

East Midlands Crossroads-Caring For Carers Carers Trust North Bucks & Milton Keynes

Inspection report

Unit 3 Stable Yard, Mount Mill
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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

Carers Trust North Bucks & Milton Keynes is a domiciliary care agency. They provide personal care to people living 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 30 people were receiving personal care.

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

Not all known risks to people had been assessed and strategies to mitigate these risks recorded. However, the manager implemented the risk assessments immediately following the site visit.

Medicines recording required improvement. Medicine administration records were not always recorded correctly with all of the information required to monitor medicines.

Care plans were not always person centred or contained factual up to date information within them. The manager made the amendments needed immediately after feedback was given.

Systems and processes were not always effective in ensuring all documents were accurate, complete and up to date. Audits completed had not identified the concerns we found on inspection. The manager was in the process of improving how the oversight of the service was completed.

People were supported by staff who had been recruited safely and had the required training to meet their needs. Staff understood safeguarding processes and how to recognise signs of abuse.

People told us staff were kind and caring and that people felt safe with staff. Staff respected people's right to privacy and dignity and promoted independence.

Staff wore appropriate personal protective equipment and followed government guidance on reducing the spread of COVID-19.

Staff supported people to live healthy lives and contacted health professionals as required.

People, relatives and staff all knew how to complain. Policies and procedures were in place identifying how and when a complaint needed to be responded by. Complains received had been investigated within the providers specified timeframe.

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.

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

Rating at last inspection

This service was registered with us on 16 September 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on a newly registered service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

Carers Trust North Bucks & Milton Keynes

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 Health and Social Care Act 2008.

Inspection team

This inspection was completed by one inspector.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 22 March 2022 and ended on 28 March 2022. We visited the location's office on 22 March 2022.

What we did before the inspection

We reviewed information we had received about the service since they registered. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke to four people, and two relatives about their experience of the care provided. We spoke with five members of staff including the manager, service manager and care staff.

We reviewed a range of records. This included five people's care records 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at audits, training and governance.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated 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.

Assessing risk, safety monitoring and management

- Known risks to people had not always been assessed. For example, one person who was at risk when crossing a road, had no risk assessment or strategies recorded regarding how to mitigate this risk. People with diabetes did not always have what signs to look for recorded, this would support staff to understand when they needed to intervene or seek medical support to reduce the risks. However, we found no evidence of harm and the manager implemented risk assessments immediately. Staff were able to tell us how these risks were reduced and what they needed to do in each situation.
- People were at potential risk of constipation. One person had limited information recorded to identify when the situation became a risk. Another person had no risk assessment or mitigating strategies in place. However, we found no evidence of harm. Staff knew the signs and symptoms to look for and the manager implemented risk assessments immediately.
- Records of seizure activity were not always documented correctly. Staff had not recorded the type or description of the seizure witnessed for one person who had experienced three recent seizures. This information is required to support health professional to make diagnosis and to plan appropriate treatment for people. However, the person was kept safe and all information was shared with significant people involved. The manager agreed to ensure records of seizures were more detailed.
- People told us they felt safe with staff. One person said, "I feel so safe with staff they will always do what is right for me."
- Environmental risks had been assessed and mitigated for all people supported.
- Staff told us they understood people's risks and how to reduce these. We discussed specific risks with staff, and they were able to tell us how each risk was mitigated.

Using medicines safely

- Medicine management required improvement. When people had 'as required' (PRN) medicines prescribed, records were not always completed to evidence the reason the medicine was administered. This put people at risk of not receiving their medicines as prescribed. However, we found no evidence of harm and people we spoke to were positive about their medicine management.
- People's medicine administration records (MAR) were not consistently completed to evidence medicines were administered regularly. Some people had two separate MAR for the same medicines. Staff had signed to evidence medicines had been administered but not consistently on one MAR. The manager agreed to investigate and implement a new system where staff only had one MAR to complete.

Staffing and recruitment

- Staff were recruited safely. Staff files contained evidence of references being received and Disclosure and

Barring Service (DBS) checks being completed before staff started to work at the service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- The manager told us there were no current issues with staffing levels. However, one person who required two staff to support them, told us, they generally only had one staff attend their calls. The manager explained due to not having the staff to meet this person's needs they had requested another provider was sourced. The provider had supplied two staff when possible, this included trained office staff and the manager attending calls. . Following the inspection, we were informed another provider had started to support the person.

Systems and processes to safeguard people from the risk of abuse. Learning lessons when things go wrong

- The provider had policies and processes in place to safeguard people from abuse. The manager was in the process of implementing clear and more robust recording of any safeguarding concerns to ensure details were not missed and lessons could be learnt.

- Staff had training in safeguarding and understood how to recognise the potential signs of abuse.

- The provider shared details of any trends and patterns found regarding incidents and accidents, safeguarding or concerns with staff.

Preventing and controlling infection

- People were protected against COVID-19. Staff followed government guidance on testing for COVID-19 and wore appropriate personal protective equipment (PPE) when supporting people.

- Infection prevention and control (IPC) systems were in place. The provider had an up to date policy and all staff received IPC training.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Not all care plans contained person-centred information within them. For example, some care plans had no personalised information recorded to support staff to understand how a person wanted to be supported or what actual tasks were required. The manager updated these care plans immediately.
- People's needs were assessed before any care was provided. However, not all care plans had the necessary information recorded to ensure staff understood and could meet people's individual needs. For example, specific information about their health condition or equipment used. Staff met with people to gain additional information and the manager updated these care plans immediately.
- People and relatives were involved in completing care plans and pre assessment documents. One relative told us, "I told the staff what [person] wanted and needed. The recorded it and said they could meet [person's needs]."

Staff support: induction, training, skills and experience

- Staff told us they felt supported in their roles and that they received adequate training to meet the needs of the people they support. One staff member said, "I've received the right training for the people I support."
- The manager provided evidence of staff training which included staff completing the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Newly recruited staff completed an induction which included shadow shifts, training and competency checks before they were able to lone work with people. One staff member told us, "All new staff have to shadow with staff for at least two weeks before going out on their own."

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

- Staff worked with other professionals, people were referred to appropriate health professionals such as, occupational therapists or physiotherapists, when required. Staff recorded outcomes and followed advice as needed.
- When people needed to access health care professionals such as doctor, dentist or optician staff understood their responsibility to either ensure they passed the information onto relatives so that this was organised, they assisted the person to call themselves or they contacted the relevant professional. One person gave an example of when staff had contacted healthcare support for them, the person said, "This action saved my life."

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 MCA 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.

- People were supported to make decisions. When a person lacked the capacity to make a decision a best interest meeting was held.
- People had documented consent in place for photos, care plans and finances.
- People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 and relatives were consistently positive about the way staff treated them. One person told us, "Staff are terrific." Another person said, "The staff are kind, compassionate and caring. They are all wonderful." One staff member told us, "We (staff) care about the people we support. We want them to be happy and well looked after, we will do extra tasks if needed just to help out."
- People's care plans included details of their religion and culture. People were able to choose what gender of staff they preferred for personal care. We saw evidence that people's preferences had been respected.

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

- People and relatives told us they were involved in their care planning and decision making. One person said, "I have my care plan and can read it at any time, if something needs to be changed I can tell them and they will amend it, if they see something is wrong they tell me then they amend it."
- No one being supported currently required the support of an advocate. An advocate is someone that helps people to speak up about their care. However, the registered manager would support people to access advocacy services should they need to.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and promoted independence. One person told us, "Staff help when I need it and give me a push when I could be doing it myself."
- Staff understood people's right to privacy and dignity. One staff member said, "I always make sure [person] has their dignity respected, I close the doors and curtain, make sure no one comes into the room and ensure [person] is covered up as needed." Another staff member told us, "We always knock before entering."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Care plans held some minor conflicting information within them. The manager agreed to amend these documents immediately.
- People were supported by a consistent staff team who knew them well. One person told us, "I always know who is coming and all of the staff who come to me are regular's, they know me and what I need well." Staff told us they were informed in advance of the people they were visiting for the coming week.
- People and relatives told us that the service they received, was person centred and suited their needs. One person said, "Staff go above and beyond to meet our needs."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans had basic information regarding their communication needs. Care plans contained information regarding any visual or hearing aids required and if a person was able to communicate verbally.
- The manager told us they were able to produce information in different formats when required. For example, into easy read, large print or different languages.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place and people, relatives and staff knew how to complain.
- Staff, people and relatives told us they knew how to complain and felt they would be listened to and their concern rectified. One staff member told us, "If I have any issues or if I am unhappy, I tell them (managers) and they sort it."

End of life care and support

- At the time of the inspection, the service was not supporting anyone who required end of life support.
- People had evidence in their care plans regarding their do not attempt cardiopulmonary resuscitation (DNACPR) status.
- If anyone required end of life support the manager would ensure all staff had the appropriate training and support and they would liaise with the appropriate health care professionals.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The service did not have a manager in place who was registered with CQC. However, a manager had recently been recruited and was in the process of registering and implementing improvements.
- Systems and processes to ensure complete, up to date and detailed records were kept, were not in place. For example, records of support offered to people with specific daily tasks were not audited. The manager was in the process of implementing new systems to ensure records were completed.
- Systems and processes were not in place to ensure care plans and risk assessments contained sufficient up to date information. We found some care plans had no person-centred information within them, and others had missing information regarding risks and health concerns. The auditing processes were being changed and audits completed more regularly.
- Audits completed on daily records and MAR were ineffective. The manager told us they completed these audits to cross check both records to ensure information was completed. However, the current process only checked five random files a month. This meant it could be up to eleven months before these records were audited again. We found missing information in daily notes. However, MAR were also audited monthly.
- The manager understood their responsibility to submit notifications to CQC and the local authority when an incident occurred. The registered manager completed investigations for complaints, incidents and accident.

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

- Staff were all positive about the management of the service and the support they received.
- People and relatives were positive about the staff and management. One person told us, "The whole company is brilliant, we couldn't ask for more. From the top down they care about people."

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

- The manager understood their responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information. The manager had not completed the duty of candour process at the time of inspection but was starting the process regarding a specific incident.

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

characteristics

- People, relatives and staff were asked to feedback on the service annually through a survey. The results of the previous survey (2021) were mostly positive. However, there was no action plan or follow ups evidenced for areas that people had raised concerns with. For example, eight people had recorded they were not 'kept informed of changes' or had not been 'contacted to see if they were happy.' The manager had recently sent another survey out to people, relatives and staff to gain their views and experience. The manager told us, they were going to review all feedback and implement an action plan if required.
- People and relatives were involved in their annual reassessment of needs.

Continuous learning and improving care; Working in partnership with others

- The manager was engaged and open to the inspection process and remained open and transparent throughout. We received updated and reviewed records immediately after the inspection.
- Relatives were kept up to date with their loved one's progress, outcomes and any incidents that may have occurred. A relative told us, "Staff always handover what they have done, how [person] was and if there were any accidents or incidents."