

Diamond Resourcing Plc

Better Healthcare Services (Ipswich)

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

Better Healthcare Services (Ipswich) provides a personal care service for people living in their own homes. At the time of this announced inspection of 29 September 2017, there were ten people who used the service. We gave the service 48 hours' notice of our inspection to make sure that the manager was available to facilitate the inspection.

At our last inspection of 2 March 2015, the service was rated Good. At this inspection, we found the service remained Good.

There was a manager in post at the time of our inspection, but they were not registered. They had submitted their application to become the registered manager and were awaiting their fit person interview. 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 service continued to provide a safe service to people. This included systems designed to minimise the risks to people, including from abuse. There were enough staff to cover people's planned care visits. Robust recruitment procedures were in place and contributed to protecting people from unsuitable staff. Where people required support with their medicines, this was done safely.

Staff were trained and supported to meet people's needs. Staff understood the principles of the Mental Capacity Act 2005. Staff supported people to have maximum choice and control of their lives and staff cared for them in the least restrictive way possible, the policies and systems in the service supported this practice. Systems were in place to enable people to eat and drink enough, where they required help to do this. People were supported to have access to health professionals if they needed this support.

Care staff had good relationships with people who used the service. Staff listened to and acted upon people's views about how they wanted to be supported.

People received care and support that was planned and delivered to meet their individual needs. A complaints procedure was in place and complaints were dealt with and used to improve the service.

There was an open and empowering culture throughout the service and quality assurance systems supported the management team to identify shortfalls and address them promptly. As a result, the quality of the service continued to improve.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Better Healthcare Services (Ipswich)

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 checked 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.

Two inspectors carried out this announced comprehensive inspection on 29 September and 2 October 2017. We gave the service 48 hours' notice of our inspection to make sure that someone was available.

Before our inspection, the provider completed a Provider Information Return (PIR). 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 information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders, for example the local authority and members of the public.

We spoke with the manager, the regional manager, the field supervisor and received feedback from five care staff when we visited the service's office. We reviewed the care records of five people who used the service and records relating to the management of the service, including the recruitment records of six staff.

Following our visit to the service, we spoke with three people who used the service and two people's relatives.

Is the service safe?

Our findings

At our last inspection on 2 March 2015, the service was rated Good. At this inspection, we found the service remained Good.

Risks to people's safety continued to be managed well. People's care records included risk assessments which identified how risks were minimised, this included risks associated with mobility, and in their homes. People told us that they felt safe. One person told us that, "I feel safe with [the staff] about me, they leave the house tidy and locked up."

People were protected by the systems in place designed to keep people safe from abuse. People received care from staff that were trained and understood how to recognise and report abuse. Where incidents had occurred the service's management team took swift action to report them appropriately. Action was taken to reduce future incidents, such as taking disciplinary action and reporting to the Disclosure and Barring Service (DBS). The DBS keeps a record of criminal convictions and of people who may be unsuitable to work in this type of service.

People and relatives told us that there had not been any instances of missed care visits and if the staff were going to be late, they were informed and received an apology. One person said, "[The staff] are usually here on time." Another said, "My [staff member] is here right on time, they have never failed me." People and relatives told us that the staff always stayed for the agreed length of time. One person's relative told us, "They come on time, stay as long as I need them and support me as much as they care for [my relative]."

There continued to be enough staff, properly recruited, contributing to people's safety. The manager told us that the staffing levels continued to be appropriate to ensure that there were enough staff to meet people's needs safely. Records confirmed what we had been told. The manager described their process for recruiting staff to ensure that vacancies were filled quickly to reduce the risks of missed and late visits to people. The manager told us that they would take on new people to receive care if they could ensure that their visits could be staffed.

Records showed that the service's recruitment procedures were safe. Systems were in place to check that staff were of good character and were suitable to care for the people who used the service. One staff member said, "I got offered the job at the end of February but it took a while to get all the references and my DBS back before I could start work."

People's medicines were administered safely. Staff were trained in the safe management of medicines. Records included the support that each person required with their medicines and that medicines were given to people when they needed them. People told us that they were satisfied with how the staff supported them with their medicines. One person said, "My relative orders my tablets and [the staff] remind me to take them and tick it off the chart."

Is the service effective?

Our findings

At our last inspection of 2 March 2015, the service was rated Good. At this inspection, we found the service remained Good.

The service continued to provide staff with training and support to meet people's needs effectively. One person said, "[The staff] know what they are doing, I'm relieved I don't have to worry anymore." Records showed that training provided included safeguarding, infection control, health and safety and medicines. Before they started working in the service, staff completed an induction that provided them with the training they needed to meet people's needs. A staff member told us, "I received three days induction training plus two weeks shadowing an experienced carer. Also when I have been assigned new calls with challenges I have not yet faced, the field supervisor has met me at the call and talked me through or showed me what to do."

Records and discussions with the manager and staff showed that staff continued to receive one to one supervision and annual appraisal meetings. These provided staff with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. People told us that they felt that the staff asked for their consent before they provided any care or support. One person said, "I do what I want to do, [the staff] always ask how I want to be helped." People's care records identified their capacity to make decisions and included signed documents to show that they consented to the care provided in the service. Staff had been trained in the MCA.

The service continued to support people to maintain a healthy diet, where required. One person told us, "They check what I want and get my meal ready for me.... They always tidy up afterwards too." Records demonstrated that people were provided with the support they needed in this area.

People continued to be supported to maintain good health and had access to health professionals where required. One person's relative told us that, "My [relative] wasn't feeling well. [The staff] called me and told me they had called the doctor for my [relative]. It was just as well as they were quite ill and needed antibiotics." People's records included information about treatment received from health professionals and any recommendations made to improve their health were incorporated into care plans.

Is the service caring?

Our findings

At our last inspection of 2 March 2015, the service was rated Good. At this inspection, we found the service remained Good.

People told us that the staff treated them with kindness and respect. One person said, "[The staff] are always very respectful, but are fun to have around too." Another person told us that their regular care worker was, "A good person, [they] will do anything for me. Sometimes I don't have to ask." One person's relative commented, "They come and care for [my relative] in a way that keeps them comfortable and makes them smile." The manager sent an email to a staff member if they received a compliment about them from one of the people they supported. The manager said, "It's only fair to pass nice comments onto the staff, they put a lot into helping people."

Staff gave us examples of how they promoted people's privacy, dignity and independence, which showed that they understood why it was important to respect people's dignity, independence, privacy and choices. Staff were also provided with guidance on how people's rights were respected in their care plans. One person told us, "They make it easy for me to do what I can for myself, it's important to me that I do what I can." Another person said, "They're not here all day, if [the staff] did everything I'd soon be useless." One person's relative said "They always make sure they don't embarrass my [relative]."

People told us that staff listened to them and acted on what they said. One person commented, "[The staff] make time to sit and chat, if I need to run something past them they listen and help me out if they can." One person's relative said, "We were asked for our input during the assessment and when they wrote the care plan." The manager gave us examples of how people continued to make decisions about their care and that their views were listened, the records we looked at confirmed this.

People's care records also clearly identified that they had been involved throughout their care planning. This included their choices about how they wanted to be supported with their care. They had signed documents to show that they agreed with the contents.

Is the service responsive?

Our findings

At our last inspection of 2 March 2015, the service was rated Good. At this inspection, we found the service remained Good.

People told us how the service responded to their individual needs. One person said that the service was flexible, for example if they needed to attend an appointment, their care visits were provided at a different time to allow them to attend. Another person commented, "I don't have to ask twice, if I need it, it gets done."

The service continued to ensure that people's care was personalised and care records identified how the service assessed, planned and delivered person centred care. One person's relative told us, "[My relative's] care plan reflects what [they] need." The records provided care staff with information about how to meet people's specific needs and preferences. The records and discussions with the manager demonstrated that people received care and support which was tailor-made to their needs and preferences. Care reviews were regularly held with people and their relatives to ensure that the records were up to date and reflected people's needs and preferences.

People's care plans captured people's diverse needs, such as how they communicated, their mobility and their specific conditions. One person's care records included information about the step-by-step care that they preferred and required to meet their personal care needs. This was not present in the same detail in all the care records we reviewed. We discussed with the manager how these could be further developed to provide staff with increased guidance. For example, by including the warning signs that staff should be aware of relating to people's specific care needs and differing health conditions, the manager assured us this would be addressed.

There were some inconsistencies with care records, for example one stated that a person did not require assistance with medicines but there was a completed medicine administration record (MAR) in their file. We discussed this with the manager who told us that the person was supported with prescribed creams and assured us this would be made clearer in the records.

There was a complaints procedure in place; each person was provided with a copy with their care plan documents. People told us that they knew how to make a complaint and were confident that any concerns would be addressed. Records of complaints showed that they were listened to, addressed and used to improve the service. For example, the manager may meet with complainants to agree a resolution to improve people's experiences and they would remind staff of their responsibilities.

Is the service well-led?

Our findings

At our last inspection of 2 March 2015, the service was rated Good. At this inspection, we found the service remained Good.

A new manager had been recruited since our last inspection. They took up their post in July 2017 and were in the process of completing their application to become the registered manager; they were awaiting their fit person interview. They promoted an open culture where people and staff were asked for their views of the service provided. We received positive comments about the manager and how they led the service. People we spoke with were complimentary about the service and how it was led. One person told us, "The management team is always helpful if I call, [the field care supervisor] is the one I see most of. [They] couldn't be kinder or more helpful."

In 2016, we received concerns from people and stakeholders about the service, this included late and missed visits to people. In September 2016, we contacted the provider to discuss the concerns and asked them to respond to us about how these were being addressed. We received a response from the service to us to tell us about how they managed missed and late visits. However, in December 2016 the local authority informed us that they also had concerns about the service, similar to ours. This led to the local authority taking steps resulted in the service losing their local authority contracts, which drastically reduced the number of people the service supported.

Since December 2016, the service had taken steps to investigate why this had happened and had made improvements. During our inspection, we spoke with the area manager and the manager about what plans they had in place to learn from this issue and prevent any similar issues happening in the future. This was because they had told us about their plans for expanding the service. Following our inspection, a plan was forwarded to us. This showed that they had identified what action they needed to take to reduce future risks and to avoid the situation arising again.

The manager assessed the quality of the service through a regular programme of audits. We saw that these were capable of identifying shortfalls that needed to be addressed. Where shortfalls were identified, records demonstrated that these were acted upon promptly.

Where comments that needed attention were received from people, the service continued to address them. The service contacted people by telephone to check that they were happy with the service provided. One person's relative told us, "[The office team] call every so often and check that we are okay and happy."

Staff told us that they felt supported by the manager, saying that they were committed to the service's aims and objectives and providing people with good quality care at all times. One staff member told us, "The manager is approachable and has listened to my personal issues as well as given me work advice when I've needed it."