

The Care Bureau Limited

The Care Bureau Domiciliary and Nursing Agency Kettering

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on the 28 & 29 September 2015 and was unannounced. The service is registered to provide nursing and personal care to people in their own homes when they are unable to manage their own care. At the time of the inspection there were approximately two hundred people using the service ranging from people who received one visit per week to people who received visits up to four times a day.

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

Summary of findings

Care plans were not always updated to reflect people's changing needs and some new staff felt that the training provided was not sufficient enough for them to carry out their role. The provider was addressing this issue by the end of our inspection.

The provider had robust recruitment systems in place which included appropriate checks on the suitability of new staff. There was a stable staff team and there were enough staff available to meet peoples' needs.

Care records contained risk assessments to protect people from identified risks and help to keep them safe. They gave information for staff on the identified risk and informed staff on the measures to take to minimise any risks.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and had access to healthcare services when needed.

People were actively involved in decision about their care and support needs. There were formal systems in place to

assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People felt safe and there were clear lines of reporting safeguarding concerns to appropriate agencies and staff were knowledgeable about safeguarding adults.

Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. People participated in a range of activities both in their own home and in the community and received the support they needed to help them do this. People were able to choose where they spent their time and what they did.

Staff had good relationships with the people who they cared for. Complaints were appropriately investigated and action was taken to make improvements to the service when this was found to be necessary. The manager was accessible and monitored the quality of the service provided. Staff and people were confident that issues would be addressed and that any concerns they had would be listened to.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People felt safe and comfortable in their own home and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were continually reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Good



Is the service effective?

The service was not always effective.

Staff did not always have the knowledge and skills needed to carry out their roles and responsibilities effectively.

Communication between care staff and office staff was not as effective as it could be.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised care and support. People's physical and mental health needs were kept under regular review.

People were supported relevant health and social care professionals to ensure they receive the care, support and treatment that they needed.

Requires Improvement



Is the service caring?

The service was caring.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people receiving care and support and staff.

Staff had a good understanding of people's needs and preferences.

Staff promoted people's independence to ensure people were as involved and in control of their lives as possible.

Good



Summary of findings

Is the service responsive?

The service was responsive.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a transparent complaints system in place and complaints were responded to appropriately.

Good



Is the service well-led?

This service was well-led.

There was good visible leadership of the service; the registered manager understood their responsibilities and was well supported by the provider.

There were effective systems in place to monitor the quality and safety of the service and actions completed in a timely manner.

The manager monitored the quality and culture of the service and responded swiftly to any concerns or areas for improvement.

People using the service, their relatives and staff were confident in the manager. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

Good



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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 28 & 29 September 2015 and was unannounced and was undertaken by one inspector.

Before the inspection we contacted health and social care commissioners who place and monitor the care of people living in the home. We also reviewed the information we

held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with ten people using the service including people we visited in their own homes, six family members and ten members of staff including care staff and management.

We spent some time observing care to help us understand the experience of people who lived in the home.

We reviewed the care records of five people who used the service and five staff recruitment files. We also reviewed records relating to the management and quality assurance of the service.

Is the service safe?

Our findings

People felt safe with the staff that supported them. One person said “I’m safe here, It is my own home and I know all of the staff who come to visit me.” The service had procedures for ensuring that any concerns about people’s safety were appropriately reported. All of the staff we spoke with demonstrated an understanding of the type of abuse that could occur and the signs they would look for. Staff were clear what they would do if they thought someone was at risk of abuse including who they would report any safeguarding concerns to. Staff said they had not needed to report any concerns but would not hesitate to report abuse if they saw or heard anything that put people at risk. One staff member said “I would definitely say if I thought abuse was happening; I wouldn’t hesitate.” Staff had received training on protecting people from abuse and records we saw confirmed this. They were aware of the whistle-blowing procedure for the service and said that they were confident enough to use it if they needed to.

Peoples’ individual plans of care contained basic risk assessments to reduce and manage the risks to people’s safety; for example people had movement and handling risk assessments which provided staff with instructions about how people were to be supported to change their position. Risk assessments were also in place to manage other risks within the environment including the risk of falls. Individual plans of care were reviewed on a regular basis to ensure that risk assessments and care plans were updated regularly or as changes occurred. Staff said “Risk assessments are updated with the person and their family to make sure we have covered everything and they are up to date.” When accidents did occur the manager and staff

took appropriate action to ensure that people received safe treatment. Training records confirmed that all staff were trained in emergency first aid. Accidents and incidents were regularly reviewed to observe for any incident trends and control measures were put in place to minimise the risks.

People thought there was sufficient staff available to provide their care and support. Each person was individually assessed and a care package was developed to meet their needs. Some people required two staff to support them at all times and other people one person. We saw that the staff rota’s reflected people’s needs. People said they knew the staff that supported them and they received the required number of visits and staff were mostly on time. Throughout the inspection we saw there was enough staff to meet people’s needs.

People’s medicines were safely managed. Most people we spoke with told us they managed their own medicines and those who required support from staff told us they had sufficient supplies and received their medicines as prescribed. Basic care plans and risk assessments were in place when people needed staff support to manage their medicines. Staff told us that they were trained in the administration of medicines and training records confirmed that this was updated on an annual basis.

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in a care setting. The staff recruitment procedures explored gaps in employment histories, obtaining written references and vetting through the government body Disclosure and Barring Service (DBS). Staff we spoke with confirmed that checks were carried out on them before they commenced their employment.

Is the service effective?

Our findings

Staff did not always have the knowledge and skills needed to carry out their roles and responsibilities effectively. New staff received an induction which included classroom based learning and shadowing experienced members of the staff team. The induction covered the provider's mandatory training and included key topics on dementia awareness and person centred care planning. One staff member told us "The induction was okay; I completed all of the core training and shadowed other staff until I felt I knew the service well; although I would have liked to shadow more people who require support with moving and handling." Other staff told us that the moving and handling training was not detailed enough because old equipment was used which led to confusion when they were caring for people because the equipment was different from what they had been trained on. Another care staff said that they had not been shown one piece of equipment at all and "no idea how to use it when I was at the person's house." We gave feedback to the provider about the 'shadow shifts' and moving and handling training and they were planning to address this straight away.

Training was delivered by face to face workshop sessions and the providers mandatory training was refreshed annually. Staff were provided with the opportunity to obtain a recognised care qualification through the Qualifications and Credit Framework (QCF). Staff we spoke with had mixed views on the training they received. One care staff said "The training wasn't detailed enough for me; it told us the basics but I don't feel confident." Another care staff said "I have done some specific training and I am waiting for a competency assessment but it no-body has done it with me yet, I've been waiting for months." We gave feedback to the provider about the mixed views on training and this was going to be discussed with the training provider.

Communication between care staff and office staff was not as effective as it could be. The majority of staff told us that information in care plans and on the summary sheets were not up to date and the information was not accurate. For example; one person's summary said the person would be out of bed and dressed when the carer calls, their needs had now changed and the care staff supported the person with getting up and getting dressed but this was not reflected in the summary or care plan. Through discussion

with the care staff it was apparent that information was incorrect on many people's plans of support; however care staff also confirmed that they had not contacted the office to give them an update or to inform them the information was incorrect. We gave this feedback to the provider and by the end of our inspection they had written a memo to all staff asking them to update the office if any information is incorrect.

People's needs were met by staff that received regular supervision and received an annual appraisal. We saw that supervision meetings were available to all staff employed at the service, including permanent and 'bank' members of staff. The meetings were used to assess staff performance and identify on-going support and training needs. One care staff said "We have unannounced supervision where a supervisor spot checks our work and gives us feedback; we also have other supervision where we talk about training and how things are going."

The manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) code of practice. Best interest decisions had been recorded in care plans and people had been included in these decisions. We observed staff seeking people's consent when undertaking day to day tasks.

People told us they selected their own food choices and in some cases staff supported them in the food preparation. Training records showed that staff had received up to date training in food safety. People were encouraged to have an adequate intake of fluids during and in between visits.

Staff were knowledgeable about people's food preferences and dietary needs, they were aware of good practice in relation to food hygiene. People were referred to the Speech and Language Therapy Team if they had difficulties with swallowing food and if required referrals were made to the NHS Dietician. Care plans contained detailed instructions about people's individual dietary needs, including managing diabetes, dysphagia [swallowing difficulties] and maintaining adequate hydration.

People's healthcare needs were carefully monitored and detailed care planning ensured care could be delivered effectively. Care Records showed that people had access to

Is the service effective?

community nurses, GP's and were referred to specialist services when required. Care files contained detailed information on visits to health professionals and outcomes of these visits including any follow up appointments.

Is the service caring?

Our findings

People were cared for by staff that were kind and caring. All of the people we spoke with told us that staff were kind and considerate in their day to day care. For example one person said “The carers are fantastic, lovely people and I’m very pleased with everything.”

During visits to people’s homes we saw staff interacted well with people and engaged them in conversation and decisions about their activities of daily living. People were listened to and their views were acted upon.

People told us the provider sought and respected their views about their preferences regarding the gender of the staff that provided their care and they were careful when planning rota’s to ensure that this was taken into consideration. Where people had requested specific carers the provider ensured that this happened as much as possible.

Care plans included people’s preferences and choices about how they wanted their care to be given and we saw this was respected. Care plans were detailed and covered every aspect of a person’s life and the care they required.

People looked well cared for and were supported to make decisions about their personal appearance, such as their choice of clothing. People had access to aids and adaptations to support their independence and mobility.

Staff gave us examples about how they sought people’s views in relation to their personal care; they also told us how people were encouraged to maintain their independence and how they involved and supported relatives. Staff were knowledgeable about peoples’ individual needs and they spoke in a kind and caring way, with insight into peoples’ needs and the challenges they faced.

People’s privacy and dignity were respected by the care staff. Care staff made sure bedroom and toilet doors were kept closed when they attended to people’s personal care needs. People also demonstrated how they would protect people’s privacy and dignity while being supported in the community and undertaking leisure activities.

There was information on advocacy services which was available for people and their relatives to view. No-one currently using the service used an independent advocate but staff we spoke with knew how to refer people and gave examples of when people may be referred in the future.

Is the service responsive?

Our findings

People were assessed to ensure that their individual needs could be met before the service was provided. One person told us “The first time they [Assessment staff] came out to see me they asked me and my family lots of questions so they knew all about me and what help I needed; they were really friendly.” The assessments formed the basis for an individual plan of care developed specific to the person concerned and these contained information about their life history and lifestyle so that their values and interests could be supported. Care plans contained detailed information for staff about how people liked to be supported and how to meet people’s assessed needs

Care plans were reviewed on a regular basis with the people using the service and their family members to help ensure they were kept up to date and reflected each individual’s current needs; however staff did not always update the office on changes to people’s needs in between the formal review of the care plans so some were not as up to date as they could be. The manager told us when any changes had been identified and senior staff were aware

this was recorded in the care plan, This was confirmed in the care plans we saw. People also had reviews of the service they received by the local authority and this was documented in their personal files.

People were supported by a service that was flexible and responsive to people’s needs. One person told us “I wanted to move my call time in the mornings and I spoke with my regular carer and she sorted it all for me.” One family member told us that they preferred specific carers to visit their loved one and we saw that meetings had taken place with the provider and where possible only a selection of people would visit this person.

When people started using the service they and their representatives, were provided with the information they needed about what to do if they had a complaint. One family member said “I have complained before about certain things and they have put it right.” There were appropriate policies and procedures in place for complaints to be dealt with. There were arrangements in place to record complaints that had been raised and what had been done about resolving the issues of concern. Those acting on behalf of people unable to complain or raise concerns on their own behalf were provided with written information about how and who to complain to.

Is the service well-led?

Our findings

The manager had created an open and transparent culture with the staff team, staff told us they felt confident going to the manager with any concerns or ideas and they felt that the manager would listen and take action. One staff member told us “The support we get is very good, we come in weekly to pick our rota up and we can talk to the manager then if we have any concerns.”

Communication between people, families and staff was encouraged in an open way. Relative’s feedback told us that the staff worked well with people and there was good open communication with staff and management. The manager told us they had an open management style and wanted to involve people, relatives and staff in the day to day running of the service as much as possible. Staff said the manager was very approachable and proactive and gave us examples of changes that have been made from their feedback.

People using the service and their relatives were encouraged and enabled to provide feedback about their experience of care and about how the service could be improved. Feedback was initially sought after a person had been using the service for two weeks, feedback included “Everything is great and the carers are wonderful” and “We have bonded really well with all the carers.” Regular audits and surveys were undertaken and these specifically sought people’s views on the quality of the service they received. People were generally happy and content and we feedback from relatives that complimented the standard of care that had been provided.

Staff worked well together and as a team were focused on ensuring that each person’s needs were met. Staff confirmed that although care plans were not up to date they knew what support each person needed and they worked well together sharing information. Staff clearly enjoyed their work and told us that they received regular support from their manager. One staff member said “The manager is very approachable, she gives us feedback and lets us know if we need to improve things” Staff meetings took place and minutes of these meetings were kept. Staff said the meetings enabled them to discuss issues openly and was also used as an information sharing session with the manager and the rest of the staff team. The senior care staff regularly worked alongside staff so were able to observe their practice and monitor their attitudes, values and behaviour.

Quality assurance audits were completed by the manager to help ensure quality standards were maintained and legislation complied with. Where audits had identified shortfalls action had been carried out to address and resolve them.

Records relating to the day-to-day management of the service were up-to-date and accurate. Care records accurately reflected the level of care received by people. Records relating to staff recruitment, and training were fit for purpose. Training records showed that new staff had completed their induction and staff that had been employed for twelve months or more were scheduled to attend ‘refresher’ training or were taking a qualification in care work. Where care staff had received training prior to working at the home they were required to provide certificated evidence of this.