

The Care Bureau Limited

# The Care Bureau Ltd - Domiciliary Care - Banbury

## Inspection report

19A Bridge Street  
Banbury  
Oxfordshire  
OX16 5PN

Tel: 01295340010  
Website: [www.carebureau.co.uk](http://www.carebureau.co.uk)

Date of inspection visit:  
10 October 2017

Date of publication:  
07 November 2017

## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Good** ●

Is the service effective?

**Good** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

The Care Bureau Limited is a domiciliary care service providing care to people in their own homes in and around Banbury. At the time of the inspection the service was supporting 71 people.

There was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We carried out an announced comprehensive inspection of this service on 7 February 2017. Two breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to breaches of Regulations 17 and 18.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Care Bureau Ltd - Domiciliary Care - Banbury on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

At the last inspection on 7 February 2017, we asked the provider to take action to make improvements and ensure staff received the support and supervision that they required to be effective in their roles. We also asked the provider to put systems in place and ensure people's risk assessments were up to date and tailored to meet their needs. We requested effective systems be put in place to improve the service and the provider to adopt a clear accident and incident monitoring system. On this inspection we found these actions had been completed.

People told us they felt safe receiving care from The Care Bureau. Records showed people had a range of individualised risk assessments in place to keep them safe and to help them maintain their independence. Where risks to people had been identified, risk assessments were in place and action had been taken to reduce the risks. Staff were aware of people's needs and followed guidance to keep them safe.

Staff had a clear understanding on how to safeguard people and protect their health and well-being. People received their medicines as prescribed. There were systems in place to ensure staff were competent to manage safe administration of medicines.

The service had enough suitably qualified and experienced staff to meet people's needs. The service experienced some late calls but always ensured all calls were complete. The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their roles.

Staff told us and records confirmed they received adequate training and support to carry out their roles effectively. People felt supported by competent staff that benefitted from regular supervisions (one to one meetings with their line manager) and spot checks to help them meet the needs of the people they cared

for.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and applied its principles in their work. Where people were thought to lack capacity to make certain decisions, staff knew assessments would have to be completed in line with the principles of MCA.

People's nutritional needs were met. People were given choices and were supported to have their meals when they needed them. Staff treated people with respect and promoted people's independence. People were supported to maintain their health and were referred for specialist advice as required. Where people needed emergency support, staff requested that support in a timely manner.

People, their relatives and staff told us they felt The Care Bureau was well run. The registered manager and management team promoted a positive and open culture. Staff told us they worked well as a team. The provider had effective quality assurance systems in place which were used to drive improvement. There was a clear process to manage accidents and incidents and learn from them and prevent them from occurring again.

The registered manager informed us of all notifiable incidents. Staff spoke positively about the management support and leadership they received from the management team. People complimented the effective communication they received from the office.

Despite the significant improvements we found on this inspection, we could not improve the rating for well led from requires improvement to good because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

## 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 ●

We found that action had been taken to improve safety.

Risks to people's health and well-being were assessed and recorded.

There were sufficient numbers of suitably qualified staff to meet people's needs.

People were protected from the risk of abuse as staff had a good understanding of safeguarding procedures.

Medicines were administered safely.

### Is the service effective?

Good ●

We found that action had been taken to improve effectiveness

Staff had the knowledge and skills to meet people's needs. Staff received training and support to enable them to meet people's needs.

People were supported to have their nutritional needs met.

Staff had good knowledge of the Mental Capacity Act and applied its principles in their day to day work.

People were supported to access healthcare support when needed.

### Is the service well-led?

Requires Improvement ●

We found that action had been taken to improve leadership.

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

The leadership created a culture of openness that made people and staff feel included and well supported.

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

We could not improve the rating for Well Led from Requires Improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

---

# The Care Bureau Ltd - Domiciliary Care - Banbury

## **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.

We undertook an announced focused inspection of The Care Bureau Limited Banbury on 10 October 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 7 February 2017 inspection had been made. The team inspected the service against three of the five questions we ask about services: is the service safe, effective and well led. This is because the service was not meeting some legal requirements.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the manager would be in.

The inspection team consisted of 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 service.

Before the inspection we reviewed the information we held about the service and the service provider. We looked at previous inspection reports and the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

We spoke with seven people and seven relatives. We looked at four people's care records including medicine administration records (MAR). We spoke with the director, the deputy manager and four members of staff which included care staff, administrator and a field trainer. We reviewed a range of records relating to the management of the service. These included four staff files, quality assurance audits, minutes of meetings with staff, surveys, incident reports, complaints and compliments. We reviewed feedback from people who

used the service and their relatives.

# Is the service safe?

## Our findings

At our inspection on 7 February 2017 we found, people's risk management plans were generalised and not always tailored to each person's individual needs and did not give clear guidance to staff on how to support people. We also found, people's risk assessments were not always updated to reflect any changes. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan following the inspection telling us how they planned to meet this regulation. At this inspection in October 2017, we found improvements had been made.

Risks to people's safety had been assessed and people had plans in place to minimise the risks. Risk assessments included areas such as falls, using bed rails and moving and handling. Ways of reducing the risks to people had been documented and staff knew the action they would take to keep people safe. Risk assessments and management plans were tailored to meet each individual person's needs and gave staff clear guidance on how to support each person. For example, one person was diabetic and at risk of skin infection. The person's risk management plan clearly guided staff to monitor this person's skin and follow a detailed 'wash routine'. They were also guided to ensure the person's skin was 'completely dry'. Daily notes showed this guidance was being followed.

Another person had difficulty mobilising independently and required a 'full hoist' to transfer them to the shower. The risk assessment identified two staff were required to support this person. The risk assessment also guided staff on the use of the hoist. Staff we spoke with knew how to support this person and records showed they followed the guidance.

Risk assessments were reviewed and updated promptly when people's needs changed. For example, one person fell and was given new equipment to use when moving around their home. Staff reviewed the person's risk assessments and risk management plans to reflect the changes. Staff were aware of the risks to people and used the risk assessments to inform care delivery and to support people to be independent.

People told us they felt safe receiving care from The Care Bureau. People's comments included; "I'm very pleased with everything. I feel at ease around the carers" and "I see the same carers most of the time and I know them. Yes, I feel safe when they are around".

Staff had the knowledge and confidence to identify safeguarding concerns and knew how to act on these to keep people safe. Staff had completed safeguarding training and understood their responsibilities to identify and report any concerns relating to abuse of vulnerable adults. One member of staff told us, "We report any abuse to the office and complete an incident form. We can also report to CQC (Care Quality Commission), police or safeguarding team". Staff knew where to report to outside agencies and named the CQC and the local authority safeguarding team.

People received their medicine as prescribed. The provider had a medicines policy and procedures in place which guided staff on how to manage medicines safely. Staff told us and records confirmed they had completed medicines training which included competency checks. One member of staff said, "We get



medicines training and supervision every six months".

Records relating to the administration of medicine were accurately completed. Medicine administration records (MAR) detailed the 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 Care Bureau had enough staff to keep people safe and meet their needs. Staff rotas showed there was enough staff on duty to meet people's needs and confirmed that planned staffing levels were consistently maintained. Staff told us safe staffing levels were maintained. They said, "Staffing levels are okay" and "Our staffing levels are good. We cover all calls".

Staff told us that they were sometimes late for calls. They told us that if they were running late they would call people and advise them. One member of staff said, "If running late, we always ring the office who will inform the next client". People told us they were informed when staff were running late. One person said, "Sometimes the time varies but I don't mind. The carer at the office rings and lets me know". Another person told us, "Not missed calls but occasionally they may be late due to traffic". One person's relative said, "Things have improved and now we get a call if staff are running late".

The provider followed safe recruitment practices. Staff files included application forms, records of identification and 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 prevent unsuitable people from working with vulnerable people.

The provider for The Care Bureau had a business continuity plan and an emergency plan. These plans outlined the actions to be taken to ensure the safety of people using the service in an emergency situation.

# Is the service effective?

## Our findings

At our inspection on 7 February 2017 we found, staff did not always receive supervision and support that they required to be effective in their roles. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan following the inspection telling us how they planned to meet this regulation. At this inspection in October 2017, we found improvements had been made.

Staff practice was monitored using regular spot checks and supervisions to ensure they were competent in the skills and knowledge required for their role. Staff completed training which included: safeguarding, moving and handling, mental capacity and end of life care. Staff had access to development opportunities. Staff we spoke with had completed national qualifications at level two and three.

Staff told us and records confirmed they received regular support and supervisions. Staff said, "We have spot checks and yearly appraisals", "We are spot checked even in medicine administration. We have had lots of supervisions" and "We discussed about training needs during my last appraisal".

New staff completed an induction period, this included six days of training and shadowing more experienced staff before working unsupervised. The induction training was linked to The Care Certificate standards. The Care Certificate is a set of 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. One new member of staff told us, "Induction was very good. It included three days classroom training and four weeks of shadowing".

The Care Quality Commission (CQC) is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and to report our findings. 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. 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.

At our last inspection on 7 February 2017 we found, staff could not link the principles of the MCA with how they supported people. We recommended the provider sought further support for staff in relation to the MCA. At this inspection in October 2017, we found the provider had sought more support for staff.

Staff knew how to support people in line with the principles of the MCA. Staff told us, "If a person is thought to lack capacity, we do a mental capacity assessment and work with family and social services. We make decisions in people's best interest, for example, where there is self-neglect", "We assume that someone is capable of making their own decisions in the first instance" and "We can support people in their best interest if we think they lack capacity".

Where people required support to meet their dietary needs this was detailed in their care plans. People told

us they were supported to eat meals of their choices. Their comments included; "In the morning they prepare my breakfast and make me a sandwich for lunch. In the evening they do me a hot microwave meal" and "They are fully aware of the two different types of diet I need, renal and diabetic". One person's relative told us, "We leave the cereal out and the carers do breakfast and a hot drinks before they leave".

Staff told us their supported people with meals in line with their care plans. Staff said, "We support some people with meals and drinks. Some have special diets like diabetics", "Some people need medicines 30 minutes before food and we make sure the calls are done to accommodate that" and "We do microwavable foods and sandwiches according to people's preferences".

People were supported to access health professionals when needed. People's care plans showed people had been referred to GP, district nurses and out of hours services when needed. People told us they were supported to access on going health care. They said, "I phoned the doctor for a visit last week. He didn't come. When [manager] came I told her and she phoned the surgery and the doctor visited within an hour" and "Normally when I leave the dialysis I send a text message to the carer with my expected return time and then she can sort out her visits".

## Is the service well-led?

### Our findings

At our inspection on 7 February 2017 we found, the provider did not have a clear process of managing accidents and incidents and the provider's quality assurance systems were not always effective. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the inspection we took enforcement action and issued a warning notice to the provider. At this inspection in October 2017, we found improvements had been made.

The provider had a clear procedure for recording accidents and incidents. Accidents or incidents relating to people and staff were documented, thoroughly investigated and actions were followed through to reduce the risk of further incidents occurring. For example, one person fell during the night and an ambulance was called. The registered manager investigated this and the person was referred to their GP and their medicines were reviewed. The registered manager audited and analysed accidents and incidents to look for patterns and trends to make improvements for people who used the service. Staff knew how to report accidents and incidents. One member of staff told us, "We report all accidents to the office and record in the notes. We discuss accidents and incidents in our staff meetings and we learn from them".

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 and care plans. Quality assurance systems were operated effectively and used to drive improvement in the service. For example, one care plan audit identified poor illegible writing which resulted in ineffective communication. We saw this was then discussed at a team meeting and staff were reminded to record clearly to ensure information was communicated effectively. Records showed the shortfall in this area had improved.

The Care Bureau was led by a registered manager who had been in post for eight months. The registered manager worked across two services. They had good support from a deputy manager who had worked with the provider for a long time. On the day of the inspection, the registered manager was away and the service ran smoothly in their absence which demonstrated good leadership.

The Care Bureau had a positive culture that was honest and inclusive. During our visit, management and staff were keen to show us the changes they had made to ensure people were safe. Staff told us they felt the service was transparent and honest. One member of staff said, "Our organisation is supportive and the provider listens. We can speak to the management team about anything and know they will act to sort things out".

People and their relatives knew the registered manager and told us the service was well managed. Comments included; "I think we have a good manager who manages the team well", "I've been very impressed with [agency] and all they do. It's good to work as a unit" and "The management team has been really responsive and given good suggestions about things that I didn't know existed to support us". One person's relative said, "It's a good firm. I can't criticise them".

Staff were complimentary of the support they received from the registered manager and the deputy

manager. Staff commented, "Manager is very supportive and observant", "Manager is approachable and we can talk to them anytime" and "We often work alongside the deputy. [Deputy] is very hands on and always available".

People and their relatives were complimentary about the effective communication with the office. People told us, "I phone and generally get a good response. You can leave a message", "You can't always get hold of them. You leave a message and they phone you back" and "We are well supported by the agency. They are easy to communicate with. We are very pleased to have found them".

Staff held regular meetings. These meetings were used to discuss areas of improvement, staff updates and cascade any changes. Staff meeting minutes reviewed showed action plans after each meeting. Staff also received monthly memos with reminders and updates about any changes to people's care.

People benefited from staff who understood and were confident about using the whistleblowing procedure. There was a whistle blowing policy in place that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening. Staff were confident the management team and organisation would support them if they used the whistleblowing policy. One member of staff told us, "I can whistleblow concerns outside Care Bureau to the police or Care Quality Commission (CQC)".

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The registered had systems in place to report appropriately to CQC about reportable events.