The Care Bureau Limited

The Care Bureau Ltd - Domiciliary Care - Wellingborough

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This announced inspection took place on 14, 15 and 16 August 2017. This domiciliary care service supports people in their own homes with their personal care needs. At the time of our inspection the service was supporting 129 people.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
Improvements were required to the way that complaints were handled as not all complaints had been recorded or responded to appropriately. Improvements were also required to the assessment procedures to ensure that people could receive person centred care.

People received care that helped them to feel safe. They had risk assessments in place that supported them to receive safe care and they received their medicines when they were required. There were sufficient numbers of staff to provide people with the care they required, and they had been recruited with the appropriate checks in place. Staff understood their responsibility to recognise and report if anyone was at risk of harm.

Staff received training which enabled them to understand the needs of the people they were supporting, and staff performance was assessed to ensure people received good care. People's consent was sought by staff before they were supported with their care and people were encouraged to eat and drink on a regular basis. Staff understood when people needed help from a healthcare professional and ensured they were supported with this.

People had developed positive relationships with staff and they were supported by a staffing team that was respectful of their needs and treated them well. Staff demonstrated a good knowledge and understanding about the people they cared for and people's privacy and dignity was respected by the staff. People and their relatives told us they were able to express their views and be involved in making decisions about their care and support and people were encouraged and supported to be independent.

People had a care plan which recorded their needs and the support they required with their personal care, and this was updated and reviewed when people's needs changed. People also had a review at least once a year to see if there needed to be any amendments to people's care. People were also supported to prevent isolation and loneliness.

A registered manager was in post and they split their time between two services. They submitted notifications to the Care Quality Commission (CQC) when required and had quality assurance systems in place to review the quality of care people received. The company compliance team and the registered manager carried out regular quality audits and the provider played a supportive role to the service.

Questionnaires were sent out to people using the service and these were reviewed and actioned when necessary.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt reassured and safe with the care they received.

Risk assessments were in place and were managed in a way which supported people to receive safe care.

Appropriate recruitment practices were in place and staffing levels ensured that people's support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA).

Staff received training which ensured they had the skills and knowledge to support people appropriately and in the way that they preferred.

People were supported to eat and drink on a regular basis.

Peoples physical health needs were kept under regular review.

Is the service caring?

Good

The service was caring.

People were encouraged to make decisions about how their support was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people and the staff. People were happy with the support they received from the staff.

Staff had a good understanding of people's needs and

preferences and these were respected and accommodated by staff.

Staff promoted peoples independence in a supportive and collaborative way.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Improvements were required to the way complaints were handled.

Improvements were required to the assessment procedures to ensure people could receive person centred care.

People had care plans in place which recorded how people preferred their care.

People were supported to engage in activities that reflected their interests and supported their well-being.

Is the service well-led?

Good

The service was well-led.

A registered manager was in post and they were accessible and open in the service.

Effective systems were in place to monitor the quality and safety of the support people received at the home.

The service submitted appropriate notifications to the Care Quality Commission.

The provider played an active and supportive role to the service.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14, 15 and 16 August 2017 and was announced. The inspection was completed by four inspectors.

Before the 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. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification provides information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of people living in the home, and Healthwatch England, the national consumer champion in health and social care to identify if they had any information which may support our inspection.

During our inspection we spoke with twelve people who use the service, nine people's relatives, one person's healthcare professional, six members of care staff, one member of office staff, the registered manager and the provider. We also reviewed the questionnaires that we had sent to people. We received responses from 20 people that use the service, 26 members of staff, three relatives or friends of people that

use the service and one community professional. We took these responses into account when completing our inspection.

We looked at care plan documentation relating to five people, and three staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Good

Is the service safe?

Our findings

People felt safe because of the care they received. One person said, "I'm happy with the staff; I feel comfortable with them, we have a good chat." Another person's relative told us, "Everything's good. [Name] loves them. They come at the same time and usually it's the same carers." Staff told us they often supported the same person which helped to ensure consistency and helped to build up relationships but there were times such as holidays and days off when this wasn't possible. One member of staff said, "I'm lucky, I do have the same round so I see the same people so I know what they like."

People had risk assessments in place that supported them to receive safe care. Each person's risks had been assessed and guidance was in place for staff to mitigate people's known risks. For example, risks to people's mobility had been assessed and staff understood what they needed to do to support each person. One person told us, "I like to be as independent as possible and they help me with that. There are times I need a bit more help and that's fine, but usually I can do most things. I just need a bit of help to have a shower or a proper wash." Staff also understood they had a responsibility to recognise if people's needs or risk factors had changed. One member of staff said, "[If anything changes] I would ring the office, I've done this before because a client was struggling and I think the manager spoke to social services and we had two staff go in as a double up from then on." We saw that the risk assessment procedures for people were in the process of being improved. They were being changed to be more person centred and individualised which truly reflected the needs of each person.

People received their medicines safely. One person said, "I have help with my medicines. They're all in a blister pack and the carers just help me get them out and get me a drink." One person's relative said, "The carers give [name] their medicines in the morning and evening. They come the same time each day and it's perfect timing." Staff told us they felt confident with supporting people to take their medicines. One member of staff said, "I've had medication training, I know what to look out for in the timings of the medication. One of the supervisors comes and checks what we are doing when we are finishing our shadow shifts and then again a few months later." Staff understood how to complete Medication Administration Records (MAR) when they supported people to take their medicines, and these were checked by the management team to ensure people were supported safely.

There were sufficient numbers of staff to provide people with the care they required. People told us the care staff always came and they supported them with everything they needed, however the timing of visits were not always consistent. The registered manager explained that people's visits were scheduled with flexibility, which also allowed for travel time if people required additional assistance than planned. We saw that the service user guide reflected that the timings of care were flexible and that the service had a 45 minute timeslot of people's preferred times. We saw that if people had time critical medications, or if people were very anxious about the timings of their care, those visits could be prioritised. The registered manager agreed that they may need to communicate and remind people of the flexibility of their care timings.

Staff understood how to keep people safe from harm and how they could report any concerns they had. The staff we spoke with were confident about the safeguarding policy, and understood their responsibilities

within it. Staff told us they would report any concerns to the local authority or the Care Quality Commission, if appropriate, but would have confidence that the management team would report any concerns if necessary.

Safe recruitment practices were in place which helped to protect people from receiving care from unsuitable staff. Employment histories and references were checked as well as checks with the Disclosure and Barring Service (DBS) for a criminal history before staff were able to provide care for people in their own homes.

Good

Is the service effective?

Our findings

People received support from staff that had received training which enabled them to understand the needs of the people they were supporting. One member of care staff said, "At the beginning I had an induction and shadowed staff. I had to do some online training and manual handling training and I've completed the Care Certificate." New staff were supported in their role to understand and learn about the people they were supporting and they were required to 'shadow' a variety of shifts to observe how people's needs were met at different times of the day. New staff were also required to complete the Care Certificate which supported staff to provide compassionate and safe care to 15 required standards. Staff were also required to refresh their skills and knowledge with regular training. One member of staff said, "I've had all the training and I get reminders when I need to do a refresher." We saw that staff training was kept up to date and staff completed refresher training when it was required.

Staff received regular supervision and assessments of their performance. The provider employed a variety of methods to review staff competencies. Supervision meetings took place quarterly with staff to discuss work performance and identify any training needs. In addition spot checks took place to speak with people using the service to get feedback on the quality of service provided by staff. However, staff were not always informed of when these had taken place or what the outcomes were unless they were of significance. Staff gave mixed feedback about their confidence in the management team and felt that communication could be improved. The registered manager confirmed that they were planning regular staff meetings to help with this and one staff meeting had already taken place.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack capacity to do so for themselves. The Act requires that as far as possible people make their own decision 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. The application procedure for domiciliary care services is called the Court of Protection. We checked that the service was working within the principles of the MCA and found that they were.

People's consent was sought by staff prior to them providing care and staff asked permission before they carried out any task or personal care. One person told us "The staff always ask me what I want. They would never force me to do anything." Staff received training in relation to the MCA and each person's care plan had a review of their mental capacity. The registered manager confirmed if there were concerns about people's mental capacity they would seek the support and guidance of healthcare professionals to complete a full assessment.

People were supported to eat and drink well, and on a regular basis. One person said, "They come in the evening and make sure I have something to eat." Another person said, "The girls [staff] ask me what I want to eat and they make it for me." Staff were aware of when people's eating habits had changed and ensured

people had the appropriate support from a healthcare professional. For example, one person's relative said, "We got the dietician involved because we were a bit worried about [name]. The staff help to encourage [name] to eat and drink what they can."

People's healthcare needs were monitored and care planning ensured staff had information on how care should be delivered effectively. Staff were knowledgeable about people's health needs and understood when people were not feeling themselves. One member of staff said, "If someone's not well we phone the office and they can help arrange a doctor, or if it's an emergency we would phone for an ambulance." We saw that care notes recorded when staff had been concerned about somebody's health and the action they had taken, or if people's health needed monitoring this was recorded for the next member of staff.

Good

Is the service caring?

Our findings

People had developed positive relationships with staff and were comfortable receiving their personal care from them. One person said, "They're great. Absolutely brilliant." Another person said, "They treat me well. They're kind and helpful."

People were supported by a staffing team that was respectful of their needs and treated them well. Staff spoke warmly about the people they supported. One member of staff said, "I love my job. It's nice to build rapport with people." Another member of staff said, "I like to get to know people and help them with what they want."

Staff demonstrated a good knowledge and understanding about the people they cared for. They were able to tell us about each person's individual choices and preferences and made sure they asked people if their needs had changed. For example, one member of staff told us about one person they supported, and the order of how they liked their care.

People's privacy and dignity was respected by the staff. One person said, "They [the staff] always keep me covered up so I'm not just naked. They give me a towel and try their best to make me feel comfortable." Another person said, "They shut the curtains if they're helping me get ready so people can't see inside." Staff respected people's privacy and ensured that all personal care was supported discreetly and with the doors closed.

People and their relatives told us they were able to express their views and be involved in making decisions about their care and support. One person said, "They did send a man to help me have a shower once and I said no. I would just feel so uncomfortable, and it has never happened again." We saw that the service had the ability to record people's preferences and block certain arrangements. For example the gender of staff could be restricted and if visits were time critical these were highlighted as high priority. People were encouraged to express their views and to make choices on a day to day basis. People told us that staff asked them what care they wanted during each call, what meals they would like staff to prepare and if they would like any additional support.

People were encouraged and supported to be independent. One person said, "My independence is very important to me. I want to do what I can myself and they [the staff] are really good about that." One member of staff told us, "We do our best to enable people's independence. It's important not to rush people so they have the time they need to do things for themselves."

Requires Improvement

Is the service responsive?

Our findings

Improvements were required to the way that complaints were handled. Three people told us they had raised negative feedback about their care but it had not been responded to or handled appropriately. There was a lack of awareness and recognition when people wished to complain to ensure this was recorded and investigated properly. However, the complaints that were logged onto the computerised system and brought to the attention of the registered manager had been investigated and responded to appropriately.

Improvements were required to the assessment procedures to ensure that people could receive person centred care. For example, during people's initial assessment of their needs the service did not record any individual preferences. We saw that the assessment did not record people's time preferences to receive their care, or if they had any specific requests about who should provide their care.

People had a care plan which recorded their needs and the support they required with their personal care. People had developed their care plans with the support of senior staff. One person said, "Yes, I remember talking to someone when I started about the help I would need, and it's all in my book [care plan]." Another person said, "They have a book [care plan] here [at my house] which tells them [the staff] what help I need." People's care plans covered all aspects of their support needs and provided staff with the guidance they needed to provide people with their care. Staff also had access to an electronic care plan which they could view before they went into people's homes so they could be better prepared. "We use an app on our phone which tells us what to expect, but we always read the care notes to see if there have been any recent changes."

People's care needs were reviewed and updated when their needs changed. Staff were aware that they had a responsibility to recognise when people's needs changed and to report this back to the office. One member of staff said, "Sometimes they just might need an extra piece of equipment to help them a little bit and the office can sort that out."

People also had a review at least once a year to see if there needed to be any amendments to people's care. One person's relative said, "Every year they do a review with us to see if anything needs to be changed. I'm quite happy with what they do." Another person said, "I have a review every now and then – they check I'm happy, and I am!"

People were supported to prevent isolation and loneliness. One person said, "They [the staff] did try to get me to go to a community centre to meet some new people but I'm not bothered. I don't mind my own company. I like crosswords, colouring and number puzzles. I show the girls [staff] my colouring and we have a good natter." Staff told us they were aware that people might not see other people on a regular basis so made the effort to have a nice talk with them whilst they provided their care.

Good

Is the service well-led?

Our findings

A registered manager was in post and they split their time between two services. They had a good understanding of the people that used the service and the staffing arrangements that were in place and did what they could to encourage an open door policy. Not all of the people who used the service were aware of who the registered manager was but felt they could contact the office and ask to speak to a manager if they needed to.

The registered manager submitted notifications to the Care Quality Commission (CQC) as expected and when required, for example, in the event of a potential safeguarding incident or serious injury. The registered manager understood the importance of transparency and openness and ensured the CQC were informed of incidents whenever necessary.

Quality assurance systems were in place to review the quality of care people received. The provider had an electronic monitoring system that was reviewed to ensure people received their care. This was monitored by staff throughout the day and staff had a responsibility to ensure that nobody failed to have their care.

The company compliance team and the registered manager carried out regular quality audits. We saw that the daily logs and medicine administration records were brought into the office each month and scanned onto the electronic records system. These were accessible for spot checks by the registered manager, the provider and the company quality compliance team. The registered manager told us they met with the provider every fortnight to discuss the needs of the service and to provide feedback on the findings of the quality audits. Areas identified for immediate attention included improvements to people's Medicines Administration Records (MAR). These were alerted by text to the individual members of staff concerned and followed up during face to face supervision meetings.

The provider played a supportive role to the service and worked with the registered manager to ensure a good service was maintained. During challenging periods the provider recognised that additional managerial support was required and increased their support and monitoring of the service.

Questionnaires were sent out to people using the service by the company compliance team, any areas identified for improvement were brought to the attention of the registered manager to address. The registered manager confirmed that if people had given their names, then any issues could be discussed and fully understood and resolved. We saw that when general issues were identified, the registered manager reviewed any improvements that could be made.

The culture within the service focussed upon ensuring that people received the care they needed. Staff were committed to their jobs and enjoyed providing care to people. Staff provided feedback that there had been communication difficulties between the office staff and the staff providing care and we saw that the registered manager promoted a welcoming environment within the office and organised events to help promote a cohesive team.