

Diamond Resourcing Plc

Better Healthcare Services (Colchester)

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?

Good ●

Summary of findings

Overall summary

What life is like for people using this service:

- Staff had a good knowledge of how to keep people safe from avoidable harm.
- People were supported to take their medicines in a safe way, but staff did not always have guidance on when to give medicines that were prescribed 'as and when required'
- Staff were recruited safely and appropriate checks were carried out before they started work at the service.
- Where lessons were learned, feedback was provided to staff to ensure continuous improvement took place throughout the service
- Quality assurance processes were in place to ensure the safety of the service and these supported the safe running of the service
- The Registered Manager ensured that staff received specialist training based on people's individual needs.
- People received care and support based on their individual assessment, needs and preferences.
- Staff continued to have a good understanding of key pieces of legislation and when they should be applied.
- People were supported by staff who understood the need to ensure person centred care and to respect and listen to people. The Registered Manager ensured consistency in staffing to enable positive relationships between staff and people
- People told us they felt well cared for by staff who treated them with respect and dignity and encouraged them to maintain relationships and keep their independence for as long as possible.
- Systems were in place for people to raise complaints and concerns.
- Staff liaised with other health care professionals to ensure people's safety and meet their health needs.
- Staff spoke positively about working for the provider. They felt well supported and could talk to management at any time, feeling confident any concerns would be acted on promptly.

More information is in the full report

Rating at last inspection: Good (report published 12 July 2016)

About the service: Better Healthcare Services is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing. It provides a service to older adults. The service also provides 24-hour care within people's homes. Better Healthcare Services serves the people within and around Colchester. At the time of our inspection the service was supporting 65 people and employed 36 members of staff.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If we receive any information of concern, 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?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Better Healthcare Services (Colchester)

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

Two inspectors visited the office on day one of the inspection. An Expert by Experience supported the inspection on day two by making telephone calls to people who receive the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.'

Service and service type:

Better Healthcare Services is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing. It provides a service to older adults

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:

This inspection was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that someone was available at the office. Inspection site visit activity started on 04 December 2018 and ended on 06 December 2018. It included telephone calls to people using the service. We visited the office location on 04 December to see the Registered Manager and office staff and to review care records and policies and procedures.

What we did when preparing for and carrying out this inspection:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with eight people who use the service to ask about their experience of the care provided. In addition, we spoke to two professionals about their experience of the service.

We spoke to seven members of staff including the Registered Manager, senior care workers, care workers, a field care supervisor.

We reviewed a range of records. This included two people's care and medication records. We also looked at two staff files including supervision records, records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- The provider had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were safe from abuse. They told us they had received appropriate training in safeguarding and how they had used this to protect people. Two staff members told us that they had raised safeguards when people were at risk. One said, "I knew to report it (the incident) straight away".
- Recruitment processes were safe. Checks to ensure staff were fit to carry out their role had been completed. One staff member told us "I was very impressed with the paperwork I completed for the job"

Assessing risk, safety monitoring and management

- People told us they felt safe. One person said, "'I feel very safe. they are very good when they're with me and they're reliable.' Another told us "Every time they come to see me, I feel safe."
- Risks to people were assessed and safely managed. People's needs and abilities had been assessed prior to receiving the service. Risk assessments were in place to guide staff on how to protect people. Risks which affected people's daily lives, such as toileting, bathing, medication, nutrition and mobility were found and action to reduce the risk clearly documented. Staff told us they understood and knew the risks and showed good knowledge of the people they were supporting. One told us "Risk assessments are completed when a new people starts using the service."

Staffing levels

- Staffing levels were appropriate to meet the needs of the people using the service. Staff felt there was enough staff on duty to support people effectively including out of hours. One staff member told us "The on call are brilliant. I used them so much when I first started, any advice you needed, they would help."

Using medicines safely

- Records showed that medicines were safely administered, however some Medicines Administration Records were missing signatures. The field care supervisor showed us that the medicine had been administered and that the missing signatures were an administrative error. A staff member told us, "I always sign the charts but if I see a gap, I will call the office and let them know and they will ring the carer to make sure the medication has been given."
- Where errors were found, they were investigated and action was taken where needed.
- People told us staff helped support them with their medication. One person said "They ask me if I have taken my tablets and they give me a glass of water to take them. It's very helpful."
- Staff told us they understood when people needed medication 'as and when required'. One member of staff told us "Some people have 'as and when required' medication, for example paracetamol. This can be one or two and I write down the amount administered".

- Staff told us they received spot checks on their practice and had their competency assessed to ensure that they could administer medicines safely

Preventing and controlling infection

- Staff had access to Personal Protective Equipment (PPE) to help prevent the spread of healthcare related infections. This was stored in the office and staff had access to it. One staff member told us, "There is plenty of PPE. "
- One person told us, "When my regular carer supports me to prepare lunch, they always wash their hands first. I'd be worried if they didn't."

Learning lessons when things go wrong

- Evidence was available to show that when something had gone wrong, the Registered Manager responded appropriately and used any incidents as a learning opportunity. For example, audits had found missing signatures on the MAR sheet. We saw that emails were sent to staff reminding them to sign. At a team meeting on the 10 October 2018, staff were also reminded to sign the MAR. A Field Care Supervisor told us, "If the same person has two-three errors, I will do a competency assessment, spot check and informally talk with them to understand why. We don't like to punish people for mistakes.".

Is the service effective?

Our findings

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

Good: 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

- Assessments of people's needs were comprehensive, regularly reviewed and expected outcomes of their care recorded. One staff member told us, "Everything you need to know or do is in the care plan." Another told us, "If we notice a change in someone, the care plan would be updated."
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. One professional told us, "I have worked on one case where the agency has been very supportive to the person, very proactive in their role and understanding around the adult's needs."

Staff skills, knowledge and experience

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively.
- People told us they felt staff were well-trained and knew what they were doing.
- Staff received a comprehensive induction and training programme. The Registered Manager told us, "Training has improved. Some is online training but new staff complete three days training in the office face to face. This includes manual handling and basic life support." One staff member said, "I was impressed with the training. It equipped me to do the job." Another told us, "When I started I did shadowing on my induction then I went out on my own."
- Staff were completing or had completed the Care Certificate if they did not have any other care qualification. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life.
- Staff had regular supervision including appraisals and spoke highly of the support they received from managers. One told us "The management is very supportive to me and any personal issues I have."

Supporting people to eat and drink enough with choice in a balanced diet

- People received support to maintain their independence and prepare their own meals. Staff told us some people had support in meal preparation. One person received home delivered meals from another organisation in a pureed form. Staff told us, "(Person) has everything pureed and their fluids thickened. I will make their food look nice so if they are having fish I will make it look like a fish."
- Staff were given information to support people with food and drink. One care record said, "Can all staff who go into (person) please ensure food and drink is made available, especially now with the hot weather. This does apply to all service users as well."
- People were supported to maintain good health and were referred to appropriate health professionals as needed. Staff told us how they would identify any health concerns and action they would take. One told us, "I would call 999 and inform the office. If it wasn't urgent, I could call the doctor and let the office know. One person told us, "One carer suggested I go back to my GP as they picked up I was worried about my

medication, they said that perhaps I could have it looked at."

Staff providing consistent, effective, timely care

- People told us they received consistent care from staff and felt safe because of this. Procedures and systems were in place to check care staff to ensure they arrived at calls. These also ensured that where calls may not be met, cover was in place to make sure these were met.

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

- We checked whether the service was working within the principles of the Mental Capacity Act (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff continued to have a good understanding of the MCA and when it should be applied. People were encouraged to make all decisions for themselves and were provided with enough information to enable this in a format which met their needs. There was a strong emphasis on involving people and enabling them to make choices wherever possible.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported

- The service continues to involve people and treats people with true compassion, gentle kindness, dignity and respect. People receive a good level of care. People were positive about staff's caring attitude. One person told us, "They treat me so well. They are always very polite and friendly. They help me wash or shower. I wash all my front, they do the back. They are careful that I'm covered with towels too." One staff member said, "I treat people as I would treat my own mum."
- Some people had their life history recorded which staff used to get to know people and to build positive relationships with them. The Registered Manager was aware that some people did not have a life history recorded and were working to ensure this was in place.
- People told us that staff knew their preferences and used this knowledge to care for them in the way they liked. One person told us, "They even know what I like to eat. They know my favourite is beef, potatoes and greens. "

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

- Staff supported people to make decisions about their care; and knew when people wanted help and support from their relatives.
- One person told us, "My relative arranged it all at first. However, now I can say what I want and don't want. I always feel listened to." Another person said, "I certainly have my say. The agency is good at making sure I do and we review my care once a year."

Respecting and promoting people's privacy, dignity and independence

- People told us that staff promoted their dignity and independence. One person told us, "I just want to get better and better. That's what I'm striving for. They (staff) are really helping me to do more. They understood that I don't want them to do things until I've tried." Another person told us, "They let me do what I can. If I'm stuck they help. I put on what I can. I can't always reach my feet so they help with my socks."

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

Personalised care

- People received personalised care and support specific to their needs and preferences. Each person was treated as an individual, with their own social and cultural diversity, values and beliefs. Care plans reflected people's health and social care needs and demonstrated where other health and social care professionals were involved.
- People's care plans were detailed and had clear information about people's specific needs, their personal preferences, routines and how staff should best support them to live happy, contented lives. Each person's plan was regularly reviewed and updated to reflect their changing needs.
- From 31 July 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard (AIS). This means people's sensory and communication needs should be assessed and supported. Care plans contained basic information about people's communication needs, and there was limited information available in other formats to aid people's understanding. The Registered Manager told us they were not aware of this legal requirement but can and have given information to people in different formats including Braille and talk.

Improving care quality in response to complaints or concerns

- Systems and procedures were in place for people to raise complaints and concerns. People told us of examples of past issues they have raised and were satisfied with the outcome and response to them. One told us, 'I had trouble with a member of staff. I told them to leave and reported it to the office. (Staff member) was taken off, they made sure I was alright. I was very satisfied with the way the agency handled this.'
- People and their relatives said that they felt able to speak to the service at any time. One person told us, "There is always someone available to speak to should I have to ring the office for anything. And the office staff are helpful"
- Complaints were logged and taken seriously to improve the service where possible and actions to reduce re-occurrence were in place. People were informed of the outcome of any investigation.
- Compliments had been received by the service from relatives thanking them for the support given. One said "I wanted to thank the team for their support which has been greatly valued by myself and (person). Regular carers helped maintain independence, in sometimes challenging circumstances."

End of life care and support

- All aspects of people's lives were considered and this included end of life care planning. People were supported to plan for and have a dignified pain free death. Records showed a Preferred Priority of Care was in place for people, outlining their wishes in the event of ill health. Staff told us they had received training in end of life care. At the time of inspection, the service wasn't supporting anyone receiving end of life care.

The Registered Manager told us that the service does work for the local Clinical Commissioning Group to support people whose wish it is to die at home.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- Staff told us they felt listened to and that the Registered Manager was approachable. One told us, "The Manager is lovely and has been a brick. Things get sorted at once." Another told us "The manager is amazing – they listen. The management are very good."
- The Registered Manager demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service. The Registered Manager told us, "I have stepped up communication with care workers. They get regular emails about changes or issues, regular supervision, field observations and medication competency. This is to make sure they are giving the medicine out correctly and safely"
- The Registered Manager positively encouraged feedback and acted on it to continuously improve the service. They told us, "When I started, I spoke to every person and staff member to introduce myself and explain plans. I asked for feedback from people as I know that they were all up in the air due to the changes previously."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The service was well-run. People at all levels understood their roles and responsibilities. The Registered Manager and Supervisors were accountable for their staff and understood the importance of their roles. They were held to account for their performance where required. For example, we saw that a member of staff had not attended mandatory training despite reminders from the Registered Manager. Action was taken and the staff member was removed from duty until the training was completed.
- The quality assurance system included audits of daily records, training and induction. These were carried out by the Field Care Supervisor and the Registered Manager. Records showed that where any concerns were raised, action was taken at once.
- People told us that they would recommend the service to others. One person told us, "Yes, I would. I have already to some of the ladies at the club. I've told them that everyone is very helpful and they help you. I get on alright with all of them."

Engaging and involving people using the service, the public and staff

- The service involved people and their relatives in day to day discussions about their care in a meaningful

way. One person told us, "At first, I wasn't, my relative did it all. However, I'm making more decisions again, they (staff) always call me a very independent woman. They always ask me what I want, it's nice to be asked." Another person told us, "I say what I want done. They (staff) are very good at finding a way to get what I want done. My care is reviewed every year when someone asks me if it's all working for me."

- People and relatives had completed a survey of their views and the feedback had been used to improve the service and actions were found. Records showed that actions were either being worked on or had been completed,

- A culture of continuous learning meant staff focused on improvements and learning took place throughout the service