The service was responsive.

Support was personalised and tailored to each person's choices and needs. Care records included clear information and guidance for staff. People had information about how to make a complaint or raise a concern.

Is the service well-led?

Good

The service was well led.

The provider had systems to monitor and review the quality of service people received.

Care Quality Commission

Autumn Grove

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.

We gave the registered manager 24 hours' notice that we would be visiting their premises on 3 July 2018 to carry out our comprehensive inspection. We gave them notice so they could arrange to be there and arrange for staff to be available to talk with us about the service. The visit on 3 July 2018 was conducted by one inspector.

Prior to our inspection visit we reviewed the information we held about the service. This included any information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people, and fund the care provided. We also looked at statutory notifications sent to us by the provider. A statutory notification is information about important events which the provider is required to send to us by law.

We did not ask the provider to complete a Provider Information Return (PIR), because this was the first inspection since they had registered with us. The PIR is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make.

During our inspection visit we spoke with the managing director who was also the nominated individual, the registered manager and two care staff. Following our visit we spoke with two people by phone who used the service, three relatives and two staff by phone. We also spoke with a healthcare professional who had been working closely with the management team and staff. Health care professionals are people who have expertise in particular areas of health, such as nurses or consultant doctors. We reviewed three people's care records to see how their care and support was planned and delivered. We also reviewed records such as staff training records, care call rotas, medicine records, risk assessments, care plans and records associated with the provider's quality checking systems. We used this information to help us make a judgement about the service.

Good

Is the service safe?

Our findings

People said they felt safe with the care and support from the care staff. One person said, "No worries. I feel safe." A relative told us; "The carers know everything about keeping people safe. I have no worries at all."

Staff understood their responsibilities to protect people from potential or actual harm. Staff were able to tell us about different types of abuse and what to look for and what steps to take to keep people safe. The provider and registered manager took positive action to work with other agencies to safeguard people. A healthcare professional told us, "These are the only agency I would currently trust. Any concerns and they raise them straight away. I couldn't ask for more at all." Staff told us that they would not tolerate anyone being subject to abuse and they would report it straight away.

People's needs were assessed and plans completed to provide staff with guidance about how to reduce risks to the care people required. For example, one plan we looked at provided detailed information for staff on how to support a person to move safely around their home. Another plan detailed what staff needed to do in relation to a person's complex health needs.

We looked at detailed risk assessments that incorporated information gathered from other agencies and people that were involved with the person, including family. Staff told us that the risk assessments they followed were accurate and up to date. One member of staff told us about how after noticing changes in a person's health they spoke with the registered manager and the person's needs were quickly reassessed and risk assessments were updated.

People told us staff were punctual, and stayed for the expected length of time. One member of staff said, "We are all told if we are 5 minutes late, we stay five minutes later. No one should lose out on call times due to traffic." The provider and the registered manager told us they made sure people got the service they expected.

Staff told us they felt there was adequate staff available to meet the needs of the people they supported and to cover the daily calls. Both the registered manager and provider had extensive experience in the care sector and told us they both supported calls to cover for any staff absence that would not otherwise be covered. Staff all felt there were enough staff.

The provider's recruitment policy and procedures, minimised risks to people's safety. The provider made efforts to ensure staff of suitable character were employed. The provider told us they took pride in the staff they employed and ensured all relevant checks were made including contacting the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. All staff we spoke with confirmed they had been subject to a robust recruitment procedure and that all checks had to be clear before they commenced working alone.

We looked at how medicines were managed by the service. People who had medicines administered told us they had the medicines at the times they expected. Staff told us they could only administer medicines once

they had been trained and assessed as competent to do this safely.

People and relatives told us medicines were administered as prescribed. Staff recorded in people's records when medicines had been given and signed a medicine administration record (MAR) to confirm this. MARs were reviewed regularly as part of the quality assurance systems. Where errors had been identified, for example a missing signature, there was evidence this had been discussed by the registered manager with the staff member responsible. We did not identify any concerns from the records we looked at.

People and relatives told us that they had no concerns with staff cleanliness or how they left their property. Staff told us that aprons and gloves were always readily available for them to collect from the office.

Good

Is the service effective?

Our findings

People and relatives were confident in the skills and knowledge of the staff. Staff felt they had a good level of training that was adequate to their roles. The registered manager showed us the system they used to identify what training staff had completed and what needed updating. Staff told us that they were supported to further their training in areas of interest.

Newly recruited staff undertook induction training when they first started to work for the service and completed the Care Certificate. The Care Certificate is a nationally recognised set of standards to ensure staff have the right skills, knowledge and behaviours.

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.

All the staff we spoke with understood the principles of the MCA; and staff had received training in this area. Staff told us they always provided people with choices around their care and support and respected people's wishes. Staff demonstrated a good understanding of who to involve when a decision needed to be made in a person's best interests.

People who required assistance with meals and drinks were supported to have what they wanted to eat and drink and to meet their own nutritional needs. Some people due to their medical needs received their nutritional intake through a tube directly into their stomach. Staff had additional training and support to enable them to do this safely.

People were supported to attend health appointments where required. We saw in people's records where needed, the provider, registered manager and staff liaised with a wide range of health and social care professionals, including doctors, nurses and social workers. Where professionals had requested additional monitoring or observations this had been carried out reliably and professionally.

Good

Is the service caring?

Our findings

People and relatives we spoke with were very complimentary about the level of care shown by staff. One person said, "They are very kind and caring." A relative told us they felt staff, "Were the best." It was clear the staff we spoke with cared about the people they supported. They told us how they cared about what they did, and how it was so much more than just a job. One staff member said, "I do this job because I care about people." Staff spoke warmly of their relationships with the people they supported and it was clear that staff took a great amount of pride in what they did.

Staff had good knowledge of the needs of the people they supported. They knew about people's preferences and told us they always endeavoured to treat people with dignity and respect. This was confirmed by the people we spoke with. All people's records were personalised containing important information regarding their interests, personal history and needs.

A healthcare professional told us, "The whole approach is that of care. I would not trust any other service like I trust them." It was clear the emphasis was to provide care and support in a way that was person centred. People and relatives felt that people were treated as individuals and all assessments and care plans were individually tailored to people's needs. There was a focus to involve people as much as possible in the decisions about their care.

At the time of our inspection, we found people's important and personal information was not always kept secure. Each person had personal information that could be accessed by staff electronically, on their own personal mobile telephones. Confidentiality and security implications had not been fully assessed for staff using their own mobile telephones to access these records via an internet based application. The provider could not have control over how people used their own mobile phones and this increased the risk of unauthorised access to information, when we raised this with the provider and the registered manager they immediately took steps to look at options for addressing this, including options for the provision of work mobile phones. We were assured by the provider that this would be addressed as a priority.

Good

Is the service responsive?

Our findings

Care was provided for people with a range of physical and social support needs. People told us they felt included and involved in decisions about the care service they received. All the care records we looked at were personalised with detailed information and guidance about the level of support people needed.

People and relatives told us they felt involved in the planning and review of the care and support people received. On relative said, "We are in regular contact and they listen and give us full involvement in things." Staff we spoke with demonstrated how they worked to these principles. One staff member said, "You have to have the involvement of the person you are supporting." Regular contact was maintained with families and professionals to ensure identified care needs continued to be relevant.

Staff understood the needs and preferences of the people they supported. Staff explained what actions they needed to take to safely support people with their personal care needs. Where required, care staff worked alongside other health and social care professionals to ensure people's needs continued to be supported appropriately.

We looked at three people's care records. All records we looked at had assessments of people's care and support needs. There were regular reassessments of people's needs and these involved the person themselves as well as people important to them including family members. All aspects of a person's needs were looked at including their physical, mental and social needs .

The registered manager and the provider told us all staff had training around equality, diversity and human rights and it was expected that staff would not discriminate against anyone. Through our discussions with staff it was clear they were non- discriminatory in their approaches.

People had been provided with a copy of the complaints procedure and knew how and who to complain to. We saw there was a system to log complaints along with any actions taken. The registered manager explained that a new system was being implemented to improve how complaints were captured along with any lessons learnt.

Staff told us they had an awareness of the need to know people's end of life wishes and that these were captured in people's care records. There was a dignity lead in the team who had completed additional training and offered additional support to staff.

People and relatives felt the times and length of calls were tailored around people's needs. A healthcare professional told us how quickly the provider had acted to arrange support for a person whose previous care package terminated unexpectedly. They told us this had meant the person had not been left vulnerable without support. They said, "They [provider] go out of their way to ensure the support fits the person and not the other way around."

Good

Is the service well-led?

Our findings

People, relatives and professionals were complimentary about the management of the service and felt the provider was approachable and if actions were needed, they were listened to. The registered manager and the provider told us they did regular visits and care calls to people. They told us this was not only to gain feedback from people about their care, but to also gain the staff's experience of providing the care and support. They told us they felt this was invaluable in understanding what they expected from staff.

Staff told us they felt valued and supported by the management team. One member of staff said, "Good support. They all know and understand people's needs and what it is like supporting those needs as they {management] have good knowledge and experience." There were regular team meetings and staff received regular one to one supervision. There were also regular newsletters which provided staff with information and guidance. The registered manager told us how this was a way of providing consistency in how important messages were delivered.

There were governance systems in place which enabled the management team to have oversight and monitoring of areas such as daily records, care plans, risk assessments and medicine records. There were also unannounced spot checks carried out by both the registered manager and the managing director who told us there were currently no concerns over staff practice. We could see where actions had been taken when mistakes or areas for improvement had been identified. However the registered manager said that they had identified further improvements that could be made in how the service was governed. They had been developing an improved system with a software developer. The provider and registered manager told us they were being instrumental in the development of the system and although in final stages they were not using it until they were satisfied it meets all the requirements. Once fully implemented it is hoped it would give improved monitoring of calls as well as improving how data and actions were captured and monitored.

There was a system for monitoring call times. This was an electronic system that identified the location of staff and recorded the length of a call. Any times that were missing or highlighted as being very late, would be checked with the person receiving the call and the staff member to make sure the call had taken place at the allotted time or to identify any issues.

The provider is a registered nurse who has maintained an interest in and knowledge of current best practice. They told us that this information was regularly shared with staff through staff meetings and supervisions.

The provider had when appropriate submitted notifications to the Care Quality Commission. The Provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. This means that we are able to monitor any trends or concerns.