

The Care Bureau Limited

The Care Bureau Ltd - Domiciliary Care - Wellingborough

Inspection report

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Ratings

| | |
|---------------------------------|------------------------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Good ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Requires Improvement ● |

Summary of findings

Overall summary

About the service

This service is a domiciliary care agency. It currently provides personal care to 93 people living in their own homes.

People's experience of using this service

People told us they felt safe with staff and they were treated well. However, improvements were required to ensure the service was well managed and focused on people's needs, preferences and requirements. Quality assurance processes were insufficient. There were some auditing systems in place however they had failed to review key elements related to people's care needs, particularly in relation to the timeliness and length of people's care.

People were protected from abuse, staff were knowledgeable about safeguarding procedures and the management team completed in depth investigations following accidents and incidents to help prevent similar occurrences.

Risk assessments were in place to manage risks within people's lives, and staff we spoke with felt safe supporting people with a wide range of needs. Staff recruitment procedures ensured that appropriate pre-employment checks were carried out. Staff were trained to support people effectively.

People's nutritional needs were monitored, and people were supported to eat and drink well. Healthcare needs were met, and people had access to health professionals as required. Care plans outlined any support people required to manage their healthcare needs.

People's consent was gained before any care was provided. People were supported in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice

Care plans reflected people's likes, dislikes and preferences. A complaints system was in place and used effectively.

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

Rating at last inspection:

The last rating for this service was good (published 30 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

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Detailed findings

Background to this inspection

The inspection

We carried out this 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 and one assistant inspector.

Service and service type

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

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 short notice of the inspection. This was because we wanted to make telephone calls to people who used the service, and staff who worked at the service, so we could review the relevant records during the inspection visit.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and five relatives about their experience of the care provided. We spoke with ten members of staff including the provider's representatives, registered manager, supervisor, scheduler and care staff.

We reviewed a range of records. This included 13 people's care and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff that supported them. One person said, "I like the confidence that they give me, [that makes me feel safe.]" Another person said, "They are very friendly and make me feel comfortable."
- Staff had training about how to recognise signs of abuse, and how to keep people safe. Staff understood how to report any concerns and were confident these would be reported appropriately.
- Records showed the registered manager had worked with the local safeguarding authority when concerns were raised, and action was taken to keep people safe.

Assessing risk, safety monitoring and management

- People had risk assessments in place which empowered them and enabled them to be as independent as possible.
- Staff were knowledgeable about people's risks and took action to keep them safe. For example, by ensuring people were left with a drink if they were at risk of dehydration, or could not get their own drinks once staff had left them.
- Risk assessments were updated and reviewed regularly or when people's needs had changed.

Staffing and recruitment

- People were usually supported by a regular team of care staff. One person's relative said, "We used to have quite a few names popping in... The consistency is much better now - which is particularly important for someone with dementia."
- Safe recruitment practices were followed. Staff files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles.
- All employees' Disclosure and Barring Service (DBS) status had been checked. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions.

Using medicines safely

- People were supported to take their medicines safely. One person said, "Mine are in a blister pack so they [the staff] pop them into my hand and make sure I have a drink to take them with."
- Staff were trained in the safe administration of medicines and understood how to administer and record people's medicines safely.
- People's care plans recorded how people liked to take their medicines and staff supported people with this.

Preventing and controlling infection

- People told us they had no concerns about staff hygiene practices whilst they were being supported with personal care. One person said, "They do wear gloves and aprons, and I see them washing their hands."
- People's care plans had guidance for staff about infection control practices and staff adhered to this guidance.

Learning lessons when things go wrong

- Systems were in place to take action when things went wrong. For example, one person had asked to have a specific gender group to support them with their personal care and this had not been followed for one of their visits. The provider learnt from this and made amendments to their computer system to prevent them from making this mistake again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support needs had been assessed before the agency began supporting them. This was to make sure people's needs could be met effectively, and to determine if the service could logistically meet their requirements.
- Assessments and the care plans developed from them considered all aspects of a person's needs including protected characteristics such as lifestyle choices, cultural needs and religious preferences.

Staff support: induction, training, skills and experience

- New staff received an induction into care which helped to prepare them for their role.
- Staff received training in a variety of care areas, this was focussed on people's care needs. For example, staff supporting people with catheter care received training in this area. All staff were expected to complete the Care Certificate. However, we found that when staff training was due to expire the registered manager did not always take prompt action to rectify this before staff were able to support people with their care needs. The registered manager told us they would ensure the staff with outstanding training needs would be addressed immediately after the inspection.
- Staff received regular and helpful supervisions which gave feedback about their performance. Staff felt supported and told us they always felt they could ask for additional support.

Supporting people to eat and drink enough to maintain a balanced diet

- People were well supported to eat and drink enough. One person said, "They [the staff] give me a meal at tea time and a sandwich at lunch time. I make my own choice, sometimes I have a sausage sandwich. I will say what I want them to prepare."
- Staff understood people's needs and supported them to maintain good nutrition. One person's care plan explained they needed their food cut up for them due to previous health issues and staff confirmed they did this.
- People were encouraged to eat and drink as much as they wished and were left with additional drinks or snacks when appropriate.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked well with other agencies, including hospitals and other healthcare services to ensure care was cohesive and consistent. For example, when people were admitted to hospital, staff liaised closely with hospital staff to understand when people may be discharged to ensure the person had the appropriate support for when they returned to their homes.

- People had clear information in their care plans about the support they required to manage their healthcare and oral healthcare needs. For example, staff supported people to clean their teeth or dentures, and ensured people had support from healthcare professionals when required.
- One person said, "Once they had to [call a doctor] for me. They won't leave me until the doctor has been. They waited with me and got cover for their next call."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People were asked for their consent and agreed for staff to provide the care they required.
- People's care plans recorded that people had mental capacity.
- Staff understood the principles of the MCA and worked within them.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well and enjoyed the relationships they had with staff. One person said, "They're always so helpful and kind, and speak well to you. They make you feel like you are a somebody, not just a nobody."
- Staff enjoyed their jobs and this shone through as they talked respectfully and warmly about the people they supported. One member of staff said, "I love my job. I love that I get to see them [the people using the service] every day and see how they're getting on."
- People's equality needs were considered during the assessment stage, and these were respected as people continued to use the service. Staff were matched with people to try and accommodate their equality characteristics and ensure people felt comfortable with the staff that supported them.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to make decisions about their care. One relative said, "They're very considerate, and ask [name] what they want, like a shower or a wash, they will do whatever [name] wants them to do. Another person said, "They definitely respect my views. We don't really talk about my religion, but they are very respectful."
- People and their relatives were involved in writing their care plan and deciding the care they required support with. People felt they could ask for changes to their care and this would be respected.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's rights and maintained people's privacy and dignity. One member of staff said, "I always make sure the curtains are shut if I am supporting people with their personal care and try to keep them covered up with a towel when they're having their wash."
- People were empowered and encouraged to be independent. One person said, "They help me do things. They don't take over, but they won't leave me to struggle. Staff were aware of people's abilities and worked with them to be as independent as possible."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

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's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans in place which reflected their care needs, likes and preferences.
- Care plans were reviewed and updated regularly, or as people's needs had changed.
- People were able to make choices throughout their care visit.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- During the assessment process people's communication needs were assessed and a care plan was completed which supported people's requirements.

Improving care quality in response to complaints or concerns

- People and their relatives were able to raise complaints and concerns and were provided with information they could understand about how they could do so.
- Complaints were investigated and responded to appropriately.

End of life care and support

- Systems were in place for people to express their end of life care wishes.
- People had care plans in place which recorded their wishes in the event of a sudden serious illness or potential death.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Improvements were required to the culture of the service to ensure that it was person-centred and supported people to achieve good outcomes. The service was task focussed and did not do enough to ensure people's needs were put at the forefront of the service. For example, two people had given the service feedback about the timings of their calls for health reasons and these had not taken priority. Insufficient attempts had been made to accommodate those needs.
- Staff told us they did not always feel the culture at the service was open and empowering. Staff felt listened to by the registered manager however felt the registered manager did not have enough involvement in key decisions, including the approach to care and timeliness of visits. One member of staff said, "I rather not go into the office, it's not very welcoming and if I need equipment I usually arrange to collect it from [a member of staff]."
- There were no staff meetings to help promote an inclusive environment and ensure good communication amongst the team. There was a sense of isolation amongst staff and further improvements could be made to ensure the team were supportive, cohesive and worked together for the benefit of both staff and people who used the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Improvements were required to the management and oversight of the service. The registered manager was not always aware of people's feedback, particularly when people were asking for improvements or changes to their care. Staff did not always identify the seriousness or importance of people's requests and did not take appropriate action to remedy them effectively or keep people updated about their actions without the involvement of the registered manager.
- Further improvements were required to ensure adequate auditing systems were in place, and that these were carried out in a timely way. There were limited auditing systems in place to ensure people's care had been scheduled appropriately and with sufficient time for travelling. The registered manager told us they were planning to review the timeliness of 10 people's care a week to help review the care everybody received.
- Improvements were required to the auditing that did take place. For example, people's care records were audited however they were checked for administration issues including the colour pen that was used for the notes. Care records were not adequately checked to ensure staff had completed people's care appropriately

as per their care plan, or that they had arrived and stayed for the required time.

- Medications administration records (MAR) were audited however this was not completed in a timely and systematic manner. This meant there was a risk errors could be missed and fail to be rectified promptly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Improvements were required to ensure people were fully involved and engaged with their care. People told us they were not informed about changes to their care, for example if their regular members of staff changed, or if their staff were running late. One person's relative said, "We'd been having the same carer for two years. It's quite a big change for us to have a new carer and we never got a call from the office."
- People were asked to complete questionnaires about the service they received. These were collated by head office and when action was required the registered manager told us they dealt with this on an individual basis.

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; Continuous learning and improving care

- The management team understood information sharing requirements and demonstrated an open and transparent approach when something went wrong. We saw that information was correctly shared with other agencies, for example, when the service had identified concerns, and the manager sent us notifications about events which they were required to do by law

Working in partnership with others

- Staff worked well with other partnership agencies including the local authority and healthcare services. There was good liaison, particularly with healthcare services and staff followed advice to help provide good quality care for people.