

Bucks Country Home Care Limited

# Bucks Country Home Care Limited

## Inspection report

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Date of inspection visit:  
06 April 2017

Date of publication:  
02 May 2017

## 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

This inspection took place on 6 April 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 services supported people who lived in their own homes in the North Buckinghamshire area. The registered office is based in the village of Longwick. At the time of the inspection the service was supporting 25 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 feedback from people who were supported by the service. Comments from people included "They are fabulous I trust them with my life," "They're wonderful we've been very satisfied regular same two staff ladies" and "It's been fantastic quality people thoroughly professional kept up to date we have regular carers."

People were protected from abuse and avoidable harm as care workers were aware of how to recognise abuse and what to do if a concern was raised.

Care workers felt supported and had access to training to ensure they provided effective care. People told us they felt the care workers were well trained. One person told us "They are well trained they seem to know what they're doing I'd recommend them."

People were involved in their care, and the registered manager tried to drive improvements through seeking feedback from people. However other systems in place to monitor the effectiveness of the service did not always pick up where improvements could be made. We have made a recommendation about this in the report.

People told us care workers were respectful when providing care. Care workers were aware of how to provide a dignified service. People told us "Yes they respect my privacy and dignity, if I'm getting washed they close the curtain and keep me covered and ask permission to do things" and "If they are helping me with personal care and someone comes to the door the ask them to come back later in twenty minutes. They always keep me covered."

People were supported by care workers that had been recruited in a safe way. Care workers had support through a robust induction process.

People told us the care plan was personalised and reflected their current needs. They told us the care plans were regularly reviewed to ensure they were kept up to date. People told us they were involved in the review

meetings and felt they were able to contribute to assessments and planning of their care. One person told us "Any changes are made once a month and the big review is once a year."

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

People who required support with nutrition received it. People had support to access healthcare when required.

### 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 received a personalised service that meant their needs. Care plans were detailed and reviewed regularly.

### Is the service well-led?

Good ●

The service was well-led.

People's needs were appropriately met because the service had an experienced and skilled registered manager to provide effective leadership and support.

People told us the service was well-led this was supported by what care workers told us.

# Bucks Country Home Care Limited

## **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 6 April 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 and an Expert by Experience made telephone calls to people who were supported by Bucks Country Home Care Limited. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 notifications and any other information we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

We made 15 telephone calls to people and their relatives. We spoke with eight people and their relatives. Whilst at the office we spoke with the registered manager, care manager, a care coordinator and an administrator. We also spoke with four care workers. We reviewed three care worker recruitment files and four care plans including medicine records for people supported. We cross referenced practice against the provider's own policies and procedures.

We also contacted social care and healthcare professionals with knowledge of the service. This included people who commission care on behalf of the local authority and health or social care professionals

responsible for people who were supported by Bucks Country Home Care Limited.

# Is the service safe?

## Our findings

People told us they felt Bucks County Home Care provided them with safe care and treatment. Comments from people included "They are fabulous I trust them with my life. They do my meds and record it in the folder. I have four Carers...they've given me part of my life back after being in hospital a year after strokes" and "I feel safe... really excellent because of their attitude." These comments were supported by what relatives told us. One relative told us "They're wonderful we've been very satisfied... regular same two staff ladies. Safe oh yes because we know them they've been coming a long time."

People who required help with administration of prescribed medicines had the support detailed in their care plan. We noted the service had a comprehensive medicine management policy, which include administration of medicines, and safe disposal of unwanted or out of date medicines. People were only supported with medicine by care workers who had received training on how to provide safe administration of medicines. Medicine administration records (MARs) were typed by the senior office staff. We checked the content of the MARs. One record was incorrect. We brought this to the attention of the registered manager who immediately rectified the situation. A senior office member of staff undertook a medicine review; however these did not always pick up omissions on the MARs.

Where medicine administration was shared with family member it was not always clear which dose was administered by whom.

We recommend the service seeks advice from a reputable source about effective systems for medicine management and auditing of medicine records.

People were protected from the risk of 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 had access to the local safeguarding team contact details. Staff informed us that they would contact that team or the Care Quality Commission (CQC) if management did not report safeguarding concerns. People we spoke with stated they knew who to speak with if they had any concerns. Where concerns were raised about people's safety or potential abuse, the service was aware of the need to report concerns to the local authority and also their requirement to report this to CQC.

People were supported by staff with the appropriate experience and character to work with people. The service operated robust recruitment processes. Pre-employment checks were completed for staff. These included employment history, references, and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check.

People were supported by care workers who were not rushed and were provided with time to travel between calls. Care workers told us they felt they were provided with enough time to provide safe care. One care worker told us "We get the chance to talk to people and that means a lot, it is not all task focused."

People told us the care workers were punctual and if they were running late it was an exception not the rule.



People told us if care workers were not on time someone from the office would let them know. We spoke with one of the Care Co-ordinators who confirmed this always happened. They gave us an example of when they had been on call and had to rearrange care visits due to sickness. Comments from people included, "We have them [care workers] five days a week for personal care mainly and having a bath twice a week always on time" and "If they [care workers] are ever going to be late they ring me they've never forgotten me." We looked at rotas and found they provided continuity of care to people.

Prior to care workers supporting people, the registered manager carried out risk assessments to identify potential risks to people. This was an opportunity for any action required to be taken to minimise risks. We saw that a manual handling risk assessment was undertaken where required. This identified how much support people needed and how many care workers were needed.

Individual risk assessment were undertaken when needed, for instance, bed rail assessments and medicine risk assessment were in place and provided support to care workers on how to minimise risk associated.

Potential risks to care workers had been identified. For instance risk associated with using particular chemicals in people's home was assessed. In addition where the provider was required to undertake specific risk assessment to ensure care workers safety, we saw this was completed. The registered manager and the provider were aware of their responsibilities to maintain people and care workers safety.

Incident and accidents were recorded when they occurred. The provider kept all the accidents reports together; this allowed them to monitor trends in incidents. Care workers were aware of what needed to be reported and when an accident form required to be completed.

## Is the service effective?

### Our findings

People and their relative told us they felt the staff were effective in meeting people's needs. A relative told us "They [care workers] are in tune with her, since 2015. When they come in they ask her if she wants to walk or use her chair she'll say I'd love to."

People told us they felt their care workers were well trained and had the right skills to support them. The registered manager told us care workers were supported with a number of core training and then additional training as required. Comments from people included, "Definitely well trained have training every year" and "They [care workers] are well trained they seem to know what they're doing I'd recommend them." This was supported by what care workers told us. They felt they had the opportunity to understand their role. One care worker told us the training provided had given them "Confidence." The registered manager had a record of care workers training; we received further positive comments from care workers about the training. One care worker told us "If I have any questions, I ask, any problems I know I can get advice."

Prior to care workers going to people's homes independently, they had to shadow an experienced member of staff. One person told us "New ones [care workers] shadow the more experienced ones." One care worker told us "If I wasn't confident they [management] would offer more shadowing." We noted new care workers were given a 'staff handbook' which provided them with the provider's expectations and conditions of work.

Care workers told us they felt supported by the registered manager and senior staff. We noted care workers received one to one meetings. Care workers who had been in post for a longer period of time received an appraisal of their work performance. There was an opportunity for care workers to develop within the company. For instance one of the care co-ordinators used to be a care worker and one care worker had developed their skills to be a train the trainer. The registered manager spoke passionately about investing in their staff.

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. Bucks Country Home Care Limited did seek the views of people it supported and asked them to sign to consent to the care and treatment. We noted where people were physically unable to sign, a family member had signed on their behalf. We provided feedback to the provider about ensuring it is clear why a third party has signed on behalf of a relative. The registered manager advised us if a third party had legal authority to act on their relatives behalf they always sought to see a copy of the legal document.

Care workers had received training in the MCA, however the care workers we spoke with were unable to fully provide us with their understanding of how it affected the way they worked with people. They [care workers] were able to give us basic knowledge of how they would involve people in decision making, for instance, what the person wanted to wear or eat. We provided this feedback to the registered manager who advised us they would seek additional support for staff.

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.

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 meal. One person told us "They always leave me enough drinks. Wiltshire foods delivers my meals on a Tuesday and Friday they just microwave them for me, they are well balanced meals," another person told us "They do dinner and breakfast, cheese on toast, or whatever I want."

People told us the care workers responded to any changes in healthcare. One person told us "If I'm not well they will ring the doctor for me." Another person told us "If I had an accident they would ring my doctor for me or an ambulance." We could see where care workers had concerns about people; this was reported to the office staff who would contact relevant healthcare professionals. One care worker told us about a person who had recently been discharged from hospital and their needs had changed so the equipment provided was no longer safe to use. The care worker told us how the service had worked with the district nursing team and occupational therapist to ensure they were provided with the right equipment.

## Is the service caring?

### Our findings

People and their relatives told us care workers were kind and caring towards them. One person told us "Just the way I trust them ... got a good relationship with them; they're all different, all good." Another person told us "When I returned home it's been fantastic, I had no need to worry." A relative told us "It's been fantastic quality, people thoroughly professional kept up to date we have regular carers," another relative told us "Everything's professional."

Care workers spoke compassionately about the people they supported. They were able to share information about people's likes and dislikes with us. For instance one care worker told us how one person liked to be supported and that they "love boiled eggs and sausages." Comments from care worker included "I love my job" and "I love it." Feedback provided from people and their relatives supported the view that positive relationships had developed between care workers and people. One relative had written to the service to say "Thank you for all the kindness and compassion that you gave...In the short time you became almost part of the family for him." Another person had written to the service "Thank you so much for all your help and care, we really appreciate you taking this care plan and cannot tell you how much the pressure has been lifted."

People told us care workers promoted their independence and tried to encourage them to do as much as they could. One person told us "They [care workers] encourage me to do things for myself," this was supported by what relatives had told us. One relative commented "They encouraged him to do things for himself he can manage. His health has improved." Another relative told us "They promote independence where they can due to the stroke and little use of the left hand side."

People told us they felt care workers respected their privacy and provided a dignified service. Care workers were able to tell us how they would provide privacy and dignity to people. One person told us "Yes they [care workers] respect my privacy and dignity, if I'm getting washed they close the curtain and keep me covered and ask permission to do things. They go out of their way for me they do go the extra mile. If I forget something they will bring it in for me." Another person told us "If they [care workers] are helping me with personal care and someone comes to the door they ask them to come back later in twenty minutes. They always keep me covered." These comments were supported by what relatives told us. Comments from relatives included, "They [care workers] respect his privacy and dignity because although he is downstairs in the house they close the doors he's always covered" and "They respect her dignity and privacy, when she goes to the toilet they give her time to go independently and just keep a check for when she's finished."

People told us they felt involved in decisions about their care. The service had arrangements in place with people to capture the views of people they supported. One person told us "I'm fully involved and my family in my care" another person told us "They listen to what I say. They do absolutely." Care workers told us they were able to provide information to people about other service which may be able to support them. For instance if a person wanted to purchase a piece of equipment or required support from advocacy services. Advocacy gives a person independent support to express their views and represent their interests.

## Is the service responsive?

### 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. Information was gathered from people about the type of support required and what time they wished to have the support. This information was pulled together and a care plan was created. Care plans were personalised and detailed people's likes, dislikes, life experiences and hobbies as examples.

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. This was supported by what care workers told us. One care worker told us "When you first go in you get time to read the care plan. Then when you get to know the person you learn all about their little ways." Another care worker told us "I usually get introduced to new people I am supporting."

People told us the care plan was personalised and reflected their current needs. They told us the care plans were regularly reviewed to ensure they were kept up to date. People told us they were involved in review meetings and felt they were able to contribute to assessments and planning of their care. One person commented "Any changes are made once a month and the big review is once a year." Another person told us "We have service user meetings to discuss our concerns, likes and dislikes and how they can do better." This was supported by what relatives told us. Comments from relatives included, "We have service user meetings and a coffee morning has been suggested but it hasn't happened yet" and "We have reviews every three months, they've encouraged him to do things for himself and his health needs have improved."

We could see the service was able to respond to changes in care needs. Where changes had been requested we could see the care plan had been updated to reflect the new needs. We observed care workers visiting the office to handover important information about people. One care worker told us they found team meetings really useful as care workers could share information about how they handle certain situations they may encounter in people's homes.

The service had a complaints policy in place. Where complaints had been made, we found these had been investigated by the registered manager and appropriate actions taken. People we spoke with told us they would know who to contact if they had any concerns but told us they had no concerns and could not suggest any improvements to the service.

## Is the service well-led?

### Our findings

People and care workers told us they thought the service was well led. There was an experienced registered manager in post. People and new staff were provided with an information booklet prior to starting with the service. This laid out what services could be provided and demonstrated a commitment to providing a high quality service.

There was a stable workforce in the service and care workers spoke highly of the support they received from management. Comments from care workers included, "We have great communication, great support and great pay," "[name of registered manager] is very supportive, very helpful" and "It's brilliant, really like a little family."

We observed communication between care workers and the registered manager and the management team. We found there was a calm professional approach to dealing with situations. One care worker was clearly very comfortable in the office having visited there in between care visits. They told us "I spend more time here than home." It was clear the registered manager created an open culture in the office in which care workers felt able to share their views.

Care workers told us they felt valued as a member of staff. Care workers were invited to attend regular team meetings. The registered manager felt these worked well, this was supported by what care workers told us. One care worker commented "We have good team work" another care worker told us "We have a really friendly bunch of staff."

We found information requested on the inspection was readily available and in good order. The registered manager had a number of policies and procedures in place to help them manage the service. The registered manager ensured staff were made aware of the policies and procedures. Each month a new policy would be made available to care workers and they were expected to sign in agreement that they had read the document.

The survey sought the view of people it supported to drive improvement. This occurred through regular reviews of care plans and annual survey. This was supported by what people and their relatives told us. Comments included, "We have satisfaction surveys about once a year just had one actually," "Reviews are every quarter" and "Satisfaction surveys once a year." Comments from the last survey completed included, "Best home care in Bucks" and "[name of two care workers] They both in addition to being phenomenal carers, are exceptionally warm, kind, patient, offering a level of support which changes my life daily. Thank you."

The registered manager used the feedback from the surveys to improve the service. However it did not always use information gathered at reviews to drive improvement. We asked the registered manager how effective they thought the medicine reviews were. As the form used did not lend itself to picking up omissions or mistakes in MARs. The registered manager recognised the form was not effective and by the end of the inspection had implemented an improved system for monitoring the quality of the service.

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. There had not been any occasions where the threshold for this had been met. However the registered manager was aware of what actions were required if this was met in the future.

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. The registered manager was fully aware of which incidents required to be reported to CQC.