

The Care Bureau Limited

The Care Bureau Ltd - Domiciliary Care - Northampton

Inspection report

28 Harborough Road
Northampton
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21 May 2019

22 May 2019

23 May 2019

24 May 2019

28 May 2019

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15 July 2019

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

About the service

The Care Bureau Ltd - Domiciliary Care - Northampton is a community service. The service supports people to live in their own homes within the community. At the time of the inspection the provider confirmed the service was providing personal care to 98 older adults. Not everyone using 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

Staff understood how to protect people from the risk of harm and understood potential signs of abuse. People were involved in assessments of potential risks to their safety and in identifying measures to keep them safe. People received their medicines as prescribed and were protected from the risk of infections through staff working practices.

There were enough staff to meet people's needs. Staff went through a thorough recruitment process so that the provider only employed suitable staff. Staff undertook induction training that supported them to have the knowledge and skills to do their job well and effectively meet people's needs.

People were provided with care and support that ensured they had good nutrition and hydration and access to healthcare that maintained their health and wellbeing. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People's support plans provided guidance for staff to follow. Staff knew people well and had developed positive relationships, which helped to ensure good communication and support. Staff respected people's privacy and dignity and encouraged people to be as independent as possible.

People were fully involved and consulted when making changes to how their support was provided. Staff knew and understood the needs of the people using the service and care was provided based on their assessed needs. Staff were responsive to changes in people's needs to ensure people received timely intervention to maintain their health and well-being.

People and relatives knew how to raise any concerns or make a complaint. The provider's complaints policy provided information about how these would be managed and responded to.

Systems were in place to monitor the quality of care and support people experienced through quality assurance systems and processes to drive improvements within the service.

People, relatives and staff spoke positively about the management and leadership of the service. They commented the staff were reliable, caring, polite and friendly, and they had built good relationships with them.

The provider listened to feedback and acted immediately to make improvements to the service. The service worked in partnership with external agencies to ensure people achieved good outcomes from their care and support.

Rating at last inspection: The Care Bureau Ltd - Domiciliary Care - Northampton was registered on 25 May 2018 and this was the first inspection.

Why we inspected: This was a planned inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

The Care Bureau Ltd - Domiciliary Care - Northampton

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector, one assistant inspector and two Experts by Experience; both the experts had personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Care Bureau Ltd - Domiciliary Care – Northampton provides personal care to people living in their own houses and flats and specialist housing.

The service did not have a manager registered with the Care Quality Commission (CQC). Having a registered manager 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. The previous registered manager had de-registered with CQC on 15 May 2019 and a new manager had taken up post on 20 May 2019.

Notice of inspection

The inspection was announced. We gave the service 48 hours' notice of the inspection site visit, so the provider would be available. The inspection started on 21 May and ended on the 28 May 2019. We visited the office location on 22 May to meet with the provider, the new manager, the area manager and office staff. On the 21, 23, 24 and 28 May we conducted telephone interviews with people using the service, relatives and

staff.

What we did before the inspection

When planning our inspection, we looked at the information we held about the service, which included any notifications that the provider is required to send us by law. We also reviewed the information the provider had sent to us in the Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We took all the information we received into account when we inspected the service and in making the judgements in this report.

During the inspection

We reviewed the support plans and associated records for 10 people using the service. We also reviewed a range of other records in relation to the management of the service. These included 10 staff recruitment files, staff training records, risk assessments, safeguarding and complaints and the providers quality assurance systems and processes.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. The comments from people included, "I feel safe because the staff keep me safe," "I feel safe and relaxed with the staff," and "I've had no falls or accidents, the staff are good on safety."
- Staff knew how to keep people safe. One staff member said, "It's about keeping vulnerable people safe, making sure of their welfare, that they are safe and well." Another said, "It's about making sure clients are protected from danger. This could be from the risks of financial abuse, neglect, physical abuse, sexual abuse, and verbal abuse."
- Many of the staff had transferred to the service under TUPE regulations, which preserves employees' terms and conditions when a business or undertaking, or part of one, is transferred to a new employer.
- Staff told us, and records showed they received safeguarding training. Refresher safeguarding training was planned for all staff that had transferred under TUPE conditions.
- A safeguarding policy was available to all staff to ensure they followed the procedure to report any safeguarding concerns to the relevant authorities.
- Records showed safeguarding concerns had been appropriately investigated.

Staffing and recruitment

- Sufficient numbers of staff were allocated to support people according to people's assessed needs. One relative said, "The staff call four times a day, it's two people a day. [Name of person] does not use a hoist. They need two staff to help them to be steady. [Name of person] has not had any falls or accidents with them. Another relative said, "Two staff do the moving and handling, turning [name], and making sure she has drinks."
- A call monitoring system tracked the times when staff arrived and left people's homes. The system alerted the service when care staff were running late. Staff called the service and people were contacted to inform them of the anticipated time of their arrival.
- People said staff usually arrived on or around the agreed time. One person said, "The staff are reliable, save a few minutes, they are never very late, I'm not left waiting too long," "We have agreed times, I don't mind if the first call is a bit later because I like my lie in," Another person said, "I think they [staff] try to be on time, but if a bit late they are not causing me any problems."
- One person said staff arrived late (mainly at weekends), which caused a problem for them attending a physiotherapy appointment. One staff member said, "If we are late to attend to [name], it has a negative impact on their physio appointment, this happens almost every Saturday." Another said, "My clients are quite flexible, but at weekends the call times sometimes overlap, Saturdays and Sundays are a nuisance."
- The provider said short notice staff absences sometimes impacted on meeting the call schedules. They confirmed they would investigate the specific problem this person experienced to identify how the service could improve.

- Recruitment checks included evidence of employment history, proof of identify and a check with the Disclosure and Barring Service (DBS). However, one file for a staff member that had transferred to the service under TUPE conditions did not have on file proof of a DBS check (that includes a check for any criminal convictions). The provider said the recruitment checks for all staff under TUPE conditions had been completed by their previous employer. Following our inspection, the provider arranged for a DBS refresher check to be completed on the member of staff identified.
- All the staff we spoke with confirmed they had not been able to start working at the service until all their recruitment checks had been fully completed.

Assessing risk, safety monitoring and management

- Risks associated with people's care, support and environment had been assessed and records provided guidance to staff on the measures needed to reduce potential risk. These included assessments on personal care, and management of any behaviours which may challenge.

Using medicines safely

- People were supported to manage their own medicines where they had been assessed as safe to do so.
- Staff involved in handling medicines had received training around medicines and the medication administration records (MAR) were completed accurately.
- Regular audits were carried out on medicines and the medicine administration records. This helped to ensure people received their medicines as prescribed and records were completed accurately.

Preventing and controlling infection

- Staff received infection control training. One person said, "The staff are nice and clean, they put the waste away properly," another said, "They wash their hands and they are clean."
- The provider ensured personal protective equipment (PPE), such as aprons and gloves, were available and used by staff when supporting people with personal care within their own homes.

Learning lessons when things go wrong

- Staff completed records detailing accidents and incidents that had occurred in the service.
- Records showed that accidents and incidents were recorded and reviewed to identify any action needed to reduce the risk of further incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and preferences were assessed, to ensure the service was able to provide them with the right support.
- Assessments reflected people's lifestyle choices and preferences to ensure people were treated equally and protected from the risk of discrimination.
- Where appropriate, relatives had been involved in the assessment process. This helped to support a person-centred approach to meeting people's needs. A relative said, "The previous registered manager came out and did the assessment and introduced the staff. [Name] has the same staff in the week and at weekends, it's good continuity and it is working really well."

Staff support: induction, training, skills and experience

- Many of the staff working at the service had transferred over to the service under TUPE conditions. These staff said they had received training from their previous employers and they had stayed with the same clients. Records showed observations had been carried out to assess staff competency and supervision meetings were held with staff to identify further training needs.
- Training certificates were available within the recruitment files. Refresher training was being provided to all staff transferred to the service under TUPE conditions.
- New staff underwent an induction training programme. One new staff member said, "I spent several weeks of working with another carer, teaching me what to do. It gave me the confidence to work unsupervised." Another member of staff said, "My training has been signed off, I am doing the Care Certificate now. (The Care Certificate covers an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors).
- Staff said they felt supported in their roles and received one to one supervision meetings to discuss their job and any further training needs. One staff member said, "I've had supervision quite a few times. It's a two-way conversation. [Name of previous registered manager] was a very good listener. Another said, "I would say I feel supported, [name of previous registered manager] was very supportive."

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they received the support they required to eat and drink sufficient amounts. The people being supported by staff did not have any specialist support requirements with food and drink and were able to eat and drink the things they liked. The care plans documented people's preferences in this area. One member of staff said, "Most people I provide care for have frozen ready meals, apart from [name], who still cooks for herself." Another member of staff said, "I get the clients a meal and they can manage themselves, I do get time with them." A third member of staff said, "I do lunchtime calls, that includes meal preparation."

Staff worked with other agencies to provide consistent, effective, timely care, supporting people to live healthier lives, access healthcare services and support

- The service worked and communicated with other agencies and staff to enable effective care and support. This included health and social care professionals that were involved in people's care. We saw that all required health and medical information about any medical care people required, was documented in their care files.
- The people being supported did not have any specialist healthcare requirements that required staff support.

Ensuring consent to care and treatment in line with law and guidance

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.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met, and found they were being met.

- Staff understood the importance of supporting people to make choices, and people were always asked their consent before providing any care.
- People had given their consent to receive care from the provider and, where it had been assessed that an individual did not have the capacity to give consent, there had been an appropriate best interest process carried out. However, we found some of the capacity assessments had not been fully completed. This was an area the provider had identified in their own internal audits. Refresher capacity assessment training was already arranged to take place for staff that held the responsibility for carrying out the assessments.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People confirmed they had good relationships with the staff supporting them and staff treated them with dignity and respect. One person said, "The staff are very good. I am quite happy with them, they are polite and friendly. They take a lot of care and they are professional." Another said, "My care is done with dignity. The staff put me at ease, they are very respectful."

A relative said, "The staff give [name] a bed bath and they do it nicely, they make sure she is fully dry. They do it with dignity, they really treat her like a mum, they hold her hand."

- Staff spoke about the people they supported in a warm and caring manner and were aware of the need to make sure people's privacy was respected when personal care was being carried out.
- Information was stored securely within the office, and all staff were aware of keeping people's personal information secure.

Supporting people to express their views and be involved in making decisions about their care

- People and family members, had been involved in developing the care plans. They also confirmed that checks were carried out to ensure staff were providing care in accordance with their assessed needs. One person said, "The managers come here to check the care plan, to see how it is going."
- Staff told us they supported people to make decisions about their care and knew the level of support people needed to maintain their independence.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The support plans had sufficient detail to inform staff on people's needs, the level of support required, and any equipment needed. However, some support plans for people that had transferred to the service from other providers were overdue formal care reviews. The provider was in the process of working through all the support plans for people that had transferred, to ensure they were all reviewed and updated as required. To ensure people were provided with consistent care and support the staff that had transferred across from the other companies stayed with the clients as their main carers.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified and recorded in their support plans. For example, people with speech, hearing and/or sight impairments, and how staff needed to communicate with them.

Improving care quality in response to complaints or concerns

- People told us they felt comfortable to speak to staff or the manager if they were not happy about something and were confident action would be taken to resolve their concerns.

- Staff knew how to respond to complaints.

- A complaints policy was in place and made available to people using the service. Records showed the provider followed the policy when responding to complaints brought to their attention.

End of life care and support

- The support plans included information on people's preferences, cultural and spiritual needs and future choices and wishes.

- At the time of our inspection, no one was receiving end of life care. The provider was committed to meeting these needs through staff training and working with other agencies if people required this care.

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. Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had left the service and de-registered with the Care Quality Commission (CQC) on 15 May 2019. A new manager had taken up post on 20 May 2019. The new manager confirmed their intention to apply to register with CQC.

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

- Staff were clear about their roles and responsibilities and they were committed to supporting people to maintain their independence and achieve good outcomes in their lives.

The provider understood their legal responsibility and had notified CQC of events, such as serious incidents, expected and unexpected deaths.

- The provider took appropriate action in response to any concerns brought to their attention. People and their relatives commented on the professionalism of the service.

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

- People had opportunities to share their views about the service informally, directly with the staff or management, and through completing satisfaction surveys and face to face meetings. The provider acted on the feedback they received. For example, a person said they had difficulty showering and a senior carer went out with the care worker to look at what adjustments could be made to ensure the person could continue to take showers.

- People and their relatives were involved in the service, which included feeding back on the staff that worked with them.

- Staff confirmed the provider communicate well with them. Records were available of one to one staff supervision meetings and general staff meetings.

Continuous learning and improving care

- Quality assurance systems were used to continually assess, monitor and evaluate the experiences of people using the service.

- Regular audits and spot checks took place to check the service each person received. Records were kept of areas found for further improvement, to ensure lessons were learnt and improvements were made.

Working in partnership with others

- The provider and staff worked in partnership with other health and social care professionals and commissioners to achieve the best outcomes to enable people to live as independently as possible. The feedback we received from commissioners indicated there was an effective working partnership with the service.