

The Care Bureau Limited

# The Care Bureau Ltd - Domiciliary Care - Banbury

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

The Care Bureau is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community in and around Banbury. It provides a service to younger adults and older people. At the time of the inspection, the service was supporting 31 people with the regulated activity of personal care.

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

The service needed to improve their systems to ensure that staff arrived on time for visits, provided care and support for the intended time and took action to minimise people having missed visits.

People, their relatives and health professionals raised concerns about how these were managed which could result in people not having the care and support they were assessed to receive in relation to their needs.

The service had not had a registered manager in place for eight months. The service was being run by a manager who submitted their application to be registered by the Care Quality Commission after the inspection took place.

We found improvements were needed to ensure the management of the service was taking action to improve people's experience of care delivered.

We found that where feedback was sought, action was needed to ensure this was used to improve the service and people updated so they knew their views were being acknowledged and looked into.

Improvements were needed to ensure that when people, relatives, staff or professionals contacted the office that they received a timely response in relation to their queries.

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 April 2018).

### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding. 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 changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements and have identified breaches in relation to regulation 17 (good governance) at this inspection. Please see the action we have told the provider to take at the end of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Care Bureau Ltd – Domiciliary Care - Banbury on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# The Care Bureau Ltd - Domiciliary Care - Banbury

## **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. 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was undertaken by three inspectors, including a member of the medicines team and an Expert 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 houses and flats in the community in and around Banbury. At the time of the inspection, the service was supporting 31 people with the regulated activity of personal care.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was not a registered manager in post. The manager submitted an application to become registered after the inspection was carried out.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 1 August 2022 and ended on 12 August 2022. We visited the location's office/service on 4 August 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with the manager, domiciliary regional manager and assistant domiciliary regional manager. We reviewed a range of records. This included two people's care records, a sample of medication records, two staff recruitment files and records relating to the management of the service.

During the inspection we reviewed medicine administration records, assessments and care plans related to medicines for seven people.

We spoke with six people using the service and seven relatives of people to gain their feedback on the service and the care they received.

#### After the inspection

We phoned and spoke with four care staff to gain their feedback on the service. We contacted two health and social care professionals for their feedback on the service.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment; Learning lessons when things go wrong

- People had not always received the support they required. We asked people and their relatives if they ever experienced late or missed calls. Some people had experienced missed and late calls. Comments included, "Once or twice at night they have been very late and I have thought no one is coming so I have got my [relative] ready for bed, they usually turn up just as I have finished. I don't ring up the office to see where they are or if we are going to get anyone."
- Some people said care staff did not always stay the required time. Comments included, "Care staff are in and out in 5 to 8 minutes and neighbours have reported this to the manager. The good ones stay the full 30 minutes, but the rest don't."
- A health professional stated they carried out a home visit to meet the care staff and were informed that the care staff had left 10 minutes after they arrived (commissioned support time should be 45 minutes). This was fed back to the manager.
- A call monitoring system monitored when staff arrived at a person's home and when they left. The call monitoring system was connected to the office, and alerted the manager when staff were running late. However, we did not see evidence that the call monitoring system was audited, and action taken where needed, to reduce the frequency of late calls or to ensure care staff stayed for the intended duration.
- The provider had safe recruitment processes in place, including all necessary pre-employment checks, to ensure they only employed suitable staff.

Using medicines safely

- We requested evidence that staff members had received training and were competency assessed to administer medicines safely. We were not provided with this information.
- The provider had carried out assessments for people who were supported by the service. These had the required information related to level of assistance needed for medicines by people using the service.
- Information was available for people using the service in assessments to ascertain if staff, service users or their family were responsible for ordering, transporting or returning medicines to the community pharmacy.
- Care plans were in place to help guide staff on how to support the medical and health needs of people using the service.
- Medicine Administration Records (MAR) were in place for people who were provided support with their medicines. There were minimal gaps in the MARs, this provided assurance medicines were being given as prescribed.
- There was a medicine policy in place.
- There was a process in place to report and investigate medicine errors and incidents.

#### Assessing risk, safety monitoring and management

- The provider had a risk management system that identified risks to people and there was clear guidance for staff on how to keep people safe.
- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained basic explanations of the control measures for staff to follow to keep people safe.
- People's home environments had been assessed to ensure they were safe, such as tripping hazards and fire risks.

#### Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy and process in place.
- Staff understood their responsibility in identifying, responding to and escalating suspected abuse.
- Records showed staff received training in safeguarding. At the time of the inspection there was one safeguarding incident being investigated by the funding local authority.

#### Preventing and controlling infection

- The provider had arrangements in place for preventing and controlling infection.
- Staff confirmed they had access to personal protective equipment (PPE), namely masks, gloves, aprons and shoe protectors. Staff told us they could access additional PPE from the service as and when needed.
- Staff frequently undertook lateral flow tests to ensure they hadn't contracted COVID-19 and as per government guidance to help prevent the spread of infection.

# 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 changed to requires improvement. This meant the service management and leadership was not always consistent to support the delivery of high-quality, person-centred care.

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

- The feedback we received from people, their relatives, health professionals and some staff felt the service was not always well-led.
- People experienced late calls, and some reported that staff did not always stay for the allotted time. A person had two missed visits the day before the inspection. This was discussed with the manager who explained it had been a miscommunication and they would put measures in place to ensure this did not happen again. CQC had been notified by the manager in May 2022 of a missed call and it stated measures taken were to 'Check the system to make sure [visits] were inputted correctly'. However, we found in August 2022 that missed calls were still occurring.
- Communication needed to be improved in respect of people and others trying to contact the service. A health professional said, "The service has not always been as reactive as I would have wished them to be in providing information, returning my calls or generally liaising with me to support our client." They went on to say that they had to ask for information several times and when sent they received only part of the information requested.
- Staff also commented that at times it was difficult to get hold of the staff in the office. Prior to the inspection, CQC tried to contact the office via phone and email and experienced difficulty making contact, eventually doing so via the head office.
- Although monitoring systems had been implemented to ensure effective oversight of the service, including audits on medicines, improvements were needed to ensure people were assured that visits were taking place as planned and a consistent system to update people where delays were experienced.

The provider had not always ensured that systems and processes in place were effective in reducing the risk of harm as a result of late or missed visits. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care plans were comprehensive and detailed people's needs and preferences to ensure they received the care and support they required.
- Most people felt complaints were responded to. People were informed about how to raise concerns or make a complaint.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering

their equality characteristics; Continuous learning and improving care

- We sought feedback from people about the service and how they viewed their care and support from the service. Although people were encouraged to share their views through questionnaires there was no evidence of any improvements made as a result of these.
- We had a mixed response from people and their relatives with some saying they had never been asked for feedback and some commented saying, "We were asked for feedback on a form a few times but no one ever came back to you on suggestions etc so I don't bother filling them in anymore", "They used to send out a feedback form annually but took no notice of anything I suggested so I no longer bother to fill it in" and "Yes they send out a questionnaire asking for your views then take no notice of them. You get no feedback whatsoever or changes suggested."

Feedback sought had not been acted upon for the purposes of evaluating and improving the service. This issue was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Working in partnership with others

- We saw the service liaised with health professionals in relation to people's care and support.

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

- There were no incidents related to the duty of candour. The provider was aware of the need of measures to be followed if an incident did occur relating to this guidance.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not always ensured that systems and processes in place were effective in reducing the risk of harm as a result of late or missed visits.</p> <p>Feedback sought had not been acted upon for the purposes of evaluating and improving the service.</p>