

The Care Bureau Limited

# The Care Bureau Ltd - Domiciliary Care and Nursing Agency - Leamington Spa

## 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?

Good 

# Summary of findings

## Overall summary

The Care Bureau in Leamington Spa is a domiciliary care agency that provides personal care and support to people living in their own homes. Care staff call at people's homes to provide personal care and support at times agreed with them. At the time of our inspection there were 153 people who received personal care from the service.

There was a registered manager in post when we inspected the service. A requirement of the service's registration is that they have a registered manager. 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 last inspected this service in March 2016 when all five key areas were rated as 'Good'. At this inspection we found the quality of care had been maintained and people continued to receive a service that was responsive to their needs. We continue to rate the service as 'Good' in all areas, giving the service an overall rating of 'Good'.

People were positive about the care they received and were complimentary of the care staff that supported them. People said they felt safe when supported by care staff. Care staff understood how to protect people from the risk of abuse and there were processes in place to minimise risks to people's safety, which included information about people's individual risks in their care plans.

Checks were carried out prior to care staff starting work to ensure their suitability to work with people who used the service. New care staff completed induction training and shadowed more experienced care staff to help develop their skills and knowledge before supporting people independently. This ensured they were able to meet people's needs effectively.

All care staff had been provided with the provider's policies and procedures to support them to provide safe and effective care to people. Care staff received specialist training on how to manage medicines so they could safely support people to take them.

People received a service based on their personal needs and care staff usually arrived to carry out their care and support within the timeframes agreed.

People told us care staff maintained their privacy and dignity. People's nutritional needs were met by the service where appropriate.

The registered manager and care staff understood the principles of the Mental Capacity Act (MCA) and how to put these into practice. Care staff told us they gained people's consent before providing people with care and support.

The provider had processes to monitor the quality of the service and to understand the experiences of people who used the service. This included regular communication with people, staff, and record checks. People knew how to raise concerns if needed, and feedback was acted upon.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Caring.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

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## **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 checked 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 office visit took place on 16 August 2018 and was announced. The provider was given 48 hours' notice that we would be coming. This was so we could be sure the registered manager was available to speak with us. The inspection was a comprehensive inspection and was conducted by one inspector.

We reviewed the information we held about the service. We looked at information received from the statutory notifications the provider had sent to us and commissioners of the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

Following our inspection visit we gathered feedback from 11 people who used the service and four people's relatives.

We also received feedback from seven members of care staff, the registered manager, a director, a

compliance officer and a recruitment officer.

We looked at a range of records about people's care including three care files. We also looked at other records relating to people's care such as medicine records and daily logs. This was to assess whether the care people needed was being provided.

We reviewed records of the checks the registered manager/ provider made to assure themselves people received a quality service. We also looked at staff records to check that safe recruitment procedures were in operation, and staff received appropriate supervision and support to continue their professional development.

# Is the service safe?

## Our findings

At our previous inspection we rated the service as 'Good' in Safe. At this inspection, we found people continued to receive safe care and receive their medicines as they should. There continued to be enough staff to meet people's needs. We continue to rate Safe as 'Good'.

People and their relatives felt safe with staff. People told us, "The staff are lovely", "I have no concerns with anything", "Everything is just as I wish."

People were protected against the risk of abuse. Care staff told us they completed regular training in safeguarding people. Staff told us they were comfortable raising any concerns they had with the registered manager, and were confident any concerns would be investigated and responded to. Staff also understood they could report safeguarding concerns to other authorities if they had concerns. The registered manager had procedures in place to report safeguarding concerns to local authorities for investigation, and to CQC.

Care staff attended regular infection control training and were provided with the correct personal protective equipment (PPE) such as gloves and aprons. People confirmed staff protected them from the risks of infection, by using gloves and sanitizers in their home when necessary.

Procedures were in place to record any accidents and incidents that occurred to show when and where accidents happened, and whether risks could be mitigated to reduce them happening in the future.

Risks to people's health and wellbeing were identified in the care records we reviewed. For example, where people needed assistance with their mobility, information was contained in the records about how many staff were needed to assist the person, and the equipment that was used. Records explained what the risks were and what actions staff should take to minimise identified risks. A staff member told us, "Risks are always well documented, and the equipment we need is always provided."

Staff told us and records confirmed, people were protected from the risk of abuse because the provider checked the character and suitability of staff. All prospective staff members had their Disclosure and Barring Service (DBS) checks and references in place before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services.

People told us staff usually arrived around the time they were expected. The Care Bureau did not specify a time for their call, but arrived at approximate times. For example, breakfast time, lunch time, tea time and bedtime. Only one person's relative was unhappy about the times staff visited their relation saying they were often later or earlier than they would like.

There were sufficient staff employed by the service to ensure people received their agreed calls at the time they should. In addition, the registered manager and supervisors kept their own training and skills up to date, so they could assist care staff and complete calls when needed. For example, when staff were



unexpectedly absent. The registered manager told us they employed sufficient staff to cover all their existing calls to ensure no temporary staff were needed.

Staff members agreed there was usually enough staff to meet all the calls on their rota at the right time of day, unless there was an emergency. Two members of staff told us they would like more time to spend with people, for example, when people needed additional support to remain independent, or offer people some social interaction. They recognised however that call times depended on what people had agreed, as the agency supported people who paid for their own care. One member of staff commented, "I do feel some people need more time than is given as they are slow getting around, but fiercely want to be independent as much as possible. We need to give them the time they need to remain independent."

Staff also used an electronic call monitoring system, and logged into each call when they arrived. This provided office staff with the assurance staff had arrived at the scheduled call, and enabled them to identify whether staff were running late, or a call might be missed. This also provided the registered manager with the information they needed to ensure there were enough staff to get to all the calls on time.

Staff who administered medicines received specialised training in how to administer medicines safely. They completed this training before they were able to administer medicines and had regular checks to ensure they remained competent to do so. Each person who was supported to take their medicines had a medication administration record (MAR) that documented the medicines they were prescribed, and a medicines care plan. MARs were kept in the person's home so they could be completed each time a medicine was given. There were checks and audit systems in place to ensure people received their medicines when they should.

## Is the service effective?

### Our findings

At our previous inspection we rated the service as 'Good' in Effective. At this inspection we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection visit. The rating continues to be 'Good'.

New staff members were provided with effective support when they first started work at The Care Bureau. They completed an induction to the service and started working towards the Care Certificate unless they were qualified to a higher level. The Care Certificate is an identified set of standards for health and social care staff. During the induction period staff spent time shadowing experienced colleagues to gain an understanding of how people liked their care to be provided. Staff also worked through a probationary period to ensure they had the skills needed and were supported by a 'mentor' (senior colleague with experience) to provide them with reassurance and advice.

Records showed a programme of regular training updates supported staff to keep their skills and knowledge up to date. A staff member told us training was delivered according to the needs of the people they supported, for example, in how equipment should be used in the person's home. One member of staff said, "My in-house and on the job training was thorough, enjoyable and left me feeling fully prepared for the role." The registered manager explained they were able to call upon the provider's clinical team which comprised registered nurses, to input into the training programme for staff and also to ensure any specialist equipment was used correctly.

The registered manager told us they continued to support staff through a system of meetings, observations of their practice and checks of their work, as well as a yearly appraisal. Staff were kept up to date with any changes at the service with a monthly newsletter. The registered manager explained they also operated an 'Open Door' policy, which meant staff could come into the office and speak to a manager whenever they wished. Staff could also request a meeting with their manager if they needed any support. Regular meetings and communication with staff provided an opportunity to share information about personal development and training opportunities. One staff member said, "I am kept updated by email of anything I need to be informed of." Another staff member said, "I pop in to the office for anything I need, and the Bureau's line is always open for any queries I have."

Prior to using the service, people were assessed to ensure the service could meet their needs. We saw assessments involved people and their relatives and included discussions on each person's individual needs such as their mobility, likes and dislikes. People's care packages were reviewed and re-assessed when their needs changed. In addition, every year these assessments were reviewed to ensure people continued to receive the care they needed.

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. Where people lack mental capacity to make particular decisions, any decisions made must be in their best interests and in the least restrictive

way 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.

People signed their own care records where they could, to consent to their care. Staff understood the principles of the MCA and knew they could only provide care and support to people with their consent, unless they lacked the capacity to consent. The registered manager understood their responsibilities under the MCA. They knew if people lacked the capacity to make all of their own decisions, records were required to show how decisions were reached in their 'best interests' following mental capacity assessments. One member of staff told us, "My clients can all make decisions for themselves, for example, what preferred meal or drink they would like, what ideal time they would like me to visit them."

People we spoke with managed their own healthcare appointments or relatives supported them with this. The registered manager told us the service was flexible and could support people to attend appointments if required. Care records instructed staff to seek advice from health professionals when people's health changed.

People and their relatives told us staff assisted with the preparation of meals, and supported people with their nutrition if this was agreed in their care package. Staff were aware of people's dietary needs, and if there were any special arrangements regarding their nutrition. For example, staff were informed in the care records whether people were on a restricted diet, had allergies to any foods, and if they were living with a health condition such as diabetes.

# Is the service caring?

## Our findings

At our previous inspection we rated the service as 'Good' in Caring. At this inspection we continued to find people were cared for by staff who respected them and offered them support in a kind and caring way. We continue to rate Caring as 'Good'.

People told us they enjoyed the company of care staff, and that they got along with them well. Comments from people included, "The staff are lovely" and, "They treat me nicely."

People told us that by having staff from The Care Bureau come into their home, this supported them to remain independent and stay living in their own home. People were cared for by a consistent staff team that visited them regularly, which helped people feel secure with staff.

Staff told us they felt supported in their work by the manager and other colleagues, and supported each other as a team.

Staff and the registered manager understood the importance of promoting equality and human rights as part of a caring approach. The registered manager told us, and records confirmed, staff training included 'equality and diversity.' Staff told us they were supported by the provider to work in a caring way, which focussed on treating people equally and in ways they would want themselves or their families to be treated.

People were involved in choices about how they wanted their care to be delivered, such as the tasks they wanted staff to support them with. These decisions and choices were detailed in care records, and described what staff were expected to do at each call they made to a person's home. A member of staff told us, "All clients with full capacity have made their choices about the care they receive."

Care records detailed what support people needed to help them communicate. For example, whether they had good eyesight, or whether they needed glasses and when these should be worn. Also, information was included on people's hearing and whether they had the cognitive skills to understand questions and respond. This provided guidance to staff about how they should approach people so they understood what was happening and could engage in conversation. Where people had difficulty in communicating their wishes, the provider was able to supply documents in large print and pictures to make information easier to understand.

Staff described how they respected people's privacy and dignity. For example, closing curtains and doors during personal care and asking family or visitors to leave the room during care. One staff member said, "Privacy is always maintained. I don't talk about people and their care unless it's necessary, and never discuss sensitive issues and topics the client might disclose to me."

People were assigned a specific member of staff called a keyworker. Keyworkers were responsible for maintaining a special relationship with each person they supported, ensuring their social and practical needs were being met. Keyworkers also helped to maintain accurate care records for people to ensure they

reflected people's current needs.

## Is the service responsive?

### Our findings

At our previous inspection we rated Responsive as 'Good'. At this inspection we found people received person centred care that met their needs and preferences, and continue to rate Responsive as 'Good'.

People told us staff responded to their requests for assistance in a timely way, and met their personal needs and wishes.

The registered manager told us how they were able to offer people personalised care, saying, "We offer support to people based on their welfare needs. The minimum call we offer to people now is 30 minutes, as any shorter calls don't provide time for us to check on people's wellbeing and complete personal care tasks. Only a very few people who use our service have a 15 minute call, and these are from historic care packages that have been in place for a long time."

Care records we reviewed contained sufficient detail to support staff to deliver person centred care in accordance with people's preferences and wishes. For example, information was contained in care records about what food people liked, and what interests and hobbies people enjoyed. People were involved alongside family members in care planning and regular reviews of their care.

People told us staff wrote information about all the care they had provided in the daily records that were kept in their home. This information acted as a handover of information, so other care staff always knew what care people had received. Staff told us, "All the records are kept up to date in order for us to give effective care and support" and, "Each time we go into the care setting we have to write down everything we do."

Where it was included in people's care packages, staff assisted people to access interests and hobbies, or go out in their local community.

People confirmed they had been given the complaints policy which was included within the information guide which was available within their homes. There were systems in place to manage complaints about the service. A typical response was that people had no need to complain. We saw one person had provided feedback that at a recent call, staff had been late in arriving. However, the person had been contacted by staff to explain the member of care staff was delayed. Complaints were analysed for trends and patterns, and were monitored by the provider, to ensure lessons were learnt across their organisation.

For those people who wished to engage with staff regarding end of life care planning, this facility was offered to people who used the service and their relatives. This process included an assessment of whether people wanted any medical interventions at certain points in their care, and whether they had any cultural or spiritual wishes.

## Is the service well-led?

### Our findings

At our previous inspection we rated the service 'Good' in well led. At this inspection we continued to find the provider maintained quality assurance procedures that checked on the quality of service they provided. People told us the service was well-led. We continue to rate Well-led as 'Good'.

People told us they felt the service was well led, and they had no concerns about the governance of the service. Comments from people included, "I have no issues or problems, If I did, I would raise them, but I don't need to."

Staff told us they felt the registered manager and their line managers were approachable and supportive. Comments from staff included, "I can't fault the communication I receive from my line manager", "I feel I can approach my manager with any problems or concerns" and, "My manager is very approachable and does a magnificent job."

There was a clear management structure in place at the service. This included care supervisors who worked alongside the registered manager to support staff. The registered manager was supported by the provider and office staff who oversaw the allocation of care staff and people's care packages. Staff told us the management team were always available for support and advice because the service operated an 'on call' number outside of office hours.

The provider instructed the registered manager to conduct regular checks and audits on the service people received. This included reviewing the skills and competency of staff, to ensure people were cared for safely. The registered manager and other senior staff worked alongside care staff to regularly observe their practice, and to develop and maintain their own skills.

Monthly, weekly and daily checks were undertaken to check a range of information, which included checks to ensure staff were on time and people's care and medicines records to ensure people received a quality service. Where audits and checks highlighted areas for improvement, an action plan was drawn up and the manager and provider monitored tasks until completion. Action and improvement plans also included recommendations from external auditors and from the provider's quality assurance team.

The provider asked people who used the service, their relatives and staff group to comment on the quality of care through yearly quality assurance surveys, regular reviews of people's care, and through their compliments and complaints monitoring systems. We saw the most recent quality assurance survey where people expressed their satisfaction with the service they received. Where people commented on how the service could improve, the provider acted. For example, following a missed call to one person's home, the office staff changed their daily routine and checks on the progress of calls though the electronic call monitoring system were put in place before staff left each evening. This was to ensure all calls had been made.

The provider shared the outcome of feedback, complaints, compliments and investigations into incidents

with other services in their group to assist with learning. Registered managers and directors across the provider's services met regularly to discuss any lessons learnt from investigations and incidents to ensure as much learning as possible was exchanged, and future occurrences could be avoided. For example, the electronic call monitoring system had been rolled out across a range of services within the provider's group to increase efficiency and quality.

The registered manager told us how they worked in partnership with other agencies such as commissioners of services and health care organisations to support people, making sure their needs were fully assessed to get the right care in place. They explained they also worked with local community groups to increase people's access to social activities and their local community, for example, local scout organisations who provided access to volunteer scouts.

The registered manager worked with a local dementia awareness charity to increase their understanding of dementia care and the options available to people who used their services, the provider had set up members of staff to share this learning called 'dementia champions' to provide advice and support to care staff in understanding dementia and how best to support people with the condition.

The registered manager understood their legal requirements to notify us of any significant events that occurred at the service, and their legal responsibilities to display the rating on their website.