

Civicare (Beds Herts & Bucks) Ltd

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Inspection report

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28 April 2021

30 April 2021

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Civicare (Beds, Herts & Bucks), is a domiciliary care agency providing personal care and support to people in their own home. The service was supporting 87 people at the time of the inspection. There were 48 people receiving the regulated activity of personal care at the time of the inspection.

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.

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

The registered manager had systems in place to make sure that staff were suitable for their role. All staff had checks on their employment history and a criminal record check.

People and relatives told us communication was good and they were encouraged to give feedback on the service. They felt able to raise concerns or suggestions to the registered manager.

People were very happy with the care they received. People told us they felt safe and understood as they had a regular team of staff who they knew well.

One person said, "I feel very safe. Staff have very good timekeeping, and I have the same carers most days, but whoever comes in is very nice. [Staff] collect my medication and will always make sure I take it before I leave. They know my likes and dislikes and I am always treated with kindness and respect. My impression of the service is they are great."

People were supported by staff who were trained in how to keep them safe and knew how to identify and report any concerns. Staff were encouraged to be involved in scenario-based learning. This helped staff to understand how they might respond and apply the learning to any future incidents or concerns.

People told us staff always collected and administered their medicines correctly. Staff were trained in safe administration of medicines and received regular checks on their knowledge and practice by the registered manager or a senior supervisor.

Staff had received training in infection prevention and control which included safe management of the risks related to COVID-19. People told us staff always wore the correct gloves, aprons and masks and washed their hands when supporting them in their home.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 27 June 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced inspection of this service on 07 May 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance and fit and proper persons employed.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Civicare (Beds, Herts & Bucks) on our website at www.cqc.org.uk

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 well-led?

Good ●

The service was 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

This inspection was carried out by two inspectors and an Expert by Experience. 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

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. 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 five days' notice of the inspection. This was because we needed time to arrange to contact people using the service and needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 28 April 2021 and ended on 30 April 2021. We visited the office location on 28 April 2021.

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, Healthwatch England and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with 13 people who used the service and six relatives about their experience of the care provided. We spoke with ten members of staff including the nominated individual, registered manager, senior care workers and care workers. We spoke with two professionals who regularly visit the service.

We reviewed a range of records. This included six people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision and induction. 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 in relation to care records.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to ensure effective systems were in place for recruitment checks. This meant they were unable to demonstrate that staff employed were suitable for the role. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Systems were in place to ensure that all pre-employment checks were completed prior to the individual starting work. This included following up on gaps in employment history, references and criminal record checks. This ensured that staff were suitable for the role.
- There were enough staff to safely meet people's needs and people told us that care visits were never missed. The provider had developed scheduling to minimise late calls and the concerns raised about this in surveys had reduced from six to just one in the last 12 months. Some people told us communication about delays could still be improved.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People told us they felt safe because the staff were mostly the same people who knew them well and all were caring and kind. One person said, "I feel very safe with the staff, they are very understanding and friendly and make me feel comfortable."
- The registered manager had implemented systems for identifying and monitoring risks and concerns. Risks were reviewed and updated monthly or if something changed. Changes were shared with staff and updated in records in people's homes.
- Staff were trained in safeguarding and demonstrated a good understanding of how they would keep people safe. They were able to explain signs of abuse and knew how to report and respond to concerns.

Using medicines safely

- People's medicines were administered and managed correctly and on time. Staff had received training in medicine management and administration and told us their practice was observed regularly to ensure correct processes were being followed.
- Staff had received specialist training for more complex medicines and had a good knowledge of how to safely administer these and manage the related risks.

- The registered manager reviewed the medicines records monthly to identify any concerns or errors. There was a medicine policy in place giving guidance about the action that would be taken should an error occur.

Preventing and controlling infection

- People told us staff always wore gloves and masks and other personal protective equipment (PPE) when required, such as disposable aprons.
- Staff had completed training in how to reduce the risk of infection and manage risks related to COVID-19. Staff told us they used PPE and were able to explain how they would help prevent the spread of infection.
- The registered manager had a policy and contingency plan in place for the management of COVID-19. This included regular staff testing programmes and a plan of how to manage an outbreak safely.

Learning lessons when things go wrong

- There had not been any recent incidents to analyse for trends, however, the registered manager did use scenarios with staff to enable them to reflect on possible situations and consider how they would respond.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care;

At our last inspection the provider had failed to ensure effective systems for ensuring quality of care. This meant people were at risk of not receiving care and should this result in people being in an unsafe position, the provider's systems would not pick up issues effectively. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager and staff understood the responsibilities of their role and were committed to driving improvements. They conducted a variety of audits and checks which formed part of their quality assurance process. This included analysing complaints and compliments, audits of medicines and care records. These were used to drive improvement through an action plan. This ensured any incidents, concerns or changes in the needs of people were identified early so the appropriate action could be taken.
- People's care records were reviewed regularly which gave people the opportunity to give feedback about their care. Relatives told us how good they felt communication was and how they appreciated staff called or emailed if there was a change of care need or problem so that it could be quickly resolved.
- People and staff had been sent surveys to provide their feedback on the service. The registered manager had collated the responses and analysed them to identify trends and patterns. These formed the basis of action for improvement in the services development plan. The key areas included identifying that complaints about late calls had reduced from six to one. All negative responses had individual action plans created and people were satisfied with the response.
- Staff spoke very highly of the registered manager and told us they attended regular meetings, had access to support and could make suggestions for improvement at any time to the registered manager or a supervisor.
- The registered manager had developed systems for inducting, training and supporting staff to enable them to provide quality care. Staff were happy this provided them with the right knowledge and practical skill to do their job well.
- The registered manager told us one area of focus in the last year had been supporting staff to understand about consent and empowering people to make their own decisions. Staff demonstrated a strong knowledge of this in discussions and had a clear understanding of how people's needs impacted on their

daily lives.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- People told us they were very happy with the care being provided. They said staff were well trained, polite, never rushed them and listened to them. One person said, "I am very unsteady on my feet, but feel very safe with the staff who come into me. They let me be independent but are there to help."
- People and relatives told us staff were caring, thoughtful and treated them with dignity and respect. One relative said, "The care is very, very good, we know the carers very well. [Staff] never rush [my family member]. They are friendly to me and will always spend time talking to both of us and will always make me a cup of tea as well."
- People told us how staff went out of their way to be helpful, such as bringing in milk if they see a person was running out or making them a homecooked meal and bringing it in. One relative wrote an email of thanks to the registered manager for the additional support they had given to their family member during the pandemic. They wrote about the positive impact this had on their family members well-being.
- The registered manager was keen to continue to develop a person-centred service and it was clear from records and people's feedback that they had been involved in decisions about their care and how it was delivered.
- The registered manager worked in partnership with other organisations, such as the local authority, social services, other providers and local healthcare teams to ensure co-ordinated care for people. They also attended various networking groups to share ideas knowledge about best practice.
- Professionals we spoke to told us they had no concerns about the service and improvements had been steadily occurring. One professional said, "The service is consistently meeting its targets."

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 registered manager was correctly displaying their inspection rating in the office and agreed to review how this was displayed on their website to ensure it fully met the requirements. They were open about progress and areas they continued to develop such as electronic record keeping. They understood their duty of candour and submitted notifications to the relevant authorities in a timely manner.