

The Care Bureau Limited

The Care Bureau Domiciliary and Nursing Agency Kettering

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

When we inspected in September 2016 we found that improvements were required under the five questions we always ask about safety, effectiveness, caring, responsiveness, and well-led.

When we inspected again on 28 February and 1 March 2017, we found improvements had been made but we needed to be assured that these had been sustained and embedded into practice. We found that safeguarding investigations allocated to the provider to follow up prior to our inspection had not always been satisfactorily completed. This was a breach of regulation 13(3) of the HSCA 2008 (Regulated Activities) Regulations 2014, Safeguarding service users from abuse and improper treatment. The provider had also been in breach of Regulation 17 (1) (2) (a) of the HSCA 2008 (Regulated Activities) Regulations 2014, Good Governance. This was because we found that the systems adopted by the provider to monitor the quality of care that people received had not consistently been effective.

At this inspection in May and June 2018 we saw that all the improvements had been sustained and that the provider had taken timely and appropriate action and was no longer in breach of the above regulations.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service met all relevant fundamental standards related to staff recruitment, training and the care people received. People's care was regularly reviewed with them so they received the timely support they needed. Staff sought people's consent before providing any care and support. They were knowledgeable about the requirements of the Mental Capacity Act (MCA) 2005 legislation.

People were cared for by staff that knew what was expected of them and the staff carried out their duties effectively. Staff were friendly, kind and compassionate. They had insight into people's capabilities and aspirations as well as their dependencies and need for support. They respected people's diverse individual preferences for the way they liked to receive their care.

People were supported to have maximum 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.

People that needed support to manage their medicines received this. People were supported to eat and drink whenever this was part of their agreed plan of care.

The provider and registered manager led staff by example and enabled the staff team to deliver individualised care that consistently achieved good outcomes for all people using the service.

The service worked in partnership with other agencies to ensure quality of care across all levels. Communication was open and honest, and any improvements identified were worked upon as required. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong so that the quality of care across the service was improved.

People, relatives and staff were encouraged to provide feedback about the service and this was used to drive continuous improvement. The provider had quality assurance systems in place that were used to review all aspects of the service and drive improvements whenever needed.

People how to complain and were confident that if they had concerns these issues would be dealt with in a timely way.

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.

People were assured that appropriate action would be taken to protect them from harm. Staff were aware of the different types of abuse and how to report any they witnessed or suspected.

There were individual risk management plans in place to protect and promote people's safety.

People were assured that they would receive their scheduled support on time and that carers would complete the agreed tasks.

People received the support they needed to manage their medicines.

Is the service effective?

Good ●

The service was effective.

People received care from staff that had the training and acquired skills they needed to meet people's needs.

People's consent to care and support was sought in line with the principles of Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring

People's care and support took into account their individuality and their diverse needs. They were treated with kindness and respect by staff.

People were enabled to make choices about the way they received their care and staff respected people's preferences.

Staff ensured people's privacy and dignity was promoted when assisting them with their personal care.

Is the service responsive?

Good ●

The service was responsive

People had care plans that reflected their individual needs and how these were to be met by the care staff.

Staff acted upon the information and guidance the care plans provided and people received the appropriate and timely care they needed.

People benefitted from timely action taken to address complaints or dissatisfaction with the service provided.

Is the service well-led?

Good ●

The service was well-led.

People's quality of care and treatment was monitored by the quality assurance systems the provider had in place and timely action was taken to make improvements when necessary.

People, their relatives and staff were positive about the way the service was managed.

Staff felt supported by the management team and said they had the managerial guidance and support they needed.

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Detailed findings

Background to this 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 was planned to check 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.

This comprehensive inspection of the service, carried out by one inspector, was announced and took place over three days, 25 May, 30 May, and 4 June 2018. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service. We did this because we needed to be sure that the registered manager or someone senior would be available on the day of the inspection to provide us with information we needed to enable us to make judgements about the quality of the service provided.

We reviewed the information we held about the service and notifications we had been sent. Notifications are changes, events or incidents that providers must tell us about.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the previous report, information we held about the service and notifications we had been sent. Notifications are changes, events or incidents that providers must tell us about.

We initially visited the agency office in Kettering on 25 May to look at records related to the management of the service. The remaining days were spent meeting with staff and talking with people about their experience of using the service. With their prior agreement we visited three people at home to find out about their experience of using the service. We also spoke with ten people who had agreed to be contacted by

telephone. During the inspection we met and spoke with a director of the service, the registered manager, and four care staff.

We looked at the care records belonging to four people who used the service. We also looked at other information relation to the day-to-day management of the service. This included four staff recruitment and training records. We also looked at records relating to safeguarding, complaints and quality assurance monitoring of the service.

Is the service safe?

Our findings

When we inspected in September 2016 we found that improvements were required under 'safe'. This was because the systems in place to recognise, report and manage the risk of harm to people had not always been efficiently used to minimise the risk of accidents or incidents reoccurring.

When again inspected on 28 February and 1 March 2017, we found improvements had been made by the new registered manager but we needed to be assured that these had been sustained and embedded into practice. We found that prior to the new registered manager taking up their post that safeguarding investigations allocated to the provider to follow up prior to our inspection had not always been satisfactorily completed. This was a breach of regulation 13(3) of the HSCA 2008 (Regulated Activities) Regulations 2014, Safeguarding service users from abuse and improper treatment.

At this inspection in May and June 2018 we saw that all the improvements had been sustained and that systems were in place to ensure that all safeguarding issues were consistently and satisfactorily concluded.

The people we spoke with all said they felt safe receiving their service. One person said, "They [staff] know what they are doing when they come to help me." Another person said, "I've got every confidence in them [staff]. My [Relative] feels 'looked after'. Just knowing [relative] is safe is a weight off my mind."

People were safeguarded from abuse such as physical harm or psychological distress arising from poor practice or ill treatment. There were systems in place to ensure that whenever the provider was required to investigate a safeguarding issue, such as a late of 'missed' call, that this was carried out effectively and in a timely way. This ensured people were protected and that where necessary appropriate action was taken to prevent a re-occurrence.

People's needs were regularly reviewed with them. As people's needs changed and emerging risks were identified appropriate action was taken. People's risk assessments were included in their care plan and were updated to reflect pertinent changes and the actions that needed to be taken by staff to ensure people's continued safety.

Staff acted upon and understood the risk factors and what they needed to do to raise their concerns with the right person if they witnessed or suspected ill treatment or poor practice. Staff understood the roles of other appropriate authorities that also have a duty to respond to allegations of abuse and protect people, such as the Local Authority's safeguarding adults' team.

Lessons had been learned and improvements were made when things had gone wrong. The staff understood their responsibilities to report accidents and incidents, and raise any concerns in relation to people health and well-being.

People's care needs were safely met by the availability of sufficient numbers of trained staff to support each person provided with a service. Staff were appropriately recruited; for example, all staff had undergone a

disclosure and Barring Service (DBS) check and references were obtained before they started working.

People that required support to manage their medicines said that staff supported them to take them on time. Staff said they had received training in the safe handling and administration of medicines; and their competencies were assessed. The records we saw also confirmed this.

People were protected by the prevention and control of infection when staff supported them with personal care. The agency office was stocked with personal protective equipment for staff to collect, and staff we spoke with confirmed they received the equipment and training they required to minimise the risk of the spread of infection.

Is the service effective?

Our findings

When we inspected in September 2016 we found that improvements were required under 'effective'. This was because we found that when staff reported changes in people's health appropriate action had not always been taken; some people could not always rely upon receiving timely support to have their food and drink when they needed it. We also found that staff had not always received the supervision they needed to enable them to work effectively.

When again inspected on 28 February and 1 March 2017, we found all the necessary improvements had been made by the new registered manager but we needed to be assured that these had been sustained and embedded into practice.

At this inspection in May and June 2018 we saw that all the improvements had been sustained.

Staff took appropriate action in response to any deterioration in people's health; a staff said, "If I found someone was unwell I wouldn't just do my work and leave them. There's clear guidance on the steps we need to take, such as letting the manager know, keeping relatives informed, or calling a doctor or an ambulance if that's needed." We saw there was guidance and information for staff in people's care plans that related to any healthcare needs that had to be taken into account when they received support. The care plans had information about the level of support people needed; including, where agreed, support required with eating and drinking. Staff had received appropriate food and hygiene training.

Records showed that people's care was assessed prior to taking up the service to ensure their needs could be fully met. The assessment established, for example, people's physical needs, capabilities, and ensured that any cultural factors were taken into account with regard to people's preferences for how they wanted their care provided.

People's needs were met by staff that were effectively supervised and had their job performance regularly appraised. New staff had received a comprehensive induction training that prepared them for their duties. Staff had the skills, knowledge and experience to deliver effective care and support people needed to enable them to retain their independence and continue living at home.

People's needs and choices were assessed and their service was provided in line with current legislation, standards and evidence-based guidance to achieve effective outcomes.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA) and they were. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In domiciliary care settings this is under the Court of

Protection.

Staff sought people's consent before carrying out any care and we saw this promoted in the care plans that looked at in people's homes and at the agency office in Kettering.

Is the service caring?

Our findings

When we inspected in September 2016 we found that improvements were required under 'caring'. This was because people's preferences in relation to their call time and duration of their care visit had not always been well organised. We had also found that staff had sometimes adopted a 'task approach' focus to the detriment of providing person centred support in accordance with people's preferences.

When again inspected on 28 February and 1 March 2017, we found all the necessary improvements had been made by the new registered manager but we needed to be assured that these had been sustained and embedded into practice.

At this inspection in May and June 2018 we saw that all the improvements had been sustained.

People were encouraged to express their views and to make choices in relation to their care and support. There was detailed information in people's care plans about what they liked to do for themselves. This included the goals they wanted to achieve, such as maintaining independence or being supported to prepare meals independently. People's feedback about their care and support was actively sought through regular questionnaires' and visits by senior care staff to people seeking their views about their care and support.

People's dignity and right to privacy was protected by staff. They said their personal care support was discreetly managed by staff. They said they felt that they were treated in a dignified way. People also said that staff explained what they were doing to help them. One person said, "I like them to call me [name] and they always do that. It's nice." Another person said, "They are all [staff] so kind and go out of their way to cheer me up." A relative said, "[Relative] wants to stay at home and be independent. They [staff] give [relative] lots of encouragement and help [relative] with the things that are difficult for [relative] to do without a bit of assistance. They [staff] all have a good attitude and 'likeability'."

Staff were aware of their responsibilities related to maintain confidentiality and of their legal duty to protect personal information they had access to. This assured people that their information was held in accordance with the data protection act.

Information held electronically was password protected and written documentation was stored securely in the agency office.

Is the service responsive?

Our findings

When we inspected in September 2016 we found that improvements were required under 'responsive'. This was because we found that the provider had not consistently responded formally to complaints to inform people about the action they had taken to resolve issues. We also found that appropriate plans of care had not always been in place to direct staff in providing people's care and support.

When again inspected on 28 February and 1 March 2017, we found all the necessary improvements had been made by the new registered manager but we needed to be assured that these had been sustained and embedded into practice.

At this inspection in May and June 2018 we saw that all the improvements had been sustained.

People's ability to care for themselves was assessed prior to the agreed service being provided. We saw that people had detailed plans of care in place that were reflective of their care and support needs. People received the care and support they needed in accordance with their care assessments, whether on a day-to-day basis or over a longer period as people's dependency needs changed. Their preferences for how they wished to receive their care, as well as their past history, interests and beliefs were taken into consideration when their care plan was agreed with them or their representatives.

People that were able to make decisions about their care had been involved in planning and reviewing their care. If a person's ability to share their views had been compromised then significant others, such as family members, were consulted.

People's care plans covered all aspects of a person's individual needs, circumstances and requirements. This included details of the personal care required, duties and tasks to be undertaken by care staff, risk assessments, how many scheduled visits were needed and when. This information enabled staff to deliver consistent and appropriate care.

People, or their representatives, were provided with the verbal and written information they needed about what to do, and who they could speak with, if they had a complaint.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given. For example, written information about the service was made available in large print, or if needed in the person's first language if this was not English.

When we inspected, there were no current complaints that had been made. The registered manager confirmed that if any complaints were made, then the agency's complaints procedure would be followed and the information would be recorded in detail, an investigation would take place, and a timely response

to the complainant provided with details of action taken.

Is the service well-led?

Our findings

When we inspected in September 2016 we found that improvements were required under 'well-led'. This was because we found that there had been a lack of leadership and managerial oversight of the service.

When again inspected on 28 February and 1 March 2017, we found that improvements had been made by the new registered manager but we needed to be assured that these had been sustained and embedded into practice. The provider had also been in breach of 'Regulation 17 (1) (2) (a) of the HSCA 2008 (Regulated Activities) Regulations 2014, Good Governance.' This was because we found that the systems adopted by the provider to monitor the quality of care that people received had not always been effective.

At this inspection in May and June 2018 we saw that all the improvements made by the provider following our last inspection had been sustained.

During this inspection we found that the systems adopted by the provider to monitor the quality of care that people received had been sustained and were effective. People were regularly contacted to establish if they were satisfied with their quality of care. This was done through telephone calls or survey questionnaires and 'spot-checks' carried out by senior staff. One person said, "It's good to be asked what you think about what they do for you; gives me a chance to have my say. They do listen as well, so I'm happy."

People's entitlement to a quality service was monitored by the audits regularly carried out by the senior staff, including the registered manager. These audits included, for example, checking that staff were adhering to good practice guidelines and following the procedures put in place by the provider to protect people from poor care.

Staff understood their responsibilities and they received support through day-to-day contact with the registered manager and care co-ordinators.

People were assured of receiving care in a home that was competently managed on a daily as well as long-term basis. Staff said if they needed guidance from any of the senior staff, including the registered manager, this was readily available. Staff had formal 'one-to-one' supervision meetings with the registered manager to discuss and appraise their work. The staff felt able to voice any concerns or issues and felt their opinions and ideas for improvements were listened to.

An 'open culture' within the staff team encouraged communication and learning. The people we spoke with were pleased with the quality of their care and how their service was managed on a day-to-day basis.

People's care records were accurate and up-to-date, reflecting the care that had been agreed with them at the outset and subsequently whenever their care needs had been reviewed with them. Routine reviews were carried out on a regular basis. Care records accurately reflected the daily care people received in their home.

Records relating to staff recruitment and training were appropriately kept. They were up-to-date and

reflected the training and supervision staff had received throughout the year.

Policies and procedures to guide staff were in place and had been updated when required.