

A & M Bewdley Care Service Limited

A & M Bewdley Care Services

Inspection report

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Date of inspection visit:
01 May 2019

Date of publication:
05 June 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: A&M Bewdley Care Services is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults, younger adults, physical disability, sensory impairment, mental health and dementia. At the time of our inspection, 66 people were using the service.

Not everyone using A&M Bewdley Care Services receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

Rating at last inspection: At the last inspection the service was rated Good. The report was published 09 December 2016.

Why we inspected: This was a scheduled inspection based on the previous rating.

People's experience of using this service:

- People continued to tell us they felt safe and well supported.
- Staff had a good understanding in how they protected people from harm and recognised different types of abuse and how to report it.
- Potential risks to people had not always been identified, assessed and monitored. The manager was aware of this had was implementing new procedures to better manage and record this.
- There were enough staff on duty to keep people safe and meet their needs.
- The provider did not always follow safe protocols for the administration of medicines.
- Safe practice was carried out to reduce the risk of infection.

- People's care continued to be assessed and reviewed with the person involved throughout.
- People were supported to have a healthy balanced diet and were given food they enjoyed.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.
- Staff worked with external healthcare professionals and followed their guidance and advice about how to support people following best practice.

- Staff treated people as individuals and respected the choices they made.
- People's care was delivered in line with their preferences, with any changes in care being communicated clearly to the staff team.
- Staff supported people with their end of life care.
- People had access to information about how to raise a complaint, where complaints had been received the provider had managed these in line with their policy.

- The provider was not meeting the legal requirement to have a registered manager in place.
- The manager and provider were aware of the shortfalls and had plans in place to improve these.
- The provider made to ensure the service was meeting people's needs and focused upon people's views and experiences.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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 not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-led findings below.

Requires Improvement ●

A & M Bewdley Care Services

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One adult social care inspector.

Service and service type: This is a domiciliary care service. It provides personal care to people living in their own homes.

The service had a manager who had worked at the service for almost three weeks at the time of our inspection. They told us they were going to apply to the Care Quality Commission to become a registered manager. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 01 May 2019 and ended on 10 May 2019. We visited the office location on 01 May 2019 to see the manager and office staff and some care staff; and to review care records and policies and procedures.

What we did;

Before inspection:

- Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public and local authorities. We also checked records held by

Companies House.

During inspection:

- We spoke with two people who used the service and six relatives.
- We spoke with the manager, senior care co-ordinator, senior carer and five carers. We looked at three people's care records and other records that related to people's care such as medication records, audits and other records about the management of the service.

After inspection: We spoke with the provider and the manager.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection, this key question was rated "Good". At this inspection the rating had declined to Requires Improvement.

Requires Improvement: Some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Using medicines safely;

- People told us they received their medicines when they should. Two relatives told us that medicines were administered as they should be. However, the provider did not always follow safe protocols for the administration of medicines. We found the procedure for recording medicines was not safe because staff told us they did not always have the person's prescription to accurately confirm that the medicines, dose and frequency were correct. Without a prescription and proper checks in place the provider could not be assured people were receiving their medicines safely.
- After the inspection the provider told us that people's medicine prescriptions would be held on record and two medicine trained staff would check and sign the medicine chart for accuracy going forward.

Assessing risk, safety monitoring and management;

- People told us staff supported them in a way which kept them safe and maintained their independence. For example, one person told us how staff supported them to feel safe while in the shower.
- The manager had told us prior to us reviewing people's care records that they had already identified risk assessments in areas such as management of skin integrity required improvement and shared their proposed paperwork with us. They told us team meetings had already been arranged for the following week to discuss this with staff and staff we spoke with confirmed this.
- Staff knew people and their individual care and potential risks. However, we also found that the written guidance on how to best support people in line with best practice was not always in place. For example, were a person had previously had a pressure sore and remained at risk of further pressure sores, there were no plans of care of how staff were to support them to reduce the risk from them having further pressure sores. While the manager had identified this and was implementing improvements these had not yet been put into place to demonstrate how effective these were.

Systems and processes to safeguard people from the risk of abuse;

- People told us they continued to be kept safe by the staff who supported them.
- Staff demonstrated a good understanding of different types of abuse and what approach they would take in the event of any concerns.
- The provider took action and reported safeguarding's when these were identified.

Learning lessons when things go wrong;

- Staff communicated information about incidents and accidents. The manager and provider monitored

these events to help prevent further occurrences.

Staffing and recruitment;

- People told us they had a consistent and stable staff team who supported them. People told us staff arrived on time, or a courtesy call was received if staff were running a little late.
- Staff told us there were sufficient numbers of staff on duty and one to one support for people was always covered.
- The care co-ordinators understood people's individual support needs well and what skill mix of their staff was required to keep people safe.
- The provider undertook checks on the suitability of potential staff before they begun work.

Preventing and controlling infection;

- People told us staff kept their homes clean and used Personal Protective Equipment (PPE) when required
- Staff followed their infection control training they had received to reduce the likelihood of the spread of infections and people experiencing poor health.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection, this key question was rated "Good". At this inspection we found the rating remained "Good".

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;

- People and where necessary relatives told us they were involved in the assessment of their care from the beginning. One relative told us how pleased they were with the initial thorough assessment and how staff had taken the time to fully understand their needs.
- People care would be reviewed after a few days to ensure the person was happy with their care or whether any changes were required.
- Staff told us and records we reviewed showed that people's care was monitored and reviewed regularly. Where people's needs had changed this was communicated to the whole staff team to ensure consistency.

Staff support: induction, training, skills and experience;

- People told us staff were confident in their approach and had the knowledge and abilities to meet their needs. One person told us, "The staff are all very good at looking after me."
- Relatives told us they were happy with the way their family members were cared for and were confident in the staff's abilities.
- The provider had a comprehensive induction for new staff, and training ran throughout the year, to keep staff up-to-date with best practice. Staff told us they had good prompt support from the team if they were ever unsure of something.
- Staff told us they had regular spot checks and competency assessments were carried out to ensure they were applying their skills and knowledge in the right way
- Staff were confident in the care and support they provided. They told us they had received training that was appropriate for the people they cared for, such as dementia care and how this had helped them better understand people's needs to support them.

Supporting people to eat and drink enough to maintain a balanced diet;

- Support offered to people varied dependant on people's individual needs. People's independence in meal planning, shopping and meal preparation was promoted.
- People told us they were given a choice of food to eat during the day and that staff always ensured they had access to drinks and snacks before they left
- Staff were aware of people who were on a specialised diet, and how to meet their dietary needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support;

- Staff were aware when a person was attending a health appointment and worked with the person to ensure they were ready for their appointments. People told us staff promptly helped them to see their GPs if they were unwell.
- Staff understood people's health needs and gave us examples of advice they had followed from the person's doctor or community nurses, so people would enjoy the best health outcomes possible.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- People told us staff would ask for their consent before undertaking any personal care. People felt staff respected their wishes and listened to them.
- Staff understood and applied the Mental Capacity Act principles in the way they supported people.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection, this key question was rated "Good". At this inspection we found the rating remained "Good".

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity;

- People and relatives were very complimentary about the staff who supported them. One person said, "The staff are always so cheerful." While another person told us, "I always recommend them."
- People told us they looked forward to the staff coming. All people we spoke with told us staff always took their time to provide the care and never rushed.

Supporting people to express their views and be involved in making decisions about their care;

- Staff recognised what was important to people and ensured they supported them to express their views and maintain their independence. One person told us how the support from staff had meant they could continue living in their own home and said, "I'm very grateful for that."
- A relative told us staff supported their family member well and would, "Bring a smile to their face by the songs they would sing together."

Respecting and promoting people's privacy, dignity and independence;

- All people we spoke with told us they were treated in a dignified and respectful way.
- A relative told us their family member were treated well by staff and that "they are most careful with [person's name] privacy." Another relative said, "I trust them [staff] 100%."
- Staff told us they respected the person's privacy by ensuring information about their care and support was only done so with their consent.
- People's confidential information was securely stored, to promote their privacy.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection, this key question was rated "Good". At this inspection we found the rating remained "Good".

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;

- People told us they continued to be involved in planning their care and their needs continued to be met. People told us staff respected their wishes, such as call time preferences and how they wished to be supported in their home.
- Where relatives were involved in their family members care they felt listened to and involved, one relative said, "They always say hello to me and see how I am."
- Staff told us there was a very good level of communication and changes in care and support were immediately updated through the providers electronic system.
- Records we saw held information about people's preferences and how they would like their care and support to be delivered. The records gave specific details to staff which ensured staff were providing support in a way which recognised respect when working in the person's home. One person told us, "It can be difficult as we have four calls a day with two staff, it is a lot, but I feel they [staff] are respectful of my home."
- Staff told us, and we saw in people's care records that they worked with and communicated well with other healthcare professionals who were involved in the persons care and support.
- Daily care records were clear, and we could see this system worked well for staff to ensure care was consistent and timely. For example, where a person had returned to their home without all their medicine, staff worked quickly and effectively together to rectify this.

End of life care and support;

- Staff supported people with their end of life care. Staff told us they had received training for this, and ensured they worked with other healthcare professionals to provide a comfortable and dignified death.

Improving care quality in response to complaints or concerns;

- The provider had a complaints procedure for people, relatives and staff to follow should they need to raise a complaint.
- People and relatives told us they knew how to raise a complaint if they needed to but were very happy with the service provided.
- Where the provider had received complaints, these had been investigated and responded to in line with the providers complaints policy.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection, this key question was rated "Good". At this inspection it had declined to Requires Improvement, this was because the provider was not meeting their legal requirement to have a registered manager in place.

Requires Improvement: Service management and leadership was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others;

- The registered manager left their post September 2018, a new manager came into post but left the service in March 2019. The provider since this time had recruited a new manager, who had been in place almost three weeks at the time of the inspection. The new manager told us they would be applying for their registration as soon as possible.
- The providers medicines policy had not considered how people's medicines records were accurate, up-to-date and in line with the person's prescription. Without a robust procedure in place it posed a potential risk of harm to people and the staff who administered the medicines.
- The manager shared with us their own checks and audits on the service provision and showed us their action plan of tasks to complete. At the beginning of the inspection they told us that they had already identified shortfalls in the risk assessments of people's care such as skin integrity, management of falls and monitoring of bowel movements. They told us that team meetings had been arranged to discuss their plans for new paperwork, so staff could be involved in the changes and bring new ideas to the way they worked.
- Where we identified a concern in one person's care record, the manager took prompt action to resolve this during the site visit.
- The manager told us there was a good stable staff team in place, but was working with staff to promote their open door policy, so staff felt comfortable to approach them with any queries, concerns or changes they felt were required.
- Staff we spoke with told us they had been through a difficult time, but were confident the new manager was responsive. Some staff told us how the new manager had already held a supervision with them to identify any support they may need. While other staff shared an example of how the manager had identified that staff had not received all of their training certificates and had quickly rectified this for them.
- The provider told us that staff had spoken to them about their concerns of the previous manager, and we could see that the provider had reviewed, monitored and supported the previous manager in their role until they left in March 2019.
- The provider worked with other organisations such as people's doctors and community nurses where people required this support.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Engaging and involving people using the service, the public and

staff, fully considering their equality characteristics;

- People and their relatives knew the provider well and felt they listened and were responsive to their requests. One person told us how they had met the provider who had ensured they were happy with the service provision.
- Relatives felt the service was well run, by a management team who cared. Relatives had confidence in the service provided, with a relative saying, "I trust them, and would 100% recommend them."
- People, relatives and staff felt involved in the running of the service. While those who received support told us they had regular reviews and surveys, they felt happy with the support and were happy with how the service was run.
- Equally staff told us they felt happy in the way the service was run. They told us they felt valued as a staff member, and that teamwork and communication was what supported them to carry out their roles effectively.
- The provider recognised their responsibilities of duty of candour. Where incidents had happened, the person, where applicable their families were informed. We saw that the provider reported incidents such as safeguarding's to the local authority and the CQC.
- The provider had their ratings of their last inspection displayed in the office and met this legal requirement.