

Diamond Resourcing Plc

Better Healthcare Services (Luton)

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?

Requires Improvement 

Overall summary

We undertook an announced inspection of Better Healthcare Services (Luton) on 21 April 2015. We told the provider two days before our visit that we would be carrying out the inspection. Better Healthcare Services (Luton) is a care agency that provides personal care to people in their own homes. At the time of our inspection approximately 75 people were receiving a support or personal care from the service.

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.

Summary of findings

The provider had a robust recruitment process in place. There were appropriate numbers of staff employed and allocated to meet people's needs and provide a flexible service. People were supported by staff who had been trained to support them safely.

Staff received regular training and supervision and were knowledgeable about their roles and responsibilities.

Staff had the skills, knowledge and experience required to support people well and were able to provide a personalised service to the people they supported and built good working relationships.

People and their relatives were able to speak to the provider if they had any concerns and staff were kind and caring towards the people that they supported.

People were involved in making decisions about their care and support, and support plans were in place which provided details on how to support them.

Risk assessments were in place for all people receiving support and were reviewed regularly.

People were supported to eat and drink well and to access healthcare professionals when required.

The manager was accessible and approachable. Staff, people who used the service and relatives felt able to speak with the manager and provide feedback on the service. The provider carried out regular spot checks on the service being provided and staff performance.

Medication was administered by staff who had received training and were competent in the safe administration of medication.

Summary of findings

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 safe.

There were processes to safeguard people from the risk of abuse and staff were aware of these processes.

Assessments were in place to protect people who used the service and staff from any foreseeable risks.

There were appropriate numbers of staff to support people's needs.

Is the service effective?

The service provided was effective.

Staff had the skills and knowledge to provide people with the care and support required.

Staff were able to demonstrate their understanding of Mental Capacity Act 2005.

People were supported to eat and drink well.

Is the service caring?

The service was caring.

Staff treated people with kindness and compassion, and were respectful of their privacy and dignity.

People were encouraged to make decisions about their care and support.

People were encouraged to express their views about the service that was provided to them.

Is the service responsive?

The service was responsive

Support plans were in place outlining people's personal preferences and support information which allowed staff to provide a personalised service.

People who used the service felt the staff and the manager were approachable and they could provide feedback about the service regularly.

Is the service well-led?

The service was Well Led

Communication between the management and care staff was good and staff were supported by the manager.

The manager regularly checked the quality of the service provided and ensured people were happy with the service they received.

Processes were in place for the recording of accidents and incidents.

Better Healthcare Services (Luton)

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 announced inspection took place on 21 April 2015, and was conducted by one inspector. We gave the provider 48 hours' notice because the service is a domiciliary care service and the manager can be out of the office. We therefore needed to be sure that they would be available.

Before the inspection, we asked the provider to complete 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. They did not return a PIR and we took this into account when we made the judgements in this report. We also looked at information received from the local authority and information we held about the service which included notifications and information received about the service. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with the manager, we reviewed the care records of six people that used the service, reviewed the records for three care staff and records relating to how the provider assessed and monitored the quality of the service. We spoke with five care workers and ten people who used the service by phone and their relatives.

Is the service safe?

Our findings

We spoke with ten people who used Better Healthcare services. All the people we spoke with said that the staff made them feel safe. One person said, “[staff] really look after me” and made them feel “very safe”. A relative said that staff were proactive, identified changes in people and reported concerns quickly in order to keep people safe from harm.

Staff had a good understanding of safeguarding people and were able to explain the actions they would take if they had any concerns. Training records confirmed that staff had undergone training in safeguarding people and records showed that incidents were reported in a timely manner. Staff told us that they always “keep people safe”. For example, they would make sure that medicine was stored securely to prevent people from taking too many medicines by accident, or they made sure that keys were locked away in key safes. Staff said that they “encourage people to be safe” by explaining dangers to them and supporting them in a safe manner.

We saw that risk assessments were in place and were reviewed regularly by staff and the people using the service as required. The assessments provided information about the risk, and measures that needed to be put in place to minimise risk to people. We saw examples of risk assessments for people which included medication risk assessments and environmental risk assessments for people’s homes.

The agency had enough staff to meet people’s needs. Staffing levels were regularly monitored and determined

depending on the assessed needs of each person being supported. People using the service and staff told us that there were enough staff available to support them safely. We were told that staff would always shadow each other when they first started at the service in order to familiarise themselves with the person they were providing care to. Relatives we spoke with also confirmed this and said that when new staff initially visited their relative’s home they would read through the care package as well as shadowing a more experienced staff member until the person became familiar with the new carer. This meant that people were cared for in a safe manner because experienced staff were able to pass on additional information about the person to the new care staff.

We reviewed the recruitment files for staff and saw that new staff underwent all the necessary pre-employment checks before they started work. These included obtaining references from previous employers, Disclosure and Barring Service (DBS) checks and a review of the applicant’s employment history.

People received appropriate support to assist them to take their medicine safely. This was done by making sure the person had a drink available and staff would observe from a distance that the medicine had been taken by the person. Medicines were only administered by staff who had been trained and assessed as competent to do so. This was supported by our discussions with staff who described the processes involved in the safe administration of medicine. A review of the medicine administration records [MAR], showed that staff were recording correctly when medicines had been taken or refused.

Is the service effective?

Our findings

Staff had the knowledge and skills required to meet the needs of people who used the service. One relative we spoke with said that staff were very good “they go through old photographs with [relative].” Staff said that the provider provided them with regular training and supported them to gain further training in areas such as dementia training. Staff also said that they were kept up to date with skills relating to their roles and responsibilities and that management would listen to them if they had any concerns about their abilities and supported them to achieve their goals.

Staff received regular supervision and appraisals. We saw from supervision records that this gave staff an opportunity to discuss their performance and identify any further training they required. Training was completed regularly and staff were given the opportunity to shadow more experienced staff. Staff also underwent regular spot checks on their performance, whereby they were observed by senior staff on the care that they provided to people. We saw that these checks enabled the provider to ensure that the care staff were meeting the required standards and to provide feedback on the care that was being provided. We saw that staff were matched to the people they supported according to the needs of the person, this ensured communication needs and any cultural or religious needs were met. We did however find that some people we spoke with expressed that occasionally they had been allocated staff who did not “gel” with them but that when this was raised with the provider they took notice and changed the carer. All staff were required to complete an induction programme and were given the opportunity to shadow a more experienced colleague before undertaking the role on their own.

Most people who used the service had capacity to provide consent to the care that was being provided. Where they were unable to provide consent then relatives and health and social care professionals had been involved in making decisions in the person’s best interest in line with the Mental Capacity Act 2005. We saw evidence that when people lacked capacity assessments were carried out by the local authority to determine people’s ability to make decisions. We spoke with people who used the service who confirmed that staff would always ask them for consent before they provided them with care or support. One person said “They always do what they are supposed to do” whilst another person said “[staff] are looking after me very well.they really look after me”.

People were supported to eat and drink sufficient amounts by the care staff. Where people were being seen by other agencies to monitor their food intake, staff would regularly complete food monitoring and fluid charts. Staff we spoke with told us that they would always leave the person with a drink to ensure that they remained hydrated.

People were supported to maintain good health because staff were familiar with them and had regular discussions with them and their relatives to identify any health concerns. For example one relative said that staff regularly kept them updated with any changes in their relative’s behaviour in order to prevent an illness before it took hold of the person. They said that [staff] talks to family and discuss changes with us.” We were also told by relatives that everything was documented and feedback to the office so that any changes could be reported and updated on the person’s care documents.

This showed that where staff had immediate concerns about a person’s health they would take appropriate action to ensure that their health care needs were always met.

Is the service caring?

Our findings

Staff were caring towards people that they supported. One person we spoke with said, “[carer] is very caring towards me, I can’t fault her.” Another person who we spoke with spoke very fondly about their carer and said “I get on very well with them; It’s a first class service.”

People told us that they preferred to be supported by a consistent group of staff and we found where this had been arranged, people felt it was working well. The manager told us their aim was for every person to be supported by a small team of care staff that knew them well. The staff and people using the service confirmed that this usually happened. This enabled people who used the service and the staff to build better relationships.

People who received personal care had a detailed care plan in place. People said that they could express their views and were involved in making decisions about their care and support. They had been involved in developing their care plans and the staff supported them in line with their individual choices and preferences. This enabled staff to assist people in the best way to meet people’s needs because the person’s views were taken into account and where possible acted on and the care and support was planned.

Staff told us they cared for the people they provided support to and provided “good care.” Staff said that they always respected people’s decisions and if a person refused care then they would respect their decision. People told us that staff “always do what they are supposed to do,” and “don’t rush, they take their time.”

People’s dignity was always respected by staff who would close doors when providing personal care, and would ask for family members to leave the room when providing care and support, unless instructed otherwise. One staff member said. “We always tell them what we are doing, we talk to them, and so they feel comfortable with us.” One person said that staff helped them to take medicines and waited patiently while they took them. They said “they don’t stand over me; they let me take it in my time.”

Staff were respectful of people’s privacy and maintained their dignity. People said that staff did not rush the care that they provided and were “very respectful” when providing them with personal care. Another person said “They are looking after me very well.We talk and have a laugh.”

Is the service responsive?

Our findings

People told us that staff “walks me through the care,” and that “they always let you know what’s happening”. For example people said that if their carer was going to be more than half an hour late then they would receive a call letting them know. Or if their carer was going away on holiday they were kept informed so they knew who to expect for their care visit. They said staff were “never more than about 15 minutes late” during the week but at weekends the wait would sometimes be longer.

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Relatives we spoke with said that staff supported relatives as well. A relative we spoke with said “staff supports us as a family; they are genuinely concerned about us too.”

Staff supported people in a way that minimised the risk of them becoming socially isolated. One person told us the service was “first class” and that staff took the time to talk to them. They said that staff followed the care plan document but would adjust the plan of care where it was needed. For example if a person required a change in care because of medical appointments or family visits then the provider would accommodate this where possible.

Assessments were undertaken to identify people’s support needs and care plans were developed outlining how these needs were to be met. We spoke with staff members who told us that they were kept fully informed of changes in people’s support needs. The manager told us they would update the person’s care plan to reflect their current needs and this was reviewed regularly.

Relatives we spoke with told us that staff had regular conversations with the people they were providing care to in order to check that they were ok and so that they could recognise any changes in behaviour or health which needed to be reported.

Staff and people we spoke with confirmed that the provider would try and allocate the same care staff to people where it was possible which meant that any changes in a person’s daily health could be picked up quickly because the carer was familiar with the person they were supporting. Some people we spoke with told us that they had been with the same carer for many years which meant that the carer was aware of all their health and welfare requirements they said because of this continuity in care the care staff “know them well.”

Staff encouraged people where possible to maintain their independence. They encouraged people who were able, to undertake some of their own personal care tasks. Staff said that they prompted people and assisted when it was needed. Staff said that they “always talk to people, and explain what we are doing.” One relative said that staff make their relative feel “comfortable” when they provided them with care and support.

People using the service and their relatives told us they were aware of the formal complaints procedure. They said that the new manager had come to their homes to introduce themselves and they felt comfortable in raising any concerns to them. One person said jokingly “If I had any complaints you would hear about it.” People we spoke with said that they had no complaints about the service they were receiving especially since the change in management.

The agency complaints process was included in the information pack given to people when they started receiving care and this was evidenced in documents we reviewed. We saw that where complaints were received, guidance was available for staff to assist them identifying what action needed to be taken. Relatives said that staff and the provider regularly spoke to them about their relatives and encouraged them to raise any concerns that they had about the service.

Is the service well-led?

Our findings

There was a manager at the agency and they were in the processes of registering with the Care Quality Commission. We were told that there had been a lot of instability with management over the year which had resulted in concerns being raised about the provider. We did however find that since the recruitment of the new manager they had made many improvements to the service being provided to people. One person we spoke with said “I say it as it is...things have been tidied up, it's been a long haul but they are getting there.”

The manager told us that they were aware of the challenges they would face when taking over the role but they were prepared for the challenge. There was regular support available to staff through phone calls, texts and face to face meetings. Staff felt the manager and senior staff were available if they had any concerns. New staff we spoke with said that they felt well supported by the manager and senior staff.

The manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. The manager and senior care staff undertook spot checks to review the quality of the service provided. They also carried out monthly audits on the care they provided to people in which they reviewed all aspects of care and support and noted any areas of improvement. This included checking that all relevant documentation was completed and up to date. Staff told us they were frequently observed to ensure that they provided care in line with people's needs and to an appropriate standard.

People told us that the new manager had visited them and reviewed their care packages and addressed any concerns they had. Some relatives said that “[provider] talk to the family and discusses what works well, the staff are very proactive.”

Complaints were dealt with in a timely manner, and we saw that where complaints had been made then the manager. The manager told us that any complaints received were fully investigated and used to further improve upon the quality of service. We saw that in the past year the provider had received three complaints which had been fully investigated and resolved.

Regular audits were undertaken to ensure that the quality of service was consistent throughout the organisation. We saw that as well as spot checks, staff supervisions gave the opportunity for staff to discuss any issues or concerns. Medication audits were regularly completed to ensure that staff were competent in the administration of medication and to identify any further training that may be required.

Satisfaction questionnaires were available to obtain feedback from people who used the service but at the time of our inspection the provider had sent out surveys but not received any back. We saw that as well as yearly surveys the provider also carried out six weekly reviews with people who were new to the service to ensure that they were happy with the service being provided and if any changes were needed. We also saw that ‘ad hoc’ questionnaires were also sent out to people to gain feedback on the service being provided. From the documents we saw people were generally happy with the service being provided. For example one person wrote “You could not make the service any better.”

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). They did not return this to us in a timely manner and this was taken into account when making the judgements in the report.