

Bury Home Care Limited

Bury Home Care

Inspection report

66 Market Street
Tottington
Bury
BL8 3LJ

Tel: 01204896196

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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

About the service

Bury Home Care is a domiciliary care agency that provides personal care to people living in their own homes in the community. The service had moved to new premises since our last inspection. At the time of the inspection the agency was supporting 35 people. The provider supports people in their own homes with varying levels of care, some with specific long-term health conditions.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

People, their relatives and staff told us Bury Home Care delivered a safe service. Policies and procedures were in place to guide staff on how to keep people safe and what they had to do if they had concerns. Medicines were managed safely. Staff understood the risks to people's safety and wellbeing and what they should do to keep people safe. Staff knew how to identify and raise concerns about safety; they were confident the service would take them seriously.

Systems were in place to ensure the right staff were recruited. Staff received relevant training to help them meet people's needs. Staff were well supported by the registered manager and senior staff. There were enough staff at the time of the inspection. Core teams of staff supported the same people as much as possible. This meant that the staff knew the people they cared for well.

There were safe infection control procedures in place including enough supplies of personal protective equipment (PPE). Staff compliance was checked and training in preventing the spread of infections was given to all staff.

Staff respected people's rights to privacy, dignity and independence. They knew the person they were supporting well and described care that was person centred; people were placed at the heart of the service.

Quality assurance processes were robust. The registered manager, supported by other key senior staff, could monitor standards of care delivery with a range of checks and audits. Staff were aware of the company's mission statement and strived to ensure that people using the service had a voice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for the service at the previous premises was requires improvement, published on 28 May 2019. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bury Home Care on our website at www.cqc.org.uk.

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Bury Home Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector. An Expert by Experience made telephone calls to people and their relatives to gather their views on the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 29 March 2022 and ended on 8 April 2022. We visited the location's service on 29 March 2022.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with and received feedback from three members of staff including the registered manager, office manager and a care worker. We were in the office when a scheduled staff meeting took place.

We reviewed a range of records. This included three people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with four staff over the telephone to seek their views of the service. We continued to seek clarification from the provider to validate evidence found. We looked at a care plan template, training data and quality assurance records. We received feedback from two health and social care professionals who have worked with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection we identified a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Robust recruitment procedures were not in place to ensure the safety and protection of people who used the service.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- The service now had a robust recruitment process. Processes demonstrated that staff had the required skills and knowledge needed to care for people.
- The recruitment process was more thorough and efficient. The provider sought staff who demonstrated a set of values as well as having the necessary skills. Staff turnover was low.
- Staff files contained appropriate checks, such as references, identity checks and a Disclosure and Barring Service (DBS) check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to meet people's needs. The service worked hard to provide consistency with staffing. This was really appreciated. One relative told us, "[Person] knows them all, and they are superb. It's a good team and it's a massive peace of mind for me too."

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they were safe in the care of Bury Home Care. One person told us, "I do [feel safe]. It takes me a long time to get ready in the mornings and they never rush"; another person commented staff made them feel 'comfortable'.
- Staff had received training in safeguarding people, and this was updated annually. Staff told us they were confident that the registered manager would follow up concerns.
- Staff told us rotas were, 'really well set up', with travel time and enough time to provide good quality care. These factors also helped keep people safe from abuse.
- The service had a safeguarding policy and procedure in place. Safeguarding and concerns were discussed within staff meetings and in supervisions.

Assessing risk, safety monitoring and management

- People had risk assessments in place for all their care and support. These assessments were detailed, clearly identifying the risk with instructions for staff of what to do to reduce the risk.

- Staff told us they understood the risks people faced and said the information provided by the service was thorough and clear.
- Staff reported incidents and accidents when they happened. Accidents and incidents were recorded. The registered manager had oversight of these and checked that all necessary actions had been completed.
- Communication lines were good. Staff reported to management any concerns and changes to people's needs in a timely manner. Learning was shared with staff through meetings, supervisions and secure messaging.

Using medicines safely

- Staff responsible for the administration of medicines were trained and had their competency assessed.
- The service managed people's medicines safely. Each person had a medicines risk assessment, and this decided the level of support required, if any.
- Medicine Administration Records (MAR) had information about when a person took their medicines. Prescribed creams had details of where to apply and how often.
- Documentation was in place for staff to record when they had observed people self-medicate or take over the counter medication.

Preventing and controlling infection

- Staff understood their responsibilities for keeping people safe from the risk of infection. Procedures within the service had been enhanced due to the COVID-19 pandemic.
- Staff had enough supplies of PPE and stocks were maintained. One person told us, "They have all their equipment. They put it on before they come in and take it off when they leave."
- Staff had received training in the control and prevention of infections. The service had included all government and public health guidance on COVID-19 into their own policies and procedures.

Learning lessons when things go wrong

- Learning was shared with staff through meetings, supervisions and secure messaging.
- Staff told us they received updates about people's needs, any changes to care and the service in general.
- The provider had systems to investigate incidents and accidents and then learn from them. Any changes required to care planning documents were implemented and communicated with staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed before the service started. The registered manager told us it was important for them or a senior member of staff to complete the assessment and get to know the person.
- The completed assessments formed the basis of their care plans and provided information to enable staff to work with people safely.
- Records showed people and their relatives and friends had been involved in the care planning process.

Staff support: induction, training, skills and experience

- There was a formalised system of staff training, development and support. People considered staff were equipped with the knowledge and skills needed to provide safe and effective care. One person said, "I have full confidence in them all; I think they are well trained."
- Formal staff supervisions had taken place and were two-way conversations. They gave the staff member an opportunity to raise concerns and seek support if needed.
- Staff had checks from team leaders when delivering the service. Staff felt fully supported. One member of staff told us, "I can ring [team leader] and ask her anything. She listens and it gets sorted."
- Staff who were new to the care sector undertook The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

Supporting people to eat and drink enough to maintain a balanced diet

- People's needs had been assessed in relation to their eating and drinking.
- Staff told us how pro-active management were in identifying when additional support was needed in relation to eating and drinking. One person had a poor appetite and needed support with preparing an evening meal. This was quickly arranged so that the person remained healthy.
- Where staff supported people with food and drink, guidance was in place which detailed people's likes and dislikes.
- People followed special diets for the management of specific health conditions, for example diabetes; guidance was in place for staff to follow. Staff received training in malnutrition and dysphagia, the medical term for when people have problems swallowing.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to medical and health services where necessary. Records showed that various health professionals had been contacted for people.
- People and their relatives told us where the service had sought medical advice this had been done in a timely manner. One relative said, "She [registered manager] liaises with the GP and has helped me access the continence team." Another told us that the service now dealt with ordering repeat prescriptions.
- The service worked with a variety of health professionals to contribute to good outcomes for the people it supported. These included; doctors, district nurses and the continence team. One health professional told us, "I like the continuity of staff; that's the core aspect, especially when clients have dementia."

Ensuring consent to care and treatment in line with law and guidance

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff had a good understanding of consent and people's feedback told us staff always asked their consent before supporting them.
- People's rights were respected. The service supported people who were living with dementia; their practices meant that people and those important to them were involved in decisions about their care.
- The registered manager was exploring opportunities for staff to attend training sessions to be dementia friends. These sessions were being run by a local community group.
- Some people had given legal authority to a loved one or relative to make health and welfare decisions on their behalf, if they weren't able to do so themselves. In these cases, the service involved them in decisions about their loved one's care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us staff were extremely kind and caring. Some of the comments we received were: "Amazing. I can't speak too highly of them all", "They are very gentle and take their time – they really are so good", and "They are exceptional, so caring."
- People's preferences and what was important to them was clearly documented in their care plan to ensure that staff understood what was important to them.
- People and relatives told us staff took the time to talk to them during their visits. One relative said, "They wake [person's name] up with a cup of tea and a chat – it's so nice."
- Staff had received training in equality and diversity. They were aware of the key principles and told us it was important to them to treat each person as an individual.
- People were supported to continue to do the things they enjoyed doing; that were important to them. One person was supported to go the library, others to local cafes, out for a meal and to church.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us the service and staff considered their views and wishes. A staff member told us one person had asked for a later morning call on one day at the weekend. This had been risk assessed and facilitated.
- People's records showed evidence that people and those important to them were consulted and involved in creating, reviewing and updating their plans.
- People were consulted and involved. One person told us, "I am very happy with the care provided. They actually ask me what I want and how I want it. It's above and beyond my expectations."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. People were satisfied that staff respected their privacy and dignity. One person said, "[I've] had them for around 18 months now. They are excellent. They treat us with upmost respect."
- During staff training, the service taught staff how to create good relationships with people and put them first. The company mission statement reflected this. Staff told us they were guided to treat people as if they were a family member.
- The service kept people's information secure. The service had moved to office premises since the last inspection. There were lockable units in the office and people's information was secure.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans that were personalised and responsive to their changing needs. Once a person's needs had been identified the care plan listed the ways in which staff should support them. Staff recognised the importance of talking to and getting to know a person.
- Staff told us the information they had access to, was clear and vital to help them care for the person in the way they preferred.
- People and their loved ones were involved in the creation of their care plans. They were confident staff would provide the right care that met their needs and wishes.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were clearly detailed in their care and support plans.
- Details and instructions for staff were clear and shared with others as required.
- Records showed people were supported to use their communication aids, such as hearing aids. We saw staff recorded useful information relating to when hearing aids had been charged.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place but had received no complaints in the 12 months prior to this inspection.
- People and their relatives knew how to make a complaint but had not needed to do so. One person told us, "I've never had to – they are just so good."
- Information on complaints was provided before people started using the service and reminders were given.
- Everyone felt comfortable to approach staff and the registered manager if they had any concerns with the service. They were confident their concern would be dealt with.

End of life care and support

- The registered manager and other staff had extensive clinical experience, mainly working in palliative and end of life care in previous roles. They brought all this knowledge and experience to the service.

- Whilst the service was not providing end of life care at the time of inspection there was evidence to support the good quality of care people had received at the end of their lives. Comments and cards we saw supported this and included, "Mum's wishes to remain at home were able to be honoured thanks to the wonderful care from you and your team", and, "We particularly appreciate your kindness and sensitivity over those last few weeks."
- People had been given the opportunity to discuss their end of life care and last wishes. An advanced care plan formed part of the care planning process.
- People were encouraged to discuss end of life wishes with loved ones and were signposted to appropriate organisations, such as Hospice UK. The registered manager promoted the Hospice UK's Dying Matters campaign, formed to raise awareness of good end of life care, encourage conversations about death and better support people dealing with grief.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and a breach of Regulation 12, Schedule 3 of the Care Quality Commission (Registration) Regulations 2009 and a breach of

Effective quality monitoring systems were not in place to evidence clear management and oversight of the service and the Statement of Purpose did not accurately reflect the service.

Enough improvement had been made at this inspection and the provider was no longer in breach of these regulations.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality assurance processes were in place and working robustly and enabled the registered manager to monitor the standard of the care provided.
- A range of audits were carried out and included medicines, care plans and risk assessments. Competencies of staff were checked.
- The statement of purpose, mission statement and other literature made available to people accurately reflected the service and the levels of care and support available.
- The registered manager was supported by other key members of staff including a deputy manager, team leaders and an office manager. All played their part in ensuring the service provided good quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us they were proud to work for Bury Home Care. Support from the registered manager, who was also the owner, was appreciated. One staff member likened the company set up as being like a family and told us, "It's quite close-knit."
- The company's mission statement focused on giving clients a VOICE. The acronym outlined the versatility of the organisation; its focus on promoting independence and creating good relationships so that people could enjoy the care experience.
- From the feedback we received from people, relatives and professionals, outcomes for people were very positive. One person said, "They are brilliant, and I've recommended them to a few people." A relative told us how they had peace of mind knowing their loved one was well looked after.
- The registered manager told us it was important to them to provide care themselves and this was

respected and appreciated by staff, people and their relatives. One person told us, "The registered manager regularly checks to see how things are going, she is excellent. I couldn't have asked for better care."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives were encouraged to feedback about the service. We consistently received positive feedback about the service. They spoke highly of staff and considered them to be, 'well trained', 'so caring', and one person said, "I've never come across carers like them."
- Staff meetings were held, and this included regular updates by messaging service and email. One member of staff told us, "There's proper teamwork. New ideas are always appreciated at staff meetings."
- Staff felt valued. The company had incentive schemes for staff, such as employee of the month and an assistance programme; these schemes helped promote their well-being.
- The registered manager told us they had a good working partnership with various health and social care professionals.
- We received some extremely positive feedback about the management of the service. One health professional told us, "The manager is at the coal-face; pro-active. That's very evident."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise for any accident or incident that had caused or placed a person at risk of harm.
- Records confirmed the provider had made all necessary referrals and notifications. The registered manager was aware of the need to report any concerns to the local authority.

Continuous learning and improving care

- The registered manager was keen not to grow the service too quickly. This meant that the quality of care would remain high.
- New packages of care were sometimes declined if this negatively impacted on people currently receiving care.
- The registered manager, along with the team wanted to concentrate on improving the quality of care for people so that their experience of care was a positive one.