

Diamond Resourcing Plc

Better Healthcare Services (Cambridge)

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 

Overall summary

Better Healthcare Services (Cambridge) provides personal care to people who live in their own homes. There were 46 people using the service when we visited. The inspection took place on 6 August 2015 and we gave the provider 48-hours' notice before we visited. This was to ensure that the manager was available to facilitate the inspection.

The last inspection was carried out on 10 June 2014 when we found the provider was meeting the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 we assessed against.

Although there was a registered manager in post the provider was in the process of applying to deregister the person as they ceased employment on 19 January 2012. A registered manager is a person who has registered with

Summary of findings

the Care Quality Commission (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. A new manager had been appointed.

Staff were knowledgeable about reporting any concerns about people's safety. There were a sufficient number of staff employed to provide care to people and recruitment procedures ensured that only suitable staff were employed. Risk assessments were in place to ensure that care and support could be safely provided and actions were taken to reduce people's identified risks. Arrangements were in place to ensure that people were supported and protected with the safe management of medication.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found that people who used the service had their capacity to make day-to-day decisions formally assessed. At the time of our inspection no one in receipt of care had been deprived of their liberty.

Staff were supported and trained to do their job. The service had regular contact with a range of healthcare professionals to ensure that care and support was well coordinated.

People received sufficient nutritional support and their nutritional and dietary needs and preferences were known by staff and recorded.

People's privacy and dignity were respected and their care and support was provided in a caring and a patient way.

A complaints procedure was in place and complaints had been responded to, to the satisfaction of the complainant. People felt able to raise concerns with the staff at any time.

The provider had quality assurance processes and procedures in place to monitor the quality and safety of people's care. People and their relatives were able to make suggestions in relation to the support and care provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff were aware of their roles and responsibilities in reducing people's risk of harm.

Recruitment procedures and the number of staff employed ensured care was safely provided to meet people's needs.

People were supported with their medication as prescribed.

Good



Is the service effective?

The service was effective.

The provider had procedures and training for staff in place regarding Mental Capacity 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) so that people were not at risk of unlawful restrictions being placed on them.

Staff felt they were supported by the provider to carry out the expected care and support for people.

People's health and nutritional needs were met.

Good



Is the service caring?

The service was caring.

Care was provided in a caring and respectful way.

People's rights to privacy, dignity and independence were valued.

Staff had a good knowledge and understanding of people's support needs and what was important to them.

Good



Is the service responsive?

The service was responsive.

People were involved in reviewing their care needs and this was carried out on a regular basis.

People were supported to access appointments with healthcare professionals where appropriate.

People were aware of the complaints procedure and felt confident that their complaint would be dealt with thoroughly.

Good



Is the service well-led?

The service was well-led.

Effective procedures were in place to monitor and review the safety and quality of people's care and support.

Staff were supported and felt able to raise concerns and issues with the manager and provider.

People and staff were involved in the development of the service, with arrangements in place to listen to what they had to say.

Good



Better Healthcare Services (Cambridge)

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 6 August 2015. The provider was given 48 hours' notice. This was because the location provides a domiciliary care service and the manager is sometimes out of the office and we needed to be sure that they would be in. The inspection was carried out by one inspector.

Before the inspection we looked at all of the information that we had about the service. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law. We contacted commissioners who contract care from the service for their views.

During the inspection we visited the office of the service, spoke with six people and two relatives. We also spoke with the manager, area manager, two office based staff and four care staff. We looked at five people's care records and records in relation to the management of the service and the management of staff recruitment and training.

Is the service safe?

Our findings

People told us they felt safe. One person said, “The care staff look after me very well and I feel safe when they are here.” A relative told us that, “The care my [family member] is very good and I feel that they are in safe hands.”

Staff were aware of their roles and responsibilities in relation to protecting people from harm. They were aware of the procedures to follow and would not hesitate in raising any incidents or concerns with the manager. We saw that the contact details for reporting safeguarding incidents to the local authority were displayed in the agency’s office. One member of staff we spoke with displayed a good knowledge of the safeguarding reporting procedures and said, “I would always report any incident of abuse without hesitation.” Safeguarding procedures were also included in people’s information pack. This showed that people could raise any safeguarding concerns whenever the need arose.

Staff were also aware of the whistle-blowing policy and said that they would not hesitate in reporting any incidents of poor care practice when this arose. One member of staff said, “I feel that I would be confident in reporting any concerns to my manager and that I would be protected if I did.” This showed us that people were kept safe as much as possible

Risk assessments were in place and staff were aware of their roles and responsibilities in keeping people safe when they were providing care. Risk assessments seen included manual handling assessments, assessments of environmental risks and risks regarding the administration of medication.

We saw that there were guidelines for staff regarding the administration of medication. There was a document in the care plans which detailed the level of support required by people and also whether the person or their family would be responsible for the administration of medication. We saw that medicine administration records had been completed accurately by staff. Any changes in medication were recorded in the care plan and reviewed by a member of the agency’s management team. Staff told us that they had attended training in administering medication and that they had to complete competency checks to ensure they safely administered medication. The training records we saw confirmed this was the case.

People and their relatives said that there were always enough staff to safely provide the required care and support. Where two care workers were needed this had been recorded in the person’s care plan documents to ensure that safe care could be provided. This was especially regarding safe manual handling requirements.

People we spoke with told us that staff were usually on time for their care visit. However, one person told us that, “The staff are usually on time but that there have been some occasions when staff have been late and I have not always been contacted by the office.” Staff told us that they had contacted the office based staff if they were running late to inform the person of any lateness. People that we spoke with said that the agency had never missed any of their care calls. Four people we spoke with told us that they knew which staff would be visiting but two people said that they were not always sure which staff would be providing their care. The manager told us that staff worked in teams in local areas to provide consistent care and to reduce travelling time between calls. People we spoke with said that they were pleased to have the same team of staff providing their care. New staff were introduced to people, that they would be providing care for, so that they would be known to the person when they arrived on their own.

The manager told us that they provided care only where the agency had capacity to do this reliably and effectively to ensure people’s needs could be safely met. This was confirmed by healthcare professionals who commissioned care from the agency.

We saw that recruitment procedures were in place to ensure that only staff who were suitable to work with people using the service were employed. We saw the personnel records of four members of care staff. Satisfactory recruitment checks had been carried and included evidence of completed application forms, references, proof of identity, and criminal record checks. The manager told us that any gaps in employment were always pursued during the person’s interview.

The organisation’s personnel department ensured that all satisfactory checks had been completed in conjunction with the manager before care staff commenced working with people and provided them with care. Staff received a hand book which outlined the agency’s policies so that they were aware of their role and responsibilities. This was confirmed to be the case by staff we spoke with. Staff also said that their recruitment had been dealt with efficiently.

Is the service safe?

Staff told us they received an induction and training prior to commencing work. New staff also shadowed more experienced staff before working confidently on their own to ensure people's safety. The manager told us that feedback was sought from the experienced staff member

following the shift with the new member of staff and a record of the shift had been completed to monitor the person's progress. We saw these documents in the personnel records we looked at.

Is the service effective?

Our findings

People spoke positively about the care workers and were satisfied with the care and support they received. One person told us, “The carers are kind good to me and always help me with whatever I need.” Another person told us that, “The carers are cheerful and they make sure everything has been done before they leave. We have a laugh together and I have a very good ‘team’ looking after me.” We spoke with two relatives and they felt that the care and support provided by care staff met their relative’s needs. One relative told us that, “The carers are very good and look after my [family member] very well”

We saw that people’s nutritional and dietary needs and preferences were recorded. People told us that where meals were provided the staff had always asked them about their individual preferences. One person said, “I have a variety of meals in my freezer and the care staff help me to choose what I want and then they prepare it for me.”

The manager confirmed there was a procedure in place to make sure training was kept up to date. Training records showed, and staff confirmed that they received training on an ongoing basis. Examples included; safeguarding, manual handling, infection control, health and safety, dementia awareness and administration of medication. Training was monitored by office based staff and the manager to ensure that staff remained up to date with their training. This was confirmed by staff we spoke with and in the training records we were shown. Staff we spoke with told us they had received regular supervision and attended staff meetings.

We found that people’s rights were being protected from unlawful restriction and unlawful decision making processes. The provider had procedures in place and training for staff regarding the Mental Capacity 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) The manager was aware of the relevant contact details and local authority procedures regarding further information on this area. The manager informed us and we saw that currently no one using the service had a need to be deprived of their liberty. Staff we spoke with confirmed that they had received MCA and DoLS training during their induction.

Members of care staff told us that they received an induction and training when they started work to ensure that they followed safe working practices. The staff induction programme covered the common induction standards which were in line with ‘Skills for Care’ an employer-led workforce development body for adult social care in England) This showed that there was an effective system of training for staff.

Healthcare professionals we spoke told us that they had received good communication and quality information from the manager and coordinators when healthcare issue arose. They also said that staff acted on any advice they were given. We spoke with a commissioner from NHS discharge planning who had contact with the service. They said that they found the service was responsive to requests and they had received positive feedback from people and their relatives about the care that was provided.

Is the service caring?

Our findings

People who used the service and relatives we spoke with on the telephone confirmed that the staff were very kind and caring. For example, one person said, “They help me with what I need, ask me if there is anything else I want before they leave - they are very kind.” Another person said, “They look after me very well and never rush me.” A relative told us, “They are lovely and always make sure my [family member] is happy with everything before they leave.” Another relative said, “The care staff are very kind with my [family member] and provide care really well.”

All of the people we spoke with, including their relatives, told us that care staff respected people’s privacy and dignity and provided their care in a sensitive and unhurried manner. People also told us that new staff were introduced to them so that they knew who would be providing care. People told us that they usually had the same care workers providing care and support and usually which staff would be visiting them.

We saw that the manager had taken steps to ensure, as much as possible, to meet people’s individual preferences regarding whether they wished to be supported by male or female staff. People’s preferred names were recorded. This showed us that people’s equality and diversity was considered and acted upon. We observed phone calls being made by staff with people using the agency and they demonstrated a positive and caring attitude towards people.

People told us that staff had taken time in talking with them about things which were important to them in a respectful way. It was evident that there was a warm and comfortable rapport between staff, the person receiving care, and their relatives. Comments included, “The care staff are polite and respectful whilst in my house and they are careful to respect my feelings and privacy.”

Records showed that staff received training about how to promote and maintain respect and dignity for people and meet their needs. This included caring for people living with dementia. Care and support plans reflected people’s wishes and preferences and how staff should support them. This showed us that people’s equality and diversity was considered and acted upon.

The staff we spoke with displayed a great deal of warmth and affection about their work and the care they provided for people. One member of staff said, “I love my work and we always try hard to provide the best care possible.” One person told us that, “They [the staff] are lovely people and I can’t fault them. They just know what to do for me and make me comfortable before they leave.”

Where relatives were involved in making decisions for people this was recorded. If people required someone to advocate or speak up for them, the provider offered support to access local advocacy services. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Is the service responsive?

Our findings

All of the people we spoke with and their relatives told us they were provided with information about their care and also if any changes were made. For example, one relative said, “My family member’s care is reviewed and any changes to calls are made as necessary.” A person said, “They increased our care package to support [family member].”

People said they were able to choose the care workers they preferred, their preferred time of care and what was important to them. One person said, “The staff are very good and are usually on time and they let me know if they are running late.”

We found that assessments of people’s needs had been carried out by the manager or senior management staff before the person used the service. People’s preferences were recorded regarding their meal choices, their preferred name and a life history to aid staff’s understanding of each person. These were used to formulate the care plan and outline the care which was to be provided at each visit.

We looked at five people’s care plans during this inspection. There were visit times recorded and guidelines in place for each visit so that care staff were clear about the care and support that was to be provided. We saw details in place regarding the person’s background, family contacts and personal preferences as to how care and support should be delivered. Individual preferences were recorded and were written in a ‘person centred’ style to record in detail what was important to the person and how they wished their care to be provided.

Examples of care and support that people received included assistance with personal care, preparation of meals and drinks, assistance with medicine, household chores, shopping and social and welfare calls. We saw that there were agreements in place, signed either by the person or their representative, regarding the care and support to be provided. Staff we spoke with were able to give examples about the varying types of care that they provided to people such as personal care, preparing meals and assisting people with their medication.

Daily notes were completed by care staff detailing the care and support that they had provided during each care visit. We saw samples of notes which were held in the agency’s office

detailing the care that staff had given during a visit to the person. These notes showed that staff had delivered care as described in the care plan.

We saw that management staff had regularly recorded reviews of people’s care plans with people and their relatives where necessary. This was to ensure that people’s care and support was kept up to date and continued to meet their needs. The relative of one person said that, “They know [family member] really well and I am very happy with the care they give.” People and their relatives told us that staff had been responsive when there was a need to increase or decrease support hours where the needs of the person had changed. People and their relatives confirmed that they had been involved in reviews of the care provided. Staff told us that they had been involved in reviewing care and were made aware of any changes to people’s care and support needs. We saw a record in place which gave dates for reviewing people’s care throughout the year.

The manager told us that they were in regular contact with healthcare professionals including district nurses and GPs. This ensured that care was well coordinated any healthcare concerns were followed up effectively.

People and their relatives that we spoke with and met were clear about who to speak with if they were unhappy or wished to raise a concern. One person said, “If I have any concerns the managers in the office are good at sorting it out for me.” People that we visited told us that their concerns and complaints were dealt with in a timely and professional manner. People we spoke with were felt able to raise and discuss their concerns with care workers and members of the management team at any time. A copy of the agency’s complaints procedure was included in people’s information packs kept in their home. People we spoke with told us that they were aware of the complaints procedure and had been encouraged to raise any concerns with the manager and staff whenever they One person said, “If I am not happy with anything I can sort it out with the staff and I can also ring the office whenever I need.”

We saw that the complaints procedure included expected time scales for response and guidelines for people on how to complain. The manager told us that all complaints were acknowledged and resolved to the person’s satisfaction as much as possible. All complaints were recorded and we saw samples of recent correspondence which were had been resolved to people’s satisfaction. There were no

Is the service responsive?

complaints currently being investigated. One person said, “I feel confident that when I raise any concerns they will be dealt with properly.” A relative told us that, “The manager and office staff had dealt with any issues or concerns quickly and efficiently.”

Is the service well-led?

Our findings

People we spoke with and their relatives told us that they had regular contact with members of the agency's management team and knew who to contact if they wished to discuss any concerns or issues about the care and support being provided. One person commented, "I can speak to the manager and staff about any concerns I may have." Relatives confirmed that any concerns they raised were properly dealt with. Another person said "They [office staff] have contacted me by phone to see if things are alright I am very satisfied with my care. "Surveys were sent to people who used the agency to gain their opinions regarding the care provided. People we spoke with confirmed that they had completed surveys and received courtesy calls from members of the agency's management team. We saw the analysis of the returned 2014 surveys received from people using the agency. These contained positive comments about the care and support that was being provided. Staff we spoke with were positive about working for the agency and felt enabled by the management staff to raise any concerns or issues, The area manager told us that a survey was being sent out to people for 2015 in the next few months.

The manager and office based management staff we spoke with demonstrated that they understood their roles and responsibilities well. We spoke with two office based staff who were involved in organising and monitoring management tasks including; recruitment, staffing and training in conjunction with the manager. Members of care staff we spoke with told us that they felt the agency was well managed. They said they felt supported and that they were able to raise issues and concerns and seek guidance at any time. They said they felt supported by managers at all times and the on call procedures during out of business hours. They told us their views and opinions were respected, listened to, valued and acted upon. Staff also told us that they had attended staff meetings to discuss issues and developments.

There was an open team work culture within the service. Staff told us they enjoyed their work and working for the service. All the staff we spoke with were aware of their role in reporting any incidents they had witnessed in accordance with the service's whistleblowing policy. Staff said they felt confident in raising concerns with the manager or appropriate external agencies if they were concerned about any poor care practices. Unannounced checks of staff's competence were undertaken to ensure that the quality of care was monitored. We saw samples of these checks in staff records This was confirmed by staff that we spoke with.

The provider regularly considered the quality of care it provided and took appropriate action where required. This was by speaking with people, their relatives, staff and healthcare professionals and their views were sought regularly. We saw records of phone calls to people made by the management team to discuss their satisfaction or concerns with the service they received.

Audits were completed by members of the management team. These audits included observations of support being provided, care records, reviews of care, discussions with people who used the service and their relatives, monitoring of complaints and compliments, staffing, training and health and safety arrangements. The manager completed a weekly audit of the agency which they sent to the area manager. There were regular meetings between the manager and area manager to review and monitor the agency and follow up any actions that were required.

The office based staff and care staff worked in partnership with other organisations and this was confirmed by comments from healthcare professionals we spoke with. These included comments from local authority commissioners, NHS discharge planning officers and physical disability teams who were in regular contact with agency. Comments were positive and they felt that any concerns and issues were dealt with in a professional manner and that communication with the agency was responsive and promptly dealt with.