

Diamond Resourcing Plc

Better Healthcare Services

Inspection report

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23 April 2018

30 April 2018

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection of Better Healthcare Services took place between 19 and 30 April 2018. Our visit to the office was announced to make sure the manager was available.

At our previous inspection in August 2017, we found three breaches of regulation. We found that improvements were needed to assessing risks, staffing levels and governance of the service. The service was rated overall Requires Improvement. Following the inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions Safe and Well-led to at least good. The provider told us that they would review care records and auditing systems to improve the guidance to staff and reduce risks to people. They also said they would provide training to staff, including the registered manager, to ensure staff knew what they needed to change and why. During this inspection we found that improvements had been made and the service is now rated as Good.

Better Healthcare Services is a domiciliary care agency that provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. At the time of our visit 39 people were using the service.

Not everyone using Better Healthcare Services receives a 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.

There was a registered manager at this service 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.'

Staff knew how to respond to possible harm and how to reduce risks to people. Improvements were made to risk assessments, which meant staff had guidance to reduce risks to people. Lessons were learnt about accidents and incidents and these were shared with staff members to ensure changes were made to staff practise to reduce further occurrences. There were enough staff who had been recruited properly to make sure they were suitable to work with people. Medicines were administered safely. Staff used personal protective equipment to reduce the risk of cross infection to people.

People were cared for by staff who had received the appropriate training and had the skills and support to carry out their roles. Staff members understood and complied with the principles of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People received support with meals, if this was needed.

Staff were caring, kind and treated people with respect. People were listened to and were involved in their care and what they did on a day to day basis. People's right to privacy was maintained by the actions and

care given by staff members.

There was enough information for staff to contact health care professionals if needed and staff followed the advice professionals gave them. People's personal and health care needs were met and care records guided staff in how to do this.

A complaints system was in place and there was information available so people knew who to speak with if they had concerns. Staff were supported to care for people at the end of their lives if this became necessary.

Staff worked well together and felt supported by the management team, which promoted a culture for staff to provide person centred care. The provider's monitoring process had improved and looked at systems relating to the care of people, identified issues and staff took the appropriate action to resolve these. People's views were sought and changes made if this was needed.

Further information is in the detailed findings below

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 assessed risks and acted to protect people from harm. Staff knew what actions to take if they had concerns about people's safety.

There were enough staff available to meet people's care needs. Checks for new staff members were undertaken before they started work to ensure they were safe to work within care.

Staff received the support they needed to help people with their medicines if required.

Infection control practices were in place and staff followed these to reduce the risk of cross infection.

Effective systems were in place to learn lessons from accidents/incidents and reduce risks to people.

Is the service effective?

Good ●

The service was effective.

Systems were in place to make sure people's care and support was provided in line with good practice guidance.

Staff members received enough training to provide people with the care they required.

People were supported to prepare meals and drinks as independently as possible.

Information was available to support people if they moved services. Staff worked with health care professionals to ensure people's health care needs were met.

Staff supported people to continue making decisions for themselves.

Is the service caring?

Good ●

The service was caring.

Staff members developed good relationships with people using the service and their relatives, which ensured people received the care they needed in the way they preferred.

Staff treated people with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People had their individual care needs properly planned for and staff were knowledgeable about the care people required.

People had information if they wished to complain and there were procedures to investigate and respond to these.

Information was available about people's end of life wishes if this was appropriate.

Is the service well-led?

Good ●

The service was well led.

Staff members and the registered manager worked well with each other so that people received a good service.

Good leadership was in place and the service was well run.

The quality and safety of the care provided was regularly monitored to drive improvement.

People's views were obtained about changes to their service and what they would like to happen.

Staff contacted other organisations appropriately to report issues and provide joined-up care to people.

Better Healthcare Services

Detailed findings

Background to this inspection

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

This inspection took place between 19 and 30 April 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and we wanted to make sure the manager was in the office.

We visited the office location on 19 and 23 April 2018 to see the manager and office staff; and to review care records and policies and procedures. We spoke with people on 23 April 2018 and we spoke with staff on 30 April 2018.

This inspection was carried out by one inspector.

As part of the inspection, we reviewed the information available to us about the service, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law.

We spoke with four people using the service and two people's relatives. We spoke with two members of care staff, the manager and the regional manager. We checked six people's care records and medicines administration records (MARs). We checked records relating to how the service is run and monitored, such as audits, staff recruitment, training and health and safety records.

Is the service safe?

Our findings

At our previous inspection in August 2017 we found that there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Assessments did not provide enough guidance to staff about how to reduce the risks to people or the actions they needed to take if the person had a health condition. The provider wrote to us and told us that they would review people's risk assessments and introduce new assessments where these were missing or update existing ones.

At this visit, we found that staff had assessed individual risks to people and updated records to show how they needed to take to reduce the risks. Staff told us they were aware of people's individual risks and what they needed to do. These included moving and handling risks, such as for showering or bathing, and for other risks associated with these, such as for testing water temperature. People confirmed to us that staff tested the water first and then asked them if they wanted to make sure it was at the temperature they liked before bathing or showering. Information was available to guide staff if people had a health condition, such as diabetes. One person's relative told us that although staff members were not responsible for monitoring their family member's health condition, they had taken the appropriate action when the person's condition had worsened. We saw that this mirrored the guidance in the person's care records. We found therefore, that appropriate action had been taken to address the areas of assessing risk that we identified at our previous inspection.

We found that environmental checks of people's homes had also been completed. This provided staff with an overview of where there may be risks, such as for using moving and handling equipment on carpeted floors.

At our previous inspection in August 2017 we found that there was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were not always enough staff to cover sudden shortages, which put people at risk of not receiving care when they needed it. The provider wrote to us and told us that recruitment of new staff would be undertaken on an on going basis. The service would only provide care to new people when sufficient staff were employed and the registered manager would review staffing hours and absences on a regular basis.

At this visit people and relatives told us that there were enough staff. They said staff usually arrived on time, only one person told us that staff were occasionally more than a few minutes late. Another person told us that the office staff always rang them to let the person know if staff were going to be late. There were enough staff to care for people, although staff that we spoke with thought that this was not the case. Staff members told us that this occasionally meant they were late visiting people and one staff member explained that this would be five or ten minutes.

The registered manager told us that there was a system in place to determine staffing numbers and care configuration was reviewed when staff members' hours reached a pre-determined figure. They told us that they had developed a contingency of staff hours in addition to the hours staff were scheduled to visit people, in case of sudden leave or staff absence. They were also employing new staff, which would give

them further available staff hours for the future. We determined that although staff did not always feel as though there were enough staff, the service had taken appropriate actions to put new staff in place and to increase the available staff hours.

We looked at a staff recruitment file and saw that satisfactory checks had been returned before the staff member worked with people. These included criminal record checks (DBS), identification and a health declaration to ensure that they were safe to work. New staff completed induction training and shadowed more experienced staff so that they had an understanding of how to keep people safe while providing care and support.

People told us that they felt safe with staff from the agency and they knew who to contact if they had any concerns. Staff knew how to protect people from harm, they told us they had received training, they understood what to look for and who to report to. The manager was aware of their responsibility to report issues relating to safeguarding to the local authority and the CQC. Information received before our inspection showed that incidents had been reported as required, and staff had taken appropriate action to protect people and reduce risks to them.

People who needed support with their medicines received this from staff who were competent to provide this. Staff members told us that they had received training to be able to give medicines. Each person was given their medicines at the time prescribed for them and records were completed appropriately. To ensure that it was clear who the medicine was prescribed for, information, such as identification, specific instructions, allergies and contact details for each person's GP and pharmacy, was also available. There were instructions for medicines that required specific consideration for how they were administered.

A staff member told us that they had enough personal protective equipment (PPE) and cleaning equipment available. We also saw that this was in use when we visited one person. This showed us that processes were in place to reduce the risk of infection and cross contamination.

We saw that incidents, accidents and other monitoring systems were responded to appropriately at an individual level and information about these fed into broader analysis. One audit showed that there were consistent missed medicine errors for one person. A brief analysis had been completed and this identified the action to address this. We saw from staff records and from the staff meeting minutes that this had been addressed and subsequent audits showed a marked improvement in the recording of medicine administration.

Is the service effective?

Our findings

Needs assessments were completed for people using the service before care started. The needs assessments were completed with information from health or social care professionals, where this was indicated. Staff worked with health and social care professionals who visited people to provide current, up to date guidance and advice about meeting people's care and support needs. We saw this advice was available and used by staff to promote one person's health and well-being. We saw that people using the service had varying levels of cognitive ability and that staff worked effectively to manage all of their needs. People were provided with the level of support appropriate to their needs.

Staff told us that they received enough training and support to give them the skills to carry out their roles. One staff member commented that they had "lots of training when I first started". They went on to describe that they were able to get additional training if needed and they were able to complete national qualifications in care. Staff training records showed that staff members had received training and when updates were next due. We were therefore satisfied that staff members had received the training they needed to carry out their roles.

Both staff members said they received enough support from the registered manager and other staff to do their jobs. They explained that they could discuss issues with the management team and this allowed them to discuss any concerns they had.

We saw that people were supported to eat and drink if they needed this help. One person told us that staff visited them to prepare their lunch meal and that they looked forward to this each day. Another person was served a meal while we were visiting. The staff member had prepared the meal on a tray and made sure that the person had everything (salt and pepper, napkin, cutlery) within easy reach before leaving the person. This person's relative told us that staff were very good at following instructions about giving the person something to eat before bed if they needed it for a health condition.

The registered manager told us that they worked with health and social care professionals for those occasions when people used other services, such as hospital admissions. They were working on developing a specific form for staff to complete, so that information about the care the person needed at home could go with them. Their aim was to ensure that accurate information was available, without the need for people to remember all the details, and to reduce the impact on gathering this information had on other services.

People's care plans showed that they had access to the advice and treatment of a range of health care professionals. These plans provided enough information needed to support each person with their health needs, including detailed descriptions of the changes people had been advised to make.

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Staff had an understanding of the MCA and worked within its principles when providing care to people. One staff member explained that they had received training that included making sure people were able to consent to the care they received. The staff member told us that they always informed people what they were going to do and waited for the person to say they were happy for the staff member to continue. Staff completed mental capacity assessments and could access guidance to show the help people needed to continue making decisions.

Is the service caring?

Our findings

People told us that staff were kind and caring. They were described as, "Good," "Very, very polite," and, "I can't fault them one bit." One person's relative said staff were always "polite and approachable". We saw that staff were kind and thoughtful in the way they spoke with and approached people. They put people at ease and we saw that staff achieved this by considering their actions first. They faced people, spoke directly towards them and when people were sitting at a different level, staff lowered themselves so they were not standing above the person.

We found that staff knew people well and that they were able to anticipate people's needs because of this. We saw that staff members told people what they were going to do before doing it, which meant that they were able to indicate if they were not happy for staff to continue. Staff also knew people well and for those people who were less able to verbally tell staff what they needed or wanted this support had a positive effect. One staff member spent time with a person who was less able to communicate verbally, while we were visiting. They explained our role and why we were there, which settled the person.

People told us that they were aware of their care records and staff spoke with them frequently about how they wanted their care given. One person's relative told us that staff listened to their concerns and acted on them.

Staff members received training in key areas that supported people's right to respect and dignity. People told us that they were able to say if they had preferences about the gender of staff caring for them. Staff respected people's right to privacy and to be treated respectfully. This was evident in the way staff spoke and interacted with people. We saw this in practice when visiting people. Staff greeted them before entering rooms, knocked on doors and called people by their names.

We saw that care records were written in a way that advised staff to consider people's right to privacy and dignity whenever they provided care and support. For example, in advice about caring for specific needs around continence or personal care, staff were guided to make sure each person received this in the way they were comfortable with.

Is the service responsive?

Our findings

At our previous inspection in August 2017 we had concerns that not all care plans were written in enough detail to provide staff with the guidance to care for people properly. At this visit we found that there had been an improvement in the way care plans were written and the level of detail that described how staff should provide care.

Plans were written in detail, which provided clear guidance for staff members care practice. Information about why people needed the care and support they received, the difficulties the person experienced, what they needed help with and how staff should do this were all recorded. This provided staff with a clear description that was set out in different sections for different types of care needs, such as washing and dressing, continence and medicines management. Care needs and how staff should meet these were also set out in a form that provided a chronological order of when people usually did things. This allowed staff to look at specific care needs or to focus on their visit in particular, and gain the guidance for that timeframe only.

Plans for those who had additional health conditions, had been introduced. These provided guidance regarding what staff should do if the person became unwell and described the effect this would have on the person. Staff we spoke with had a very good understanding of people's needs in this area. We saw the care plans had all recently been reviewed and if new areas of support were identified, changes had been made. Daily records provided evidence to show people had received care and support in line with their support plan.

People told us that they received the care they wanted and needed in the way they wanted. One person commented, "They look after me well." Two people's relatives told us that staff cared for their family members well. Staff had a good knowledge of people's needs and could clearly explain how they provided support that was individual to each person. Staff were able to explain people's preferences, such as those relating to health and social care needs, personal preferences and leisure pastimes. One staff member told us, "The care records contain enough information."

People and their relatives told us that they knew how to make a complaint and who to contact for this. None of the people we spoke with had made a formal complaint. However, one person's relative told us that they had contacted office staff on one occasion and changes had been made immediately. The person and their relative were happy with the response they received. Staff said they were confident the manager would deal with any given situation in an appropriate manner. There were copies of the complaints procedures in each person's care records. Records showed complaints had been investigated and detailed the action that was taken to resolve these.

The organisation had a policy and procedure for end of life care in place to support staff in meeting people's needs. There was no one at the time of this visit who was receiving end of life care. Although the registered manager confirmed that people had their end of life care wishes recorded as part of their support plan, when required. Information was recorded about preferences for such things as who was important to the

person, where people wanted to be and what they wanted to happen after they died. The service had received a thank you card from the family of one person following the person's death. This thanked them for their care and support not only during the period they were caring for the person but after their death as well.

Is the service well-led?

Our findings

At our previous inspection in August 2017 we found that there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that although monitoring audits had been completed, they did not always identify where there were errors or missing information in records. Where these shortfalls had been identified, there was no analysis of the information to show trends or themes, or the actions that were required to address them. The provider wrote and told us that they would review these systems and retrain staff so that they knew how to properly complete the audits and recognise trends and themes.

The registered manager looked at care records and medication records to monitor the quality of the service. We found that there had been a significant improvement in the completion of these audits, which identified issues and the action required to address them. For example, where there had been errors around medicine administration recording, this had been recognised and appropriate action taken to address this with individual staff and across the service as a whole. We saw that following these actions, staff recording of medicine administration had improved. The regional and quality improvement managers also carried out audits, which identified the same issues and ensured that a consistent approach to actions was taken. A monthly report was developed from this.

There was a registered manager in post who was available throughout our visit to the service. 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

The registered manager was supported by a regional manager, office staff, care coordinators and care staff. We saw that people and staff knew who they were due to the visible presence they had at the service. A staff member explained, "She's very supportive, she's very approachable." They went on to say how the manager supported them, "She has worked with the people we look after." We saw that staff liked working with people who lived used the service and that they had respect for the registered manager, who had taken action to make changes for the benefit of people.

Staff told us that they had a number of opportunities, such as staff meetings, to discuss the running of the service. One staff member told us how they had been supported by senior staff and felt they could discuss any issues or concerns they had with them. Staff were further supported in supervision meetings, where they were able to discuss their performance. A whistle blowing policy was available and staff told us they were confident that they could tell the registered manager something and it would be dealt with. This meant that the organisation was open in their expectation that staff should use this system if they felt this was necessary.

We saw that the views of people were obtained through questionnaires and spot checks of staff performance. Questionnaires had been sent to people and their relatives before our visit. They said that

these would be looked at for any trends or themes and to see where improvements and learning could be made. We had a look at the returned questionnaires and found that these were largely positive and showed that people were happy with the care they received.

Information available to us before this inspection showed that the staff worked in partnership with other organisations, such as the local authority safeguarding team. We saw that the registered manager contacted other organisations appropriately and in relation to safeguarding, investigated the issue and took action where this was required. We saw that information was shared with other agencies about people where their advice was required and in the best interests of the person.