Buckinghamshire Care Limited

Buckinghamshire Care Reablement Service

Inspection report

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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?	**Good**

Summary of findings

Overall summary

This inspection took place on 25, 26 October 2016 and 7 November 2016. It was an announced visit to the service.

Buckinghamshire Care Reablement Service is registered to provide personal care. It supports people in their own homes across Buckinghamshire. The service has two separate functions. One part of the service provides time limited support to people who require support to regain independence lost by an event like a fall or a hospital admission. The other part of the service provides long term support in the more traditional style of home care. The head office is located in the town centre of High Wycombe. It has satellite offices based within the county's acute hospitals and an area office in Aylesbury. At the time of our inspection the service was supporting approximately 120 people.

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.

We received positive feedback from people using the service and staff. Comments included "I like all the carers, they make me feel comfortable" and "They (staff) are lovely, I get everything I ask for, they (staff) are brilliant."

People were not always protected from unsafe practices around the administration of medicines. We found gaps in records. This meant we could not be sure if people had received their medicines on time. There were inconsistencies in the way medicine administration records (MAR) were completed. This could have led to people not receiving their medicine when needed.

Potential risks to people were assessed, however the outcome of the risk assessments relating to the support people required with moving and positioning did not always state if a person required one or two staff to support them. We have made a recommendation about this in the report.

Care plans detailed how people wished to be supported, their likes and dislikes. Where reviews took place, care plans were updated. However we found inconsistencies in this. People being supported by the reablement service did not always have their care plan updated within their home. However staff received updated information on their mobile telephone via a secure 'App'. We have made a recommendation about this in the report.

The service had a complaints policy and an electronic system to record them. We found not all complaints received had been entered onto the system, which meant the management did not have full oversight of trends in complaints. We have made a recommendation about this in the report.

People told us they had developed a meaningful and professional relationship with the staff who supported them. Comments included "I have known the girls a long time; I should like to think we know each other well." Another person told us "I really look forward to seeing them (staff), we have a laugh and a chat, and it is the best company I have ever had."

People were protected from abuse, as staff had received training on how to recognise signs of abuse. Staff were confident how they would handle any concerns and would not hesitate to report any concern.

Staff received training in order to support them in their role. People felt staff were well trained and provided a caring and compassionate service.

There was a clear vision in the organisation; this was shared with people who were supported and with staff. The registered manager was fully aware of their responsibilities.

We found breaches of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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 always safe.

People were placed at risk of harm as medicines were not managed safely.

People were protected from harm because staff received training to be able to identify and report abuse. There were procedures for staff to follow in the event of any abuse happening.

Accident and incident were reported and acted upon by management.

Is the service effective?

Good

The service was effective.

People received safe and effective care because staff were appropriately supported through a structured induction, supervision and training.

People were encouraged to make decisions about their care and day to day lives. Decisions made on behalf of people who lacked capacity were made in accordance with the Mental Capacity Act 2005.

People received the support they needed to access healthcare and keep healthy and well.

Is the service caring?

Good

The service was caring.

People were supported by staff who knew their likes and dislikes.

People were supported by staff that were able to demonstrate kindness and compassion.

People were supported to be as independent as they could be.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care plans did not always reflect the current care provided.

People's preferences and wishes were supported by staff.

People were able to identify someone they could speak with if they had any concerns. There were procedures for making compliments and complaints about the service.

Is the service well-led?

Good

The service was well-led.

There was a clear vision for the service, which was communicated with people who used the service and staff.

People could be certain any serious occurrences or incidents were reported to the Care Quality Commission. This meant we could see what action the service had taken in response to these events, to protect people from the risk of harm.

Staff felt supported by the management team and were confident that any issues raised would be dealt with.

Buckinghamshire Care Reablement Service

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 was the first inspection the service had received.

The inspection took place on the 25, 26 October 2016 and 7 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure someone would be available to help with the inspection. The inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make. We reviewed notifications and other information we had received. A notification is information about important events which the service is required to send us by law.

Prior to the inspection, we sent a number of surveys to people who used the service, and relatives or friends of people. We received 17 survey responses back from people and their relatives. At the site visit we spoke with the registered manager, the quality and safeguarding co-ordinator and four staff. We reviewed four recruitment files for staff in depth and two further staff files. We read 10 peoples care plans and risk assessments. We checked practice against the provider's own policies and procedures.

Following the site visit we made contact with six people who use the service and contacted 20 staff to receive feedback.

We also contacted social care and healthcare professionals with knowledge of the service. This included

people who commission care on behalf of the local authority and health or social care professionals responsible for people who were supported by the service.

Requires Improvement

Is the service safe?

Our findings

Where people required support with medicine administration or dispensing, this was detailed in their care plan. The level of support was recorded by reablement and support workers on the medicine administration record (MAR). For instance, a code was used to record what level of support was provided. People were only supported by staff who had received training on the safe administration of medicine. We looked at a number of completed MAR's we found there were gaps where reablement and support workers had not signed or recorded what had or what had not been given . This meant there was no way of telling if the person had received their medicine at the correct time. We also found the MAR's were not consistent in their detail. For instance, the detail of the information recorded on MAR's should reflect the dispensing label, giving the name, dose, when and how to give the medicine. We found some medicines were just recorded by their name and dose. This did not give reablement and support workers enough information to ensure people received their medicines safely.

We looked at incident forms and safeguarding alerts made by the service, we found that medicine errors featured frequently in the reports. We asked the registered manager who was responsible for initially writing up the MAR. They told us a senior member of staff was responsible. They told us this was completed at the time of the initial assessment and when a new monthly form was needed. However we asked two reablement workers who completed the ongoing forms. They told us they did. For people who received long term home care support, printed forms were provided by the office.

The service had a medicine management policy in place, which was last reviewed in May 2015. The policy stated "There should be no 'gaps' on a MAR sheet." It also stated "Medication in Reablement, Homecare and Respite must be audited weekly." We asked the registered manager and the quality and safeguarding coordinator if audits were completed. They told us this did not happen. This meant people were not supported with safe administration of medicine as there was no quality monitoring carried out.

Where people were prescribed as required medicine (PRN), we saw this was recorded on the MAR. However this was often listed with other routine medicine. It is good practice for services to have additional information recorded for PRN medicine. Sometimes this is called a 'PRN protocol'. These documents would include specific information on when the medicine should be given. The services' medicine management policy stated "The indication for use of an 'as required' medication should be presented clearly and should include the dose, frequency and dosage intervals including the maximum daily dose," and " The full instruction for use should be transferred onto the MAR." We checked a selection of records and found this was not the case. This meant there was a danger for people to have received excessive dosages or none at all.

These were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The service had learnt from previous medicine errors. For instance, they had amended the printed MAR for people using the home care service. In particular when medicines were only required to be given once

weekly. The remaining boxes had been blocked out. The service had also developed a body map for where topical creams needed to be applied. These ensured creams were applied to the correct area.

People were protected from abuse. The service had a safeguarding procedure in place. Reablement and support workers received training on how to safeguard people and had knowledge of recognising abuse and how to respond to safeguarding concerns. Two reablement workers we spoke with told us they would not hesitate to raise a concern and would report the concern to an external agency if they felt it had not been dealt with appropriately by the management team. Contact details for the local safeguarding team were displayed in the care office. Where safeguarding concerns had been raised these were reported to the local authority. We had confidence in the registered manager to report concerns to CQC when required

From the surveys completed 100 percent of people told us they felt safe from abuse or harm. This was supported by what people told us. Comments from people included, "I feel safe, they (staff) always ensure my door is locked, this is important to me," "I have to be hoisted, I always feel safe, as they talk to me throughout, telling what they are going to do" and "I do feel safe with them, as I know all the girls, they are a jolly nice group of women." Another person told us "They provide their staff with equipment that is required, putting safety of staff at forefront. I don't have a problem recommending the services."

Prior to people being supported with reablement or home care, a risk assessment was conducted by a senior member of staff. This included consideration to any potential risk to workers. For instance, if there were pets at the property, or if the home was located in a remote, poorly lit area. Risk to people was also assessed. For instance, risk associated with moving and positioning, medicine and health conditions to name a few were assessed. Where complex manual handling was required an additional form was completed. However we found these were not always present for people who received the reablement service. We asked the registered manager about this. As it was not always recorded if a person required support from one or two workers. They informed us the additional form should have been completed. They agreed that it was not always clear how many staff were required.

We recommend the service seeks advice and guidance from a reputable source on the recording of risks associated with moving people.

Management and staff had a good understanding of managing incidents and accidents. Reablement and support workers told us they would report any incident and complete a form. Incident and accidents were initially telephoned through to a co-ordinator or manager and then staff would be asked to go into the office to complete a form. The service had a business continuity plan which detailed how the service intended to deal with unplanned incidents and emergencies.

The service had a recruitment policy. The registered manager told us they had recently changed the style of the interview questions to ensure they employed staff with the right skills and attributes. They had hoped that people who used the service would be involved in the interview process. However due to the transient nature of the majority of people they supported this was not possible. A member of the reablement and support workforce joined the panel. The registered manager told us this had been successful and the worker on the panel could talk about the type of work new recruits could expect.

We found some of the required pre-employment checks were completed after the start date. This was for previous work references. Half of the record checks had references dated after the reablement and support worker commenced employment. We spoke with the registered manager about this; they told us they had received a reference verbally. We asked the registered manager to ensure this was received in writing in the future and prior to the new workers commencing employment.

The service used an electronic rostering system to plan reablement and support workers visits. The service had identified dedicated staff to roster the work. We observed this in action. Staff were able to plan visit for workers who had available time. The co-ordinator responsible told us where there were no gaps in staff time the service had to close to new referrals. This meant the service ensured it could manage the existing workload. We noted there were a number of calls to be covered in the near future. The co-ordinator told us how they intended to cover the calls. The registered manager told us, all the management team kept their essential training up to date. This meant in the event of a shortage of staff, management could cover the calls. In addition to this the service worked closely with a community health team who sometimes assisted with the assessment of people.

Good

Is the service effective?

Our findings

People were supported by staff who had received dedicated training in how work with them to maximise their independent skills. Staff told us the training was detailed and gave them a different perspective on how to support people. New reablement and support workers were supported through an induction period. This included getting to know the organisation and what support should be expected. Prior to care workers going to people's homes independently, they had to shadow an experienced member of staff. The induction policy recognised that staff had different learning styles; therefore the length of the induction was flexible to take account of this.

Reablement and support workers received appropriate supervision and an annual review of their performance. Line managers conducted regular observational spot check on staff's performance. One reablement worker told us "I had an observational supervision last week and I have a meeting later this week. In the meeting, the observation will be discussed, I will get told what I have done well and what needs to improve." Another member of staff told us "I have supervision every six weeks and we discuss if there is any new skills or learning I can do to help with my role."

People were supported by staff who received key training sessions to equip them to provide effective care. We looked at the training matrix and staff we spoke with confirmed that they had received training as described in the matrix. Staff training was a mixture of face to face and online learning. Staff we spoke with felt that they had benefitted from the training. People we spoke with told us they felt the staff were well trained. One person told us "They have to go on a lot of courses you know, they all know what they are doing." One staff member told us "I have done many more courses to help me give the best care possible to my clients and support for their families and carers."

From the completed surveys, 94 percent of people told us their care worker stayed for the agreed length of time and 94 percent of people told us the care worker completed all the tasks requested. The majority of people (88 percent) told us they received support from a consistent care worker.

People told us they knew the care workers who visited their home. We received positive feedback from people who received the home care service, they felt care workers tried to get to them on time, but would let the person know if they were running late. One person told us "I always get a call, if they are running late" another person told us "I have had home care for many years, I am realistic they cannot always get to me on time, there are hold ups, traffic mainly."

Feedback we received from people who received support from the reablement workers was more negative. Comments included "However, they find it difficult to keep to appointment times. Whilst I appreciate the carers have a busy schedule and events out of their control (such as heavy traffic) can lead to the carer arriving late, the target arrival time guide line of plus / minus 15 minutes of the scheduled appointment time is breached almost daily sometimes by many hours. To date it has also been rare for the care company to notify my father when the carer has been held up" and "I only used the service for X weeks after coming home from hospital. I had used a private agency before going in and felt rather pushed into doing the

reablement service. They were ok, but disorganised at times, particularly in staffing rotas. I am now back with my private agency. Feeling much more cared for." This was supported by feedback from staff. Staff who worked for the reablement service told us they had not always been introduced to people before they supported them.

The registered manager told us people who were supported by the support workers received care from a small team of workers. The people receiving support from the reablement workers were more likely to receive support from a larger number of workers. This was due to the demand and changeable nature of the support offered. Reablement workers supported people whose needs changed frequently as they progressed on their journey towards independence. The registered manager was aware of the negative feedback the service had received about timings of the visits for people supported by the reablement service.

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. Application procedures for this in domiciliary care services must be made to the Court of Protection.

Staff had received training on MCA. Senior members of staff were aware of their responsibilities under the Act and what to do if they felt a person was being deprived of their liberty. We found consent for care was gained from people prior to them being supported. People were asked to sign a consent form. Reference was made to MCA throughout the services' policies and procedures.

Where people required support with preparing or accessing a meal, this was detailed in their care plan. One person told us "I think they are fattening me up for Christmas, they (Staff) always make sure I have something to eat to hand. Today a girl came in with a plate of biscuits." Another person told us "I am always asked what I would like to have for breakfast." Staff had knowledge of how best to support people with their nutritional needs.

The service worked closely with health professionals. This included physiotherapist, occupational therapist as well as district nursing teams. We saw when required referrals were made to healthcare professionals. For instance when a person had developed a sore, a referral was made to a district nurse.

Good

Is the service caring?

Our findings

People were supported by staff who demonstrated they were committed to providing a good service. Reablement and support workers we had contact with told us how proud they were and spoke passionately about the work they undertook.

We received positive feedback from people who used the service; comments included "I could not fault them. They (staff) are really nice girls," "I like all the carers, they make me feel comfortable" and "They (staff) are lovely, I get everything I ask for, they (staff) are brilliant."

Both parts of the service encourage people to be independent. This was more focused in support the reablement workers provided. Comments from people included "The service and care provided by the reablement team was excellent" and "My care workers and care agency look after me very well and make it possible for me to stay in my home as this is my greatest wish. Together with my partner, I'm well satisfied with all they do for me, nothing is too much trouble." Other comments from people who used the service were, "They let me do the bits I can do myself, they know how independent I like to be" and "We work together."

People supported by the reablement workers were asked what they wanted to achieve. For instance, one person wanted to be able to get themselves to the toilet independently following a fall. Another person had told the team they wished to be independent in taking their medicine. The service called these goals. The reablement worker helped people to achieve their goals. As time progressed these goals were re-assessed and care plans changed accordingly.

People supported by the home care service told us they felt involved in decisions about their care. People told us staff always ask how they would like to be supported. This was supported by what a support worker told us, "In all our clients care plans there is everything we need to know about our clients, likes, dislikes and care needs. I always still ask my clients in case they may have changed their mind."

From the surveys completed 100 percent of people told us they felt treated with respect and dignity. This was supported by what people told us. Comments included "They (staff) always let me know what they are doing, I am in a wheelchair and they always tell me when they are going to move it" and "I feel comfortable with the girls, they make me feel safe."

Staff were able to demonstrate how they would provide a dignified service. Comments included, "I would always ensure the doors and curtains are closed" and "I make sure I cover someone up when supporting them." Another staff member told us" We need to be as respectful and dignified as possible, give lots of encouragement."

People, who received support from the home care service, told us they had developed a good working relationship with the support workers. One person told us "I have known the girls a long time; I should like to think we know each other well." Another person told us "I really look forward to seeing them (staff), we have

a laugh and a chat, and it is the best company I have ever had."

People were encouraged and supported to undertake activities of their choice. One support worker understood which football team a person supported, as the worker supported the same, they were able to talk about the team and the latest matches. The same person used to work on a farm. The support worker was aware of this; they supported the person to visit animal centres and have a drive in the country.

The registered manager told us how the service had supported two people to overcome their fear of going out in public. One person gained the confidence with staff support to go out shopping. They had also entered into voluntary work. A support worker escorted the person to the place of work and helped them enjoy an important role in society. Another person who had more challenging behaviours was supported to enjoy activities away from their home. The registered manager told us how this person's life had improved since they had received support to go out of the house.

The service referred people to 'prevention matters', a Buckinghamshire wide service, which provided advice and support about social activities, volunteers and community services. This was particularly important for people supported through reablement, as it provided access to on-going support once the reablement service stopped.

Requires Improvement

Is the service responsive?

Our findings

Prior to people receiving support an assessment was conducted by a senior member of staff. For people supported by the reablement team. The team received a lot of details from the referring health or social care professional. People, who used the traditional home care service, referred themselves to the service. Information was obtained at the first point of contact and added to at the assessment. Information was gathered from people about the type of support required and what time they wished to have the support. This information was pulled together and a care plan was created. Care plans were personalised and detailed people's likes and dislikes. The reablement service did not specify when they would visit. Due to the nature of the service, this was explained to people prior to them commencing on the service and was detailed in publications provided to people.

Care plans were detailed in how a person liked to be supported. For instance, where they would like to have a wash, whether that was in the bathroom or bedroom. Staff told us the information in the care plan was helpful as it gave guidance on how best to support someone. One reablement worker told us, "I let them lead, then I guide them in the right direction."

Care plans were reviewed, there were different timescales set for each part of the service. Reablement and support workers told us they reported any changes required to the office and then the care plan would be updated. However we found this did not always happen for people being supported through reablement. We spoke with the registered manager about this. They informed us reviews should have taken place. After discussion it was agreed that some of the reviews had not been completed as staff were needed to support with care calls. We were concerned that reablement and support workers would not know how to support a person. However the registered manager told us staff received their work through a secure 'App' on their mobile phone and this would have the most up to date information about the person. This was supported by what a reablement worker told us "Care plans and risks assessments are constantly updated."

We recommend the service ensures care plans both within the home of the person and on the rostering system are kept up to date to reflect the needs of people supported.

When undertaken the review meetings provided an opportunity for people and their relatives to feedback to the service. Comments from review meetings included, "I like that I have the same faces and I have got to know them. I cannot think of anything that could be improved," and "I am happy with the service."

For people who were supported by the homecare a checklist was completed at the time of the review meeting, this prompted the staff to make any other changes and update the paperwork when required. People had signed to say they had been involved in the review meetings and had agreed with the outcome.

The service had a complaints policy and procedure. We saw the reablement service received more negative feedback than the home care service. The main area of complaint was the timing of the call from the reablement worker. We found evidence that people had been informed the reablement service could not guarantee timing of care visits. Where complaints had been made these were not always entered onto the

complaints log. We tried to track one complaint. However no-one could tell us the outcome of the complaint. The quality and safeguarding co-ordinator could not find it on the system.

We recommend that the service seek advice and guidance from a reputable source, about the management of and learning from complaints.

The service supported people to understand about activities or support groups in the local area. They produced a newsletter which was sent to everyone supported. This contained information about useful equipment and information about 'opportunities centres' (day centres). One of the co-ordinators told us how they had arranged a Christmas party and they had provided entertainment at the party. The registered manager told us information about local support groups was held in an inclusion folder, which the reablement and support workers could access and take information to people. One care worker told us they had developed a reference book with useful telephone numbers, this included contact details for gas and electricity as well as support groups.

Good

Is the service well-led?

Our findings

There was a clear vision in the organisation. This was understood by staff and was detailed in information shared with people who used the service. There was a clear management structure with defined roles and responsibilities. The registered manager was aware of their responsibilities and what information they needed to share with CQC.

The service had a number of polices and procedure to support the registered manager in their role. These included equality and diversity, lone worker and safeguarding to name a few. The policies were shared with staff at meetings. This was supported by what one support worker told us "On every meeting we discuss new policy, one of them was the lone working policy."

There was good communication from management to the staff. Staff meetings were held on a regular basis. A reablement worker told us they found the meetings useful as they could share how best to support a person. Staff received a monthly team brief, which contained information on the performance of the organisation. This meant staff were updated with important information.

Staff spoke highly of the management. Comments included "I get a lot of support from management. We get regular updates on clients on our I touch phone messages," "The management are brilliant, it is a very honest company," "I have a lot of support, we have regular team meetings" and "I can honestly say I have never been prouder to wear my uniform." Another support worker told us "I am very happy with my management and the way they work and treat us."

The registered manager was able to easily access all the required information to support with the inspection, we found records were securely stored and were in good order. We talked to the registered manager about the security of records as staff were sent their work via an 'App' on a mobile telephone. They told us it was a secure and required a unique number to access the information. They also confirmed that the camera function on the telephone had been disabled. This meant the risk of inappropriate use of social media was reduced.

We spoke with the quality and safeguarding co-ordinator. This person was responsible for conducting quality audit. They told us the forms used to undertake the audit had been through a review period and had changed slightly. This had led to some of the audits not being completed in the timescale required. They told us they felt the audit helped to identify where improvements were required. They had an oversight of all incidents and accident, complaints and safeguarding alerts made. They were aware improvements were required in the auditing of medicines.

The service sought regular feedback from people who used the service. We saw the service was sent compliments on a regular basis. Senior staff conducted spot checks on staff which provided an opportunity to monitor the service. The provider had an active twitter account and encouraged people who used the service to sign up to an electronic newsletter.

The registered manager had been awarded the national Registered Home Care Manager at the Great British Care Awards event. The award was given to registered managers who 'Demonstrated a high level of expertise and has shown vision in developing viable quality services and supporting staff to meet the ever-changing needs of service users.'

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 12 HSCA RA Regulations 2014 Safe care and treatment The service did not ensure it provided safe administration and recording of medicines.