

Bucks Country Home Care Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Bucks Country Home Care Limited is registered to provide personal care and support to people in their own homes. 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. At the time of the inspection the service supported 54 people across rural Buckinghamshire.

People's experience of using this service and what we found

People and their relatives gave us positive feedback about the care and support received. Comments included, "Always polite, caring and professional" and "The carers that come to the house, all provide outstanding, compassionate care calls".

At the last inspection we found people were not routinely supported with their prescribed medicines in a safe manner, systems in place to manage medicines were not effective. Since the last inspection improvements have been made and we found people received their medicines when needed. This was corroborated by a relative who told us "The carers administer his medication professionally at the appropriate times." We have identified the service would benefit from further improvements in records relating to medicines prescribed for occasional use. The registered manager is aware and has plans in place to ensure this is completed.

People who were at risk of potential harm as a result of their medical conditions, environment, or ability to move had risk assessments in place. However, we found some risk assessments could have provided more detail to staff on how to mitigate harm. We have made a recommendation about risk management records.

People were supported by staff who had been recruited safely, had received support and training for their role. Staff had their competency checked to ensure they had the right skills and knowledge to work with people.

The provider ensured staff and people were protected from the risk of infections. Staff had access to good supplies of personal protective equipment (PPE), and people confirmed this was used on a regular basis. Additional infection control training had been provided following the Covid- 19 outbreak.

People and their relatives told us they found the service responsive to their needs. They commented they received a good service and knew who to contact about their care needs. Comments included, "Taking into consideration this unprecedented year of Covid-19, this service has been excellent" and "The office in Longwick is adept at changing the programme at short notice if I have to ask them to do so." Another person told us "Someone is always available via telephone." A relative told us they were "Very pleased with all that they do, very reliable always very helpful."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 22 November 2019).

Why we inspected

We carried out an announced comprehensive inspection of this service on 22 and 25 October 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment in respect of medicine management.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bucks Country Home Care Limited on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Bucks Country Home Care Limited

Detailed findings

Background to this inspection

The inspection

We carried out this focused inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 15 April 2021 and ended on 21 April 2021. We visited the office location on 15 April 2021.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. Throughout the inspection we gave the provider opportunities to share with us what they did well. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used all this information to plan our inspection.

During the inspection

We made contact with five people who use the service and received feedback from four. We received feedback via our online portal from four relatives. We spoke with three members of staff including the registered manager and two care managers all who were based in the office.

We reviewed a range of records. This included five people's care records and six people's medicine records. We looked at three staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We requested feedback from four health and social care professionals and six staff. We received feedback from four people via our online portal and four staff.

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 now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People who were at potential risk of harm due to their medical condition or level of ability had their needs assessed. The provider carried out risk assessments for key areas where there was potential for people to come to harm. For instance, the risk of falling and support required to aid moving position.
- The provider had changed the format of risk assessments since the last inspection. We found some guidance for staff had been omitted with this change. For instance, although the risk of people with diabetes identified the risk of the condition and some information for staff was available on how to support the person, we found more in-depth detail was required to ensure the person's safety. We discussed this with the registered manager who confirmed they would look into this. We found other risk assessments contained very clear guidance on how staff should support people.

We recommend the provider seeks advice from a reputable source on risk management for complex medical conditions which had the potential to cause harm to people.

- Potential environmental risks had been considered. The health and safety of people being supported in their own home had been assessed. For instance, if there was adequate lighting or loose carpets.
- Staff confirmed risk assessments were updated when people's needs changed, for instance, following a fall.

Using medicines safely

At our last inspection the provider had failed to ensure systems and processes were in place for people to receive their prescribed medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- People were provided with their medicines by staff who had received training and ongoing competency assessments to ensure they had the right skills and knowledge to support them. People and their relatives told us, "When it was necessary to assist in giving medication, this was noted in records" and "The carers administer his medication professionally at the appropriate times".
- The provider had systems in place to ensure people's prescribed medicines were recorded on a medicine administration record (MAR). We noted when changes were made to people's medicines a new chart was issued. For instance, when an antibiotic had been prescribed or a medicine ceased. Systems were also in

place to ensure medicines which had been stopped were safely returned to the pharmacy.

- Some people were prescribed medicines for occasional use. This was detailed in their care plan. However, we found the details could be further improved to ensure people who were unable to verbally consent were supported by staff who had additional guidance on when the medicine should be given and why. We discussed this with the registered manager who agreed to make further improvements.
- The service promoted people's independence in managing their own medicines, and only supported following discussion with them to agree how this would be done.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. Staff had received training on how to recognise signs of abuse and were confident to raise concerns to the office or external parties such as the local authority. Comments from staff included "I would report to my manager or the police if there was an immediate risk" and "I would report to management, anything that I felt was putting a service user at risk of harm or abuse, faulty equipment, a rapid decline in health, concerns about colleagues and anything else I feel is not right".
- People and their relatives told us staff had been able to develop a positive and trustworthy relationship with them. Comments included "Ensured as far as possible that my mother had one main carer visiting which strengthened the relationship and trust" and "I have had many care companies in my time BCC [Bucks Country Home Care Limited] are the best I've had regarding professionalism and helping". Another person told us "The stroke has caused fatigue to the point of going to bed after six o'clock made me feel unsafe, but with more communication they now provide a bedtime call at a time that suits me. They frequently check that everything is working well for me".
- The management team were aware of the need to report safeguarding concerns to the local authority and to CQC.

Staffing and recruitment

- Records we looked at demonstrated staff had been recruited safely. We found the required pre-employment checks were completed prior to a new member of staff commencing work. The checks carried out included an employment history, references and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check.
- Staff received ongoing support and training to ensure they had the right skills and knowledge to work with people.
- People received support from staff who had been given enough time to care for them. Staff rotas were monitored to ensure enough time was given for travelling. People and their relatives told us they were happy with the support provided. Comments included "Taking into consideration this unprecedented year of Covid-19, this service has been excellent" and "The office in Longwick is adept at changing the programme at short notice if I have to ask them to do so". Another person told us "Someone is always available via telephone". A relative told us they were "Very pleased with all that they do, very reliable always very helpful".

Preventing and controlling infection

- The provider had policies and procedures for the control and prevention of Covid-19 and other infections. Staff had received further infection control training following the outbreak of the Covid-19.
- The management team carried out spot checks on staff whilst they supported people to ensure they followed the guidance. The service had good access to personal protective equipment (PPE) and ensured staff were always supplied with enough to maintain people's safety.
- Staff were engaged in the Covid-19 testing and vaccination programme. People told us they were happy with how staff protected them from the risk of infection. Comments included "I like the fact that they come in and wash their hands and put PPE on before they come into my room" and "Carers are very competent and professional. They are conscientious about wearing masks, aprons and gloves".

Learning lessons when things go wrong

- People were protected from the risk of harm, accidents and incidents were recorded and looked at in order to prevent a re-occurrence.
- People told us they felt safe and found the service responsive to their changing needs. Comments included "Able to really take an interest in your welfare, make sensible suggestions for improvement and willing to work well with other healthcare professionals such as OTs [Occupational Therapists]". Staff had confidence in their response to emergencies and reported any concerns to the office. Comments from staff included, "Communicate with the client, try and find out if and where they have injured themselves. Keep them calm and comfortable. Inform the on call. Document and report. Complete communication sheet with as much detail as possible. Inform relatives or their emergency contact".

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. 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; Continuous learning and improving care

- There was a registered manager in post.
- People's records were accurately and securely maintained, and office staff used passwords to access computer records.
- Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people. One notifiable event is when there has been an allegation of abuse. We checked the records we held and we found we had been notified of all events required.
- The provider had policies and procedures in place which reflected best practice, the registered manager had systems in place to share policies with staff and ensured they received a monthly policy reminder.

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

- The whole management team demonstrated a commitment to the delivery of person-centred care. The registered manager had clear expectations for staff on the levels of behaviours and professionalism.
- People's care plans identified how they wish to be supported. References were made to their likes and dislikes. Consideration to people's ability to consent to care was identified. The care manager told us about one person who they were currently working with where a best interest meeting had been arranged to ensure support was provided to them in line with the Mental Capacity Act 2005.
- Feedback from people and their relatives was positive. Comments included, "Carer quickly learned my mother's likes and dislikes and did her best to make my mother happy. My mother looked forward to her visits from the carers", "Carers are thoughtful about personal side", "Always polite, caring and professional. Communication of service is very good, and any concerns are relayed expediently to the family", "The carers that come to the house, all provide outstanding, compassionate care calls" and "Outstanding, professional and caring staff."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Throughout the inspection we found the registered manager open to our feedback. They demonstrated a commitment to improve the service.
- There is a legal requirement for providers to be open and transparent. We call this duty of candour (DOC).

Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, states when certain events happen, providers must undertake a number of actions. We checked if the service was meeting the requirements of this regulation. The registered manager was aware of this regulation and had systems in place to record actions taken.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives told us they had good responses from the office when they called. Comments included "They have been amazing with their care for me with a professional manner, if there are any problems I know I can phone the office or speak to one of the senior carers and managers they have always sorted the issues out". Another person told us "The office staff are very approachable and friendly. They have been such a great support to myself and my family and I don't know where I would be without them".
- The provider regularly sought feedback from people and their relatives. The last feedback survey was carried out in September 2020, the results showed 75% of people thought the service was 'excellent' overall.
- The service worked well with external healthcare professionals to ensure people received the right support when their needs changed. A GP practice told us the service "Had updated and responded to the patients they were looking after, and the doctors had no concerns".