Beverley Martins Limited

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Inspection report

259 Bromley Road
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Tel: 02086952470

Date of inspection visit:
16 February 2016

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 took place on 16 February 2016 and was announced. Beverley Martins Limited is a domiciliary care agency registered to provide personal care to people living in their own homes. At the time of the inspection, 132 people were using the service. We gave the provider 48 hours' notice that we would be visiting the service This was because the service provides domiciliary care and we wanted to make sure staff would be available. The last inspection was carried out 27 February 2014. The provider met all of the regulations we checked at that time.

The service had 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 receiving the service felt safe. Staff understood how to keep people safe from abuse. Staff had safeguarding training and could recognise signs of abuse and knew what actions to take if they suspected it.

People were protected from avoidable harm because risks to their health and wellbeing were assessed and plans developed to manage risks. People were protected from unsuitable staff by a robust recruitment process. People had their medicines managed safely and received them as prescribed.

People received effective care and support from trained and supervised staff. People's consent was sought and their rights were upheld in line with legislation. Staff supported people to access healthcare resources as their needs required and their nutritional and hydration needs were assessed and met.

Staff were compassionate, supported people to make informed decisions and showed people dignity and respect.

People's care records reflected their assessed needs and were reviewed when their needs changed. People's cultural needs were supported. The provider sought people's views about the care and support they received and people felt listened to. People knew how to complain and the provider addressed complaints appropriately.

The manager demonstrated an open management style and staff felt supported. The quality of care being delivered to people was audited. There were systems in place to monitor, review, and make improvements to the service.

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 were protected by staff who were trained and knowledgeable about safeguarding and whistle-blowing procedures.

People were protected from avoidable harm because risks were assessed and reviewed and plans implemented to reduce them.

The provider operated safe recruitment practices.

People received their medicines safely.

Is the service effective?

Good

The service was effective. Staff were supervised and received training to meet people's needs. People received the support they required to eat and drink enough.

The management and staff teams acted in accordance with the Mental Capacity Act 2005.

People were supported to access healthcare in a timely manner when required. The service worked with local healthcare resources.

Is the service caring?

Good

The service was caring. People told us the staff were kind and caring. People made decisions about their care and support. People's dignity and confidentiality were respected and their independence promoted.

Is the service responsive?

Good

The service was responsive. People were involved in their assessments to identify care needs and care plans developed to meet them. People's care records detailed how they wanted their care and support to be delivered. People's cultural needs were identified and addressed

People knew how to complain and the provider responded to

complaints appropriately. The provider sought the views of people about the care they were receiving.

Is the service well-led?

Good

The service was well-led. There was a registered manager in post who was open and approachable.

The provider had systems in place to monitor the quality of the service people received.

The manager engaged with local resources to meet people's needs.

Beverley Martins Limited

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.

The announced inspection took place on 16 February 2016 and was undertaken by one inspector. The provider was given 48 hours' advance notice because the location provides a domiciliary care service and we needed to ensure the registered manager and staff were available. This meant the provider and staff knew we would be visiting the agency's office before we arrived.

Prior to the inspection we reviewed the information we held about Beverley Martins Limited, including notifications we had received. Notifications are information about important events the provider is required to tell us about by law. We reviewed the provider information return (PIR). This document asks providers to give key information about the service, what it does well and improvements they plan to make. We used this information in the planning of the inspection.

During the inspection we spoke with four staff, a care coordinator, a director and the registered manager. We reviewed documents relating to people's care and support. We read nine people's care records, risk assessments and medicines administration records. We looked at documents relating to staff and the management team. We read nine staff records which included pre-employment checks, training records and supervision notes.

We read the provider's quality assurance information and audits. We looked at complaints and feedback from people given during spot checks.

Following the inspection we spoke with eight people and we contacted five health and social care professionals for their feedback.

Good

Is the service safe?

Our findings

People told us they felt safe when staff came into their homes to provide care and support. One person told us, "When [staff name] comes I am pleased to see her. I'm certainly not in the least bit worried about my safety." Another person said, "None of the carers makes me feel unsafe."

People were protected by staff who were trained to safeguard people. Staff understood how to recognise signs of different types of abuse and their responsibilities to report it. Staff said they felt confident and supported to raise a concern if they suspected abuse. One member of staff told us, "Keeping people safe is the most important part of care. So I wouldn't need to think twice before alerting my managers." Safeguarding scenarios were discussed in team meetings and in supervision. Scenarios we read included 'what would you do if there was no answer [when staff arrive at a person's home]?' and 'what would you do if you suspected a [person] was being financially abused?' This meant staff knew what actions to take in line with the provider's safeguarding procedures. Records showed that the provider had acted in a timely manner to report safeguarding concerns to the local authority and initiated procedures to protect people.

Staff had a clear understanding of the provider's whistleblowing policy. Whistleblowing is a term used when staff alert outside agencies when they are concerned about the provider's care and support practice. A member of staff told us, "If I was worried about how people were being treated and my managers didn't deal with it I would go outside the company to social services."

People were protected from avoidable harm. Risks were assessed prior to a service being delivered and these were reviewed regularly. Where a risk had been identified care records detailed the actions to be taken by staff to reduce them. For example, people who were at risk of falling had reassessments, equipment provided to support their mobility and staff had guidance on checking for trip hazards around the home. A member of staff told us, "We supported a person to remove carpet in an area of their home because of the risks it created when manoeuvring a hoist." This meant that people's risks were identified and managed to keep them safe.

Staff took steps to maintain people's security. One member of staff told us, "People's security is a priority. I may be the first and last person into a person's home that day. I need to be extra vigilant. I make sure people's key safes have not been tampered with and the person's home is secure in the way they want." Another member of staff told us, "The care plans and risk assessments we have give us the information we need in a crisis like the location of stop cocks, fuse boxes and gas cut off points." This meant staff had the information they required to act promptly to protect people in an emergency.

The service had systems in place for the reporting and recording of accidents and incidents. The manager analysed these and actions were taken to reduce the risk of recurrence. For example, after one accident at home the service made a referral to healthcare professionals for an assessment of the person's mobility.

Staff rotas demonstrated there were enough staff to meet people's needs and keep them safe. People received support at specific times and an electronic monitoring system was used as a part of the care

arrangements commissioned by some local authorities.. The electronic monitoring system requires staff to call a freephone number from a person's landline when they arrive to provide care and support. The member of staff then phones the number again as the leave the person's home. This meant accurate records of the time spent supporting people are kept and enables late and missed calls to be detected and resolved promptly. Staff told us there were sufficient numbers of staff within the team to cover annual leave and sickness.

People were protected from the risk of receiving support from unsuitable staff. There were safe recruitment and selection processes in place to protect people receiving care. We looked at the recruitment records of staff. We found that all contained application forms, proof of identity, references from previous employers, employee health questionnaires and satisfactory Disclosure and Barring Service (DBS) checks. The DBS provides information about a person's criminal record and whether they are barred from working with vulnerable adults. Where appropriate staff records contained Home Office permission to work documents.

People's medicines were managed and administered safely. People received the support they needed with their medicines. One person told us, "[Staff] remind me to take my tablets after my meals and sign to confirm I've done it. I probably wouldn't remember without them." Staff received training to support people to manage their medicines safely. Care records noted the location of people's medicines as well as the support required to self-administer. Medicines administration record (MAR) charts were audited by the registered manager. We read in team meeting minutes how the manager told staff that MAR charts should be initialled if people are reminded, prompted or assisted with medicines. The staff we spoke with understood what to do in the event of a medicines error. We observed a member of staff call the office to inform the manager that a person was refusing medicines. The office then phoned the person's GP to relay the information in line with the care plan.

Good

Is the service effective?

Our findings

People told us staff possessed the skills and competence to meet their needs. One person told us, "I think the staff are skilled because they are properly able to do what their supposed to do. I've no complaints." Another person said, "[Staff] support me absolutely fine. It's just as we agreed." People we spoke with confirmed they were satisfied with the care and support they received and felt their needs were being met.

People were supported by staff who received on-going training to ensure their skills and knowledge were up-to-date. Training included dementia awareness, manual handling, medicines, safeguarding, and food safety. A member of staff told us, "Training is beneficial to me and the people I support. The more knowledge I have the better I can support someone. It also makes me reflect on what I do and how you do it."

New staff were supported to develop their skills and knowledge through an induction programme and to work towards the Care Certificate. This award ensures staff working in adult social care develop and demonstrate competence in providing people with high quality support and care. One member of staff told us, "I feel my induction prepared me for the job. I did four days of training in the office and eight weeks of training on line. I did a good bit of shadowing and I read up on Care Plans before going to people's homes to meet them" This meant people were supported by staff who were familiar with their needs and planned care.

People had their care delivered by staff who were supported by their manager. Staff received regular supervision meetings with their manager in which they reflected on their practice. We read in supervision records that staff knowledge was tested. For example, the manager asked questions about people's care and support and presented staff with dilemmas to resolve. Staff received annual appraisals which were used to plan personal development and identify training. For example, we read how staff had requested training in end of life care and were supported to undertake it.

The service sought people's consent before delivering support. People we spoke with told us that staff always asked for their permission before providing personal care. One person told us, "[Staff] always discuss things with me and make sure I agree. How I want to wash, what I want to wear, what I want to eat, we chat about it and I decide." Care records detailed how staff should meet people's needs and their preferences.

People's rights were upheld in line with legislation. Staff we spoke with had a clear understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberties Safeguards (DoLS). These legal processes ensure people receive care and support in a way that does not restrict their freedom. A member of staff told us, "We have DoLS and MCA training and we discuss it as a team and in supervision. We assume people have capacity and support them to make choices. If that starts to change, say due to dementia, then we tell the manager and we go down the capacity assessment and best interests route."

People received the support they required with eating and drinking in line with their assessments. Care records stated people's dietary needs and personal preferences. A member of staff told us, "It's important to

have a relationship with people to meet their nutritional needs properly. I know if a leave a jug of water for [person's name] she won't drink it. She hates water, but is too polite to say. So I leave juice and its drunk by the time I come back in the evening." Staff received training in nutrition. This included elements of a balanced diet, preventing food contamination and how to identify malnutrition. Care records showed that people's independence with eating was promoted. For example, one person was supported to use a rubber place mat so their plate did not move and plate guard to prevent food falling off the plate. This meant they could continue to eat their meals independently.

People were supported to access healthcare services as their needs required. A member of staff told us, "We did a joint visit with an OT [occupational therapist] to see a person after their mobility deteriorated rapidly. The person got new equipment and the OT showed me how to do some exercises with them." The involvement of healthcare professionals was recorded in care records.

Good

Is the service caring?

Our findings

People we spoke with told us the staff were caring and kind. One person told us, "[Staff name] is ever such a lovely girl. Always smiling. Nothing is ever too much trouble." Another person said, "My [Staff] is so gentle. I'm stiff in the morning and can't rush and she never ever tries to rush me."

Staff supported people in line with their preferences and encouraged people to make choices. A member of staff told us, "For the entire time I am in someone's home I am offering choice. From the order we do care to what they eat, drink and wear. It really helps build a trusting relationship."
Another member of staff said, "Choice is so important to people. It gives people independence and control over their lives and environment. You wouldn't believe how different to each other people can be about how they want their beds to be made. But little choices added together are empowering."

People told us that staff were respectful and promoted their dignity. One person told us, "They always call me [person's preferred name] and carry themselves nicely about the place." Another person said, "All the staff who come in are well mannered and courteous." Care records contained guidance on entering and leaving people's homes. We read staff were directed to always knock on the front door before using a key and announcing their presence as they entered people's homes. A member of staff told us, "One simple way of protecting people's dignity is to close the curtains when the lights are on after asking for permission before doing it."

People were encouraged to make decisions about how they received their care and support. Care records showed that people were involved in the planning of their care. The service also sought the views of relatives in the planning and evaluation of service delivery. A member of staff told us, "Families are involved in reviews and on-going discussions about care. But a lot of people don't want their children or grandchildren knowing all their business, so we ask if it's ok before we discuss anything." This meant that people's confidentiality was protected.

People's choice of carer was supported whenever possible. One person told us, "I love my [staff] she'd been coming to me for donkey's years and is an absolute diamond. I tell them up at the office that they can't take my [staff name] away from me." Records showed how staff maintained the continuity of support people received by using staff they were familiar with.

Good

Is the service responsive?

Our findings

People received care and support personalised to their individual needs. People's needs were assessed prior to receiving a service and care records reflected individual choices about support. Care records showed people's needs were regularly reviewed in meetings with contributions from people, their relatives and healthcare professionals.

People's care records provided staff with guidance on how to support people effectively. Care records contained information about people's health, care, cultural and communication needs. Changes in people's needs were recorded and action was taken to meet them. Care records stated the hours commissioned for the delivery of care and support. The hours of support people received changed when their needs did. For example, one person's care hours reduced when they began attending a day centre. We saw another example where a person's hours of support were increased in response to a decrease in their independent living skills. A member of staff told us, "People receive different amounts of support because they have different needs. I support some people once a day and other people could need two staff to support them four times a day." This meant that the delivery of care was organised in response to people's individual needs.

People's cultural needs were identified, respected and met. A member of staff told us, "It's important to meet people's cultural needs. I support a number of Muslim people for whom it is important to wash under running water and eat halal meat. I support some Christian people who eat fish but not meat on Fridays and prefer to watch Christian TV channels." People's cultural preferences were met in a way that they chose and these were recorded in care records.

People were asked for their views about the service they received. The manager and care coordinators made spot check phone calls to people to obtain feedback. We read comments from people which included '[Staff member] is very gentle, punctual and respectful', 'nothing has been too much trouble', 'hard working, kind and compassionate'. The views of people obtained through spot checks were shared with staff in supervision. Positive feedback was used to reinforce good practice. Additionally the provider sent people questionnaires which could be returned anonymously and carried out a satisfaction survey. This meant the provider gathered and analysed the views of people to improve the delivery of care and support.

People we spoke with knew how to contact the agency office by phone. The office itself was located on a high street and accessible by wheelchair. People told us they would contact the manager or care coordinator in the office if they wanted changes to the support they received.

People knew how to complain and felt confident to do so. The provider had a complaints procedure in place. We read records which showed that complaints were investigated and responded to in line with the procedure. For example, following receipt of a complaint from a person, an investigation was undertaken into their cause for concern, the complaint was upheld and a letter of apology issued to the complainant.

Good

Is the service well-led?

Our findings

People told us they were happy with the service they received and thought the service was well managed. One person told us, "I couldn't live at home without carer's coming in. I depend on them for help and they're good company when they're here. I think as a whole they're well-led." Another person said, "I think the manager runs a tight ship. The staff are always tidy and on top of the job and the firm in the office ask what I think about it all."

Staff told us the service was well managed and that the manager was welcoming. A member of staff told us, "The manager is approachable and open, definitely. I am comfortable talking to her." Another member of staff said, "The manager is competent and I can have confidence in the advice she gives me."

People confirmed that the manager and care coordinators phoned to inform them if staff were running late for their visit. A member of staff told us, "We are not permitted to have people's phone numbers. If I'm delayed I have to tell the office." A care coordinator told us, "We ensure people are informed of staff changes. If the changes are due to staff time management it means we are aware of the problem and can address it in supervision and in our planning."

The manager carried out regular audits to ensure people received high quality care. Action plans were put in place to address improvements and these were subject to review and evaluation. The registered manager understood their responsibilities of registration with CQC and notified us of important events that affected the service.

The manager promoted an open culture to improve the quality of care delivery. Team meetings were arranged to share ideas for improving the service. In order to ensure uninterrupted care, team meetings were held over the course of a day with staff invited to attend either the morning or afternoon meetings. We read records from one team meeting day which showed 32 staff attended the morning team meeting whilst 33 were present for the afternoon session. Minutes of meetings were circulated for those who could not attend.

The registered manager monitored staff training to ensure their skills and knowledge were up to date. We saw a training matrix which showed when staff training was undertaken and when refresher training would be required. Staff told us they received the training they required to meet people's needs safely and effectively.

With the consent of people, managers observed staff practice every six months. Notes of observations were made and fed back to staff during supervision. For example, we read how a member of staff had talked continuously to a person whilst they supported them to eat. This was in line with their preference for support and recorded in the person's care records.

The registered manager regularly sought advice from health and social care professionals. For example, following referrals staff worked with physiotherapists, community nurses and social workers to plan and

deliver care and support.