Better-Care Domiciliary Services Limited

Better-Care Domiciliary Services Limited

Inspection report

Room 8
30 Boutport Street
Barnstaple
Devon
EX31 1RP

Tel: 01271314716

Date of inspection visit:
06 March 2018
26 March 2018
27 March 2018
16 April 2018

Date of publication:
29 May 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This announced comprehensive inspection on 6, 26 and 27 March 2018. On the first and second days, we visited the office and reviewed the systems for managing the service. On the third day, we visited three people who used the service in their own homes.

On 28 March 2018, we received notification from the commissioners of the service that the service had contacted them and had given them written notice of their intent to close the business. An action plan was drawn up between the service and the commissioners as to how to do this. This took into account the best interests of the people and staff working for the service. The service end date was agreed as 20 May 2018.

At the time of writing this report, the agency was no longer providing a service. Notifications had been received by the Care Quality Commission (CQC) with a voluntary application to deregister the service which was in the process of being dealt with.

This service was a domiciliary care agency. It was registered with CQC to provide personal care to older and younger adults living in their own houses or flats. These people might have lived with dementia, a mental health illness, a drug and alcohol illness, an eating disorder, a physical disability or a sensory impairment. There were 20 people using the service at the time of inspection.

There was registered manager in post. A registered manager is a person who has registered with the CQC 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 has submitted their voluntary application to deregister their role at the service.

People were happy with the service they received. People had built up meaningful relationships with the care workers who supported them and felt comfortable with them in their homes. People described care workers as kind and caring.

People were kept safe and cared for by staff who had been safely recruited, trained and supervised in their work. They had undertaken training in the protection of vulnerable adults and medicine management.

There was sufficient staff to meet people's needs with no missed visits. However, the service relied upon other registered services at times to fill in gaps they could not cover in people's care, particularly at weekends. This had been agreed with the commissioners of the service.

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. Care workers had received training on the Mental Capacity Act 2005. They ensured people were asked for their consent before they carried out any care or support. The service complied with the accessible information standard

which included information about how to communicate with people in their individual ways.

Each person had risk assessments and a care plan in place. However, these were variable and were not always person centred or fully completed. This made it difficult for staff to provide care and support in a consistent way. However, staff always ensured people received their planned care in the way they chose.

People were supported to eat a nutritious diet and food and drink of their choice. In between care visits, care workers always made sure people had snacks and drinks available. People were encouraged to maintain their independence as much as possible and care workers encouraged them to maintain their health and wellbeing. Health and social care professionals were involved where necessary.

There were some quality monitoring systems and processes in place. However, these needed to be improved to ensure continuous development of all aspects of the agency. There was a complaints policy in place.

We made one breach of Regulation in relation to the management of 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?

Requires Improvement

The service was not fully safe.

Risk assessments had not been fully recorded to identify all the risks to people.

Recruitment processes were not always robust.

There was sufficient staff to meet people's needs and no missed visits. The service relied upon other services at times to fill in gaps they could not cover in people's care.

People were assisted to take their prescribed medicines safely.

Staff had been trained to keep people safe by undertaking training of the protection of vulnerable adults.

Is the service effective?

Good

The service was effective.

Staff worked within the principles of the Mental Capacity Act which promoted people's rights.

Staff had undertaken training to help them carry out their roles well.

People were supported to eat and drink and maintain a healthy diet.

People were supported to access health and social care professionals.

Is the service caring?

Good

The service was caring.

People were treated with kindness and respect.

People's care and support was carried out with privacy and dignity.

Staff knew people well and effective relationships had been built up.

Is the service responsive?

Requires Improvement

The service was not fully responsive.

Care plans had not always been fully completed, person centred or contained all the information required.

Staff communicated with people in their preferred way.

Complaints were dealt with effectively.

Is the service well-led?

Requires Improvement

The service was not fully well-led.

Checks and audits were carried out but these had not always identified issues or deficits in record keeping.

There was a registered manager in post who worked closely with the director.

Staff felt listened to and involved in the running of the service.

Better-Care Domiciliary Services 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 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 service was a domiciliary care agency. It provided personal care to people living in their own houses and flats. Not everyone who used Better-care received a regulated activity; the Care Quality Commission (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.

The inspection site visit took place on 6 March 2018 and was announced. Inspection site visit activity started on 1 March and ended on 16 April 2018.

We gave the service 24 hours' notice of the inspection visit because it was small and the registered manager was often out of the office supporting staff or providing care. We needed to be sure they would be in. We visited the office and spoke with the registered manager, the provider, a team leader and office staff.

This was a routine comprehensive inspection and the first inspection carried out by the CQC since the service was registered on 12 December 2017.

The inspection was informed by feedback from questionnaires completed by a number of people using the service prior to the inspection taking place. CQC sent surveys to: five people and received three responses; five relatives and received no responses; nine staff and received six responses, and ten community professionals and received three responses.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service. This included safeguarding alerts and statutory notifications. A notification is information about important events which the service is required to send us by law.

We visited three people in their homes and spoke with them and their relatives. We reviewed information about people's care and how the service was managed. These included: four people's care files and medicine records; three staff files which included recruitment records of the last staff to be appointed; staff rotas; staff induction, training and supervision records; quality monitoring systems such as audits, spot checks and competency checks; complaints and compliments; incident and accident reporting; minutes of meetings and the most recent quality questionnaire returned.

Requires Improvement

Is the service safe?

Our findings

People felt safe being cared for by staff of Better-care. They knew care workers well. We spoke with one person who told us they felt safe with staff. When we asked why, they said, "… they (care workers) fit in easily … they are polite … feel very safe." People knew the names of the staff supporting them, had a regular team of care workers and had built up meaningful relationships. Two people spoke fondly of their care workers and how they supported them. They said, "They are good …. they do everything we need" and "They are very friendly and part of the family."

People were supported to take risks to retain their independence and enhance their well-being. However, not all of these had been assessed and recorded on people's care plans. For example, one person was at risk of skin damage due to their poor mobility. They had pressure relieving equipment in place and had prescribed skin creams applied. Another person had a catheter in place but there was no information on how to reduce the infection risk and clean the site properly. However, the impact on people was low as they both confirmed staff addressed the risks and always looked after them properly, despite a lack of recording. The registered manager confirmed they would update people's risk assessments immediately.

Some safe recruitment practices were followed before new staff were employed to work with people. This included undertaking checks of identity, qualifications, and undertaking a Disclosure and Barring Service (DBS) criminal record check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. However, gaps in employment history were not routinely recorded. During the inspection, the registered manager updated the recruitment records to include the missing information and was more comprehensive for future job applications.

People were protected from harm or potential abuse. This was because the registered manager had ensured staff had received training on the protection of vulnerable adults. Whilst there was a policy and procedure in place, this was generic and did not include the actions necessary to be taken in line with the local authority safeguarding team. However, the registered manager was aware of the safeguarding process and who to contact. During the inspection, the registered manager updated the policy and contacted the local authority to arrange further safeguarding adult training for all staff.

Staff prompted people to take their medicines only. Medicines were not administered by care workers. People had been supported to have a monitored dosage system to reduce the risk of medicine errors. Care workers had been trained by the registered manager in medicine management.

Whilst people were supported by a regular team of care workers, the registered manager confirmed there were staff vacancies due to problems with recruiting suitable staff in the area. As a result the service was unable to take on further care packages due to this. There was a particular shortage at weekends. and commissioners had to cover the shortfall at weekends with alternative care providers. Two additional staff were in the process of recruitment and would help the staff shortages. However, no missed visits were recorded and people said staff always arrived promptly and stayed for the right length of time.

People, relatives and staff knew who to contact if they needed help. The service had an out of hour's telephone service where staff could contact a senior member of staff 24 hours a day, seven days a week.

There were arrangements in place to keep people safe in an emergency and staff understood these. In cases, such as poor weather and flooding; the registered manager and care workers knew which people required a priority visit. For example, this may be because they had no relatives or were isolated.

Staff had completed infection control training and had access to personal protective equipment, such as gloves and aprons to reduce cross infection risks. People said care workers wore these routinely. One relative said, "They always wear gloves and aprons".

People were supported to stay safe from accidents or incidents and the appropriate records kept. These were monitored by the registered manager to identify any trends or patterns.

Good

Is the service effective?

Our findings

People's needs were met by staff who had the right skills and knowledge. Staff had received induction and refresher training in order to support the differing needs of people using the service. The provider's training included: food hygiene; infection control; moving and handling; safeguarding of vulnerable adults; fire safety; Mental Capacity Act (MCA); Deprivation of Liberties Safeguards (DoLS); first aid; medicines; health and safety, and equality and diversity. New care workers who had no care qualifications were supported by the registered manager to complete the 'Care Certificate' programme (introduced in April 2015 as national training in best practice). Certificates showed staff had undertaken training. The registered manager delivered all staff training. During the inspection, the registered manager took steps to introduce outside organisations to deliver appropriate training, such as the local authority and the care homes education team. Records confirmed staff received regular supervision and an appraisal (one to one meetings).

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. We checked whether the service was working within the principles of the MCA and found they were. People said staff gained their consent before carrying out any care or support. One person said, "They always ask before they do anything."

All people using the service had capacity to consent to their care. Where decisions would have to be made in people's best interests, the registered manager was aware of the procedures they needed to take.

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. Applications for this must be made to the Court of Protection. The registered manager was aware of the procedures necessary if a person was subject to a Court of Protection order. Nobody using the service had such an order.

Care workers supported and encouraged people to maintain a balanced diet by encouraging them to have a meal of their choice and type. This could be either a pre-prepared meal or a meal cooked from fresh. People said care workers always ensured there were snacks and drinks available before they left their home.

People were supported to have access to healthcare services and on-going healthcare support. During visits, care workers monitored people's health and welfare conditions whilst reporting any changes to the relevant professionals.

Good

Is the service caring?

Our findings

People and relatives spoke highly of the staff and their approach to providing support. They described staff as caring, kind and respectful. When we asked a relative why the staff were caring, they said, "They are polite and friendly … laughing all the time and have a bit of banter … the best thing is their attitude … they will do whatever we want them to do."

People we visited told us how the staff had made a difference to their lives and well-being. One person explained how the care worker came at a certain time so they could be washed, dressed and ready to take their dog for a walk on their mobility scooter at their preferred time.

Care workers respected people's privacy and dignity. One relative said "They (care workers) are very amenable … they do whatever I want them to do … and they respect my home." They explained how care workers take off their shoes before entering the house. One person said, "They (care workers) do what I ask they always keep my respect and cover me up … when they wash and dress me."

People's cultural and diverse needs were understood by staff. One relative explained how the care given by staff was "fantastic, very friendly and will do anything that needs doing." Their family member was cared for by a team of mainly three regular care workers. The person did not speak English and the relative had appreciated how the staff had "learnt how to say 'welcome'" in their family member's language. They told us how care workers respected 'prayer times' and made care visits outside of these hours. The relative told us how respectful care workers were towards their family member when providing personal care and maintaining privacy and dignity throughout.

Staff had built up meaningful relationships with the people they supported. One person said, "(Care worker) sings to me …. they are polite, kind and courteous to me … but they do make me laugh too … I especially like (care worker)." Another person said, "Excellent service. Much better than others." A care worker wrote, "Having worked in the care sector for a few years I have worked for a few different companies and I find Better-care to be the most organised company. They do this job for all the right reasons and the service users are always number one priority."

Where necessary, care records showed the registered manager had involved the use of independent advocates or representatives to assist people in expressing their views and making decisions.

Requires Improvement

Is the service responsive?

Our findings

People had an initial assessment carried out to ensure the service could meet their needs fully. Following this, a care plan was put in place using the information gained. The quality of the care plans was variable. One contained the information required and was detailed. The other two contained some relevant information, but consisted mainly of a task sheet without much detail to guide staff on how to undertake the care. For example, one person slept in their chair in the lounge and did not use their bedroom. Their care plan did not include this information. Another care plan stated that the person "was OK with a stick". However, their latest risk assessment stated "can weight bear but must use a gutter frame at all times." Information was in the care plans but was not always personalised and consisted of summary points only. For example, two did not say how people liked their personal care to be delivered and their particular preferences. Both people and their family members were happy with their care and one relative said, "… they can't do enough for us." The impact on people was low as staff knew them well and how to deliver their care appropriately and safely, despite a lack of records. The registered manager confirmed they would update the care plans immediately, make them personalised and include all the information required.

The service complied with the Accessible Information Standard (AIS) and met people's individual information and communication needs in ways to achieve independence. The AIS is a framework put into place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can understand information they are given. One person was unable to verbally communicate due to a past medical illness. They also did not speak or understand English as their first language. The family had worked with the care staff to teach them how to communicate with the person and understand what the person needed. A family member was complimentary of how the care staff had undertaken this approach to get to know the person.

There were opportunities for people to raise issues, concerns and compliments and people said their concerns were also addressed. There was a complaints policy and procedure in place which did not contain all the contact details required. However, during the inspection, this was amended to include the missing information.

Requires Improvement

Is the service well-led?

Our findings

The provider provided worked in a hands-on care role at the service. The management of the service was delegated to the registered manager and team leaders. There was a governance framework in place to monitor the service which included some audits. However, these did not cover all areas of the service and did not provide the required oversight of the business. For example, the shortfalls we found in record keeping relating to risk assessments, care plans and recruitment records. The registered manager was disappointed these records were not up to date. They confirmed to us they would improve and expand the quality monitoring systems in place to fully cover the running of the service.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was an open and supportive culture at the service. The registered manager ensured only suitable people were employed who had the right skills and attitude to fit with the staff team and the people receiving personal care. They ensured a good standard of care was delivered and managed staff performance to achieve this. Staff supervisions, appraisals, competency and spot checks took place every six weeks to support this. Where staff were found unsuitable for their roles after they had been employed, the registered manager took steps to address this. They gave us an example of one care worker who had recently left the service as they "were just not right for this job."

Staff were encouraged to be involved in the running of the service and staff meetings took place regularly. The last one took place in February 2018. Minutes showed these meetings had been used to share information about the service, address any concerns and discuss any relevant issues. There were some care worker vacancies which meant a shortfall in some of the care provision. For example, one care package was covered by Better-care Monday to Friday, but then by another service on the Saturday and Sunday as they had not enough weekend care workers. The service worked closely with the commissioners of the service who were aware of this.

The service valued their care workers and recognised good practice. Cards, chocolates and gift cards were given out by the service if staff had "gone above and beyond". The registered manager was also in the process of introducing an 'employee of the month award'. This consisted of a certificate and gift card awarded when positive feedback was received from people, families or other care workers.

The service had two cars for use by care staff if necessary. These were predominantly used by the director and senior care workers but loaned to staff if needed. For example, if their car had broken down, failed a road test or needed repair. This ensured staff could continue to provide support.

Each of the three people we visited in their homes had not met the registered manager in person before and did not know them well. The registered manager said this was because their role was managing the office and the team leader managed the hand on care in the community. However, they had spoken to most people by telephone. They told us they had realised during the inspection that they needed to be more

involved in this aspect and maintain more oversight of the service.

The views of people and their relatives were taken into account through a questionnaire. This covered varying aspects of the service. People's views were also sought through regular telephone calls and during visits.

The provider's statement of purpose stated the aim of the service was "… enables and encourages them (service users) to live as full, interesting and independent a lifestyle as possible." This was reflected in the service's vision and values. The provider added "We're good because we care, getting service users what they need and deserve." People and their relatives confirmed staff cared and supported them by meeting all of their care needs.

The service worked in partnership with other organisations to support people's care and health needs. Good relationships had developed with the local community nursing team and GP's.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not in place to full monitor and audit the safety of the service to ensure compliance. Risks relating to individual service users were not always identified and managed. Suitable care plans relating to individual service users were not always in place or contain the information required. Other records relating to the running of the service were not in place. (1) (2) a, b, c, d