

Diamond Resourcing Plc

Better Healthcare Services (Luton)

Inspection report

105 Park Street
Luton
LU1 3HG

Tel: 01582422777
Website: www.betterhealthcare.co.uk

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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 ●

Summary of findings

Overall summary

About the service

Better Healthcare Services (Luton) is a domiciliary care service supporting people living in their own homes. At the time of the inspection, 125 people were being supported by the service.

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

People were happy with the level of care and support they received from staff. People found staff to be kind, caring and friendly. Some people told us they enjoyed having regular staff because they had been able to form good relationships with them.

However, improvements were needed in how staff managed people's medicines so that people received effective treatment. More time was needed to ensure the systems introduced by the registered manager were embedded in staff practice. Staff said the new system was much better at helping them to improve.

People were protected from harm by staff who were trained to identify and report concerns. People were safe because potential risks to their health and wellbeing had been managed well. There were enough staff to support people safely. Lessons were learnt from incidents to prevent recurrence. Staff followed processes to prevent the spread of infections.

Detailed care plans ensured staff had information to help them to meet people's assessed needs. Where needed, people had been supported to have enough to eat and drink. People had been supported to access healthcare services when required to maintain their health and well-being.

People told us staff were respectful in how they interacted with them and supported them. People felt able to make choices and they said staff acted on these. 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.

The provider had systems to assess and monitor the quality of the service. The registered manager and staff were motivated to support people the best service they could. The provider was motivated to continuously improve the service. They used people and staff's comments to improve.

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

Rating at last inspection

The last rating for this service was good (published 5 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We have found evidence that the provider needs to make improvements. Please see the Well-led section of this full report. We will 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 not always 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Better Healthcare Services (Luton)

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by an inspector and an assistant inspector.

Service and service type

Better Healthcare Services (Luton) 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 48 hours' notice of the office visit. 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 17 October 2019 and ended on 14 November 2019. We visited the office location on 7 November 2019.

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 and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We spoke with nine people, five relatives and five care staff by telephone. We used all of this information to plan

our inspection.

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.

During the inspection

During the office visit, we spoke with five staff including two care staff, one senior care staff, the registered manager, and the provider's director of homecare.

We reviewed a range of records. This included care records for five people and multiple medicines records. We looked at three staff files to review the provider's recruitment, training and staff supervision processes. We also looked at a variety of records relating to the management of the service, including policies and procedures, surveys and audits.

After the inspection

We looked at further evidence in relation to how staff managed people's medicines. We discussed the evidence we found with the provider's director of homecare.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Prior to the inspection, there were concerns about how people's medicines were managed. There had been medicine errors reported to us and the local authority. This included recording errors when medicines had been given to people, and missed medicines when staff forgot to give them. Also, there had been occasions when people forgot to take medicines staff had left out for them to take later. However, there was no harm to people as a result of the errors.
- At this inspection, we found the provider had improved their systems to ensure staff consistently gave people their medicines safely and as prescribed by their doctors. The registered manager and other senior staff audited medicine administration records (MAR) more frequently, and they provided training to staff who had made errors. They also took disciplinary action against staff who did not improve their practice, despite being supported to do so. Because of this action, the risk of people not being given their medicines had reduced.
- Some people managed their own medicines. People who were supported by staff to take their medicines were happy with how this was done. One person said, "They (staff) have to see me take the medicines, and they sign the book. The senior carer will come and do a check when she brings the new medicines round."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff who supported them. They also said their care was provided in a safe way. None of the people or relatives had concerns about abuse. One person said, "You have to give a little bit of trust. I talk to them, and they talk to me. We have a conversation." Another person said, "I do feel safe, they (staff) are nice people."
- Staff had been trained on how to safeguard people, and they understood how to report concerns. Staff told us they would report any concerns to the office staff and the registered manager.
- The registered manager appropriately reported potential safeguarding incidents to the local authority and the Care Quality Commission.

Assessing risk, safety monitoring and management

- People had appropriate risk assessments in relation to their individual needs including medical conditions, mobility, nutrition, and medicines. There had also been checks of people's homes to ensure there were no environmental hazards that put them at risk of harm.
- Staff told us they knew about people's support needs and they supported them to remain as safe as possible. One person told us staff had helped them to reduce their risk of falling. They said, "I had two bad falls a couple of weeks ago, but I didn't need to go to hospital. The GP has come to see me several times."

Staffing and recruitment

- Staff told us there was enough staff to support people safely, and records we looked at confirmed this. One staff member said, "I think we have enough staff. Staff go off sick, but we do keep the rotas going. I've been doing extra shifts to help out."
- People told us they were normally supported by a consistent group of staff and they were happy with this. Some people said staff were sometimes late because they did not always arrive at their agreed times. Records showed us staff normally supported people within timeframes agreed with the commissioning local authority. This was within 30 minutes before or after the planned times. Some people told us they had been told when staff would be later than these times. Staff said delays were normally because of traffic or when they had stayed with another person longer than expected.
- The provider carried out thorough staff recruitment checks to ensure staff were suitable to work at the service. The provider was improving their application forms so that applicants could record their full employment history, in line with regulations.

Preventing and controlling infection

- People told us staff normally left the homes clean and tidy. For example, they put waste in appropriate bins and washed up after people had their food.
- Staff had been trained on how to reduce the risk of the spread of infection. They told us they followed infection control measures when handling food or supporting people with personal care. People confirmed that staff wore personal protective equipment (PPE), such as disposable gloves and aprons when supporting them with personal care. Records showed staff collected these from the office regularly.

Learning lessons when things go wrong

- There were systems to record incidents and accidents that involved people or staff. Staff knew they needed to report incidents quickly to the registered manager. The registered manager reviewed these and where necessary, put systems in place to reduce the risk of recurrence. For example, systems put in place to manage medicines errors, meant errors were identified more quickly and an effort was made to improve on this.
- Information about incidents was shared with staff through memos and staff meetings. Specific issues were addressed with staff during individual supervision meetings. All this ensured staff learnt from incidents so that they always worked in a way that protected people from harm.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People's care records showed their needs had been assessed prior to them being supported by the service. This ensured the support provided by staff was appropriate for people's individual needs and choices.
- People told us their needs were met, and they received good care from staff. Relatives agreed with this. One person said, "They know what to do when they come." One relative said, "The staff have been assessing [person] and trying to get to know what [person] can and can't do and work out the best way [to support them]."
- People's care plans detailed what support they needed and gave guidance to staff on how to support people effectively. Staff told us they found care plans easy to understand and they had opportunities to read these. One staff member said, "The care plans are good. When I reported changes to a [person]'s care needs, their care plans were updated quickly."

Staff support: induction, training, skills and experience

- People and relatives told us most staff had the right skills and experience to provide effective care and support. They said some of the newer staff were not as experienced, but they responded well when told what to do. One person said, "They are very capable." One relative said, "I think they have the right skills. They may not be very experienced, but they are pretty good with [person]."
- Staff were happy with the quality of their training. They said this helped them to learn new skills or improve existing ones. One staff member said, "I've had a good induction and training. I've done a lot of training recently, which is good. Anything I don't know, I talk to the staff in the office and they help me."
- Staff told us they received regular supervision, and they were supported in their work by senior staff and the registered manager. Staff knew who their allocated supervisors were, and they said they worked well with them. Supervisors also checked staff competence to perform different care tasks like providing personal care, giving people their medicines and using equipment to support people to move safely. One staff member said, "I haven't had supervision yet, but I had competence checks before I was signed off to work alone."

Supporting people to eat and drink enough to maintain a balanced diet

- Not everyone was supported by staff with their food and drinks. People who were supported with this said staff provided the right support. People also said they had a choice of what they wanted to eat, and staff respected this. One person said, "They ask what I would like, I choose and then they cook it." Another person said, "I tell them what I want to eat. They also make me a nice cup of tea."
- Staff told us where this support was required, they gave people meals and drinks of their choice. They said

people normally ate and drank well, but they would always report any concerns to the office staff. This was so that people could be referred to appropriate healthcare services if needed.

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

- Staff did not routinely support people to access health services such as GPs, community nurses, dentists, and specialist doctors, but they provided support when urgent care was required. People confirmed this. One person said, "They (staff) ask me if I want a doctor or an ambulance, they are good. They have phoned for an ambulance each time, and I have had to go to hospital." Another person told us, "Staff have phoned the doctor for me when I was poorly. I tell them if I'm unwell, and they notice that I look a bit poorly."
- Relatives told us staff would normally contact them if they were concerned about their family member's health. They also said staff stayed with the person until relatives arrived or other health professionals took over the person's care. One relative said, "They (staff) called me and did offer to call the GP. They had trouble getting through, so I took it over."

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 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 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, and we found these were met.

- Staff told us most people had mental capacity to make decisions about their care and support. Others had variable mental capacity. This meant they were not always able to make decisions about some aspects of their care and support. Where this was the case, people's relatives or professionals had been consulted to decide how to best support the person. This ensured the care and support provided by staff was in people's best interest.
- Staff told us they always asked people for their consent before they provided care and support. They did this to promote people's rights to accept or refuse support. People confirmed this, and they also said staff always explained what they were going to do for them. One person said, "Yes they do (ask for consent), they are very good like that."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 told us they were supported by staff who were kind and caring. One person said, "They (staff) are all fine and we get on okay." Another person said, "The carers are really kind."
- Relatives told us they were happy with the staff who supported their family members. One relative said, "The staff are friendly, polite and courteous. They make sure [person] is alright. [Person]'s knee hurts sometimes, and they really try to be as gentle as possible."
- People told us they had good relationships, particularly with staff who supported them regularly and they had got to know them well. They said staff understood their needs and were caring enough to ask about people's wellbeing if they appeared unwell. One person said, "They (staff) know when I am down and when I am alright, and they will have a chat with me and really do help in lots of ways mentally."
- Staff told us they always treated people as individuals and fairly. People confirmed this, and they said their support was personalised to their preferences.

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

- Most people could express their views and they were involved in making decisions about their care and support. People told us they made decisions about how they wanted to be supported and they made sure staff knew this. They also said most staff did not rely on care plans, but asked people how they wanted to be supported. One person said, "They never ask me to do anything I don't want to."
- Some people were supported by their relatives to make decisions about their care. Staff told us they contacted people's relatives if they felt a person needed help to make decisions. Relatives told us they had been involved in assessing their family member's care needs and they monitored how staff supported them.
- One relative told us they worked closely with staff to ensure the person received effective support. They said, "They (staff) have given me a few pointers, like getting a big plastic box so that pads, wipes and creams were kept in one place. Anything I need to know, they tell me. They keep an eye on things to make sure we never run out of anything."

Respecting and promoting people's privacy, dignity and independence

- People told us staff were always respectful in the way they supported them, particularly with personal care. They said staff promoted their privacy and dignity by ensuring care was always provided in private. Relatives confirmed this.
- Staff told us they helped people to remain as independent as possible. They told us they assessed what people could do for themselves and they ensured they continued to do this where possible.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People said they received personalised care to meet their needs. People had good care outcomes because care visits were organised in a way that helped staff to support people quickly, and within timeframes agreed with the local authority. There had been discussions with people about the care visit times when they first started using the service, and they agreed to the planned times.
- People's care plans had the information for staff to provide the care people needed. People confirmed that staff supported them well to meet their different needs. Care plans were reviewed with people and updated during annual care reviews.
- The registered manager had worked closely with a charity organisation that provided training for staff to know how to provide effective care to people living with a specific health condition. The registered manager said there was recognition that they would be more older people living with this condition in the next few years, and there was a need to train staff. Some of the staff who had been trained found this useful, particularly in helping to bust some of the myths associated with this condition.
- The service did not support people to pursue their hobbies and interests. However, some people said some staff spoke with them about their interests. People said staff spoke with them about television programmes they watched, and others spoke about people's families and what they did before they retired.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances, to their carers.

- Most people could speak, and they were able to read information provided to them. People we spoke with did not have needs that meant they needed information provided in different formats.
- The provider's 'service user guide' stated that it could also be provided in easy read, audio, Braille, and large print. The registered manager told us they had not yet needed to provide this document in these formats.
- Staff used an online translation service to communicate with people who did not speak or understand English. Staff who supported one person regularly were also learning basic words of the person's language so that they could have conversations with them.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure which had been given to people when they started

using the service. We reviewed complaints records and we saw that the registered manager had dealt appropriately with issues raised by people or relatives.

- Most people were happy with their care and had never complained. Some people and relatives told us they had complained, and they were happy with how this had been dealt with. Others told us their complaints were still in ongoing.
- The registered manager promoted learning from people's complaints because they shared issues from these with staff through memos and team meetings.

End of life care and support

- The service supported people at the end of their lives if this was required, when people did not need specialist care in hospitals or hospices.
- There had been discussions with people about their end of life care wishes. Where people had provided this information, it had been included in their care plans.

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 good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had only recently put new systems in place to reduce medicine errors, and we saw actions they had taken to help staff to improve. Improvements were still required as the new system had not yet been fully embedded in staff practice. This was because at the time of the inspection, there were still recording inconsistencies.
- Staff said the focus on individual staff practice and possible disciplinary action, had made them take more care in how they did their work. They said competence assessments were now more detailed and useful in helping them to improve.
- The registered manager and staff were clear about what they needed to do to provide good care to people. Staff said they were well supported in their roles and they had good guidance from the registered manager. Some staff said they had previously not found some office staff helpful, but this had improved in recent weeks. They said their work was now supported by a much better rota planning system. One staff member said, "I have no concerns at all about the service. It is a good company to work for and I'm happy with my work."

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

- Some people said staff did not always arrive at their agreed times. When we spoke with the registered manager about this, it was clear that there was confusion between what people considered late and the provider's practice. People expected staff to arrive at a specific time. However, the provider's guidance was that staff could arrive within 30 minutes of that time before they were deemed to be late. This confusion led to people telling us that staff were regularly late, although none of them said they received poor care as a result. The provider needed to explain this better to people, so that they knew when to expect staff.
- Some people or their relatives had completed questionnaires which showed that they were mainly happy with the quality of the service. Office staff also telephoned people regularly for feedback about their care. Some people could not remember being asked for feedback, but the information we saw showed that there was a system to get people's feedback and it was being used. One person said they had complained many times and they did not find the management team helpful. However, we saw that the issues they raised had been properly dealt with.
- Staff said they benefitted for regular team meetings, where they discussed various issues relevant to their roles. They found these meetings supported good information sharing and learning.

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

- The provider and the registered manager promoted a person-centred and caring culture. Staff spoke positively about their work to support people to remain living in their homes. Staff enjoyed their work. One staff member said they knew their job was worthwhile when they saw how happy people were with their support.
- Staff were respectful in how they supported people and it was evident that they knew people's needs well. Information about people's needs was appropriately shared because care plans provided detailed information for staff to follow. More information was provided to staff if required using memos and during team meetings.
- People and relatives said overall, staff provided care in a way that achieved good outcomes for them. One relative said it gave them peace of mind knowing staff supported their family member when they could not do so.
- The provider had systems to promote continuous improvements. The provider's director of homecare assessed the service to ensure the registered manager did everything needed to meet their regulatory responsibilities. The registered manager told us they found the provider very supportive. The provider's director of homecare told us that quality was their priority and they wanted this for all their services. They had been working with the registered managers to upskill them to continuously provide a good quality service.
- The service was also being monitored by the local authority as part of their commissioning contract. A representative of the local authority told us the service was mainly good, but they were still working on making sustained improvements in how staff managed medicines.

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 knew the standards of care required by the local authority and the regulations. They told us they ensured staff were supported to provide care in line with these expectations.
- The registered manager knew about their responsibility to be open and honest when things went wrong. They reported relevant issues to CQC and the local authority.

Working in partnership with others

- The service worked well with health and social care professionals who were involved in people's care.
- The registered manager told us they also worked closely with the local authority. This was important because they needed to regularly check that people consistently received the support they required.