The Care Bureau Limited

The Care Bureau Domiciliary and Nursing Agency Kettering

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place over two days on 28 February and 1 March 2017. The Care Bureau is registered with the Care Quality Commission (CQC) to provide personal care to people living in their own homes. At the time of this inspection The Care Bureau was providing care and support to 67 people totalling 630 hours of care each week.

There was not 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.

The provider had not maintained adequate oversight of the care and support that people received. Shortfalls in the service that people received from the Care Bureau had not been identified by the provider in a timely manner because the quality assurance systems utilised were not effective. During this inspection the provider outlined their plans to adopt a more robust system of quality assurance however, this had not yet been embedded in practice.

Care staff continued to feel under pressure because their schedules did not make allowances for travel time. The time taken by care staff to travel between care calls had been considered by the provider when developing staff schedules however, care staff had not been communicated with effectively and did not understand that the time shown on their schedule provided a 30 minute window in which they should arrive to people to provide their commissioned care.

Care staff felt under pressure to provide people's care quickly in order to travel to and arrive to provide other people's care on time. This had impacted upon some people's experience of receiving care and support and meant that staff could not engage in a consistently positive manner with people receiving care and had created a task led culture amongst some care staff.

People could not be assured that their complaints would be responded to appropriately and improvements were required to the way in which feedback from people was managed.

People's care records contained risk assessments and risk management plans to mitigate the risks to people. These plans gave clear instructions to staff on how to minimise the identified risks. People's needs had been assessed and detailed plans of care had been developed to guide staff in providing care in partnership with people who used the service.

People's health and well-being was monitored by staff and they were supported to access relevant health professionals in a timely manner when they needed to. People were supported to have sufficient amounts to eat and drink to help maintain their health and well-being.

At this inspection we found the service to be in breach of two regulations of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

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 could not be assured that appropriate action would be taken to protect them from harm.

People could be assured that they would receive their care at the right time and that carers would stay for the duration of their care visit.

People received their prescribed medicines safely.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff received the training, supervision and ongoing support that they required to work effectively in their role.

People received the support that they needed to maintain adequate nutrition.

People were supported to access healthcare services and maintain good health.

People's consent was sought by staff prior to providing care and support.

Is the service caring?

Requires Improvement

The service was not always caring.

Care staff did not understand the expectations placed upon them in relation to people's call times which resulted in them feeling under pressure and rushed. This impacted upon people's experience of receiving care and support.

People were treated with dignity and respect.

Staff had a good understanding of people's needs and preferences.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People could not be assured that their complaints would be responded to appropriately.

People had personalised plans of care in place that were reflective of their care and support needs to guide staff in providing care to people.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Systems were not in place to monitor the quality of the service. Shortfalls were not being identified or addressed appropriately.

The provider did not have sufficient oversight of the service which had resulted in shortfalls failing to be identified or addressed appropriately.

There was not a registered manager in post although a new manager had recently been appointed who told us that they would apply to become the registered manager.

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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 on 28 February and 1 March 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to ensure a senior member of staff would be available to support the inspection.

The inspection team consisted of one inspector and one 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. The expert by experience that supported this inspection had experience of dementia care.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with 10 people who were receiving care, one person's relatives, four care staff, the quality manager, the acting manager and the provider.

We looked at care plan documentation relating to six people, and three staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas and call monitoring records.

Requires Improvement

Is the service safe?

Our findings

During our last inspection we found that the provider was in breach of regulation 13(3) of the HSCA 2008 (Regulated Activities) Regulations 2014, Safeguarding service users from abuse and improper treatment. This was because systems to recognise, report and manage the risk of harm to people had not been implemented by the provider.

During this inspection we found that safeguarding notifications had been submitted to the local authority however, investigations allocated to the provider had not always been completed appropriately and action to mitigate the risk of further incidents from occurring had not always been taken. We reviewed the safeguarding notifications submitted by the provider and the investigations that had been allocated to them to complete. The acting manager for the Care Bureau had recently resigned and a new acting manager had been sourced to manage the Kettering branch. We found that three investigations had been allocated to the previous acting manager however; there was no evidence of these investigations having been completed. The quality manager for The Care Bureau told us that they had recently met with the local authority and had reviewed the investigations that had been allocated to the provider to complete. The quality manager told us that the provider was aware that appropriate investigation and action had not always been taken by the previous manager in response to safeguarding notifications and that they were in the process of reviewing these notifications to take action and were liaising closely with the local authority.

The on-call system was not consistently effective at identifying incidents that placed people at risk and ensuring that these were reported to the local authority. For example, we found that the on-call member of staff in the week of our inspection had been alerted to a missed call for one person who required two carers to attend to their care and support needs however, only one carer arrived due to staff sickness. This missed call was not reported to the safeguarding adult's team and the acting manager and provider were not aware that it had taken place. However, at other times we found that on-call staff had taken appropriate action to manage the risk of harm to people.

The failure to implement a consistently robust system to manage the risk of harm to people constituted a continued breach of regulation as people could not be assured that they would be protected from the risk of harm. This was a continued breach of regulation 13(3) of the HSCA 2008 (Regulated Activities) Regulations 2014, Safeguarding service users from abuse and improper treatment.

Staff had received safeguarding training and told us that they were confident at recognising if people were at risk, reporting this to senior staff and appropriate external agencies. One member of staff told us "I had safeguarding training so know about the signs of abuse and that we have to report this to the manager. If we had further concerns I know how to contact the council and CQC."

During our last inspection in September 2016 we found that the provider was in breach of Regulation 12(g) of the HSCA 2008 (Regulated Activities) Regulations 2014, safe care and treatment. This was because people could not be assured that they would receive their prescribed medicines safely.

During this inspection we found that the systems adopted by the provider to ensure that people received their prescribed medicines had improved. People could be assured that they would receive their prescribed medicines safely. People had plans of care in place to direct staff in the administration of their medicines and the provider had ensured that Medicine Administration Record (MAR) charts were available for staff to complete for each medicine people were prescribed. The consistency of people's call times had improved which meant that people received their prescribed medicines at the right time. One person told us "They bring the medication in little caps and stand by me while I take it. It's always on time."

Staff had received training in the safe administration of medicines and had their competency to administer medicines assessed prior to doing this independently. The systems adopted by the provider to audit people's MAR charts and to ensure that people had received their prescribed medicines was newly introduced and not yet embedded into practice. There was some evidence that this system was starting to generate improvements. For example, for one person the provider had identified that they were prescribed a number of medicines and would benefit from a medicines review from their GP. The number of tablets they were prescribed, after this review, was subsequently reduced by their GP.

During our last inspection in September 2016 we found that the provider was in breach of regulation 18(1) of the HSCA 2008 (Regulated Activities) Regulations 2014, Staffing. This was because staff were scheduled to provide back to back care calls, people had experienced missed care calls and people did not receive care and support at their planned call times.

During this inspection we found that people received their care calls at consistent times however, staff were still scheduled to provide back to back care calls which resulted in them feeling rushed. The provider told us that they ensured staff could provide care at people's preferred time and that they gave people a one hour window in which care staff would arrive. The provider told us that this meant although staff were scheduled to provide back to back care calls; they could still provide care for the right amount of time, at people's preferred time because staff were not expected to arrive at a specific time.

We reviewed the electronic call monitoring records for people and found that staff arrived to provide care at people's preferred time and stayed for the appropriate amount of time. People told us that "They [staff] try not to show it ... but they're always tired when they get here. Hence, they have to dash to the next person after me." And "It has got better now they've been told they have to stay the whole half hour. Previously, they couldn't wait to get out to the next person." However, staff told us that their schedules made them feel rushed. One member of staff said "My rota doesn't give me any time between calls which means I always feel that I am behind and have to rush. I start a bit early now so I feel under less pressure." The provider told us that they would ensure that they communicated the expectations in relation to people's call times clearly to staff to try and alleviate their feeling of being rushed.

During our last inspection in September 2016 the provider was in breach of Regulation 12 (2) (a,b and e) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014. This was because risks to people had not been assessed or appropriate action taken to mitigate the risks to people.

Everyone receiving care from the Care Bureau had had their needs reassessed since our last inspection and had clear guidelines for staff to follow in mitigating their known risks. People receiving care told us that they felt safe. One person told us "They do what they have to. I have a lot of help with personal care because I am confined to bed; they do everything. Wash me, dress me and help me with my meals. They make me feel safe." Staff told us that "People's care plans are better now and are reflective of their needs and tell us what to do."

Safe recruitment processes were in place to protect people from the risks associated with the appointment of new staff. We saw that references had been obtained for new staff prior to them working in the service as well as checks with the Disclosure Barring Service (DBS).

Requires Improvement

Is the service effective?

Our findings

During our last inspection in September 2016 we found that the provider was in breach of Regulation 18 (2)(a) of the HSCA 2008 (Regulated Activities) Regulations 2014, Staffing. This is because the provider had failed to provide training and supervision to staff to adequately equip them with the skills and knowledge that they required to be effective in their role.

During this inspection we found that care staff received effective support and supervision from senior staff. One member of staff told us "We often get supervision now. They are hot on that." Another member of staff told us "I had my last supervision a month or so ago. We get regular supervision here and there is enough support for us." We reviewed the supervision schedule for the service and found that staff had received regular supervision.

Staff had received the training that they needed to work effectively in their role. People told us that they felt the staff that were providing their care and support were knowledgeable and well trained. One person told us "The carers are trained enough and have the right skills to meet my needs." Staff told us "I haven't worked here long but I have had lots of training. I had half a week's training in the classroom before I started shadowing other carers and I have done lots of online training too." Another member of staff told us "We have to do training. If our training isn't up to date then they don't let us have any calls." We reviewed the training matrix for the service and found that staff had received updates in key areas such a medicine administration and manual handling training on a regular basis.

New staff received a period of induction that ensured they were equipped with the skills and competencies that they required prior to providing care to people. One member of staff told us "When I first started I shadowed other members of care staff before I worked on my own. The senior staff asked if I felt ready to work alone. I did, but if I didn't they would have let me shadow other staff for longer." Prior to working independently new staff were observed by more experienced members of care staff and assessed to ensure that they were competent to work without supervision.

During our last inspection we found that the provider was in breach of Regulation 14 (1) of the HSCA 2008 (Regulated Activities) Regulations 2014. This is because people could not be assured that they would receive the support that they required to have their food and drink at the right time.

During this inspection we found that people received their care and support at the times that theyneeded it. This meant that staff arrived at the appropriate times to support people to prepare their meals. People had plans of care in place to provide guidance for staff in the preparation of people's meals. People told us that staff arrived on time to prepare their meals and prepared food that they enjoyed. One person told us "They always make me my meals and ask what I would like; I get my meals on time." Another person told us "' The carers normally get my breakfast; I like cereal with milk and a drink. I usually tell them what I would like or they ask me."

During our last inspection we found that the provider was in breach of Regulation 12 2 (b) of the HSCA 2008

(Regulated Activities) Regulations 2014. We found that when care staff reported changes in people's health appropriate action was not taken by the provider.

During this inspection we found that senior staff responded appropriately to changes in people's health. For example one person reported to staff that they felt unwell and we saw that senior staff had arranged for this person to see their GP on the same day. One member of staff told us "If anyone is unwell we phone the office and they tell their relatives and call their GP. If we need to we stay with the person until their relative of a doctor arrives."

People told us that on a day to day basis staff sought their consent prior to delivering care and support. One person told us "The staff always ask what I want them to do and check that I am happy before they help me." 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's ability to consent to their care and support was assessed by staff at the point in which people's plans of care had been developed when they joined the service.

This domain is rated as requires improvement because the provider has not demonstrated a sufficient track record of compliance or that the improvements we have identified are sufficiently embedded in practice.

Requires Improvement

Is the service caring?

Our findings

During in our last inspection we found that the provider was in breach of Regulation 9 (1) of the HSCA 2008 (Regulated Activities) Regulations 2014, Person Centred Care. This was because people's preferences in relation to their call time and duration of their care visit was not always respected by staff. Staff were also focussed upon the task of delivering care rather than providing care in a person centred manner in accordance with people's preferences.

During this inspection people told us that they were aware that staff felt rushed and that this impacted upon their experience of receiving care and support. People told us that staff were not consistently caring and that they were aware that some staff felt rushed. People told us "'Sometimes they want to rush off but sometimes they don't. It varies." And "'At the moment there is a sense of being rushed ... the girls are rushed off their feet." However, some people told us that staff were caring in their approach and that they did not feel rushed. Other people told us "'I never feel rushed. The carers seem to take their time." And "The carers are very good, very patient with me."

We discussed this feedback with the provider who told us that they would take action to ensure that staff understood their scehdulesand to reassure them that they should not feel rushed. The provider also told us that they had recently recruited a new scheduler and would be reviewing the timing of people's care calls to ensure that staff had adequate travel time and did not feel rushed to improve people's experience of receiving care.

People were encouraged to express their views and to make choices in relation to their care and support. There was detailed information in people's care plans about what they liked to do for themselves. This included the goals they wanted to achieve, such as maintaining independence or being supported to prepare meals independently. People's feedback about their care and support was actively sought through regular questionaries' and visits by senior care staff to people seeking their views about their care and support.

People told us that they felt staff treated them with dignity and respect. One person told us "'If they do shower me, they cover me with a towel ... they keep the door closed too." Another person told us "The staff are ever so respectful; I wouldn't have them back of they weren't." Staff demonstrated their awareness of the need to maintain people's dignity; they were able to provide examples of how they supported people in a dignified manner; such as using positive language to encourage people to be independent, closing curtains when providing personal care and encouraging people to make choices about their care.

Requires Improvement

Is the service responsive?

Our findings

During out last inspection we found that the provider was in breach of Regulation 16 (2) of the HSCA 2008 (Regulated Activities) Regulations 2014, Receiving and acting on complaints. This was because people could not be assured that their complaints would be managed appropriately.

During this inspection we found that the provider had taken appropriate action in response to complaints from people however, the provider had not consistently responded formally to complaints to inform people what they had taken action. The providers' systems for recording and responding to complaints required strengthening. The provider used an electronic system for recording contact with people and their relatives that relied upon staff using codes to identify record types. Office staff had not always used the correct code to identify complaints which meant that complaints had not been escalated to the provider or senior staff to respond to formally. However, appropriate action had been taken in response to people's feedback. For example, one person contacted the office to complain about their call times and missed calls. The manager visited their person and reviewed their call times however, this complaint had not been responded to formally to ensure that the complainant was satisfied that it had been resolved. We discussed this with the provider who told us that they would be reviewing the systems used to record complaints to ensure that it was easier for staff to record and escalate feedback from people so that the provider could monitor this more closely.

During our last inspection we found that the provider was in breach of Regulation 9(1) of the HSCA 2008 (Regulated Activities) Regulations 2014, Person Centred Care. This was because people did not have plans of care to direct staff in providing their care and support. This resulted in people failing to receive care and support in line with their individual preferences.

During this inspection we found that people had detailed plans of care in place that were reflective of their care and support needs. Everyone receiving care from The Care Bureau had been supported to review their plans of care with senior staff and new plans of care had been developed to direct staff in providing personalised care and support.

People had developed their plans of care in partnership with senior care staff. One person told us "The staff came to my house, my daughter was here too and we put my care plan together." Another person told us "'They came out to see me and my daughter. We talked over what help I needed, what I wanted, what I expected and worked it all out." People's care was provided by staff in line with their individual plans of care. One person told us "The carers know how to help me. I have a weak right side and they are gentler with me when drying the right side. Also when putting night wear on they put the right side on first."

People's care plans covered all aspects of a person's individual needs, circumstances and requirements. This included details of the personal care required, duties and tasks to be undertaken by care staff, risk assessments, how many calls and at what times enabling consistent appropriate care and support to be provided. One member of staff told us "The care plans are very good now and we can see the key parts of people's plans on our schedules. Before we weren't always sure what we should be doing but now everyone

has a care plan that we can follow."

This domain is rated as requires improvement because the provider has not demonstrated a sufficient track record of compliance or that the improvements we have identified are sufficiently embedded in practice.

Requires Improvement

Is the service well-led?

Our findings

During our last inspection we found that the provider was in breach of Regulation 17 (1) (2) (a) of the HSCA 2008 (Regulated Activities) Regulations 2014, Good Governance. This was because there was a lack of leadership and managerial oversight of the service. There was a systematic failure to implement the procedures for quality assurance that the provider had in place.

During this inspection we found that the systems adopted by the provider to monitor the quality of care that people received had not consistently been effective. However, the provider was aware of this and was in the process of implementing a more robust system of quality assurance.

Prior to this inspection the provider had been reliant upon the acting manager to ensure that appropriate systems were implemented so that people received consistently safe and effective care. The provider had identified that the previous acting manager for The Care Bureau (Kettering) had failed to implement these systems consistently which had resulted in the shortfalls in relation to safeguarding, complaints and quality assurance that we found during this inspection. For example; the provider did not have a suitably robust system in place to monitor safeguarding alerts, investigations or the actions taken by the manager in response to these concerns. This had resulted in the previous manager failing to complete investigations or taking appropriate action in response to safeguarding concerns.

The previous manager had completed audits of people's medicine records however, no action had been taken in response to these audits. The quality manager and provider told us that a box of audits had been found in the office after the manager had left however, no action had been taken as a result of the audits that had been completed. The provider and quality manager were in the processes of reviewing these audits and taking appropriate actions as a result of the outcome of the audits.

The provider had not previously deployed an effective system of quality assurance to alert them to these shortfalls in a timely manner which had meant that action had not been taken in response to the audits that had been completed or safeguarding alerts. The providers approach to quality assurance had been reactive based upon feedback from commissioners and CQC.

This constituted a continued breach of Regulation 17 (1) (2) (a) of the HSCA 2008 (Regulated Activities) Regulations 2014, Good Governance.

The provider had identified that they had not implemented effective quality assurance systems and reflected upon this openly during our inspection. The provider and quality manager told us that they had learnt a number of lessons as a result of their findings since the previous manager had left their post and that they had now implemented a more robust proactive system of audits completed by the provider's quality team. Previously the provider had relied upon the manager auditing their own location however, the quality manager had developed an audit tool that they would now be completing in order for the provider to be assured that safe systems of care were being implemented. However, these systems were in their infancy and we could not see that this system had yet been implemented fully, imbedded in practice or successful in

addressing the shortfalls that we identified during this inspection.

We could see that the provider had reacted positively and identified that their previous quality assurance systems were ineffective and this inspection supports their judgement. The new system of quality assurance includes a system of audits completed by the quality manager and provider and does not rely solely upon the manager for quality assurance. The provider had taken action and they were on an improvement journey to implement more robust quality assurance and governance procedures.

Since our last inspection the provider had also supported the acting manager to implement sustainable improvement by moving a number of packages of care and staff to another of the providers locations. The provider told us that they had taken this action to enable the previous manager to focus upon implementing improved systems of care by reducing their operational workload.

As a result of our inspection in September 2016 we took urgent action to impose conditions upon the registration of the provider to prevent them from accepting new packages of care and to require them to submit weekly call monitoring reports to CQC. The provider has followed these conditions of registration and their call monitoring reports have shown a clear improvement in the consistency of timing and duration of people's care visits.

There was not a registered manager in post and CQC had not received an application from the newly appointed acting manager to register as the manager of The Care Bureau Kettering. However, the acting manager told us that they would be submitting an application to become the registered manager.

Throughout the inspection the provider was present and was responsive to our feedback and findings. The provider told us that they were committed to improving the care that people received from The Care Bureau and that they had deployed a manager who already worked for The Care Bureau to manage the Kettering branch. The provider had been working closely with the local authority that had been providing support to enable the provider to improve following their previous inspection report and rating of inadequate. The local authority told us that the provider had been responsive to their feedback and had worked with them openly and honestly.

Staff continued to feel rushed in their interactions with people and the provider had not ensured that staff understood their expectations of people's call times and that people were given a window of time in which carers would arrive. This has impacted people's experience of receiving care and support and a culture of task orientated care continued to be present amongst some care staff.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Appropriate actions had not been taken in response to safeguarding alerts and investigations had not been completed by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective quality assurance procedures had not been implemented which had resulted in shortfalls failing to be recognised or acted upon appropriately.