

Diamond Resourcing Plc

Better Healthcare Services (Luton)

Inspection report

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14 June 2017

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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

Better Healthcare Services (Luton) is a domiciliary care agency that provides personal care to people in their own homes.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

The service has a Registered Manager in place. 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 service took safeguarding concerns seriously and followed the local authority policy and guidance when dealing with safeguarding people from harm.

Where appropriate the service had attended and contributed to safeguarding discussions and meetings.

There was a robust recruitment procedure to help ensure the staff recruited were suitable to work with the people using the service.

Staffing levels were sufficient to provide the level of care required.

Risk assessments were in place and were regularly reviewed and updated.

Staff were trained to administer medicines safely. Regular checks were undertaken to help ensure on-going competency in this area.

There was a robust induction programme, which included mandatory training, shadowing and buddying with an experienced worker. Staff demonstrated a good understanding of their roles and responsibilities.

Supervisions were undertaken and Professional Development Reviews (PDR) were held annually to ensure learning was reviewed and training needs were met.

Care files were clear and comprehensive and contained relevant health and personal information. The service was flexible and responsive to changing needs, desires and circumstances. 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 supported this practice.

Confidentiality was respected and independence was promoted. Communication with relatives was on-

going throughout the duration of their relative's involvement in the service.

Comments were encouraged formally and informally and there was a complaints policy in place. Literature given out to families gave the information and opportunity for people to raise concerns or make suggestions.

Feedback was regularly sought from families and users of the service. The service listened and took action to address any concerns and suggestions put forward by people who used the service and their families.

Team meetings were regularly undertaken, giving staff the opportunity to discuss any issues and to share good practice examples. The meetings were used as a forum to share current best practice guidance and keep staff up to date with new methods and innovation.

A number of audits were undertaken, results analysed and lessons learned from these to drive continual improvement in service delivery.

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? The rating remains good	Good ●
Is the service effective? The rating remains good	Good ●
Is the service caring? The rating remains good	Good ●
Is the service responsive? The rating remains good	Good ●
Is the service well-led? The rating remains good	Good ●

Better Healthcare Services (Luton)

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 checked 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 on 31 May 2017 when we visited the office. The provider was given 48 hours' notice because the location provides a domiciliary care service we needed to be sure that someone would be in.

We also carried out telephone interviews with people using the service on 2 June 2017 and spoke to staff on 14 June 2017.

The inspection was carried out by one inspector from the Care Quality Commission and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed past reports and information we held about the service in the form of notifications received from the service.

We spoke with eight people who used the service and four relatives in order to gain feedback from them. We also spoke with five members of staff, the registered manager and the regional quality manager for the provider. We also looked at records held by the service, including nine care files and five staff files.

Is the service safe?

Our findings

People continued to feel safe when being support by the service. One person said, "I feel safe with them." Another person said, "I feel safe with them because I've got confidence in them and I've also got my flasher button if I need it." A relative we spoke with also agreed and said, "I do feel that [relative] is safe with the carers as they do know what they are doing and do let me know if they are worried about anything."

People were protected from abuse and harm by staff who supported them to stay safe. Each person had risk assessments in place to enable them to be safe in their home while being supported by staff. Risk assessments included areas such as, safe movement, medication, behaviour management and support and safety in the home. These had all been reviewed regularly and the registered manager confirmed that updates were carried out as and when required.

The provider ensured that there was sufficient skilled and qualified staff to support people safely and rotas we looked at confirmed this. We saw that staff employed by the service had been through a robust recruitment process before they started work, to ensure they were suitable and safe to work with people who used the service. Records showed that all necessary checks had been made and verified by the provider before each staff member began work. These included reference checks, Disclosure and Barring Service (DBS) checks and a full employment history check.

People were supported to take their medicines. One person said, "[Staff] help me with my pain killer. I need to take these at 10pm for them to work properly and they arrive at the right time for this." Another person said, "They give me my tablets from boxes. It has been fine and they write and sign in the book." Medicines records instructed staff on how prescribed medicines should be given, including medicines that should be given as and when required (PRN). Staff had received training on how to administer medicines safely. There were clear instructions as to how a person should be supported to take their medicines and allergies were clearly labelled on people's medicines administration records (MARs).

Is the service effective?

Our findings

People received care and support from staff who had the required skills and knowledge to support them effectively. The service demonstrated a commitment to staff training, which was on-going and regular refreshers were undertaken. Staff were given positive encouragement to undertake further, more specialised training appropriate to the work. One member of staff said, "If I need refresher training it's given to me." A second member of staff said, "[Supervisor] will ask me if I want any more training."

Training records we looked at showed that staff had received training in areas such as dementia care, medication, safeguarding, infection control, first aid, and pressure care. Staff also received a full induction when they joined the service.

Staff understood the importance of gaining consent from people before providing any care and support. One member of staff said, "We get permission for everything we do, we won't do it if they haven't consented." Staff told us that they would gain consent from people whenever they carried out a task. Where people were unable to provide verbal consent then staff would watch for visual indicators.

Where it was required, people were supported to eat, drink and maintain a balanced diet. One person said, "[Staff] don't do my hot meal but they do give me a sandwich and cup of tea and they give me a choice about what I have in the sandwich." A second person said, "[Staff] are reasonably good. They always ask me what I want to eat. I show them what I want and they get on preparing it. They clear up after the meal."

Documents reviewed showed that people were supported to maintain good health and have access to healthcare where it was required. For example, if they needed assistance with contacting their doctor, dentist or hospital appointments. One person said, "Once or twice they have offered to phone the doctor for me but I was ok and if I feel unwell I call my [relative]." A relative told us, "Once the carer was a bit worried about [relative] and phoned the doctor and the doctor phoned me so that was useful. They have also advised us of other services that may be useful such as the alarm."

Is the service caring?

Our findings

People continued to be supported by kind, caring and compassionate staff. One person said, "The carers are all very good. They will ask 'How are you today' and show concern for me. They are very adaptable and caring. They make extra cups of tea and always wash up. They are very obliging; for example they will hang things on the radiator for me to dry. They are all cheerful and willing to chat. In the evenings for example, if they have a few minutes to spare they won't rush off but sit and talk to me. We chat about all sorts; our lives, family and anything on the news." A Second person said, "They talk to me nicely and we have a laugh." A third person said, "We have a laugh and a joke. They are a good crowd of girls. They come in and ask how I am."

Staff promoted people's choices and enabled them to be independent where possible. One person said, "The ones who come to me I am very happy with. They are very helpful if I want anything extra doing. If I ask them to do anything they don't mind at all. They say 'Are you sure you can manage?' They didn't make me feel helpless and I never felt uncomfortable with them." A second person said, "They always check that I am happy to be helped that day and they encourage me to do what I can for myself if I feel up to it."

Staff respected people's dignity and ensured that they had privacy when being provided with personal care. One member of staff explained, "Privacy is very important, we don't speak about anyone and I always make sure they have privacy when I'm giving personal care."

People confirmed that they were involved in making decisions about their care through regular reviews and discussions and this was evidenced within people's care documents. The registered manager also confirmed that regular reviews were undertaken of care plans to ensure that service being provided met with people's expectations and where changes were made, staff were informed via e-mail prior to visits. The care records we looked at showed that people were involved and supported to make decisions affecting their care. People said that their views were listened to and staff supported them in accordance with what had been agreed with them when planning their care.

Is the service responsive?

Our findings

People who used the service had a variety of support needs which had been assessed prior to being supported by the service. This allowed for them to have a personalised service which was tailored to their requirements.

We saw that appropriate care plans were in place so that people received the care they required to meet their needs. People told us that they had been involved in the creation and on-going review of their care plans. A relative we spoke with said, "They included us all when the initial plan was written. They always sign in and they always write in the folder. That's quite useful for me as I can see how he has been." We saw that the registered manager had a plan in place to review people's care plan periodically to ensure they were kept up to date and current. The care plans evidenced that the care provided was person centred because they reflected people's needs, choices and preferences. We saw that regular updates were made and relatives and people were kept informed of any changes in people's care plans through regular review meetings and daily records.

Staff understood people's individual backgrounds, ages, likes and dislikes. People told us that the care staff were adaptive to their needs and if changes were required in their usual package of support then this was accommodated. One person said, "They help me [with personal care]. They have told me that if I [need assistance with personal care] between visits to phone them and they will send somebody to help me." A second person said, "I have once a day visits but a few weeks ago I wasn't so well and they had to increase from once to twice a day for a short while and they were able to do this. I'm back down to once a day."

The provider had a complaints policy and procedure in place and people were made aware of this when they joined the service and through regular questionnaires and feedback requests. People we spoke with knew who they needed to talk to if they had any issues or concerns.

Is the service well-led?

Our findings

The provider has recently employed a registered manager.

Due to the registered manager only being in post for a short time, not all people were aware of the registered manager's name. They did however confirm that they had contact with the office staff. One person said, "They are always at the end of the phone and are very obliging when I phone up." A second person said, "The people on the end of the phone in the office are always polite and say they will get back to me or sort something out."

We saw that the registered manager was introducing new practices to further improve the service and support staff.

There was evidence that the provider worked in partnership with people and their relatives to gain feedback on the service and strive for improvement. We saw that action plans were in place to further improve the service after feedback was received and the registered manager would regularly report on the progress.

Questionnaires were sent to people and their relatives and the results of the most recent survey showed that people who responded were happy with the quality of the care provided.

The manager had completed a number of quality audits on a regular basis to assess the quality of the service provided. These included checking people's care records and staff files to ensure that they contained the necessary information and that this was up to date.

We saw that staff were invited to regular team meetings which discussed staff performance, best practice and any changes in policies. All the staff we spoke with confirmed that they were invited to the meetings and where they were unable to attend then they would be sent the meeting minutes to review.

The manager understood their responsibility to report to the CQC any issues they were required to as part of their registration conditions and we noted that this had been done in a timely manner. Records were stored securely and were made readily available when needed.