

Care Resource Bureau Ltd

Care Resource Bureau

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 ●

Summary of findings

Overall summary

This inspection took place on 8 May 2017. It was an announced visit to the service.

This was the first inspection since the provider registered with the Care Quality Commission (CQC) to provide personal care to people. The service supported people who lived in their own homes in the Buckinghamshire around the High Wycombe area. The registered office is based in the village of Naphill. At the time of the inspection the service was supporting 20 people.

The service had 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.

We received positive comments from people, their relatives and professionals. Comments included "My life has improved since I have had the support." Another person told us "I love the carers they are so efficient." A third person told us "I have an outstanding care service." A relative told us "They [care workers] are a gift from God."

The positive feedback from people was replicated from community professionals. One professional told us "Up to date risk assessments have been in place in my experience in working with the service. This was particularly evident when working with a client whose behaviour put him at risk. The manager provided me with regular feedback and worked with the client to find strategies to reduce these risks, keeping the risk assessment up to date along the way." Another told us "Overall, I have seen some very positive outcomes from the work carers and the manager of the service have delivered to clients so far."

People were protected from avoidable harm as risk assessments were completed and detailed how staff needed to work with people to minimise this risks identified. Staff received training on how to keep people free from abuse and were aware of what to do if a concern was raised about someone's safety.

People were treated with privacy and dignity. People were encouraged to be as independent as possible. One community professional told us "The client I work with that has been supported by Care Resource Bureau has made tremendous improvements since being supported by them and is now able to go out into

the community with their support where as he was previously unable to do."

The service operated safe recruitment processes to ensure staff had the right skills and attributes. Post-employment staff received regular monitoring to ensure they were providing a high quality service.

The service had a very clear vision which was communicated by an enthusiastic registered manager. Staff told us they felt support by the registered manager and people told us they had confidence in them to deal with any of their concerns.

People's needs were met by staff, care plans were personalised and provided comprehensive information to care workers to ensure they were able to provide safe, effective care to people. A community professional told us "I have found the service flexible and creative in managing the complex needs of some clients we have worked jointly with." Another professional told us "[name of registered manager] will ensure that a service user's needs are met and will use different approaches for different service users to enable them the opportunity to receive the care that they require." However we found two records which did not provide enough detail about the level of care and treatment received by people as not record of what care had been delivered was made. We have made a recommendation about this in the report.

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 protected from harm because staff received training to be able to identify and report abuse. There were procedures in place for staff to follow in the event of any abuse happening.

People's likelihood of experiencing injury or harm was reduced because risk assessments had been written to identify areas of potential risk.

Is the service effective?

Good ●

The service was effective.

People received safe and effective care because staff were appropriately supported through a structured induction, supervision and training.

People were cared for by staff who were aware of their roles and responsibilities.

Is the service caring?

Good ●

The service was caring.

Staff were knowledgeable about the people they were supporting and aware of their personal preferences.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People were able to identify someone they could speak with if they had any concerns. There were procedures for making compliments and complaints about the service.

People were supported to access a range of healthcare services and appointments were made promptly when needed.

Is the service well-led?

The service was not consistently well-led.

People were not consistently protected from unsafe care and treatment. We found gaps in records relating to people's care and treatment. Which could have led to mistakes being made.

There were effective systems in place to monitor the quality of the service and drive forward improvements.

Requires Improvement 

Care Resource Bureau

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.

The inspection took place on the 8 May 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure someone would be available to help with the inspection. The inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). The PIR is a form that the provider submits to the Commission which gives us key information about the service, what it does well and what improvements they plan to make. We reviewed any other information we had received about the service.

Prior to the inspection we sent out questionnaires to people, their relatives, community professionals and staff. We received one hundred percent of completed questionnaires by staff, 64.3 percent completed by people and 33.3 percent by community professionals. We used the feedback from the questionnaire as part of our judgements.

We spoke with four people who were receiving care and support, four relatives; the registered manager, training manager and two staff. After the inspection we requested feedback from 13 health and social care professionals and five staff. We reviewed four staff recruitment files and three care plans within the service and cross referenced practice against the provider's own policies and procedures.



Our findings

People told us they felt the Care Resource Bureau provided them with safe care and treatment. Comments from people included "I always feel safe, they [care workers] always lock the door and shut the windows" and "They always come on time so I don't worry."

People were protected from the risk of abuse. One hundred percent of people, their relatives and community professionals who completed a questionnaire stated people were kept safe and free from abuse. The service had a safeguarding procedure in place. Staff received training on safeguarding people. Staff had knowledge on recognising abuse and how to respond to safeguarding concerns. Staff informed us they would always report concerns to the registered manager. Where concerns were raised about people's safety or potential abuse, the office staff were aware of the need to report concerns to the local authority and also their requirement to report this to CQC. However some of the care workers were not so clear on who else they could contact. We noticed there was a safeguarding poster displayed in the office. However, staff we spoke with were unaware of this. We have asked the registered manager to reinforce to the staff which external bodies safeguarding concerns can be reported to. People we spoke with stated they knew who to speak with if they had any concerns.

People were supported by staff with the appropriate experience and character to work with them. The service operated robust recruitment processes. Pre-employment checks were completed for staff. These included references, and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check. One recruitment file did not contain all the required information. The file was missing a health questionnaire. Providers were asked to ensure newly recruited staff were fit to carry out the tasks they were expected to perform. We spoke with the registered manager about this. They advised us this would have been completed at the time of recruitment; however they said they would get another form completed. We found the registered manager responsive to our findings in this area.

People told us staff arrived when they were due and undertook tasks as required. The service used an electronic scheduling system to roster care visits. We noted the calls were scheduled for the foreseeable future. Staff told us they were provided with enough time to provide safe care and treatment and they had enough travel time between visits. People told us they did not feel rushed. We noted where people required the support of two care workers this was provided.

Where required people were supported with their prescribed medicines by staff who had received training to undertake this safely. People told us they received their medicine on time. We checked the records relating

to medicine administration. We found the medicine administration records (MARs) were printed with details of prescribed medicine and when the medicine was needed. We noted the registered manager printed the forms from the office. Where medicine was not required a cross was entered onto the MARs to prevent mistakes happening. However we noted that one person had been prescribed antibiotics. These medicines had not been entered onto the MARs. We checked the daily record notes. The care workers had recorded in the daily notes that the medicine had been given. We asked the registered manager if they would usually add antibiotics onto the MARs, they stated they would, this was confirmed by one care worker. We noted no further omissions to MARs.

Where people were prescribed 'as required' (PRN) medicine, the service had a protocol in place to provide additional guidance for the staff on when and why the medicine should be given.

Risks posed to people as a result of their medical condition were assessed and information was available to staff on how to minimise those risks. For instance, where people required equipment to help them move position a risk assessment was in place. Risk assessments were also in place for staff if they were required to move objects. This ensured both people and staff were protected from avoidable harm. Prior to a person being supported by care workers a risk assessment was undertaken of their home environment. This included checks of lighting, fire safety and access to the property. These checks ensured risks to staff were minimised and identified if any additional resources were required. Staff told us they felt safe, the service had a lone worker policy and the registered manager was on call to answer any queries from staff.

The service had an incident and accident reporting policy and care workers were aware of what events they would report. The registered manager was aware of the need to report any serious injuries to CQC.



Our findings

People and their relatives told us the staff were effective in meeting people's needs. One person told us "My life has improved since I have had the support." Another person told us "I love the carers they are so efficient." A relative told us "They [care workers] are a gift from God."

People told us their care workers were well trained and had the right skills to support them. Comments from people included "The girls are all well trained... [name of care worker] is first class," "I have confidence in them to support me." A relative told us "They [care workers] know how to approach [name of relative], the approach is right for him." One hundred percent of relatives who completed a questionnaire stated they thought the care workers had the right skills and knowledge to support their family member. This was also supported by community professionals who completed the questionnaire.

The registered manager told us staff were supported with training which they deemed mandatory to their role. Most of the training undertaken was via eLearning, additional practical training was undertaken to equip care workers with the skills to be able to support people move position safely. The service had a training manager. The member of staff had been trained to deliver training to care workers. This allowed training to be undertaken when needed. The registered manager told us additional training was available to staff. For instance, one care worker was due to commence end of life training. The registered manager kept a log of training completed to monitor care workers competencies and skills.

Care workers told us they felt supported by the service. We noted that new staff were not allowed to work alone until they had been out and shadowed experienced staff. One care worker who had been in post for less than three months told us about the support they had received since joining the company. "It was very thorough...so good...It really helped me." One hundred percent of staff who completed a questionnaire told us they felt their induction had prepared them to be able to work unsupervised. Staff received support through one to one meetings; we noted the meetings happened in line with the provider's policy.

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. The Care Resource Bureau supported people to make their own decisions. We noted the service sought consent from people before they received care and treatment.

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. Providers of personal care can only deprive people of their liberty upon authorisation by the Court of Protection. We checked whether the service was working within the principles of the MCA. The provider was not supporting anyone who was subject to any conditions from the Court of Protection.

We spoke with the registered manager about their understanding of the MCA, they were able to tell us about how they would work under the code of practice of the Act. The registered manager informed us of a particularly challenging situation they were managing. They were working to ensure they consulted third parties who had the legal authority to act on the person's behalf. They were aware of the need to use the 'best interest process' where people were deemed unable to make a decision and did not have legal authority acting for them. We acknowledged to the registered manager the situation was challenging. Not all staff were unable to tell us about their understanding of the MCA. The registered manager told us this was not one of the mandatory training topics completed. However staff were able to tell us about how they obtain consent and capacity was discussed in other training sessions. The registered manager told us they would ensure all staff received appropriate training in MCA.

People who required support to maintain a healthy, nutritious diet had a care plan in place which detailed the level of support required. People told us they were happy with the support care workers provided with meals. Comments from people included "I always have a mug and a flask left for me" and "I have frozen meals because the carers are not allowed to use the oven, the meals are ok." Another person told us "They [staff] help me with breakfast and dinner." A relative told us "Due to the care provided [relative's name] health has improved...diet is much improved."

People were supported with access to healthcare when required. On the day of the inspection we witnessed the registered manager responding to a person who had told the care worker they had a tooth ache. People and their relatives also told us how the care workers had supported them. For instance, one relative told us the registered manager had recently facilitated an assessment by an occupational therapist (OT). They told us "That was really helpful and hopefully we will get some additional equipment. We received feedback from the OT that "[registered manager] seemed to know the family and client inside out and had a very good understanding of [person's name] needs. She was very well informed when we were speaking about what I could potentially put in place to aid the client and her carers and seemed very competent in her job."



Our findings

People and their relatives told us they felt the care workers and the office staff were kind and caring. People told us they had developed good working relationships with staff. Comments from people included "I know all the carers really well, we are more like friends," "[name of care worker] goes out of her way, she is so good" and "They [care workers] are lovely girls, they will do anything I ask." This was supported by comments from relatives who were equally satisfied with the service their family member received. One relative told us [registered manager's name] makes everything better not just for dad, for me as well." Another relative told us "The carers make sure they are upbeat and have really lifted his mood." A third relative told us "They [care workers] are totally reliable and caring."

We received positive feedback from people, their relatives and community professionals who had knowledge of the service. People who completed questionnaires told us "I am very pleased with the care company who support me. In the few months I have been using this service I have built a good relationship with my carers" and "I have an outstanding care service." A community professional told us "The client I work with that has been supported by Care Resource Bureau has made tremendous improvements since being supported by them and is now able to go out into the community with their support where as he was previously unable to."

Care workers were able to tell us about people's likes and dislikes including what activities they liked to how they liked their food made. People told us staff were respectful about their privacy and dignity. One hundred percent of people who completed a questionnaire told us they were treated with dignity and respect. This was supported by all the relatives and all the community professionals who completed a questionnaire. Care workers were able to tell us how they would ensure they protected people's privacy. One care worker told us "I always try to keep people's dignity by providing them privacy when they are using the toilet," another care worker told us "When washing and doing personal things we put a towel on private parts so they keep dignity and keep curtain closed until done so they are not seen."

People told us they felt the service supported them to express their views and were actively involved in making decisions about their care. People and their relatives had regular contact with the office and any changes which were requested were actioned by the registered manager. For instance, one person told us "My daughter visits me on a Sunday, however due to the travel the timing of her visit can vary. I just let them know if I need a lunch call or not, it's no problem."

People told us that they were encouraged to be as independent as possible. This was supported by what a

care worker told us "We have been helping a man with his personal care who wished to do his personal care by himself. So I spoke to my manager and suggested if we could get a stool for him so he can sit near the wash basin and help himself, which she agreed and the man got the stool and he was very happy."

We received feedback from people that they were always introduced to new care workers. One hundred percent of people who completed a questionnaire confirmed this. Everyone who completed a questionnaire felt the care workers were kind and caring. A community professional told us "I have observed positive interactions between a number of their carers and clients and there has clearly been a good rapport and familiarity." This was supported by what another social care professional told us "Provides crucial support to families of the service users to ensure that they are able to continue their informal caring role and will provide guidance to enable them to access support from Adult Social Care." A third professional told us "Overall, I have seen some very positive outcomes from the work carers and the manager of the service have delivered to clients so far."

Care workers were aware of the need to use different communication styles with people. One care worker told us "If someone can't communicate properly we help with using sign language or any other preferred way they have to communicate." People told us care workers always spoke with them in a respectful and professional manner.

The registered manager spoke passionately about providing end of life care; they told us about a person who wanted to die at home. The registered manager told us "I wanted to make his wish come true." They told us how they had worked closely with community health professionals to meet the person's needs.



Our findings

People were supported by a service that was responsive to their needs. It put people's wishes first and involved them and other people of their choice in making decisions about their support. People had their needs assessed prior to receiving support from the service. The registered manager undertook a full care needs assessment prior to sending care workers to new clients. The registered manager told us "I plan to build up the service by always providing the initial care visits myself, and then I can recruit new staff to take over."

Each person supported had a detailed care plan in place. It provided a thorough picture of what support the person required. This included breakdown of the level of support required and how it was to be provided. The level of detail in the care plan was so comprehensive that someone who did not know the person would be able to care for them appropriately. Care workers told us they always read the care plan and found them to be really detailed.

One hundred percent of people who completed a questionnaire told us they were involved in developing their care plan, this was also supported by what relatives told us. One care worker told us how they provided person centred care; "I prefer to help people the way they like to get it done, as long as it's safe to do so as it will make them happy and that's what we want. We always read the care plan."

The registered manager told us they were person focused they ensured care plans reflected the current needs. Care plans were reviewed regularly and any changes identified were made. The registered manager commented in the PIR "Before packages of care are started, a comprehensive risk assessment takes place to ensure that we can retain as many of their preferences, choices, needs and circumstances can be catered and accommodated." Throughout the inspection we found the registered manager and staff to be person focused. Whilst we were at the office, a care worker had reported that a person's needs had changed. We witnessed the registered manager sorting out the required change to the timings of a care visit.

We received positive feedback from health and social care professionals about how the service provided person centred care. One social care professional told us "I have found the service flexible and creative in managing the complex needs of some clients we have worked jointly with." Another professional told us "[name of registered manager] will ensure that a service user's needs are met and will use different approaches for different service users to enable them the opportunity to receive the care that they require."

A further social care professional told us "Up to date risk assessments have been in place in my experience

in working with the service. This was particularly evident when working with a client whose behaviour put him at risk. The manager provided me with regular feedback and worked with the client to find strategies to reduce these risks, keeping the risk assessment up to date along the way."

People told us care workers supported them to enjoy social activities. A number of the care calls were called social visits. One care worker told us how one person had requested they were supported with going for walk. The care worker had suggested to the person that they go out for a lunch at a local restaurant. The person told us they were looking forward to this. Another care worker told us "We take them out to do shopping take them out to go eat if they like it." The care worker always tried to find out about activities for people. One person has requested to attend an art group. Another person was supported to play football. People told us this had had a positive effect on their wellbeing.

The service had a complaints procedure and care workers were aware of the need to report any concerns to the registered manager. One hundred percent of people who completed a questionnaire and their relatives told us they were happy with how the care workers and office staff dealt with concerns or complaints. The service benefitted from an easy read version of the complaints process, which was issued to people who required it.



Our findings

We received positive feedback from people, their relatives and community professionals. People told us the service was well led. Comments from people included, "[name of registered manager] has done an amazing job" and "The service you provided was first rate and you should be very proud of providing a young lady full of compassion and humour." A community professional told us "The manager has always been easy to get in touch with, willing to attend meetings where issues have arisen and responded well to feedback."

We found two records were not meeting the requirements of the regulations or provided sufficient information to assess what level of care people had received. In one case no record had been made of any of the daily care and treatment provided to one person. In another a medicine had not been added to the MAR sheet. We spoke with the registered manager about this they told us why no daily records existed for one person. We acknowledged the rationale behind the decision. However there is a requirement to ensure records of care and treatment provided were kept. We discussed how the service would make improvements in this area. The registered manager was able to tell us how they would make the required changes with immediate effect. In the other record a course of antibiotics had not been entered on the MARs. This was against the company's own policy and good practice. However care workers had recorded in the daily notes the medicine had been given.

We recommend that the service seek support and training, for the management team on record keeping management.

There was a very clear culture within the service which was communicated by the registered manager. It was clear they were committed to providing a high quality and person centred care to people. This was supported by what a community professional told us "[name of registered manager] has a good relationship with Adult Social Care, service users and families alike. "[Name of registered manager] has service user's needs and over all wellbeing at the core of Care Resource Bureau's practice which is key to her service. "[Name of registered manager] has a strong presence within the community, which means that staff are well trained and well supported. [Name of registered manager] works with both staff, service users and families to ensure that the service she provides is safe and effective."

The registered manager held staff meetings to communicate the vision of the service. We noted from the minutes of the meetings these were also opportunities to discuss how best the care workers could support people to achieve what they wanted. Care workers told us they were consulted on how to improve the

service and felt their thoughts and suggestions were always welcomed by the registered manager.

Care workers told us they had confidence in the registered manager. Comments included, "I feel comfortable and confident going to my management with any concerns" and "I can easily speak to manager."

The registered manager had a number of key policies to aid them in managing the service. They told us they were always looking to find a policy which worked well. The registered manager undertook a number of audits to monitor the effectiveness of the service. In addition to this, quality spot checks were undertaken on care workers. Feedback from these and regular communication with people who used the service helped to ensure the service was meeting people's needs.

There is a legal requirement for providers to be open and transparent. We call this duty of candour. Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, states when certain events happen, providers have to undertake a number of actions. We checked if the service was meeting the requirements of this regulation. The registered manager was fully aware of the requirement and had a policy in place to refer to in the event of a situation meeting that threshold.

Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people. No notifiable events that needed reporting to CQC had occurred. The registered manager was able to tell us about what they were required to notify us about.