

The Care Bureau Limited

# The Care Bureau Ltd - Domiciliary Care - Stratford- on-Avon

## Inspection report

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29 April 2021

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## Ratings

Overall rating for this service	Good 
Is the service safe?	Good 
Is the service responsive?	Good 
Is the service well-led?	Good 

# Summary of findings

## Overall summary

### About the service

The Care Bureau Ltd - Domiciliary Care - Stratford-on-Avon provides personal care for people living in their own homes. Fifty-seven people were receiving personal care at the time of our inspection visit. 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

Relatives felt their loved ones were safe with staff supporting them in their own homes. Staff had been trained to protect people from the risks of abuse and understood how to keep people safe. Infection control procedures were in place to protect people from the spread of infectious disease and COVID-19. There were enough staff to visit people within their agreed time periods for their support calls.

People and their relatives were involved in initial assessments which took place before packages of care commenced. Care plans were based on the individual's needs. Care plans were regularly reviewed to ensure staff had up to date and relevant information about people's care needs. Where people required support at the end of their lives, the provider worked with people, their families and health professionals to achieve good outcomes for people.

People received care from staff who were trained, motivated and supported by a registered manager who led the staff team to provide the best care they could. People using the service benefited from a well led service. Partnership working enabled people to maintain their wellbeing. Quality monitoring systems and processes were in place to provide information on how the service could be continuously improved.

Rating at last inspection: At the previous inspection in May 2019 the service was rated Requires Improvement in three areas, Safe, Responsive and Well Led. We found there were two breaches of the Regulations in Well Led. 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 the Regulations. At this inspection we have rated the service as Good in all these three areas, giving the service an overall rating of Good.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Why we inspected

We inspected to follow up on our previous findings in our inspection of May 2019. This was a focussed inspection where we only looked at the three key areas of Safe, Responsive and Well Led.

### Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our

inspection programme. If any concerning information is received, we may inspect sooner.

## 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.

Details are in our Safe findings below.

### Is the service responsive?

Good ●

The service was Responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was Well Led.

Details are in our Well Led findings below.

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## **Detailed findings**

## Background to this inspection

### The 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 was 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.

### Inspection team

The inspection team consisted of one inspector and an expert by experience. An inspector visited the service on 29 April 2021. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience gathered feedback from people and relatives via telephone conversations.

### Service and service type

The Care Bureau Ltd - Domiciliary Care - Stratford-on-Avon is registered as a domiciliary care service. It provides personal care to older and younger adults living with a learning disability or autistic spectrum disorder, dementia, a physical disability, sensory impairment or mental health difficulties. CQC only regulates the personal care provided.

The service had a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of our inspection

Our inspection was announced. We gave short notice of our visit on 29 April 2021 to the registered manager.

Notice of our visit was given because the service was inspected during the coronavirus pandemic and we wanted to be sure we were informed of the service's coronavirus risk assessment for visiting healthcare professionals before we entered the building and to ensure the provider was available for their inspection. Inspection activity commenced on 27 April 2021 and ended on 30 April 2021.

#### What we did before the inspection

We reviewed the information we had received about the service. This included notifications the provider is required by law to send us about events that happen within the service such as serious injuries. The registered manager had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority who work with the service. We used all this information to plan our inspection.

#### During the inspection

During our on-site visit to the service, we spoke with the registered manager and the operations manager. We reviewed a range of records, including four people's care records in detail. We reviewed medicine records for four people. We looked at records relating to the management of the service, including audits and systems for managing feedback and records of when checks were made in the quality of the care provided. We also looked at how staff were recruited and trained. During our off-site work we spoke with seven people who used the service and eight relatives of people who used the service. We received feedback from five members of staff.

#### After the inspection

We reviewed additional documentation we had requested from the provider.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. People were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People and relatives told us they felt safe with staff who supported them, or their relations, in their homes.
- At our previous inspection we found staff knew about the risks associated with people's care and how to minimise these. However, these risks were not always reflected in people's care plans for staff to refer to. At this inspection we found risk assessments and support plans informed staff how to provide safe care that minimised risks to people's health and wellbeing.
- Staff received additional training where risks to a person's health had been identified. For example, competency checks were carried out with staff supporting people with catheter and stoma bag care.

### Learning lessons when things go wrong

- Staff knew how to report and record accidents and incidents. The registered manager was responsible for analysis of accidents and incidents to identify patterns and trends and prevent a reoccurrence. Learning from incidents was shared with the staff team, to drive forward best practice.
- Medicines errors were identified through staff reporting any errors they made and through regular audits. Where staff made any errors these were investigated, and staff received further training where this was required.

### Staffing and recruitment

- At our previous inspection we found staffing levels required improvement. Overall at this inspection people, relatives and staff told us they felt there were sufficient staff to provide safe care and support. Staffing levels were based around people's assessed health and care needs within their package of care. When staff members were absent due to illness or holidays, there were sufficient staff based in the office to step in and cover care calls.
- The provider had procedures in place to log when staff arrived and left people's homes, to ensure people received their agreed care package.
- People and their relatives told us staff usually arrived at their agreed call times. However, one person said they weren't always happy with when staff arrived as they would prefer a specific time for their call slot. The service provided people with a 'time window' of when staff may arrive, to ensure they had the flexibility in their call rota to allow for emergencies, traffic and travel time. A staff member commented, "The calls I attend are scheduled in good time and I find in general I have enough time in-between to attend each without rushing. Most calls are attended barring outside influences in a timely manner."
- The registered manager undertook background and reference checks of potential staff to assure themselves of the suitability of staff. Recruitment processes ensured that relevant documentation and Disclosure and Barring Service (DBS) checks were in place before staff could start work at the service.

One relative told us, "They do recruit really good staff; we know that because they've been so good with [name]."

#### Systems and processes to safeguard people from the risk of abuse

- Staff had received training and understood their roles and responsibilities in keeping people safe. Staff told us they would report any concerns if they suspected abuse and had confidence the registered manager would investigate. One staff member said, "I would have no problem with raising concerns with my manager regarding a service user or member of staff should it arise."
- The registered manager understood their legal responsibilities to protect people and share important information with the local authority and CQC.

#### Preventing and controlling infection

- Staff had received training in infection control and worked in line with NHS England's Standard Infection control precautions and national hand hygiene protocols.
- Staff understood the importance of using face masks, gloves and aprons to reduce risks of cross contamination. Staff had been trained in COVID-19 and understood the importance of following agreed protocols to prevent the spread of COVID-19.
- The registered manager ensured there was sufficient personal protective equipment (PPE) available at the office and at people's homes, so that staff could always access PPE when they needed to.
- Staff groups had been formed to support certain people, so that the movement of staff between people's homes was minimised. Where staff were off work the registered manager and deputy manager stepped in to cover care calls.

#### Using medicines safely

- Staff had been trained and knew how to support people to manage their medicines safely.
- Staff competency was assessed during regular observed practice supervisions.
- The registered manager completed medicine audits to ensure any issues were identified and acted upon quickly.



# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. People's needs were met. Regulations had been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were written from the person's perspective and were focussed on people's assessed needs and preferences. One person told us, "The carers are kind and caring, they do as I ask, so lunch times I have my main meal and sandwiches in the evening which is how I like it to be, there is never anything that's too much trouble."
- People told us that the care staff were responsive to their needs and wishes and supported them with their preferred activities. A relative told us, "If mums gets up early she can do her own breakfast, so the carers sit and talk with her, it was quite beautiful watching the carers with Mum."

Meeting people's communication needs

- The service ensured people had access to information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The area manager explained that whilst this is not necessary for the people they currently supported, documents such as the service user guide can be printed in any language and care plans can be printed in bigger fonts to ensure people have the information they need.

Improving care quality in response to complaints or concerns

- A system was in place to manage and respond to complaints or concerns raised. The registered manager reviewed people's feedback about the care they received to look for patterns and trends, and any improvements that needed to be made.
- People and relatives knew how to raise complaints and concerns and felt they would be listened to. One person said, "I have a number I can contact the office with, but I've never had to use it. I am very happy with the service, if I wasn't I would complain, but I've got nothing to complain about."

End of life care and support

- At the time of our inspection, one person was receiving end of life care. The provider was working with health care professionals to ensure the person received care in a way they wished. A relative told us, "[Name] is going into a Hospice so that their pain can be managed. The care provided has given me peace of mind in these terrible times."
- The registered manager had prepared an end of life care plan format, for when this was required. The format could be adapted to suit people's wishes and needs.

# 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 previous inspection this key question was rated as Requires Improvement. At this inspection the rating has improved to Good. This meant the service was consistently managed and well-led.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care

At our previous inspection we found there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance. This was because systems and processes did not always monitor the quality of the service and drive forward improvement. We found there was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. The provider had failed to inform us about a significant incident that had occurred at the service. At this inspection we found the provider was now meeting these Regulations.

- The registered manager completed a variety of audits to assess the quality of care at the service and we were shown some examples of the types of audits completed. Audits included checks on medicines, care records and daily records. Where changes or improvements were identified, action was taken to improve.
- The registered manager and provider understood their regulatory responsibilities to inform us (CQC) about any significant events that occurred such as allegations of abuse.
- The registered manager reviewed accidents and incidents, compliments and complaints and looked for any areas where the service could learn and improve.

Leaders and the culture they created promoted high-quality, person-centred care. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Overall feedback received from people, relatives and staff demonstrated a responsive and person-centred service. Comments from people and relatives included; "Things are going really well for us and we are very happy with the service" and "They took the stress away, they phone me if there's a need to as I'm far away."
- The service was led by a registered manager. The registered manager understood their role and knew their responsibilities regarding regulatory requirements.
- The staff team understood their roles and responsibilities toward people living in their own home and embraced further learning and developmental opportunities, so people received the best care and support possible. A staff member said, "We have supervisions and I feel we are listened to."
- The management team ensured staffing practices met their expectations by working alongside them in people's homes and observed their performance and practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback from relatives confirmed they were informed and involved in their family member's care. Reviews of people's care packages were scheduled regularly.
- Staff were informed about any changes in people's care through telephone calls, online messages and changes to care plans. Staff were able to meet regularly with their manager if required.
- People and relatives were invited to feedback about the service they received and any decisions which impacted on them, via a survey. The most recent survey showed there was a good level of satisfaction with the quality of care people received.

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

- The systems in place focused on the individuals using the service and sought to meet their needs and provide them with good quality care.
- People, relatives and staff told us the management team was available, had an 'open door' policy, and were approachable. One relative commented, "The office is really easy to get hold of if you need to talk to them. They are always responsive and I always get a person when I phone, no leave a message or anything like that."

Working in partnership with others

- The service had links with external services, such as government bodies to access renewed best practice guidance, charities and health professionals. These partnerships demonstrated the provider sought best practice to ensure people received good quality care and support.