

Mrs Theresa Clark

The Beeches Homecare Services

Inspection report

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Date of inspection visit:

18 April 2017

19 April 2017

Date of publication:

06 July 2017

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 Beeches Homecare Services is a domiciliary care agency providing personal care and support to people living in their own homes in Malmesbury, Chippenham, Cirencester and surrounding towns and villages. At time of our inspection 132 people used the service.

The inspection took place over two days on the 18 and 19 April 2017. The inspection was unannounced on the first day.

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 who use the service and their relatives were positive about the care they received and praised the quality of the staff and management. Comments included "It's called care at home and they [carers] do care about me. They don't just care for me. They care about me.", "I admire them [carers] greatly. They have a hard job but they are always cheerful. They are wonderful. I love them all.", "There's not one I don't get on with. If there was I would say so. They are very good about asking me about how I want them to go about things. I've no complaints at all – I'd say that I'm a happy customer."

People told us they felt safe when receiving care and were involved in developing and reviewing their care plans. Systems were in place to protect people from abuse and harm and staff knew how to use them. Most people said they looked forward to the care worker coming and told us they were confident staff knew what they were doing.

People said the care workers generally arrived on time, and they would receive a call to inform them if there were any problems. Speaking with relatives they told us they were very happy with the service provided and didn't have any concerns about the safety of their family member.

Staff understood the needs of the people they were providing care for. Staff were appropriately trained and skilled. They received a thorough induction when they started working for the service and demonstrated a good understanding of their role and responsibilities. Staff had completed training to ensure the care and support provided to people was safe and effective to meet their needs.

The service was responsive to people's needs and wishes. People had regular contact with the office and branch manager to provide feedback about their care and there was an effective complaints procedure in place. People said they had no complaints about the service they received, however they knew who to contact if they did have a complaint. People felt there was always someone in the office they could talk to and they also had contact numbers out of office hours, in case of an emergency.

The provider regularly assessed and monitored the quality of the service provided. Feedback from people and their relatives was encouraged and was used to make improvements to the service.

Staff told us they felt supported by the management team. The managers were accessible and any concerns raised would be dealt with immediately.

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 ●

This service was safe.

People who use the service said they felt safe when receiving care.

There were sufficient staff to meet people's needs safely. People felt safe because staff treated them well and let them know if they were going to be delayed.

Systems were in place to ensure people were protected from abuse. Risks people faced were assessed and action taken to manage the risks.

Is the service effective?

Good ●

This service was effective.

Staff had suitable skills and received training to ensure they could meet the needs of the people they cared for.

People's health needs were included in their care plans and staff supported people to stay healthy.

Staff understood whether people were able to consent to their care and were aware of action they needed to take where people did not have capacity to consent.

Is the service caring?

Good ●

This service was caring.

People spoke positively about staff and the care they received.

Care was delivered in a way that took account of people's individual needs and maximised their independence.

Staff maintained people's dignity and upheld their rights. People were treated with respect and their privacy was protected.

Is the service responsive?

Good ●

This service was responsive.

People were supported to make their views known about their care and support. People were involved in planning and reviewing their care.

Staff had a good understanding of how to put person-centred values into practice in their day to day work.

People told us they knew how to raise any concerns or complaints and were confident they would be taken seriously.

Is the service well-led?

This service was well led.

There was a strong leadership team who promoted the values of the service, which were focused on providing individual, quality care.

Systems were in place to review incidents and audit performance, to help identify any themes, trends or lessons to be learned. Action was taken when reviews identified the need for improvements.

Quality assurance systems involved people who used the service, their representatives and staff and were used to improve the quality of the service.

Good ●

The Beeches Homecare Services

Detailed findings

Background to this inspection

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provided and didn't have any concerns about the safety of their family member.

Staff understood the needs of the people they were providing care for. Staff were appropriately trained and skilled. They received a thorough induction when they started working for the service and demonstrated a good understanding of their role and responsibilities. Staff had completed training to ensure the care and support provided to people was safe and effective to meet their needs.

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Summary of findings

Is the service safe?

Our findings

People told us they felt safe when carers visited their homes and provided care. People were kept safe because systems were in place reducing the risks of harm and potential abuse. Staff had all received safeguarding training, and were aware of their responsibilities in reporting concerns, and the concerns of those they supported. A staff member told us they wouldn't hesitate to report any concerns or bad practice. They said "It's my job to protect people."

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. For example one person had a moving and handling risk assessment and plan because of their reduced mobility. A hoist was in place to support the person to transfer safely. One person said "I have to be hoisted out of bed because I can't use my legs anymore. Believe me it can feel a bit frightening. But they know what they are doing – they are spot on with it – so I can just relax." Another person told us they were equally happy that the staff had the skills and training to transfer them safely using a hoist. They said two carers would always be present.

Another person had a risk assessment in place because they were at risk of developing pressure ulcers. Staff used a SSKIN care bundle to monitor and report any changes to the skin integrity and documenting this in the care plan. The SSKIN care bundle is a tool staff used to ensure best practice and continuity in the treatment and prevention of pressure ulcers.

People told us they had not experienced a missed visit and if carers were due to be late, they would receive a call from the office. People knew which carers were due to visit and told us new carers would be introduced first. They would never receive a visit from a carer they had not met. Staff told us there were sufficient staff to make the calls necessary and provide the care people needed. The branch manager told us they would not take on work unless they were confident they had sufficient staff to make the calls.

Staff received a schedule of work, which was emailed to their personal e-mail addresses. We found this could potentially compromise people's confidentiality and personal information. We raised this with the management team, who had already identified this and we saw this had been discussed during a staff meeting. They told us the schedules were sent as an attachment and was always password protected. However, they were looking at introducing a system which would be more secure.

People involved in accidents and incidents were supported to stay safe and action had been taken to prevent further injury or harm. We saw incidents and accidents were recorded as well as any action needed to prevent a reoccurrence. For example we saw where a person had slipped to the floor staff took immediate action to call for paramedics but also put other measures in place, such as an urgent referral to occupational therapist and updating the falls risk assessment.

People who were assisted with medicines felt confident in the support they received from staff. One person told us how they and their carer used a dosette box together to manage the numerous medicines and ensured that everything was taken as prescribed. Staff kept a record of medicines they had supported

people to take. However, we found a significant number of gaps in the medication administration records (MAR sheet) for people receiving support with their medicines. The management team told us these were not medicine errors as people had received the medicines as prescribed, but staff forgetting to complete the records fully. The branch manager had already identified this during the monthly medicines audits and the management team was looking at introducing a new system for recording. Where gaps had been identified, this was discussed with the staff member in question and medicine administration refresher training was arranged. Staff was not allowed to administer any medicines until they had been assessed as competent.

Health and safety risk assessments had been completed for everyone which considered potential risks of the environment and how this should be managed. Staff were reminded to complete visual checks on care visits to ensure things were tucked in or cleaned away to avoid trips and falls.

The service followed safe recruitment practices. One of the directors was dedicated to recruitment and was continuously recruiting for suitable staff. They told us they would rather over recruit to ensure they were able to cover sickness and leave. Staff also had a probationary period of three months to ensure they were suitable for their role. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records seen confirmed that staff members were entitled to work in the UK.

There were arrangements in place to deal with emergencies. Staff confirmed there was an on call system in place which they had used when needed. This enabled staff to receive support and guidance from senior managers in the organisation if required. The service had an emergency plan to deal with situations that could prevent them providing care to people, for example due to adverse weather or significant staff absence due to sickness.

Is the service effective?

Our findings

New staff were supported to complete an induction programme before working on their own. Induction records were in place which showed that new staff had been supported to understand their role, complete required training and spent a period of time shadowing an experienced member of staff. The registered manager explained the amount of time spent shadowing depended on that new staff member's experience and competence.

We viewed the training records for staff which confirmed staff received training on a range of subjects. Training completed by staff included dementia, dignity, moving and handling and safeguarding adults and children. Specific training for people's individual health needs had also been completed such as catheter and colostomy training. Staff had also been supported with higher level qualifications and encouraged to complete a diploma in Health and Social care. Staff told us the training they attended was useful and was relevant to their role. The training manager had a system to monitor the training staff had completed and ensure refresher courses for staff were completed regularly.

People were supported by staff who had supervisions (one to one meeting) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. The supervisions were a mix of office based supervisions and observations during practice.

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 legally authorised under the MCA. For people receiving care in their own home, this is an Order from the Court of Protection.

Speaking with staff they showed a good understanding of the principles of the MCA. Staff were able to tell us that a person might lack mental capacity in one decision, but that they might be able to make another decision. One staff member said "Sometimes people make an unwise decision, but it doesn't mean it's a bad one. You should always encourage decision making and involve people". Another staff member said "You should always assume people have capacity. Reword a question if the person didn't understand". People told us staff always sought permission before providing care.

We saw that where people lacked mental capacity to make certain decisions, for example to manage their finances, that associated mental capacity assessments were in place. We found though that these lacked detail about what information was given to the person and how they were supported to reach the decision. The management team told us they were continually working to make improvements with mental capacity assessments.

Where people were assisted with meal preparation, they were given a choice. Staff told us some people had microwave meals and some preferred to have their meal cooked from fresh. They said they would always ensure the food was hot and that people had the appropriate cutlery or support with cutting up food where

needed. One person told us they had a small appetite. They said "She [carer] tries to encourage me to eat a bit more." Another person said "They [carers] always make sure I'm sitting up comfortably and I've got a napkin."

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. Staff told us they regularly supported the same people which allowed for consistency and changes in people's needs to be noticed more quickly. People confirmed this. One person said "I was taken ill one night and they called an ambulance." We also saw evidence of referrals to occupational therapists, district nurses or social workers as appropriate.

Is the service caring?

Our findings

People told us they were happy with the care they received and all but one of the people we spoke with were extremely complimentary about the kindness, respect and compassion with which they or their relative were treated. Comments included "It's called care at home and they [carers] do care about me. They don't just care for me. They care about me.", "They [carers] help me shower because I can't use the bath any more. The funny thing is, I never feel embarrassed. They are so down-to-earth.", "I admire them [carers] greatly. They have a hard job but they are always cheerful. They are wonderful. I love them all.", "There's not one I don't get on with. If there was I would say so. They are very good about asking me about how I want them to go about things. I've no complaints at all – I'd say that I'm a happy customer." and "She [carer] is so kind. I don't know what we would do without her."

One person told us that following a recent stay in hospital they had a short period where they had some additional care from a different agency. The person said "I've got something to compare it [The Beeches] with, and that's how I know how good they are. The carers from [X] were nowhere near as good: their time keeping was dreadful and they made me feel like a nuisance. I got rid of them as soon as I could."

People were treated with kindness and compassion in their day-to-day care. Staff went above and beyond what was expected of them as stated in people's care plans. For example a person's wife had gone into hospital and the person was upset. The carer had a cancelled call the following day and used the time to take the person out to the local pub. The staff member said "I care for people the way I would care for my own family". Another example was of a person whose care calls had stopped after a social care review. Carers were concerned that the person's health was deteriorating and continued to provide care for three nights after the care had stopped to ensure the person was comfortable and eating and drinking well. Staff also told us about a person who was usually alone on their birthday. Staff would visit the person in their own time to avoid them being lonely on their birthday.

Staff told us they got to know people well and when they first started with a new person, they would spend time just getting to know the person's likes, dislikes and history. A relative told us their mother would have been in a care home by now due to their complex health needs. They said "She [mother] wanted to stay at home for as long as she could. The Beeches were very good to us. Mum loved all her carers – she had about five who came regularly and she got to know them all. Mum would have had to go into care a while ago if we hadn't been able to rely on The Beeches".

A staff member told us of a person who has mental health needs and when they first started supporting the person, they would shy away. They had got to know the person's needs well and were aware that the person opened up when going out, so staff ensured there were opportunities for taking the person out.

People's privacy and dignity was respected by staff who knew the correct procedures to follow when supporting someone with personal care. This included ensuring doors and curtains were closed and not holding conversations about other people that were also supported by the service.

Staff told us that people were encouraged to be as independent as possible. A staff member said "I prompt people to do as much for themselves as possible". People we spoke with confirmed that staff enabled them to remain independent saying "The carers I have enable me to keep living at home, which is what I want. They give me just enough support without overdoing it and doing everything for me."

Staff told us they supported people during end of life care and worked closely with the community nursing team. They told us it was hard when a person passed away as they had built a relationship with that person. Staff said they were offered counselling if needed and the office would arrange to cover their next call if needed to allow them time if needed.

Is the service responsive?

Our findings

Care, treatment and support plans were personalised. The examples seen were thorough and reflected people's needs and choices. People and their relatives told us they were involved in discussion about their care plan when they first started with the service and speaking with people they said they had signed to consent to their care plan. Care plans included people's background, what personal well-being meant to them, what they wanted to achieve and how the service could help them to achieve their objectives. For example one person wanted to be independent as possible to enable them to stay in their own home. One of the things the person felt would help them to achieve their objective was as stated in the care plan "By prompting me to do things that I am able to do for myself and supervise me if I choose to try new tasks". We saw people's interests had been recorded and if that person attended any day centres or had particular hobbies they enjoyed.

Speaking with people they told us they were confident that carers knew what was in their care plans. Staff told us when they were due to visit a person for the first time, they would read through their care plan to ensure they knew what was expected of them. A staff member said they would also "Introduce myself. Sit down next to the person and ask about their life and interests." We saw that staff completed a daily record for people after each visit and recorded information on the support given and the person's wellbeing during that visit.

People's needs were reviewed regularly and as required. The branch manager told us there was constant communication between people and the office and any changes would be dealt with immediately. Staff told us the service was responsive to people's needs. One staff member said "If something changed or needed action, they [office] are straight on it". Staff were regularly kept up to date with changes in people's needs and this was communicated through memos or phone calls to the carers. For example if a person was developing a sore, the carer would contact the office to make a referral to the necessary health and social care professionals.

Several people told us about times when they felt their carers had gone 'above and beyond' their roles and helped with things like changing beds, hanging out washing and making 'phone calls. Where people's needs had changed, for example following a stay in hospital, they received a visit from one of the managers and their care plan was revised. One person whose care plan changed from two visits a day to three told us how easily this was arranged. They said "The next day she [carer] came at lunchtime with no problems at all. It's made a big difference to me."

People said they were confident any concerns or complaints they raised would be responded to and action would be taken to address their issue. The provider told us the service had a complaints procedure, which was provided to people when they started using the service. Staff were aware of the complaints procedure and how they would address any issues people raised in line it. People said they had no complaints about the service they received, however they knew who to contact if they did have a complaint. People felt there was always someone in the office they could talk to and they also had contact numbers out of office hours, in case of an emergency. Comments included "No complaints but would ring the office if I had any at all but

at the moment I haven't had any", "They are all very approachable, I know if I had a problem I can talk to any of them", "No problems or complaints but think it would be ok if I had one to raise", "No complaints at all, they provide me with all the care I need", "I would ring them up if I had a problem" and "Yes I would contact the office if I had any issues but everything is all right".

Is the service well-led?

Our findings

The service had a registered manager, who was one of the directors of The Beeches Homecare Services. A branch manager was also in post, who managed the service on a day to day basis, with oversight from the registered manager who was based in the same office. The registered manager and branch manager had clear values about the way care and support should be provided and the service people should receive. They aimed to provide the best possible care whilst preserving people's rights, privacy and dignity, always remembering they were visitors in people's homes. The registered manager told us they wanted to offer people the best support in the community, maintaining a high quality and recruiting the best staff.

People told us the service was well managed. Comments included "Yes I do think it is well managed", "It seems to be well managed", "Compared to others its excellent", "I think it is well managed, I have had them now for quite a while", "Yes it is, the managers ring and pop in regularly" and "Yes excellent and very well managed by the manager or the supervisors".

The registered manager told us they were continuously striving to improve the service and had an action plan in place of areas of improvement identified by the quality assurance systems and audits. For example they were looking at providing people with a whiteboard to encourage communication with people and their relatives, instead of people writing in the daily records. They were also looking at introducing a quarterly newsletter for people to read, informing them of carers' training, local news and carer achievements. The branch manager told us the first newsletter was due to be sent out in May 2017.

Staff valued the people they supported and were motivated to provide people with a high quality service. Staff said "We work as a team. There is no division between carers and the office" and "We're a great bunch of staff. Very good carers who put clients' needs first". Staff also felt supported by the management team and told us they were approachable and would listen to them. A staff member said "I feel massively supported. Really happy here. They are very responsive and nothing is ever any trouble".

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure and staff told us managers gave them good support and direction. The registered manager told us they were streamlining processes across the three areas for Malmesbury, Chippenham and Cirencester to ensure continuity. These three areas used to be managed separately as different locations with their own registered manager, however these areas were now managed from a central point in Malmesbury. People told us they were concerned when their local office moved to Malmesbury, but said "The office used to be more local and I was worried when they moved it to Malmesbury, but to be honest it hasn't made any difference. They are still just as good."

People's experience of care was monitored through monthly telephone calls from the branch manager, for example checking if people were happy with their carers' performance and if people were happy with the carer they were matched with. Any positive feedback received from people were shared with staff during their supervision. Satisfaction questionnaires were sent out annually asking people their views of the service. The results of the surveys were collated and actions taken in response to individual issues people had

raised.

There were regular staff meetings, which were used to keep staff up to date and to reinforce the values of the organisation and how they expected staff to work. Staff meetings were held across the three different areas to ensure all staff had an opportunity to attend. Staff reported they were encouraged to raise any difficulties and the branch manager worked with them to find solutions. Staff meetings were also used as a learning opportunity for example staff would be asked specific questions around a topic such as dignity and respect for clients. Staff had to give an example of how they ensured they treated people with dignity and respect. Staff were also given a short quiz on topics covered such as the Mental Capacity Act and Duty of Candour.

The registered manager also told us the service was actively involved in the community, for example taking part in fundraising events. They also attended other organisations such as "Dementia friends" to find ways of improving the service for people living with dementia. The registered manager was keen at looking at innovative ways for future care, for example to have close working relationships with GP surgeries in how people could be supported at home, instead of hospital admission where possible.

The registered manager kept up to date with current legislation and practices through attending registered manager's meetings, Wiltshire Skills Care Partnership and accessing online resources such as the learning exchange network and Social care institute for excellence. Any relevant updates were communicated to staff.