

The Care Bureau Limited

The Care Bureau Ltd - Domiciliary Care - Banbury

Inspection report

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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 Care Bureau Limited is a domiciliary care service providing care to people in their own homes in and around Banbury. At the time of the inspection the service was supporting 88 people.

There was a manager in post. However, they were not registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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. The provider had just recruited a new manager and the director told us they planned to submit their application to register to CQC.

At the last inspection on 13, 14 and 15 January 2016, we asked the provider to take action to make improvements and ensure staff had the competence and skills to deliver delegated tasks, staff understood their responsibilities in relation to preventing and reporting abuse and staff understood their responsibilities under the MCA, and this action has been completed. However, we found further concerns.

People's risks assessments were not always updated. Where risks had been identified, the risk management plans in place were not always tailored to each person's individual needs and did not give clear guidance to staff on how to support people.

People's consent was sought before support and care was offered. Staff had some knowledge of the Mental Capacity Act 2005 (MCA). 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. However, staff could not link its principles to the way they supported people.

Staff told us they had the knowledge and skills to support people. However, staff did not always receive the support and supervision that they required to be effective in their roles.

The provider did not have a clear procedure for recording incidents and accidents. There was no system in place for reviewing accidents or incidents to look for any trends or patterns and identify actions to reduce the risk of similar events occurring again.

People, their relatives and staff told us the service was well managed. However, some of the provider's quality monitoring systems were not always effective as they had not identified the shortfalls we found in risk assessments and risk management plans.

People who were supported by the service felt safe. Staff had a clear understanding on how to safeguard people and protect their health and well-being. People received their medicines as prescribed. There were systems in place to manage safe administration of medicines.

The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their roles.

People's nutritional needs were met. People were given choices and were supported to have their meals when they needed them. Staff treated people with kindness, compassion and respect and promoted people's independence and right to privacy. People received care that met their needs.

People were supported to maintain their health and were referred for specialist advice as required. Staff knew when to seek professional support.

Staff knew the people they cared for and what was important to them. Staff appreciated people's life histories and understood how these could influence the way people wanted to be cared for. Staff supported people to engage with a variety of social activities of their choice in the community.

The service looked for ways to continually improve the quality of the service. Feedback was sought from people and their relatives and used to improve the care. People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy.

Leadership within the service was open and transparent. People, their relatives and staff were complimentary about the management team and how the service was run.

The manager informed us of all notifiable incidents. Staff spoke positively about the management support and leadership they received from the management team.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. We also made a recommendation in relation to MCA. 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 always safe.

Risks to people were not always managed and assessments were not always in place to manage the risks and keep people safe.

The service had enough suitably qualified staff to meet people's needs.

People were protected from the risk of abuse as staff had a good understanding of safeguarding procedures.

Medicines were administered safely.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff had received training in the Mental Capacity Act but they could not always link it to their day to day work.

Staff did not receive the support and supervision that they required to be effective in their roles.

Staff had the knowledge and skills to support people effectively.

People were supported to have their nutritional needs met.

People were supported to access healthcare support when needed.

Is the service caring?

Good ●

The service was caring.

People were treated as individuals and were involved in their care.

People were supported by caring staff who treated them with dignity and respect.

Staff knew how to maintain confidentiality.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care plans reflected their needs.

People's views were sought and acted upon.

People knew how to make a complaint and were confident complaints would be dealt with effectively.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

There was no registered manager in post.

Accidents and incidents were not always reported and there was no system in place to analyse and look for trends.

The provider's quality monitoring systems were not always effective. Shortfalls were not being identified and addressed appropriately

People and staff told us the management team was open and approachable.

The Care Bureau Ltd - Domiciliary Care - Banbury

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 7 February 2017 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 manager would be in. The inspection team consisted of two inspectors 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 the inspection we reviewed the information we held about the service and the service provider. The registered 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 previous inspection reports and the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We contacted commissioners of the service to seek their views.

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 17 responses.

We spoke with 17 people and three relatives. We looked at six people's care records including medicine administration records (MAR). We spoke with the director, manager and nine members of staff which included care staff, administrator, field trainer and a nurse. We reviewed a range of records relating to the management of the home. These included five staff files, quality assurance audits, minutes of meetings with staff, surveys, incident reports, complaints and compliments. We reviewed feedback from people who used

the service and their relatives.

Is the service safe?

Our findings

At our inspection on 13, 14 and 15 January 2016, we found that people were not always protected from the risk of abuse because not all staff understood their responsibilities in relation to safeguarding. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection on 7 February 2017, we found improvements had been made.

Staff were knowledgeable about the procedures to keep people safe from abuse. For example, staff had attended training in safeguarding vulnerable people and had good knowledge of the service's safeguarding procedures. Staff were aware of types and signs of possible abuse and their responsibility to report and record any concerns promptly. One member of staff told us, "Signs of abuse can include bruising or person not looking after themselves. If I have concerns, I will report to my supervisor, on call person or manager". Staff knew where to report to outside agencies and named the Care Quality Commission (CQC) and the local authority safeguarding team.

Staff were aware of the provider's whistleblowing policy. This is guidance aimed at encouraging employees and others who have serious concerns about any aspect of the provider's work to come forward and voice those concerns. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening. Staff were confident the management team and organisation would support them if they used the whistleblowing policy. Staff told us, "I can whistle blow to the safeguarding team or CQC. We have a policy" and "Never had to use whistleblowing but aware of it, I'd look up where I can report, like on council's website".

At our inspection on 13, 14 and 15 January 2016, we found the service 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. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection in February 2017, we found improvements had been made.

Records showed and staff told us they received training for delegated tasks before they were allowed to support people. Staff competencies were checked to ensure they could give safe care. People receiving care for delegated tasks had specific care plans in place which guided staff on how to do each task. For example, a person had a catheter and staff were required to change the catheter bags on each morning visit. The person's daily records showed staff were following the guidance and ensuring the risk of infection was managed.

People's care plans included risk assessments and where risks were identified there were management plans in place to manage the risks. However, these risk management plans were generalised and not always tailored to each person's individual needs and did not give clear guidance to staff on how to support people. For example, a person's risk assessment on using crutches for walking had exactly the same risk assessment as a person using a standing aid for transfers. This meant staff did not always have the appropriate guidance

to keep people safe.

People's risk assessments were not always updated to reflect any changes. For example, one person's care plan stated they used a commode. There was no risk assessment or risk management plan in place. One member of staff told us this person could not fit safely on the commode and staff had resorted to removing the handle side parts of the commode, whilst waiting for a request for a bigger sized commode to go through. This put both the person and staff at risk of injury during use.

Another person's care plan reflected they used crutches and 'were unable to stand still due to very poor balance and weak legs'. The risk assessment and risk management plan did not reflect this and therefore could not give staff enough guidance to support this person safely.

These findings were a breach of Regulation 17 of the Health and social Care Act 2008 (regulated Activities) Act 2014.

People received their medicine as prescribed. There were systems in place to manage medicines safely. The provider had a medicines policy and procedures in place. Records relating to the administration of medicine were accurately completed. Medicine administration records (MAR) detailed the medicine administered from a monitored dosage system. Staff had completed medicines training. One member of staff told us, "I did medicine refresher training online. I have six monthly medicine competency checks".

People were supported by sufficient staff to meet their individual needs. Staffing levels were determined by the people's needs as well as the number of people using the service. Staff rotas showed there were enough staff on duty to meet the required amount of support hours. They also showed there was enough staff to meet people's individual needs. For example, one person required two members of staff to support them during personal care. Records showed two staff always visited this person. One member of staff told us, "We have enough staff but could always do with more".

People told us there were enough staff available to meet their needs. People confirmed they did not experience any missed calls but they did experience occasional late visits. They said, "I usually get a call to let me know if the carers are delayed" and "I have all my visits as agreed. They (staff) might be late but they always come".

The provider followed safe recruitment practices. Staff files included application forms, records of identification and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with vulnerable people. The DBS check helps employers make safe recruitment decisions and prevent unsuitable people from working with vulnerable people.

Is the service effective?

Our findings

At our inspection on 13,14 and 15 January 2016, we found 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. At this inspection on 7 February 2017, we found some improvements had been made. However, we identified further concerns.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had received online training in the MCA. However, they could not link the principles of the MCA with how they supported people. Staff told us, "MCA is about being aware of people's conditions like dementia, people can be different some can be challenging", "We carry MCA cards so we can refer to it. Law is put in place for those who do not have capacity and to follow best interest" and "MCA is about giving people choices of food and clothing". We asked staff how they would support people in relation to MCA and they could not tell us.

We recommended the provider seek further support for staff in relation to MCA.

Records showed staff did not always receive supervisions, spot checks and appraisals in line with the provider's policy. Supervision is a one to one meeting with between a staff member and their line manager. We looked at five staff files and only two had received one supervision in the last 12 months. Where the supervision had been completed, records did not demonstrate that areas of improvement were identified and action plans put in place to support staff with their development. One member of staff had not had an appraisal in two and half years. These findings meant staff practices were not monitored and staff development was not promoted.

These findings were a breach of Regulation 18 of the Health and social Care Act 2008 (regulated Activities) Act 2014.

People received care from staff who had the skills and knowledge needed to carry out their roles. We asked people if staff had the right skills and they told us, "All the staff seem to be very well trained. Nothing is too much trouble. If you ask them to do something, they do it. They are fantastic" and "We have an absolutely brilliant team. We haven't got a bad word to say".

New staff were supported to complete a comprehensive induction programme before working on their own. The induction training was linked to The Care Certificate standards. The Care Certificate is a set of standards to ensure all staff have the same induction and learn the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. The induction programme included training for

their role and shadowing an experienced member of staff. The induction plan was designed to ensure staff were safe and sufficiently skilled to carry out their roles before working independently. One member of staff told us, "I had my induction in Leamington, training was over three days and classroom based. I completed manual handling, dementia, safeguarding, medication and then was shadowing for two weeks. They checked with me if I was ready after a week, I asked for another week and had lots of support from the office. I also was on double ups run to experience all aspects of care".

Staff records showed staff received the provider's mandatory training on a range of subjects including safeguarding, manual handling, dementia awareness and medicines. One member of staff told us, "Initial training was very good in Leamington but the refresher is mainly online". Staff had access to development opportunities and could request training. One member of staff told us, "I requested additional dementia training, I know if I need extra training I could go to Leamington. Management always asks us if we need any extra training". Staff also received training for different pieces of equipment before use. For example, mobility support equipment.

Staff were aware of people's dietary needs and preferences. Staff told us they had the information they needed and were aware of people's individual needs. One member of staff told us, "I support someone with swallowing problems. I support them with soft food and soups. The care plan guides us on how to support them". People's needs and preferences were also clearly recorded in their care plans. Care records showed staff discussed people's dietary needs and support on a day to day basis and people received adequate support. Some people preferred family members to support them with meals and the service respected people's choices. Staff told us they were aware of the importance of encouraging people to have a good intake of fluids and food.

People were supported to access health professionals when needed. People's care plans showed people had been referred to GP and district nurses when needed. People told us they were supported to access on going health care. They said, "I can get a bit forgetful, so [staff] reminds me about appointments. She sometimes leaves notes for me" and "[Staff] knows I don't enjoy those days (hospital appointments) and they bring me down, so she does her best to cheer me up. She makes sure I've got all the things I need to take with me and makes me some sandwiches for when I get back".

Is the service caring?

Our findings

People told us they were very happy with the care they received. We asked people if staff were caring and they said, "They (staff) make us feel that they enjoy coming to see us, even though it's their job. It lifts us up when they walk through the door" and "If I didn't talk to [staff], I wouldn't talk to anyone so she's a very important person in my life". We asked people's relatives if staff were caring and they said, "He (person) loves [staff]. It's me first, then [staff]" and "Staff understand that it's hard to become the carer of someone you love, and all the changes that means for your relationship with them".

Staff told us they were caring and treated people with kindness and compassion. Staff gave examples of when they showed kindness by being very patient and taking time to talk to people about things that mattered to them. One member of staff told us, "I see the same clients and have good relationships with them. We talk about things that are important to them".

People told us staff were caring and knew them well. They said, "She (staff) chats to me about her family and asks me about mine. She asks me about my day and if I've got any visitors coming. She's like a friend" and "One time when she (staff) came the heating was off. She sorted out for the man to come and I asked her to come and sit with me while he was there and she did". People's daily records showed in most cases people were supported by the same members of staff. Staff knew people well. Relationships between people and staff were established from the very first meeting. One member of staff told us, "I always have my regular people and I am happy with this. I know what's expected of me and I don't feel it's hectic. I am able to build relationships with the clients I visit. You get to know them and their needs". Staff understood the importance of building relationships, but were aware of their responsibility to remain professional.

Staff were respectful of people's privacy and maintained their dignity. Staff gave examples of how they promoted and respected people's dignity. This included making sure people were covered as much as possible when supporting them with personal care. Staff also waited outside the bathroom where people wished to remain independent. One member of staff commented, "I always check with people, talk to them when personal care is delivered. I do not proceed with aspects of personal hygiene if people do not feel comfortable, without leaving this for too long, I would report to the office and make sure next carer is aware so they can try again". People and their relatives told us staff respected their dignity. People said, "It's very hard to admit that you need help with going to the toilet and putting your tights on, but they take everything in their stride so you don't feel so embarrassed" and "[Staff] always goes out for a minute and comes back in when I ask them to".

Staff spoke about people in a caring and respectful way. Care records reflected how staff should support people in a dignified way and respect their privacy. Care plans and daily records were written in a respectful manner. People were involved in their care. Care plans had been signed by people to confirm they agreed with the way their care needs would be met.

Staff understood the importance of promoting independence and involving people in daily care. They explained how they allowed enough time for tasks and did not rush people. This enabled people to still do

as much as they could for themselves with little support. One member of staff told us, "We encourage them (people) to do things they can". People and their relatives told us staff supported them to be independent. One person's relative said, "They (staff) encourage her to clean her own teeth and wash her face. They will help her if she's struggling but they know it's important for her to still do things for herself". One person's care plan guided staff to 'assist with awkward clothing but give him time to do the rest'. Records showed staff followed this care plan guidance.

Staff knew the importance of maintaining confidentiality and followed the provider's policy. They told us, "I signed confidentiality agreement as part of contract. Work stuff stays at work and being aware when collecting documentation from people's home that this needs to be brought straight to the office" and "Information stays in the person's four walls and we don't discuss with other clients". People's care records were kept online and we saw office staff logging in and out whenever they were not in attendance.

The service supported people through end of life care. Staff described the importance of keeping people as comfortable as possible as they approached the end of their life. Staff told us they worked closely with families during such difficult period. One member of staff said, "We ensure people are comfortable and check on family to ensure they were alright".

Is the service responsive?

Our findings

People's care and support was planned with them and the manager assessed people's needs prior to accessing the service to ensure their needs could be met. They met with people and their relatives to complete the assessments. These assessments were used to create a person centred plan of care which included people's preferences, choices, needs and interests.

People's care plans contained details of when care calls were required and the support people required at each visit to ensure their assessed needs were met. For example, one person's care plan detailed how the person preferred to be supported. Daily records showed staff supported this person the way they chose.

Staff told us they always gave people options and choices during care. For example, choice of what to wear, food or where to spend their time. Staff completed records of their visits to each person. These provided key information on the care provided and the person's condition.

The service responded to people's changing needs and people told us they had been involved in developing care plans and reviewing care. One person commented, "We all work together so well as a team; me, my wife, her carers and the office. We all know each other really well now". One person's relative told us, "We are all involved with [person's] care on a daily basis. They keep us in the loop". Care plans were reviewed to reflect people's changing needs. Changes to people's conditions were reported to the office staff who ensured changes were notified to all staff.

People were encouraged and supported to maintain links with the community to ensure they were not socially isolated. For example, one person enjoyed attending a day centre and the service provided flexible call times to allow the person time to attend.

People's views and feedback was sought through telephone client surveys as well as annual satisfaction surveys. People and their relatives told us they had participated in surveys and any concerns raised had been addressed. One person commented, "Questionnaires are send out regularly. The two way communication with managers work well". The last satisfaction survey showed people were happy with the care provided by The Care Bureau Limited.

People and their relatives knew how to make a complaint and the provider had a complaints policy in place. People were provided with information of how to make a complaint or compliments as well as contact information for the local authority and CQC. People who had raised minor complaints said that these had been resolved quickly. One person told us, "I'm trying to think of something but really there's no fault to find! They listen and if they can do something, they do it. Sometimes I don't know how they manage it. I wouldn't have their job for the world". One person's relative said, "If there was a problem I would talk to [staff]. We did have an issue once, I can't even remember what it was but it was all sorted out quickly"

We looked at the complaints records and saw three complaints had been dealt with in line with the provider's policy. Records showed complaints raised had been responded to sympathetically, followed up to ensure actions completed and any lessons learnt recorded. For example, a complaint relating to calls

running late and the person had not been informed. This was investigated and the service apologised to the person and their family. Staff involved with this person's care were monitored to ensure they were delivering care at the specified times. People spoke about an open culture and felt that the service was responsive to any concerns raised. Since our last inspection there had been many compliments and positive feedback received about the staff and the care people had received.

Is the service well-led?

Our findings

The provider did not have a clear procedure for recording incidents and accidents. Records showed only three accidents were reported involving staff in the last 12 months and they did not have any action plans. Accidents involving people were not recorded. For example, one person's daily record indicated they had been found on the floor after falling out of bed. There was no accident recorded for this person. Incidents were not always recorded. For example, one person's daily record stated there had been an incident involving a key safe being found wide open and no key inside. There was no incident record of this event. There was no system in place for reviewing accidents or incidents to look for any trends or patterns and identify actions to reduce the risk of similar events occurring again. However, staff told us they were aware of their responsibilities for reporting accidents, incidents or concerns. Staff told us, "We report accidents and incidents to the office and they complete the forms" and "We report all concerns to the office and fill the accident form".

The provider had quality assurance systems in place to assess and monitor the quality of service provision. However, some of these systems were not always effective. For example, record keeping audits had not identified the shortfalls we found in risk assessments and risk management plans. There were no systems in place to allow the provider ensure staff received supervisions in line with the provider's policies.

These findings were a breach of Regulation 17 of the Health and social Care Act 2008 (regulated Activities) Act 2014.

There was no registered manager in place. The service was managed by the provider and a manager. There had been inconsistent leadership which had affected the running of the service. The provider had just recruited a new manager and the director told us they planned to submit their application to register to CQC.

The service had a positive culture that was honest, open and inclusive. During our visit, management and staff gave us unlimited access to records and documents. They were keen to demonstrate their caring practices and relationships with people. Staff told us they felt the service was transparent and honest. One member of staff commented, "Care Bureau is very open. Any problems will be openly addressed. I can go to the manager and discuss bad practice".

Staff told us they enjoyed working at the service. They told us, "I have been working here for four years. I'm happy with the clients and staff. Teamwork is alright", "Nice and happy place to work for. Manager is always willing to listen and supervisors are very good" and "My job is to be positive, my clients and I love every day. I love making a difference to people's lives. I've always wanted to do this job, give something back. I am here because I am making a difference, I am getting great job satisfaction. To me this was a new industry but the girls here they go beyond for people".

Staff were complimentary of the management team, the support they received and the way the service was managed. They told us, "Manager is great, supportive, get on very well with her. No issues with the office

staff, any concerns are dealt with and quick and they come back to you and let you know", "Manager is supportive and approachable" and "Manager has been always good to me. There is good working relationship".

People told us the service was well managed and easily contactable. They said, "With this lot you feel as if they actually care about you. If you pick up the phone, they answer" and "They listen. They are good at being able to hear and interpret what's being said".

Staff commented positively on communication within the team. One member of staff told us, "We get memos every month, an update around practices, reminders and make sure we do things correctly". However, staff team meetings were not regularly held. Since the last inspection, there had only been one staff meeting on record. The meeting minutes for that staff meeting was available. However, they were not reflective of the meeting and would not have been beneficiary to staff who had not attended the meeting. One of the senior management team told us this was a well-attended and productive meeting which unfortunately was not reflected in the meeting minutes.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

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	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not always receive supervision and support that they required to be effective in their roles. Regulation 18(2)(a)

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective systems to assess, monitor and mitigate risks.</p> <p>People's risk assessments and management plans were generalised and not tailored to meet individual needs. People's risk assessments were not always updated to reflect any changes.</p> <p>There were no systems in place to ensure staff received supervisions in line with the provider's policies.</p> <p>Regulation 17(1)(2)(a)(b)(c).</p>

The enforcement action we took:

Served a warning notice against the provider.