

Diamond Resourcing Plc

Better Healthcare Services

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Better Health Care is a domiciliary care agency providing personal care and support to people in their own homes, within the Bedford area. At the time of our inspection the service was providing care and support to approximately 32 people.

This inspection took place on 19 July 2016 and was announced. Prior to this inspection we had received concerns in relation to the care people were receiving and the management and administration of medications within the service. We therefore needed to ensure that people's care was being delivered in line with the fundamental standards.

The service did not have a registered manager. They had a manager in post that was going through the registration process. 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.

Staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse and people had risk assessments in place to enable them to be as independent as possible. The staff we spoke with were able to demonstrate what they would do should they have any concern that abuse was taking place.

Staffing levels were adequate to meet people's current needs. The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. Staff induction training and on-going training was provided to ensure they had the skills, knowledge and support they needed to perform their roles.

Management of medicines was inconsistent and staff did not always follow the provider's policy in the recording of medication. Medication administration records were not always fully completed and there were no adequate systems to audit these records to highlight any errors or omissions.

Staff were well supported by the manager and senior team, and had regular one to one supervisions, and spot checks. The staff we spoke with were confident that the support they received enabled them to do their jobs effectively.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met. Everyone we spoke with told us that staff members always gained their consent before carrying out any care tasks.

People were able to choose the food and drink they wanted and staff supported them with this. If required, staff supported people to access health appointments. We saw that people had information about their

likes and dislikes with food and drinks, and dietary requirements recorded within their files.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. People were involved in their own care planning and were able to contribute to the way in which they were supported.

The service had a complaints procedure in place, but it was not being used according to the provider's own policy. We found that complaints had been made verbally, but no evidence was found that these complaints were recorded and acted upon appropriately.

Quality monitoring systems were in place but were not always used and not always effective. We found that some people's records were not being audited for quality, and when audits were being conducted, there was no evidence that actions were taken to address mistakes and drive future improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Staff were knowledgeable about protecting people from harm and abuse.

There were not always effective systems in place to manage administration of medicines.

There was enough staff to meet people's needs. Staff had been recruited safely.

Is the service effective?

Good ●

The service was effective.

Staff had suitable training to keep their skills up to date and were supported with supervisions.

People could make choices about their food and drink and were provided with support if required.

People had access to health care professionals to ensure they received effective care or treatment.

Is the service caring?

Good ●

The service was caring.

People were supported make decisions about their daily care.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People knew about the complaints procedure, but the service did not always record or follow up on complaints that had been

made.

Care and support plans were personalised and reflected people's individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

Is the service well-led?

The service was not always well led.

Quality monitoring systems were in place but were not always being used and were not always effective.

People knew the registered manager and were able to see her when required.

People were asked for, and gave feedback through questionnaires.

Requires Improvement 

Better Healthcare Services

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 19 July and was announced. The manager was given 48 hours' notice of the inspection. We did this because we needed to be sure that the registered manager or someone senior would be available on the day of the inspection to help respond to our questions and to provide us with evidence.

The inspection was carried out by one inspector.

Prior to this inspection we had received some information of concern. We therefore reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We also made contact with the Local Authority and reviewed information they held on the service.

We spoke with eight people who used the service and three relatives of people that use the service, four support workers, the manager and the area manager. We reviewed four people's care records to ensure they were reflective of their needs, five staff files, and other documents relating to the management of the service, including quality audits and medication administration records.

Is the service safe?

Our findings

People were not always safe because of the systems and processes in place in respect of medication administration and recording. One person told us, "The staff do not wait with me whilst I take my meds to ensure that I don't drop any. It says in my care plan that they are supposed to witness all the tablets being taken." We saw that the person's care plan stated that all staff should ensure that all medications have been taken. We saw that staff were completing Medication Administration Records (MARS). These were not always completed in full, or in accordance with the provider policy. For example, we saw that staff did not always sign or record any information to show whether a medication had been taken or not. We saw that staff were supporting an individual to take medicines that were not recorded on the MAR sheets. We saw that staff were recording certain medications as being taken, which had not been, as the person did not use that medication anymore. This placed people at risk of being given the incorrect amount, or type of medication. Staff were also placing themselves at risk by not following the provider's medication policy of recording medication accurately. This was a breach of regulation 12 (1) (2) (a)(b)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All the staff we spoke with had a good understanding of safeguarding, the signs of abuse, and how to report it. One staff member told us, "I go straight to my manager with everything. I would contact the Care Quality Commission (CQC) beyond that, or the police." Staff also had a good understanding of the whistleblowing procedure and were confident to use it if required. The manager was aware of the requirement to notify CQC about incidents as required.

People had risk management plans in place. The people we spoke with were aware of the need for risk assessing and were happy with what was in place to support them. One person said, "I am happy with the assessments, I think they are a good reflection of what I need." We saw that these assessments were detailed and covered many areas of risk within a person's life such as Mental health, environmental safety, continence and eating and drinking. The assessments we saw outlined what the various risks were, and gave actions for staff to respond to in certain situation. All the risk assessments we saw were reviewed and updated regularly as required.

Safe recruitment practices were followed. The staff we spoke with told us that they had undergone a full Disclosure and Barring Service (DBS) check. The staff confirmed that they were not able to start work until these security checks were completed. We saw that the service maintained a record of all staff members DBS checks. We looked at staff files and found application forms, a record of a formal interview, two valid references and personal identity checks.

There were enough staff working at the service to cover the shifts required. One person told us, "The last company I used missed visits quite often, but I have not had the same problem with this company." A staff member told us, "There are times when it is busy and we are asked to pick up other people's shifts, but most of the time it is ok ay. We don't have agency staff work for us." The manager confirmed that the service did not use agency staff as there were enough staff on board to cover shifts internally." We saw staffing rotas that showed staff mostly attended to the same people for the majority of their visits, which meant people

had consistency of staff. The rotas demonstrated that staffing levels were planned and sufficient to meet people's needs.

Is the service effective?

Our findings

The staff had the knowledge and skills to support people effectively. One person told us, "I think the staff are well trained. One of them was talking to me the other day about the training they were booked on for, so I think they get regular training which is good." Another person said, "Yes I think the staff are good, they know what they are doing." All the staff we spoke with felt that the training and guidance they received enabled them to work effectively with people.

Staff received induction training before starting work within the service. A staff member said, "Firstly I had to come in to the office and complete a few days training to cover all the mandatory courses. I then went out with more experienced staff to shadow them and see how they supported people." All the staff we spoke with confirmed that they also went through the same process on induction. We saw training certificates within staff files to show that they had completed both induction and on-going training. The on-going training of staff was monitored, kept up to date, and recorded within a training matrix that was maintained by a training officer.

Staff members received supervision from senior staff. One staff member told us, "It's useful to get feedback so I know what I am doing wrong, if anything." The staff we spoke with confirmed that they had formal supervision in the form of sitting down with a senior staff member and discussing their work, updates, service user issues and training. Staff also received spot checks from senior staff who would go out and witness how they were getting on in practice, with people who use the service. We saw that supervisions and spot checks were documented and kept within staff files.

The staff we spoke with all had an understanding of Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). We saw that staff had completed MCA training and that the registered manager knew when capacity assessments and best interest decisions were required. We checked whether the service was working within the principles of the MCA. 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.

Staff gained consent from people before carrying out any tasks. One person said, "Consent is always gained, I have never had someone do something without asking me first." All the people we spoke with told us that staff gained consent at all times. We saw that consent forms had been signed within people's files that gave consent for support with the administration of medication.

People were supported and encouraged to maintain a healthy and balanced diet. People we spoke with told us that they were mostly able to prepare food for themselves, or had family members to help, but they had asked staff for assistance and knew that they could ask for support when required. The staff we spoke with confirmed that they mostly encouraged a healthy lifestyle and choices, but would sometimes help people to prepare food. We saw that information relating to dietary needs and preferences was contained

within people's file which gave staff guidance on knowing what people liked to eat and drink and any special requirements.

People could have support to access healthcare services. All of the people we spoke with told us that family members usually supported them to health appointments, but the staff could help them if they needed to. The staff we spoke with confirmed that most people had family members to support them attend appointments, but they also helped people at times. We saw that people had information within their files that detailed their medical needs and a record of support they had been given.

Is the service caring?

Our findings

The staff had a warm and caring approach towards people. One relative of a person told us, "My parents are extremely fond of the carers. They are lovely people and they have built a great relationship. I have been present on a number of occasions and seen for myself that they have a great attitude." One person told us, "The carers are very good, we get on very well and we have a good laugh." Another person told us, "They are so much better than the carers I got from a previous company that I used. They always have a smile." The staff we spoke with all felt that they were able to develop positive caring relationships with the people they supported. One staff member said, "I love this job because I get on with my clients so well, we have a great relationship."

People's likes, dislikes and preferences were recognised and respected. One person said, "The care plans are very good." We saw that people had detailed care plans that reflected their personal choices as well as their preferred routines. They contained information about people's personality, and personal history, values and beliefs. This information enabled staff to be well informed about the people they were supporting and develop positive relationships.

People told us that they felt listened to by staff. They told us that the staff would explain things to them in an understandable way and involved them as much as possible in their day to day care.

People were involved in their own care planning. One person told us, "They come out and see me a couple of times a year. They check over everything and do a review of my care. I am involved completely in this process." All the people we spoke with told us that they had the opportunity to speak with the staff and the manager about their care and support, and they felt their views were listened to and taken in to consideration. We looked at people's records and saw evidence to show they were involved in decision making processes, and that their care was reviewed regularly by the service.

People's privacy and dignity was both valued and respected by staff. One person told us, "The staff respect my privacy, they are very good with that, I don't ever feel worried." All the people we spoke with made similar positive comments. One staff member said, "We get training in privacy and dignity. We are told from day one about how important it is to respect privacy and dignity." Another staff member told us, "I always make sure people are comfortable and secure when any personal care is taking place."

There were systems in place to ensure that information about people was treated confidentially. One staff member said, "I always make sure that the person is ok ay for information to be shared with their family before speaking with anyone." People's files and personal information were kept in a secure location in the office. The staff that we spoke with were aware of the confidentiality policy in place within the service and had a good understanding of keeping people's information confidential wherever possible.

Is the service responsive?

Our findings

A complaints procedure was in place but was not always being followed according to the service's policy. People we spoke with told us that they knew how to make a complaint. One person told us they had made several complaints to the manager, but we found that these complaints had not been formally recorded or acted upon quickly. The person raised a complaint about errors with a family member's medication administration. No evidence was provided to show that this was recorded in line with the complaints policy the service had. The member of staff who made the error was not contacted and informed about the error by the service. They were informed by the family of a person on the next care visit that took place. This meant that the complaints policy was not effective for the people using the service, and their concerns were not being dealt with appropriately.

People had a needs assessment before receiving any care from the service. One person told us, "I have only just started using this service. The manager came out to see me and we talked about what my needs were. We filled out all the paperwork and then I started getting visits. I was very happy with the process." The manager told us that the pre assessment process involved a senior member of staff going out to visit any new people who want to receive a service. They would complete an assessment and then review the care package after four weeks. Further reviews were then carried out once every six months. We saw evidence that pre assessments and reviews had taken place within people's files.

People received care that was personalised to their needs. All the people we spoke with felt that the staff knew them well and knew how to support them. One person said, "The staff know me very well. It makes me feel comfortable that they know my personality and how I like things." The manager told us that wherever possible, staff were matched up with people according to their skills, personality types and preferences. We saw that people's care plans were centred around them and their preferences were recorded. We saw that people had their care plans and risk assessments regularly reviewed and updated by staff and management, and that changes were introduced as required.

People were encouraged and supported to develop and maintain relationships with people that matter to them. The people we spoke with told us that their family members were kept informed and involved in their care if they wished them to be. One relative told us, "The staff are good at updating me as I request. I provide a lot of support to [person's name] myself, so it's important that I have good communication with the staff team." The staff we spoke with understood the importance of building relationships with a person's family, as well as respecting a person's right to privacy.

People had the time they needed to receive care in a person-centred way. People told us that the staff that cared for them did so without rushing, and felt that their visits were the right length of time to get things done. The staff we spoke with told us they felt they had enough time on each visit to carry out the care that was required.

People received planned care when and where they needed it. The people we spoke with told us that their visits were never missed, and they would receive a phone call to let them know if someone was going to be

late. One person said, "I usually get to see the same faces, and they are on time. I do get a phone call if someone else is covering a shift or if someone is going to be late." People we spoke with told us that they usually saw the same members of staff, although when shifts were being covered, they would be informed that someone else is coming.

Is the service well-led?

Our findings

The quality control and auditing systems were not always used and did not always drive improvement. We saw that one person's medication records had not been checked over or audited. This meant that the service was not aware of the errors that had taken place with the administration of medication and could not improve. We saw another person's medication record had been audited using the service's audit procedure. The procedure had picked up several errors in the recording of administering medication, but we saw no evidence that actions were created to respond to these issues and reduce the risk of them happening again. This meant that the service did not always identify areas for improvement, and that the service had not implemented action plans to protect people from the unsafe administration of medicines. This was a breach of regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they found the manager and the management team supportive and approachable. One person said, "I have recently spoken with the management as I have only just started to use the service. I found them very helpful and friendly." Another person said, "I have the office number and I would be happy to contact them when necessary, I know I can get through to someone ."

The staff were all positive about the support they received. One staff member said, "The office is an open environment and I have no problems going there or making contact." Another staff member said, "There is a new manager in place, and they have been very friendly and supportive so far." All the staff that we spoke with said they felt valued and supported in their roles and they had the opportunity to discuss any issues either directly with management or collectively within a team meeting environment.

We saw that the service had a staff structure that included the area manager, a new manager who was going through the application process to become the registered manager, administration staff, and carers. All the staff we spoke with were aware of their responsibilities as well as the visions and values of the service.

Staff members were encouraged to gain skill and knowledge through training opportunities. We saw that the manager had sent out various emails to the staff team to communicate some upcoming training courses that people were due to attend. We also saw that people were reminded of various policies and procedures by the manager via email. All the staff we spoke with said they felt that communication within the team was good and they were confident that this would continue under a new manager.

Feedback was gathered from the people that used the service. We saw that phone based questionnaires had taken place where people were asked to comment on the quality of the care they received. The information was recorded and evaluated to identify any areas for concern.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Auditing systems were not always being used. When used, auditing systems were not always effective as errors were continuing to be made, and actions had not been created as a result of finding errors.</p> <p>This was a breach of regulation 17(2)(a) Good governance, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Records relating to medicine administration were not accurately maintained. Medications were not always signed for. MAR sheets were not always accurate. Care plans were not being followed to support people with the administration of medication.</p> <p>This was a breach of regulation 12, 12(1)(2)(a)(b)(g), Safe care and treatment, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

The enforcement action we took:

Warning notice issued.