

The Care Bureau Limited

# The Care Bureau Domiciliary and Nursing Agency Kettering

## Inspection report

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Date of inspection visit:  
12 May 2022

Date of publication:  
17 June 2022

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The Care Bureau Domiciliary and Nursing Agency Kettering is a domiciliary care agency, providing personal care to people in their own homes. At the time of the inspection, 42 people were receiving personal care from the service. 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.

Enough staff were employed to meet people's needs. In most cases, timely calls and calls of assessed need were in place to provide personal care, though this was not always the case

Evidence of follow up to concerns or complaints were not always in place, though this had improved recently.

A person provided with personal care, and relatives we spoke with, were positive about the care that staff provided and with the management of the agency.

Safe care was provided, with protection against abuse, neglect and discrimination.

Details of how to reduce risks to people's safety were included in people's care plans. Care plans reflected people's individual needs.

Safe recruitment practices were in place to ensure only suitable staff worked at the service.

Quality assurance systems were in place to try to ensure people were provided with a quality service.

The regional manager understood their responsibilities and worked in an open and transparent way.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 17 July 2018).

Why we inspected

We received concerns in relation to unsafe care being provided, untimely calls and concerns regarding the management of the service. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained as good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Care Bureau Kettering on our website at [www.cqc.org.uk](http://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 reinspection 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 responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

# The Care Bureau Domiciliary and Nursing Agency Kettering

## **Detailed findings**

## Background to this 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 one inspector supported by two Experts 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 homes.

The service did not have a registered manager in place as the previous registered manager had resigned just before the inspection. The provider had recruited another manager who was due to commence within a month of the inspection visit. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

### Why we inspected

The inspection was prompted due to concerns received about alleged poor care to some people and people receiving short care calls. A decision was made for us to inspect and examine those risks.

### Notice of inspection

We gave the service five days' notice of the inspection. This was because we needed to be sure that the regional manager would be in the office to support the inspection. We also gave time for the regional manager to send us inspection information, so we did not have to spend an extended amount of time in the office of the service.

Inspection activity started on 11 May and ended on 12 May 2022. We visited the office location on 12 May 2022.

#### What we did before the inspection

We reviewed information we had received about the service and we sought feedback from the local authority. The provider sent us a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection we spoke with one person who used the service about their experience of the care provided, and 16 relatives. We also spoke with three care staff members, the regional manager and the assistant to the regional manager. We reviewed a range of records. This included three care records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found, which was sent to us.

# Is the service safe?

## Our findings

At our last inspection we rated this key question good. At this inspection the rating has remained as good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong

- People were protected from the risk of abuse.
- Everyone said staff provided safe care. One relative said, "Yes, staff do this - like walking when on the frame and watching when getting out of bed."
- Staff demonstrated they understood how to safeguard people. They were confident the management would take action if they had any concerns about people's safety.
- The regional manager was aware of how to report safeguarding concerns to the local authority safeguarding team and provided evidence this had been carried out.

Assessing risk, safety monitoring and management

- Risk assessments were individualised and person centred. They covered the potential risks for people and for specific risks identified in people's homes.
- This helped to ensure that any risks to people's personal care and environment were identified and prevented.

Staffing and recruitment

- Recruitment systems showed evidence of good character. Criminal records checks had been completed for staff before they began providing personal care to people.
- These checks help prevent unsuitable people from working with people who use the service.
- Assessments and support plans identified the number of staff required to deliver care safely.
- Sufficient staffing was always in place to meet people's needs, such as, for manual handling where people needed to use hoists. There were no missed calls reported.

Using medicines safely

- No one reported that there were issues with medicines being supplied to people.
- A medicines audit was in place to check that medicine had been administered properly. Action had been taken to check that staff had provided medicine to people and to remind staff to always record when medicine had been provided.
- Staff were trained to administer medicines.

Preventing and controlling infection

- The person and relatives told us staff always wore personal protective equipment (PPE) during the COVID-19 pandemic.
- Staff described relevant infection control measures in place to protect people.
- Staff had received training in infection control, including COVID-19 and donning and doffing of PPE. They told us there was always enough PPE available to ensure people were protected from infection.

- Staff said they undertook testing for COVID-19. Staff currently undertook testing twice a week, following government guidelines.

#### Learning lessons when things go wrong

- Processes were in place for the reporting and follow up of accidents or incidents.
- With regard to incidents that had occurred, a lesson had been learnt and a system set up to remind staff if they had any additional calls on their rotas, so that they did not miss a call.



# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question as good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- One person using the service and most relatives said that staff stayed the full time of the call. Two relatives said this was not the case and calls would often be short of the agreed time. The regional manager said that calls were only shortened when staff had completed tasks in the care plan. They then asked the person if there was anything else they could do, and if no other assistance was needed, they then left the call early. Although records supplied recorded this was the case, they did not show if people had been asked if they were in agreement for staff to leave. The regional manager said that staff would be asked to record people's agreement in future.
- One person using the service and most relatives said that staff were on time. Two relatives said that times were usually satisfactory during the week, though at weekends staff were sometimes late, though usually there was a call explaining why staff were going to be late. The regional manager said this issue would be reviewed to ensure call times were within the agreed time period.
- The person and relatives said staff respected people's wishes about how they wanted their care to be provided.
- Care plans included personalised details about people such as family, employment and hobbies. This helped to provide staff with more personalised information to understand people's needs and talk to them.

Improving care quality in response to complaints or concerns

- To date, only a small number of complaints had been made. Complaints made earlier in the year did not have evidence of any outcomes. The regional manager said the written response from the previous registered manager could not be found. They were able to provide outcomes from complaints made recently.
- A complaints policy and procedure were in place so complaints could be recorded and dealt with formally. However, the procedure implied that the Care Quality Commission investigate complaints. This is not the case as CQC cannot, by law, investigate individual complaints. The regional manager said this procedure would be sent to head office to be reviewed.
- Relatives told us when they had had concerns, they had informed staff at the office of the service and action had been taken and issues had improved.

End of life care and support

- End of life care was not currently being delivered by the agency. There was some information about people's end-of-life preferences. This information was due to be expanded to include people's end-of-life preferences, such as which visitors people wanted to see, the temperature of their living area and whether they wanted music playing.

- Relatives said any relevant information would be supplied when they were ready to do so.

#### 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.

- The regional manager said that no one needed this assistance at the moment.
- There was evidence in people's care plans to record people's communication needs.
- The regional manager was aware of the need to respect people's preferred communication styles. They said that information could be translated into people's first languages or Braille, and this had been provided in the past. This information was also stated in the information about the service, supplied to people.

# 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 our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led.

### Continuous learning and improving care

- Audits and checks had been carried out to check that the service met people's needs. A relative told us, "We are very happy with the service. I'm confident to speak to the office. They always respond to you."
- One person and 14 relatives we spoke with told us that staff provided care that met people's assessed needs.
- Staff said they were provided with good support from the management team.
- Spot checks on staff took place to monitor whether staff were providing appropriate care and a positive approach to people. Spot checks were not carried out frequently. The regional manager said these checks would become more frequent.

### Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- One person and 16 relatives said that staff met people's needs. Where concerns had been identified about staff practice, these had been acted upon.
- A person using the service said, "I'm very happy with the service. No concerns or complaints."
- Staff had a good knowledge and understanding of people they supported and knew them well.
- Staff told us they were happy working at the service, apart from not receiving travelling time between calls on their rotas. The regional manager said this issue would be reviewed, as it at sometimes resulted in care calls being late.

### 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 regional manager understood information sharing requirements, and knew that when concerns had been identified, appropriate notifications should be sent to the CQC as required by law, and to the local authority.
- They were aware of the duty of candour, that if mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action.

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

- The regional manager understood their role and understood the needs of their staff team. Processes were in place to measure quality performance.
- Staff understood their responsibilities, and who to report to if they had concerns and needed help.

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

- Feedback was sought from people and their relatives as questionnaires had been provided. This gave people and their representatives the opportunity to suggest any changes or improvements.
- Staff meetings had been paused during the COVID-19 pandemic. The regional manager said that meetings were planned to commence again shortly. In the past, relevant issues were discussed, which had included important issues such as infection-control and people's care.

Working in partnership with others

- Relatives told us that staff had properly reacted by calling medical services as needed if people were not well.
- The regional manager was aware of the need to work with health professionals to ensure people's needs were met. There was evidence in people's care plans that relevant professionals such as the occupational therapists and district nurses had been involved in people's care
- Staff understood they needed to inform management and people's families if people were ill or had an accident.
- The regional manager was receptive to feedback when we discussed the inspection findings.