The Care Bureau Limited

The Care Bureau Ltd - Domiciliary Care - Banbury

Inspection report

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15 January 2016

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection was announced and took place on 13, 14 and 15 January 2016. The provider had short notice that an inspection would take place. This was because the service provides a domiciliary care service to people in their own homes and we needed to ensure that the registered manager would be available to assist us. At the last inspection in January 2014, we found the provider was meeting all of the requirements of the regulations we reviewed.

The Care Bureau, Banbury provides care and support to people living in their own homes. At the time of the inspection 97 people were receiving a personal care service.

There was a registered manager in post at the time of the inspection. 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.

People, their relatives and staff felt the service was well managed. The registered manager and management team sought feedback from people and their relatives and was continually striving to improve the quality of the service. However, systems to monitor the quality of the service were not always effective because they had not identified the issues we found during our inspection.

People felt safe when being supported by staff. However, staff were not clear about the action they would take to keep people safe from abuse. People and staff were confident they could raise any concerns and these would be dealt with.

People had a range of risk assessments in place. However, the service had not ensured people were always protected from the risks associated with their care. This was because staff had not received training from a health professional or other authorised person about how to carry out complex care tasks for specific people.

People were asked for their consent before care was carried out. However, the registered manager and staff did not understand their responsibilities under the Mental Capacity Act 2005 (MCA) because they were not clear about the action they must take if the person did not have capacity to consent to their care.

People told us they felt safe and staff were kind and caring. People were cared for in a respectful way. People were involved in their care planning. They were provided with person-centred care which encouraged choice and independence. Staff knew people well and understood their individual preferences. People were supported to maintain their health and were referred for specialist advice as required.

People told us there were enough staff to meet their needs. People told us staff were often late and they did not always know which staff would be visiting them

Peoples views about if staff were knowledgeable and well trained was mixed. Staff completed a range of training and were supported to gain extra qualifications to help them meet the needs of the people they supported. Staff felt motivated and supported to improve the quality of care provided to people. Staff benefitted from regular meetings with their line manager. The management team carried out regular spot checks to ensure staff were completing the required tasks to an acceptable standard and to check people were happy with their care.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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 safe.

People were not always protected from the risks associated with their care and treatment.

People were not always protected from the risk of abuse because not all staff understood their responsibilities in relation to safeguarding.

People told us they felt safe when supported by staff.

People told us there were enough staff available to meet their needs.

People received their medicines in line with their prescription.

Is the service effective?

Requires Improvement

The service was not always effective.

The registered manager and staff did not understand their responsibilities under the Mental Capacity Act 2005 (MCA).

Peoples views about if staff were knowledgeable and well trained was mixed. However staff completed a range of training and were supported to gain extra qualifications to help them meet the needs of the people they supported.

People were supported to maintain their independence, stay healthy and eat and drink enough. Other health and social care professionals were involved in supporting people to ensure their needs were met.

Is the service caring?

Good

The service was caring.

People were complimentary about the staff. People were cared for in a kind, caring and respectful way.

People were supported in an individualised person centred way.

Their choices and preferences were respected.

Is the service responsive?

Good

The service was responsive to people's needs.

People received personalised care that met their individual needs.

People knew how to complain. The registered manager ensured that all complaints were responded to and people were satisfied with the outcome.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Systems to monitor the quality of the service were not always effective because they had not identified the issues we found during our inspection.

There was a positive and open culture where people, relatives and staff felt the service was well managed.

Peoples views were sought to improve the quality of 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 13, 14 and 15 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available at the services office.

The inspection team comprised of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before this inspection we reviewed all the information we held about the service. 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. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We spoke with the local authority commissioners of the service to gain their feedback as to the care that people received.

Prior to the inspection we sent questionnaires to people, their relatives and health and social care professionals to seek their views on the service provided. Of the 50 surveys we sent, we received 23 responses. During the inspection we spoke with 15 people who used the service and two people's relatives.

We visited the services office on 13 January 2016 and spoke with the registered manager, the area manager, two administrators and four care staff. We looked at five people's care records to see if they were accurate and reflected people's needs. We reviewed six staff recruitment files, recruitment procedures and training

records. We also looked at further records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

People were not always protected from the risk of abuse because not all staff understood their responsibilities in relation to safeguarding. For example, three of the four care staff we spoke with did not have a good understanding of the types of abuse people receiving care and support in their homes could be at risk from. Staff did not know who they could raise concerns with outside of the service and were not aware of the services policy on safeguarding vulnerable adults or whistleblowing. Staff said they would report any concerns they had about a person to the manager. However, one staff member told us they were worried about a person's safety and thought they might be at risk but had not raised their concern with the office or registered manager.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We spoke with the manager because we wanted to make sure the person the staff member had concerns about was safe. The registered manager was aware of the concern because it had been raised by another staff member. We saw evidence the manager had reported the concern appropriately to the local authority adult social care safeguarding team and the concerns were being investigated.

People were not always protected from the risks associated with their care and treatment. For example, one person required a medicine to be administered by an inhaler. Administration of this medicine was documented as a 'delegated task' which meant staff should not administer this medicine unless they had received training and an assessment of competency by a healthcare professional or other authorised person. The service kept a list of staff trained to administer this medicine. However, there were 16 occasions in October and November 2015 when staff who were not on this list and did not have evidence of their competency to administer this medicine had signed the medicine administration record (MAR) to show they had administered it. Another person had a bowel flushing procedure that was carried out by staff. This was also a delegated task. According to the persons care records there were 6 occasions in October 2015 when staff who were not on the list of staff trained to carry out the procedure, and did not have evidence of their competency, had documented in the persons daily record to show they had carried out the task. These people did not have care plans for administering this medicine or carrying out the procedure. This meant there were no instructions or actions documented for staff to follow. This put these people at risk of not receiving their care and treatment in a safe way.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People had assessments in a range of areas such as falls and supporting people to move using equipment. Staff were aware of the strategies to manage these risks to people. This helped to reduce the risk of harm occurring to people, whist still promoting their independence. For example, one person was at risk of falling. An instruction to staff to manage the risk was to ensure they had their walking frame close at hand and the person's home environment was to be kept clear of any obstacles that may present a hazard to the person when mobilising. Staff were aware of the risks to the person and entries in the persons daily care record showed staff ensured these actions were followed.

People and staff benefited from risk assessments in relation to their environment. Emergency plans were in place in the event of a fire at the person's home during a care visit or for incidents that may impact on the service's ability to deliver people's planned care.

People told us they felt safe when supported by staff. Comments included: "People (staff) are nice, kind and polite so they make you feel safe", "Never had any worries about safety, very kind people (staff)", "Absolutely safe because they can be trusted to do their job" and "Never worried and never had any reason not to feel safe with people (staff) who come in". A relative said, "They come in, do what we want them to do. Safe, caring people (staff) who take away some of the worries". Feedback gained from the people we surveyed before the inspection indicated people felt they or their relative was safe from abuse and harm.

People told us they felt safe because staff paid particular attention to the security of their home. One person said "I ask them to drop the latch behind them and they always do it. I feel safer with the door latched".

People told us there were enough staff available to meet their needs. Staff rotas showed that enough staff were on duty to meet the required amount of support hours. They also showed there were enough staff to meet people's individual needs, for example, where two staff were required to deliver specific care tasks.

People told us they did not experience any missed calls. However, people told us staff were frequently late. One person said "Rotas are all over the place at present. One evening I had a very late call 11.20 pm when somebody arrived to put me to bed". We discussed late calls with the registered manager. They told us traffic and staff staying longer with people if their needs had changed sometimes meant staff were late for their next call but people were informed of this by telephone. People confirmed when staff were late the office contacted them to let them know so they wouldn't be worried. Comments included: "Carers were late over Christmas. They did phone and let me know though", "The office let me know if there is a problem or the carer will ring me" and "Will phone to say that they are running late".

People received their medicines in line with their prescription. The service had assessed whether people were able to administer their own medicines. Where they could not do this safely, people told us staff supported them to take their medicines in line with their prescription. Comments included: "I take my own medication but they check that I have taken it and write it down in the records", "I have a box from the chemist and my carer supports me to take my tablets" and "The carers sort my tablet packs and get my pills out of the blister packs because I find that hard to do myself".

Safe recruitment procedures were followed before new staff were appointed to work with people. Appropriate checks were undertaken to ensure that staff were of good character and were suitable for their role.

Requires Improvement

Is the service effective?

Our findings

People told us staff asked for their consent before delivering care tasks. However, the registered manager and staff did not have a good understanding of the principles of The Mental Capacity Act 2005 (MCA) and what action they must take if the person did not have capacity to consent to their care. The 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. Where care records indicated a person may lack capacity to consent to some aspects of their care, capacity assessments had not been completed and there was no evidence of a best interest decision making process being carried out by professionals and family members. The registered manager and staff told us they would speak to a person's next of kin or family to gain consent or make decisions about a person's care. However, the registered manager and staff were not aware that families may not be legally authorised to make decisions on behalf of people if they did not have a lasting power of attorney.

This was a breach of Regulation 11 of the Health and social Care Act 2008 (regulated Activities) Act 2014.

Some people told us they had regular care staff. One person said, "Usually my same carers so I know them and they know me". Another person said, "I have care 4 times a day. Mostly I have regular carers that know what I want". However, people who completed the survey for us and some people who we spoke with during the inspection told us they did not always receive care and support from familiar and consistent staff and this made them feel worried. For example, one person said, "Sometimes strangers appear in my house to give me care. I've never seen them before and I know nothing about them". Another person said, "I have complained that they send out a different person every day". We spoke with the registered manager about consistency of staff and they told us they tried to ensure people always had the same staff visiting; there were occasions due to last minute sickness or unforeseen circumstances when this had not always possible. People also told us the registered manager or care supervisor would go to people's homes rather than send a new care worker who had not already been involved with the person.

Peoples views about if staff were knowledgeable and well trained was mixed. For example, one person told us, "Most carers know what they are doing. They seem to be trained and I've had no problems". Other people said, "Some are better trained than others" and "I think that the experienced staff are well trained but some of the newer ones seem to need more training in how to move people around and in how to speak to people".

We discussed training for new staff with the registered manager. Newly appointed care staff went through an induction period. This included training for their role and shadowing an experienced member of staff. The induction plan followed nationally recognised training and standards in the care sector and was designed to help ensure staff were sufficiently skilled to carry out their roles before working independently. One staff member told us, "The induction was really good, I learnt a lot. I asked for a longer shadowing period and the manager said that's fine. I shadowed until I felt confident". We saw evidence that where concerns had been

raised about a new staff member's moving and handling techniques, they had their probation period extended, attended further training and had additional supervised practice and spot checks by the registered manager to ensure improvements in practice had been made.

Staff completed the provider's initial mandatory training programme and attended annual updates. Training was provided by internal, qualified trainers and was relevant to the needs of people staff were caring for. For example, training included equality and diversity, person centred values, first aid, dementia and health and safety. In addition staff were completing training linked to the Qualification and Credit Framework (QCF) in health and social care to further increase their skills and knowledge in how to support people with their care needs. One staff member told us, "There's lots of training. I have done my NVQ 2 (National Vocational Qualification, now replaced by QCF) and now I've started my level 3". Staff had the opportunity to identify further training they wished to undertake in their annual appraisal.

Staff told us they enjoyed working at the service and felt well supported. Staff had regular one to one meetings with their line manager where they were able to discuss their areas of practice and responsibilities. Staff received an annual appraisal. This meant they could discuss their progress and any training and development they might wish to follow to care for people effectively. Staff were regularly observed by the registered manager or care leader whilst carrying out their roles to ensure they did things in the right way. Where areas for improvement had been identified this was discussed and followed up in supervisions and further spot-checks. Staff had a clear action plan to follow to ensure the improvements were made.

People were supported with their healthcare needs. People told us, and people's care records showed that care workers supported them to see a range of healthcare professionals when it was required. These included GP's and community nurses. One person said, "One morning I gashed my leg and there was blood all over the bed clothes. My carer found me and called the district nurse who came out and dressed my leg. She stripped the bed, washed and dried the bed clothes and took excellent care of me".

Staff understood people's nutritional needs and supported people to have access to food and drink. Where it was part of the care package, people told us they had the food of their choice and they always had enough to eat and drink. One person said, "They make me toast for breakfast, get me my lunch, usually a ready meal and get my tea. They are very helpful". Another person said, "I can't manage by myself so I am pleased that they get my meals ready. It is so helpful". Staff described how they gave people choice in their food. One staff member said "One of my clients fancied fish and chips for tea so I went and got him fish and chips".

Where people were identified as being at risk of malnutrition or dehydration staff recorded and monitored their food and fluid intake. For example, one person had been assessed as needing support to have enough to drink. Their care plan gave instruction to staff to leave plenty of drinks within reach. Staff monitored what the person had drunk and recorded the type and quantity of drinks left with the person at each visit. Staff told us if they were concerned about someone's nutrition or hydration, they would report it to the care supervisor and office so the person's GP could be contacted to alert them to this.

Good

Is the service caring?

Our findings

People told us they were cared for by staff who were helpful, respectful and caring. Comments included: "They are very caring", "Very helpful and gentle staff", "Very caring respectful people (staff) who are very kind to me", "The care is very good" and "Kind, nice, caring staff who give me good care".

People spoke with us about the positive, caring relationships they had developed with staff. One person said "My carers have become my friends". People felt staff often did more than they had to ensure they were looked after. One person told us, "I think the staff are very kind and there is one particular carer who is wonderful. She will do anything for me". Another person said, "[name of care worker] is a brilliant carer she does far more than she needs to".

Staff knew people well and told us about people's health and personal care needs. Staff spoke about people in a respectful way, referring to them by their preferred name.

People were supported to make choices and decisions about their care. Staff were knowledgeable about how people preferred to be supported. For example, if people preferred a female or male member of staff to support them with personal care. One person said, "Don't know if I would be happy with a male carer. They always send ladies and I am happy with that". A relative said, "[name of person] prefers male carers. We have a very good one at the moment and he is happy that a man gives him personal care". One male staff member told us, "I don't support any ladies with personal care".

People felt their opinions were listened to and taken into consideration when providing care. For example, call times were changed whenever possible when people requested this. One person said, "I chat to my carer and if there is anything that needs changing we talk about it". A relative said, "They listen to what we need". Another relative said "If we need extra care all we have to do is phone and we can usually get it". Staff were able to explain how they supported people to express their views and to make choices and decisions about their day to day care.

People told us staff were respectful of their privacy. Staff described how they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby in case the person needed them. Staff explained how they maintained people's dignity when they assisted them. For example, one staff member said, "It's important to make it more private, shut the doors and curtains and cover with a towel".

People told us they were supported to be independent. One person said, "They (staff) encourage me to do as much as I can for myself. I am very independent and like to do things". Care records reflected what people were able to do themselves and the areas where they might need help. Staff told us they helped when people wanted or needed help but encouraged people to do things for themselves. One staff member said, "I let them do what they want to do. I empower them, not take over". Some people used equipment to maintain their independence such as walking frames. Staff ensured people had the equipment when they needed it and reminded people to use it.

Good

Is the service responsive?

Our findings

People told us they were involved in decision making about either their own or their relatives care and support needs. One person said, "I sit down and I tell them what I want and they come in prepared to do it. They are very pleasant". Another person said, "They do what you want and will talk about my care". People's care needs were assessed prior to them receiving care. Although the service received an assessment from social services, the registered manager or other senior staff visited the person and carried out their own assessment. This was to make sure there were no changes in the person's condition and to ensure that staff could meet people's needs. These assessments were used to develop care plans and guidance for staff to follow. Two weeks after commencing a care package office staff telephoned people to establish the person's initial satisfaction with the service, and to address any concerns or changes required.

Assessments and care plans included information about people's health needs, and how the person preferred their care needs to be met. Care records provided sufficient detail and guidance for staff to follow so they could provide care safely and in the way the people wanted. People and their relatives were involved in writing and reviewing care plans. Care records were updated every six months or before if people's needs had changed.

Staff were responsive to people's changing needs. For example, during the inspection staff were concerned about one person's whose needs had changed following their return from hospital. They had a review of their care package and staff had contacted social services for agreement to extend the time staff spent on the visit. This ensured the person was kept safe and their care needs were met.

Staff completed records of each visit to each person. These provided key information on the care provided and the person's condition. Where complex care was provided the notes reflected this.

People and their relatives knew who to speak to if they had any concerns or a complaint. One person said, "I've never had any complaints but if I was worried I would phone the office or Manager". The registered manager or area manager had responded to complaints in line with the provider's policy on handling complaints. Any concerns were investigated and recorded. The registered manager discussed concerns with staff individually and more widely at team meetings to ensure there was learning and to prevent similar incidences occurring. The registered manager also kept a log of any verbal issues or concerns received together with the action that had been taken. This showed action had been taken promptly to address the concerns. One relative told us they had complained on behalf of their family member and felt their issues had been taken seriously and appropriate action had been taken. They said, "She has had one or two carers that she has not been happy with. We phoned the Office and it was sorted out very quickly".

Requires Improvement

Is the service well-led?

Our findings

There were a range of quality monitoring systems in place to review the care and treatment offered by the service. These included a range of clinical and health and safety audits. However, these systems were not always effective because they had not identified the issues we found during our inspection.

The service was led by a registered manager. People and their relatives felt the service was well managed. People described the management team as being open and approachable. One person said, "The manager is very approachable and friendly".

Staff understood the values and ethos of the organisation. Staff felt valued and there was an open culture within the service. Staff told us they were supported to raise any concerns and were confident these would be dealt with promptly and appropriately. One staff member told us, "The manager is very approachable". Another said, "If I raise any concerns she (registered manager) is straight on it".

There was a procedure for recording incidents and accidents. Any accidents or incidents relating to people who used the service were documented and any actions taken as a result of the incident were recorded. Incident forms were checked and audited to identify any risks or what changes might be required to make improvements for people who used the service. These were also reviewed by the registered manager and area manager to look for any trends or patterns and identify actions to reduce the risk of similar events happening again.

People told us the office staff contacted them on a regular basis and also sought their views about the service provided. Comments from people included: "People in the Office phone from time to time and they have sent out questionnaires asking for my views", "Sometimes one of the office staff comes in to give me my care so I can talk to her then about how my care is going" and "The office does phone me to ask if I am happy with everything and they do come out from time to time". People were actively encouraged to provide feedback through care reviews and satisfaction surveys. The results of these, as well as the quality assurance systems such as audits and accidents and incidents were reviewed at a more senior level within the organisation and compared with the providers other locations. The management team reviewed the results and took steps to maintain and improve the services performance.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered manager and staff did not understand their responsibilities under the Mental Capacity Act 2005 (MCA) because they were not clear about the action they must take if the person did not have capacity to consent to their care. Regulation 11 (1) (2).

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not always take proper steps to mitigate the risks associated with peoples care or ensure staff always had the competence and skills to deliver delegated tasks. Regulation 12 (1) (2) (b) (c)

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The registered person had not ensured staff understood their responsibilities in relation to prevent and report abuse. Regulation 13 (1) (2).