

Bucks Country Home Care Limited

Bucks Country Home Care Limited

Inspection report

Thame Road
Longwick
Princes Risborough
Buckinghamshire
HP27 9SG

Tel: 01844342125

Website: www.buckscountryhomecare.co.uk

Date of inspection visit:

22 October 2019

25 October 2019

Date of publication:

22 November 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

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 38 people across rural Buckinghamshire.

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

People were not always protected from unsafe medicine management. The service did not fully comply with national guidelines regarding records relating to medicines. Some people were supported with the administration of their prescribed medicines without any medicine administration records being in place. Records did not routinely show why prescribed medicines had not been administered.

People's care plans showed their likes and dislikes and how they wished to be supported. However, they did not routinely show if any discussions had been held about their end of life care wishes. We have made a recommendation about this in the report.

People were supported by care workers who demonstrated they were kind, compassionate and promoted people's dignity. Comments from people and their relatives included "They respect my privacy at all times" and "They have a very difficult job and they're always very cheerful."

People were complimentary about the support provided. People told us "I would not change agency at all, as they are perfect as far as I am concerned," "The staff are so kind and caring" and "I can't fault anything."

People were supported by staff who had been recruited safely to ensure they had the right skills and attributes. Staff were provided with training to keep their knowledge up to date.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us the service was well-led. The provider had clear values which were communicated to staff. People told us "I think the service is well managed as I have no complaints" and "They do a fantastic job."

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 2 May 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Bucks Country Home Care Limited

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 an Expert by Experience. An Expert by Experience (EXE) is a person who has personal experience of using or caring for someone who uses this type of care service. The EXE made telephone calls to people and their relatives.

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, however, they had recently left the organisation and an application had been made to cancel their registration. The provider had made arrangements for another manager to be registered and an application was pending. Registered managers and providers 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 we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 22 October 2019 and ended on 27 October 2019. We visited the office location

on 22 October 2019

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. However, throughout the inspection we provided the manager with opportunities to share with us what changes they had planned. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we held about the service since the last inspection and what people had told us. We contacted local authority safeguarding teams. We used all of this information to plan our inspection.

During the inspection

The EXE spoke with 13 people and six relatives on the phone to gain their experience of the care provided. We spoke with the provider's nominated individual and the manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with five staff, three of whom carried out personal care and two who were office based.

We reviewed a range of records. This included four people's care records and multiple medicine 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.

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 reviewed information and the responses from the EXE telephone calls. We sent staff emails to request feedback. We did not receive any responses. We contacted external health and social care professionals to provide feedback.

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 deteriorated to Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection we recommended the provider sought guidance from a reputable source on ensuring medicine audits were effective and medicines were managed safely.

At this inspection we found the service had made improvements to how they audited medicine records. However, we identified ongoing concerns about medicine management and record keeping.

- Medicine administration records (MARs) used and completed by the provider did not always follow national guidelines or the providers own policy. We found prescribed medicines were not always routinely listed on MARs. For instance, we found antibiotics and eye drops had been administered by staff, without any written guidance on the MAR. This was in conflict to the provider's policy which stated, "Care staff are not authorised to help service users take medicines that have not been prescribed by the GP or are not listed in the service user's medicines management records."
- We found no MAR chart in place for one person for a period of six days. Daily records showed care workers had administered prescribed medicines to the person for the same period. An audit carried out had identified this omission and a MARs was put in place on the same day of the audit.
- The provider had processes in place for staff to record why a prescribed medicine was not administered. For instance, if the person refused or was unwell. Staff needed to record a code and a reason on the MAR. We looked at a number of records and found staff did not routinely enter a reason why a medicine had not been administered. We discussed this with the management team who agreed staff were not following the provider's policy. The nominated individual re-issued staff with the required form to record medicines not administered.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were managed safely and records followed best practice guidelines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they were supported with their prescribed medicines as required, comments included "Meds dispensed and given from dossett box and marked in book" and "Good with meds."
- The provider had systems in place to monitor when medicine audits and reviews were required. We found action identified by the audits had been implemented quickly.

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. People we spoke with knew who to speak with if they had a concern about potential abuse. People told us they felt safe with the care workers. Comments included "I do feel safe. The carers are very good with him," "We trust them, and they let us know if there's anything untoward" and "I feel safe. They're professional in their approach and that gives a feeling of safety."
- Staff who we talked to demonstrated awareness of when to raise a safeguarding concern to the local authority. We saw posters with contact numbers for the local authority were displayed around the office.
- The management team were aware of the need to report safeguarding concerns to the local authority and to CQC.

Assessing risk, safety monitoring and management

- Risks associated with people's medical conditions were assessed. For instance, people who were at risk of malnutrition had a risk assessment in place.
- Risk assessments were completed for a wide range of activities associated with supporting people. For instance, supporting people with medicines and supporting people to move position. Where people had equipment in place such as bed rails, a risk assessment had been completed to support staff in minimising risk of 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.

Staffing and recruitment

- Records we looked at demonstrated staff had been recruited safely. The manager was aware of the required checks 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.
- People were supported by staff who had been allocated enough time to provide person-centred care. People told us the staff arrived on time. Most of the people we spoke with told us they were informed if the care worker was going to be late. However, three people told us they did not always get a call. We have discussed this with the management team to take appropriate action. Comments from people included "They [Staff] arrive on time. Always turned up," "Staff arrive on time. We only have one carer. They let us know if they're running late" and "Not always on time. but it doesn't bother me."
- Staff told us they did not feel rushed and had enough travelling time between visits.

Preventing and controlling infection

- Staff received training on how to minimise the risk of infections.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons.
- Where people required support with the preparation of meals they were supported by staff who had received training in food safety.

Learning lessons when things go wrong

- Incidents and accidents were recorded.
- Staff were aware of what needed to be reported.
- The provider had systems in place to meet with people it supported on a regular basis. Information from the meetings with people were used to drive improvement. Any issues or themes identified were discussed at team meetings.

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

- Prior to people being supported with personal care. A full care needs assessment was carried out by a senior member of staff.
- Assessments identified any individual needs which related to protected characteristics identified in the Equality Act 2010. For instance, preferences for bathing, meal choices and other cultural considerations.
- Where assessments identified the need for additional equipment, the service ensured this was in place. For instance, the need for a hospital bed or lifting equipment to help the person move position.

Staff support: induction, training, skills and experience

- People were supported by staff who received an induction to their role. This involved initial training in subjects the provider deemed mandatory and working alongside existing staff.
- A new member of staff only worked unsupervised when a supervisor had signed them off as competent.
- All new staff were expected to complete the Care Certificate. The Care Certificate is a set of nationally-recognised standards all care staff need to meet. The standards include communication, privacy and dignity, equality and diversity and working in a person-centred way, as examples.
- People told us they thought the staff were well trained. Comments included, "They're very well trained and meet my needs well. They do anything I ask them to do" and "They [Staff] seem to know what they're doing and they're very helpful and caring."

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

- We observed there was good communication between office staff and care workers. Care workers often visited the office to feedback any changes in people's needs to office staff.
- We noted referrals were made to external healthcare professionals when needed. People had been referred to occupational therapy for equipment and district nursing services for wound care. On the day of the office visit a member of staff was making changes to a person's care plan as a result of a recent occupational therapist referral. A healthcare professional told us referrals made to them were always 'timely and appropriate.'

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

- Where people required support to maintain their nutrition and hydration levels, this was detailed in their care plan. People's dietary needs were well known by staff. For instance, if someone was a vegetarian.
- Where people did have support with their meal they told us they were happy with the staff. Comments included, "Sometimes they make me an evening meal and breakfast. I tell them what I want to eat" and

"They prepare my breakfast; they ask me what I want. All done very well."

- Relatives we spoke with told us staff supported their family member and always offered choice. One relative told us "They try to encourage mum to drink; they prepare mum a ready meal; they give her a choice of what she wants to eat."

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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.

- The provider and manager were aware of best practice guidance to ensure they applied the core principles of the MCA. Staff we spoke with were able to tell us how they supported people to make choices about their care and treatment.
- The provider had worked with external healthcare professionals when supporting people who lacked capacity to make decisions about their care and support. The manager told us about a person who had been discussed at a best interest meeting, when concerns about their safety were highlighted.
- Where a person had awarded a legal power to a third party to support them make decisions, the service ensured it had received a copy of the rights and powers held.
- We found records demonstrated people had consented to their support plan and were involved in discussion about their care.

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 told us they were happy with the care and support they received from staff, comments included "I've had the same carer for quite a while and I can't fault anything," "They're [Staff] really lovely" and "They're [Staff] very professional."
- Relatives we spoke with were happy how the staff supported their family member. Comments included "Definitely, they're kind and caring, they deal so well with my husband" and "They [Staff] have a very difficult job and they're always very cheerful."
- Staff were able to demonstrate how they respected individuality and challenged discrimination. A relative told us "As my husband is blind, they talk him through what they're going to do."
- Staff demonstrated kindness towards people, it was clear when they spoke about people they enjoyed working with them and were knowledgeable about their likes and dislikes.

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

- People felt involved in decisions about their care. A member of staff visited each person at regular intervals to check on the service provided. People told us "Someone came last week to see if we needed anything, but so far there has been no need to change anything."
- People told us they felt listened to by staff. Comments included "They asked if I wanted a male carer and I said I did not; they respected my wishes," "They [Staff] listen to what I have to say" and "My views are taken on board."

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected, staff were aware of how to promote people's dignity. Comments from people included "They [Staff] respect my privacy at all times, and "They [Staff] do everything with dignity."
- People told us staff supported them to be as independent as they could be. Comments included "They [Staff] know what my limits are." Relatives told us "They [Staff] do encourage him to do things, but he can't co-ordinate very well, so they help him," "Mum tells them she can do some things herself, and the staff make sure she's safe whilst doing it" and "They [Staff] encourage him to do things for himself such as washing his face. All done in a dignified way."
- Staff had received training on how to support people with privacy and dignity. People's information was stored securely and only staff who required to view information had access to it.

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 Good. At this inspection this key question has remained the same. 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 received a personalised service from staff. Each person had a care plan which detailed their care needs, likes, dislikes and how they liked to be supported. Where people had identified any needs relating to their culture or religion this was detailed.
- Information was obtained about people's life histories, family and friends and what was important to them.
- The provider had systems in place to audit care plans. Care plans were reviewed at regular intervals to ensure they were still accurate, up to date and reflected people's needs.

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.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. The service ensured it supported people to understand information provided.
- Staff were aware of people's communication needs. One person used a white board to help them communicate with staff.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Some people who were supported by the service attended local social clubs. One relative told us "On a Monday he goes to the dementia club."
- The provider had considered facilitating a coffee morning in a local village hall for people they supported. However, this had not happened to date. They told us they were hopeful it could work in the future.

Improving care quality in response to complaints or concerns

- The service had a complaints policy dated August 2019. The manager kept a record of complaints made.
- We found the service responded to complaints in a timely manner. The service used complaints to learn and develop the service.
- People we spoke with told us they knew how to make a complaint. Where people told us, they had made a complaint this had been dealt with quickly. Comments included "I would call the Office. Once I made a complaint about a carer who was very rude to me. I called the Office and it was sorted out straight away and

the carer has not been here since" and "I have complained about timings and it was sorted out and happy with the outcome."

End of life care and support

- At the time of the inspection the service was not supporting anyone with end of life care needs. We discussed end of life care with the management team. They told us it was not an area they wished to specialise in.
- We observed end of life wishes had not been recorded in people's care plans. This meant people may not have been given the opportunity to discuss their end of life needs and preferences. We discussed this with the management who agreed to explore this in the future.

We recommend the service consistently follows best practice guidance in care planning for people at end of life.

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.

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

- At the time of the inspection there was a manager registered with the CQC, however they were no longer in post and an application to remove them was being processed. The provider had arrangements in place for a new manager to be registered with CQC.
- The provider's governance systems had not identified the service was not routinely following national guidance with respect of safe medicines administration.
- Providers and 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 our record against records held at the service, we found we had been notified when required.
- The provider had policies and procedures in place which reflected best practice. Policies had review dates and a version number on them. However, staff did not routinely ensure they followed the provider's policies.

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

- The provider had clear values and expected levels of behaviour from staff. These were communicated at team meetings.
- Throughout the inspection we found the management team responsive to our feedback and demonstrated a commitment to make required changes to further improve the service provided.
- People and their relatives told us they thought the service was well run. Comments included "I think the service is well managed; they do a fantastic job," "I think the service is definitely well run; if you have any queries, they sort it out immediately" and "I think the service is very well managed; the staff are so kind and caring."

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

- Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information

and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity. The manager was familiar with this requirement and was able to explain their legal obligations in the duty of candour process.

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

- The provider arranged for a member of staff to meet with each person regularly, in addition a quality monitoring survey was sent to people. Feedback from the most recent survey was positive with comments including, "Just to say you have a lovely bunch of ladies, cheerful, confident, friendly and professional," All of them are five star," We cannot fault your staff. They are very good and caring" and "All the carers who have helped me have been skilled and sensitive." Another person had commented "I would not change agency at all, as they are perfect as far as I am concerned" and "I'm really happy with the Agency; girls are lovely and I'm well suited."
- The service had recently facilitated a charity coffee morning, people supported by the service were invited and attended and monies raised were donated to a national charity.

Continuous learning and improving care; Working in partnership with others

- The provider had systems in place to keep them up to date with any changes in the care industry.
- The service worked with external healthcare and social care professionals. For instance, district nursing service, occupational therapy services and the local authority. The last contract monitoring visit carried out by the local authority in May 2018 and was compliant.

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 12 HSCA RA Regulations 2014 Safe care and treatment How the regulation was not being met The provider did not routinely ensure it followed best practice guidance regarding record management in respect of medicines.