

The Care Bureau Limited

The Care Bureau Ltd - Domiciliary Care - Banbury

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 6 March 2018 and was announced.

The Care Bureau is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community in and around Banbury. It provides a service to children, younger adults and older people. At the time of the inspection, the service was supporting 59 people.

Not everyone using The Care Bureau received regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager 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 registered manager worked closely with the care manager.

People told us they felt safe receiving care from The Care Bureau. Risks to people were assessed and managed safely to help them maintain their independency. Staff were aware of people's needs and followed guidance to keep them safe. Staff clearly understood how to safeguard people and protect their health and well-being. There were systems in place to manage people's medicines safely.

The service had enough staff to meet people's needs and keep them safe. The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their roles.

People had their needs assessed prior to receiving care from The Care Bureau to ensure staff were able to meet people's needs. Staff worked with various local social and health care professionals. Referrals for specialist advice were submitted in a timely manner.

People were supported by staff that had the right skills and knowledge to fulfil their roles effectively. Staff told us they were well supported by the management team. Staff support was through regular supervisions (one to one meetings with their line manager), spot checks, appraisals and team meetings to help them meet the needs of the people they cared for. People were supported to meet their nutritional needs.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and report on what we find. The registered manager and staff had a good understanding of the MCA and applied its principles in their work.

People's care plans were current and gave clear guidance to staff on how people wished to be supported. Staff knew people's needs well and used this knowledge to provide personalised care. People knew how to

complain and complaints were dealt with in line with the provider's complaints policy. People's input was valued and they were encouraged to feedback on the quality of the service and make suggestions for improvements. Where people had received end of life care, staff had taken actions to ensure people would have as dignified and comfortable death as possible. End of life care was provided in a compassionate way.

People and staff told us they felt The Care Bureau was well run. The registered manager and the management team promoted a positive, transparent and open culture. Staff told us they worked well as a team and felt valued. The provider had quality assurance systems in place which were used to drive improvement. The service had established links with the local communities which allowed people to maintain their relationships.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Medicines were managed safely.

Risks to people were assessed and risk management plans were in place to keep people safe.

Staff understood safeguarding procedures.

The Service had enough staff to meet people's needs

Is the service effective?

Good ●

The service was effective.

People's needs were assessed to ensure those needs could be met by knowledgeable and skilled staff.

Staff had good knowledge of the Mental Capacity Act and applied its principles.

People were supported to access healthcare support when needed.

Is the service caring?

Good ●

The service was caring.

People were treated as individuals and were involved in their care.

People were supported by caring staff who treated them with dignity and respect and supported to maintain their independence.

Staff knew how to maintain confidentiality.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were personalised, current and reflected their needs.

Staff knew how to support people during end of life care.

Complaints were managed effectively.

Is the service well-led?

The service was well-led.

People and staff told us the management team was open and approachable.

People's views were sought and acted upon.

There were effective systems in place to monitor the quality and safety of the service.

Good ●

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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 was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care. This inspection took place on 6 March 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service to people in their homes; we needed to be sure that someone would be in.

Before the inspection we reviewed the information we held about the service and the service provider. The registered provider had not completed a Provider Information Return (PIR) as this had not been requested. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We also reviewed the service's past inspection reports.

We spoke with 11 people and four relatives. We looked at five people's care records and medicine administration records (MAR). We spoke with the registered manager, the care manager and five care staff. We reviewed a range of records relating to the management of the service. These included five staff files, quality assurance audits, minutes of meetings with staff, incident reports, complaints and compliments. In addition, we reviewed feedback from people who had used the service and their relatives.

Is the service safe?

Our findings

People told us they felt safe receiving care from The Care Bureau. People's comments included; "I feel safe and comfortable", "Safe and secure, very much so" and "It gives me confidence knowing someone is coming".

Staff told us and records showed they had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were aware of the different types and signs of possible abuse. Staff were confident that action would be taken if they raised any concerns relating to potential abuse. Staff said, "Abuse can be in form of physical, mental or financial" and "I would report abuse to the manager or whistle blow to outside organisations if I have to". The provider had a whistle blowing policy in place which contained the contact details of relevant authorities for staff to call if they had concerns.

People's care plans included risk assessments and where risks were identified, there were risk management plans in place to manage the risks. Staff were aware of the risks to people and used the risk assessments to inform care delivery and supported people to be independent. Risk assessments included risks associated with: infection, using the shower, nutrition and falls. For example, one person had a urinary catheter in situ and had been identified as at risk of infection. The risk management plan specified only trained staff supported the person with catheter care. It also guided staff to use personal protective equipment (PPE) when changing the urine bags.

The provider had a clear procedure for recording accidents and incidents. Accidents or incidents relating to people were documented and investigated to reduce the risk of further incidents occurring. Staff knew how to report accidents and incidents. One member of staff said, "We report all accidents and incidents to the office. The manager will complete the forms".

The Care Bureau had enough staff to meet people's needs. People told us they never experienced missed calls and staff always stayed for the expected time. People said, "They never miss a day. Might be a bit late but always come" and "They managed to get through the snow. I didn't see anyone else". The provider had effective electronic call monitoring systems in place. Records showed the service had not had any missed calls. Staff told us they were enough staff to keep people safe. One member of staff said, "We have enough staff but could always do with more".

The provider followed safe recruitment practices. Staff files included application forms, records of identification and three appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with vulnerable people. The DBS check helps employers make safe recruitment decisions and prevents unsuitable people from working with vulnerable people.

The provider's equal opportunities policy was available at the service. This stated the provider's commitment to equal opportunities and the management team's adherence to the policy ensured staff

were treated equally or similarly and not disadvantaged by prejudices or bias. This allowed fair staff recruitment across the service.

People received their medicine as prescribed. There were systems in place to manage medicines safely. The provider had a medicines policy and procedures in place. Records relating to the administration of medicine were accurately completed. Medicine administration records (MAR) detailed the number of medicine administered from a monitored dosage system. Where medicines were not dispensed in a monitored dosage system MAR had details of the medicine, which included; dose, strength, method of administration and frequency.

The provider had an infection control policy in place. Staff were aware of the provider's infection control policies and adhered to them. People told us staff used PPE and washed their hands. One person said, "They do it all cleanly and nicely and use gloves and aprons".

The service learned from mistakes. Staff told us and records of memos and staff spot checks showed where issues or shortfalls were identified they were discussed with the aim of learning from them. For example, the registered manager identified some inconsistencies in logging in calls. This was discussed during meetings and staff were reminded to ensure they always logged in and out after call visits.

Is the service effective?

Our findings

People's needs were assessed before they received care from The Care Bureau to ensure their needs could be met by staff who had the right skills and training. Assessments covered people's individual needs relating to mobility and skin integrity. Detailed guidance was provided for staff on how to support people effectively.

People told us they received effective care from staff who were knowledgeable, skilled and well trained in their practice. People said, "They are very skilled" and "Overall they are very good especially the regular carers". Staff records showed and staff told us they had the right competencies, qualifications and experience to enable them to provide support and meet people's needs effectively.

Newly employed care staff went through an induction period which gave them the skills and confidence to carry out their roles and responsibilities. The induction training was linked to The Care Certificate standards. The Care Certificate is a set of nationally recognized standards to ensure all staff have the same induction and learn the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Induction included training for their role and shadowing an experienced member of staff as well as field training. Records showed staff were signed off before they could work unsupervised.

Records showed and staff told us they received the provider's mandatory training before they started working at The Care Bureau. They were also supported to attend refresher sessions regularly. Mandatory training included; manual handling, safeguarding, equality and diversity, fire safety and information governance. Staff were supported to attend specific training linked to specific people's needs. This included training in catheter care and application of pressure relieving stockings.

Staff told us they felt supported and had regular spot checks and supervisions (one to one meeting) with their supervisors and line managers. Supervisions were carried out regularly and enabled staff to discuss any training needs or concerns they had. One member of staff said, "They just turn up when I am doing a call to do my spot check. We have supervisions often". Staff were also supported to develop and reflect on practice through yearly appraisals. Supervisions, spot checks and appraisals were scheduled throughout the year.

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included the GPs and occupational therapists. The service was flexible enough to ensure people attended hospital appointments when required. People told us they were supported to attend health appointments. People said, "They will send someone to enable us to get to a hospital appointment", "On Monday I have to be ready by 8am. They need to come early. It happens. Nobody gets upset" and "They'll make sure she is up early so we can make the appointment".

People's nutritional needs were met. Care plans gave detailed guidance on people's needs, including their preferences, special dietary needs and any allergies. People told us they were supported with meals. People told us, "My regular breakfast is tea and toast, that's what I ask for and they help me with that".

People told us staff sought consent before supporting them with care. One person said, "They will ask do I

want it? Assumptions are not made. It's a choice". Staff sought verbal consent whenever they offered care interventions. Staff told us they sought permission and explained care to be given. For example, when people were supported with personal care. One member of staff said, "We explain what we are about to do and ask for people's permission".

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member said, "We assume people have the capacity to make decisions. Any decisions made on people's behalf should be in their best interest".

Is the service caring?

Our findings

People told us they received care and support from staff who were caring, compassionate and kind. People said, "They are courteous, friendly, and nice; doing their best", "They are attentive caring, couldn't do more" and "They make me happier for half an hour" People's relatives told us staff were caring. They commented; "They always leave with a smile", "They laugh and are cheerful, cheer your day up" and "They go the extra mile".

People told us they received care and support from staff who had got to know them well. People's comments included, "She [staff] comes on time, she is a joy and she talks like a friend", "She [staff] is a godsend. We have a relationship" and "We have a good chat. Joking and relaxing". Staff told us they often supported the same people and knew them well.

People told us staff treated them respectfully and maintained their privacy and dignity. One person said, "I accept it, personal care has to be done. Initially it was awful but they do it in a sympathetic manner with the curtains drawn and the doors closed". Another person told us, "I got in a mess in my bed, stuck there. They had to clear me up there was no embarrassment. It was not uncomfortable". People's relatives told us staff treated people with dignity and respect. They said, "They are modest with him. Polite and careful", "He was reluctant at first, they all treat him with dignity and cover with a towel" and "My wife has to have a hoist and sling, it's respectful and dignified".

The provider ensured there was consideration of all areas of people's human rights. People's needs in relation to gender, faith and disability were clearly explored during care planning and staff knew the needs of each person well. Staff gave us examples of how they ensured people's diverse needs were met. Staff told us they supported people to maintain personal relationships. We asked staff about equality and diversity. One member of staff told us, "We received training in equality and diversity and we are comfortable discussing this area during assessments and care planning".

People's care plans demonstrated that people were involved in developing their care plans. We saw evidence that care plans were reviewed regularly. Records showed people and where applicable their relatives were involved in the review process.

People told us staff promoted independence. One person commented, "They don't take over. I do what I can, trying to build up". Another person told us, "It gives me independence. I'm fiercely defending my independence". One person's relative told us staff supported people to be independent. They said, "He washes his bits and carers support him". Staff told us independence was at the heart of care. One member of staff said, "We let people do as much as they can for themselves". Staff told us they followed the provider's client charter which stipulated 'Respect the right of the individual to lead as independent and fulfilling a life as possible'.

Staff were provided with guidance in relation to confidentiality and were aware of the provider's policy on confidentiality. Staff told us, "We only share information when necessary" and "We keep records in the office

secured and only share information on a need to know basis". Staff also signed a confidentiality agreement during induction.

Is the service responsive?

Our findings

People's care records contained detailed information about their health and social care needs. Care plans reflected how each person wished to receive their care and support. For example, people's preferences about how they wanted certain tasks to be completed. Staff told us they respected people's wishes.

People told us they were involved in care planning process. One person said, "After my operation we had chats to review the care plan". People's relatives also told us they were consulted during planning of care. One person's relative said, "When he came out of hospital a care plan was set with the Care Bureau, I felt comfortable".

People's care plans were descriptive and reflective of their individual support and care needs. The care plans covered areas such as personal care, eating and drinking, mobility, emotional well-being, elimination and communication needs. The care plans included information about personal preferences and were focused on how staff should support individual people to meet their needs. These care records were current and reflected people's needs in detail. We saw daily communication logs were maintained to monitor people's progress on each visit.

People's care plans were reviewed regularly to reflect people's changing needs. Where a person's needs had changed, the care plan had been updated to reflect these changes and the service sought appropriate specialist advice. For example, one person had been hospitalised and their medicines changed. The person's care plans had been reviewed to reflect the changes. This meant the staff were responsive to people's changing needs.

Staff shared information through daily memo's to ensure people's progress was monitored and recorded. The provider used a key worker system. A keyworker is a staff member responsible for overseeing the care a person receives and liaises with families and professionals involved in that person's care. This allowed staff to build relationships with people and their relatives and aimed at providing personalised care through consistency.

People were encouraged and supported to maintain links with the community to reduce the risk of social isolation. For example, people who enjoyed attending coffee mornings and community centres. The service planned people's care visit times flexible enough to accommodate their interests as well as any other social commitments.

The Care Bureau had systems in place to record, investigate and resolve complaints. The service's complaints policy was available to all people, and a copy was kept within people's care records in their homes. No formal complaints were received since our last inspection but we saw historical complaints were dealt with in line with the provider's policy. People told us they knew how to complain and were confident action would be taken. One person said, "I rang the office and asked for someone not to come because she was rude. They respected my wishes. The complaint was dealt with well".

Staff told us they knew how to support people during end of life care (EOLC). One member of staff said, "I recently supported someone during end of life. It was a difficult time for the family and we made sure the person was as comfortable as possible". Staff described the importance of keeping people as comfortable as possible as they approached the end of their life. They talked about how they would maintain people's dignity and support families during such difficult times.

Is the service well-led?

Our findings

The Care Bureau was led by a registered manager who worked across two services. They had support from a care manager based at the Banbury office. At the time of our inspection the registered manager had been in post for a year. They had oversight of the service and relied on the care manager for day to day running of this service.

There was a clear management structure in place, with staff being aware of their roles and responsibilities. Staff felt that they could approach the registered manager or the care manager with any concerns and told us that management were supportive and made themselves available. Staff told us, "Manager is available when we need to speak to them" and "Manager is approachable and always available".

People told us The Care Bureau was well managed. One person said, "I have a good relationship with management". Another person told us, "[Care manager] is the head lady, I know her and I'm happy with that". People commented on the effective communication they had with the service. They said, "Communication is first class", "Any problem I just ring the bureau, [Care manager] is always very helpful" and "I would not hesitate to ring the office".

Staff were complimentary of the support they received from the registered manager and care manager. Staff commented, "Care manager is very hands on and supportive. She knows the clients and that helps", "Manager encourages team work, very supportive" and "Any concerns I have I know I can always approach my manager".

The Care Bureau had a positive culture that was open, inclusive and honest. Staff views and suggestions were valued and people treated as individuals. One member of staff told us, "Yes I can make suggestions. For example, where I feel that calls are scattered, or that I am unable to do a certain amount of calls in a time frame. Organisation is very supportive". People told us they felt the service was transparent and honest. One person said, "They put their hands up if things go wrong and we work together to put them right".

The provider checked the service was meeting people's needs through regular telephone reviews, staff spot checks and yearly surveys. Records showed people were happy with the care and support received from The Care Bureau.

The provider valued staff contribution at all levels and facilitated a 'carer of the month award' for good practice. This was nominated by staff, people or people's relatives and aimed at recognising staff that had gone beyond the call of duty. Staff also participated in an annual staff survey. The results of the last survey showed staff were happy working for The Care Bureau. Staff were encouraged to make suggestions and be confident these were taken on board. Staff told us they appreciated the recognition of their efforts and this boosted their morale.

The provider had effective quality assurance systems in place to assess and monitor the quality of service provision. For example, quality audits including medicine safety, catering, infection control and care plans.

Quality assurance systems were operated effectively and used to drive improvement in the service. For example, medicine audits had resulted in improvement in recording.

Staff commented positively on communication and teamwork within the team. One member of staff said, "We have great team work and it makes the job easy". Team meetings were regularly held where staff could raise concerns and discuss issues. Records showed discussions were around suggestions on how to improve care and updates on changes that affected people.

Records showed that The Care Bureau worked in partnership with local authorities, healthcare professionals, GPs and social services. Advice was sought and referrals were made in a timely manner, which allowed continuity of care.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events. They also understood and complied with their responsibilities under duty of candour, which places a duty on staff, the registered manager and the provider to act in an open way when people come to harm.