

Bury North Care Ltd

Bury North Care

Inspection report

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Greenmount
Bury
Lancashire
BL8 4BB

Website: www.burynorthcare.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Bury North Care is a domiciliary care service providing care and support to people living in their own homes. The agency provides help and support to adults with a variety of needs. The service provides a range of care services including; assistance with personal care, preparation of meals, medication administration and companionship.

At the time of our inspection we were told 14 people were using the service, of which six people received assistance with personal care. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had recently moved location. Application to make the changes to the providers registration were in the process of being completed.

People's experience of using this service:

The management structure within the service had recently changed. The responsible person was in the process of making application to register as the manager with the Care Quality Commission (CQC). We found that effective systems were not in place to demonstrate clear management and oversight of the service. The responsible person acknowledged that improvements were needed in several areas to ensure compliance with the regulations.

Records to show relevant checks had been completed prior to new staff commencing employment were not in place. A structured programme of training, development and support also needed to be implemented so that staff had the knowledge and skills needed to support people safely. Information about the service and what people can expect also needed reviewing and updating.

The service worked closely with people, their relatives and relevant professionals to ensure people received the care and support they wanted and needed. People spoke positively about their experiences, said they received a personalised service and were actively involved in making decisions about their support. Staff were said to treat them in a respectful and dignified manner. Detailed assessments and care plans were in place which identified the areas of support people wanted staff to assist them with.

People, their relatives and staff said the service was well-led and felt the responsible person was approachable and responsive to requests for advice and support.

We have identified three breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating staff recruitment, training and development and quality monitoring systems. A further breach was found in the Care Quality Commission (Registration) Regulations 2009 with regards to the services' Statement of Purpose. A recommendation has also been made in relation to the procedure for handling complaints. Details of action we have asked the provider to take can be found at the end of the full report.

Rating at last inspection: This was the first inspection of the service therefore there is no previous rating.

Why we inspected: The inspection was carried out in line with our inspection methodology.

Follow up: We have asked the provider to send us an action plan telling us what steps they are to take to make the improvements needed. We will continue to monitor the service through the information we receive, and future inspections. 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 not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

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 not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Bury North Care

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by an adult social care inspector.

Service and service type:

This service is a domiciliary care agency. It provides personal care and support to people living in their own homes.

The service did not have a manager registered with the Care Quality Commission (CQC). One of the owners was in the process of making application to register with CQC. This means that they and the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This was a comprehensive inspection and took place on the 28 March and 2 April 2019. The inspection was announced. We gave the service 48-hour notice of the inspection visit as we needed to be sure the manager would be available. On the first day of our inspection we met with the manager as well as reviewed records about the service. On the second day we visited people and their relatives in their own homes, spoke with staff and met with the manager.

What we did:

Prior to the inspection the registered provider sent us a completed Provider Information Return (PIR). This is a form, which is requested on an annual basis and asks the registered provider to give some key information about the service, what the service does well and what improvements they plan to make. We also reviewed information we held about the service, including notifications the registered provider had sent us. A notification is information about important events which the registered provider is required to send us by

law.

During our inspection we spoke with three people who used the service, one person's relative, three staff and the provider. We also reviewed the care files for two people, medication administration records (MARs), four staff recruitment files and training and development records as well as information about the management and conduct of the service.

Is the service safe?

Our findings

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

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. Regulations may or may not have been met.

Staffing and recruitment

- Sufficient numbers of staff were available to support those people currently with the service. Staff spoken with told us, "We've got time to spend with the clients" and "We've time to do what's needed and look after people properly."
- We asked people and their relatives if staff were reliable and consistent. We were told, "We're very confident in the staff", "There's good continuity, it's very important for [relative]" and "They always stay the allotted time."
- Robust recruitment procedures were not in place. Relevant information and checks had not completed prior to new staff commencing employment.
- Records we looked at showed that application forms were completed. However written references, evidence of the applicants identify and a Disclosure and Barring Check (DBS) were not available. We discussed this with the responsible person, who said immediate action would be taken to access copies of the checks completed.

Robust recruitment procedures were not in place to ensure the safety and protection of people who used the service. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- People's prescribed medicines were being managed safely. One person who received support with their medication told us, "They [staff] make sure I have what I need."
- We were told these staff had completed training with a previous employer however a competency check had been completed to check their practice was safe. Evidence of such assessments could not be provided. We have referred to training needs under the 'effective' section of this report.
- We were told only two required assistance with their medication. Where people consented to support with their medication information was detailed in people's care plan to guide staff in the support they wanted.
- We were told that as part of the quality monitoring system regular audits of medication were to be carried out to check accurate records were maintained. However, these had yet to be implemented. We have referred to audits and checks under the 'well led' section of this report.

Systems and processes to safeguard people from the risk of abuse

- Policies and procedures were in place to guide staff in safeguarding people from abuse. The service also had a whistleblowing procedure (reporting of poor practice).
- The responsible person told us that training in safeguarding was to be sourced from the local authority. Staff spoken with knew what to do if they witnessed poor practice or an allegation was raised with them.

- We were not aware of any current issues or concerns involving people who used the service.
- People we spoke with and their relatives said they felt safe with those staff that visited them. One person commented, "I feel safe when they are assisting me using the hoist." The relative of another person said, "I can go out and feel relaxed knowing they are safe."

Assessing risk, safety monitoring and management

- Individual assessments were completed to help reduce the risks to people such as mobility, nutrition, smoking and falls. Assessments guided staff on the actions to take to help reduce such risks.
- Environmental risk assessments also looked at how to minimise potential hazards within the home including fire safety.
- We were told that staff did not generally support people with their money. Staff did complete shopping tasks for one person. We were told that whilst receipts were always provided a record of all transactions was not completed.

Preventing and controlling infection

- We saw, and staff spoken with confirmed that personal protective clothing (PPE) such as disposable aprons and gloves were provided. One staff member said, "Anything we need is always available in people's homes."
- Policies and procedures were available to guide staff in safe practice and training was made available through the induction programme.

Learning lessons when things go wrong

- The owner/manager were actively involved in all aspects of the service and was keen to learn from experience and make improvements to enhance the service and experiences of people.
- They acknowledged that systems to demonstrate compliance with the regulations was required.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- People we spoke with felt staff were knowledgeable and knew how to support them in a safe way. One person told us, "I feel they are trained properly and know what they are doing."
- A review of records and discussion with staff confirmed that a programme of induction in line with the Care Certificate was planned on commencement of their employment. This included an introduction into the service, roles and responsibilities as well as areas of training. However, two staff spoken with said they had not completed any record since commencing their employment.
- We were told that two staff who had transferred from a previous employer had completed relevant training; however, competency assessments had not been carried out to check their practice was safe. The responsible person also acknowledged that regular staff supervisions, team meetings as well as areas of specific training in the needs of people needed to be planned for.

A formalised system of staff training, development and support needs to be implemented so that staff have the knowledge and skills needed to support people safely and effectively. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; 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. We checked whether the service was working within the principles of the MCA.

- People said they were always consulted with about their care and support. One person told us, "I'm the decision maker." People we spoke with said staff supported them in a way they wanted and needed and felt their wishes were respected. Staff were described as 'considerate' and 'compassionate.'
- Information was available to guide staff with regards to capacity and consent; not all staff had received training in the MCA. Those staff spoken with were however able to demonstrate some understanding of the MCA, describing how they encouraged people to make their own decisions and choices.
- A review of people's records showed that people had been involved and consulted in the assessment and planning of their care and support. Where necessary people's relatives were also consulted with so that decisions could be made in the person best interest.

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

- Most of the people we spoke with said they or a family member prepared their meals. However, where individuals had been assessed as requiring support this was detailed in the care plan.
- Risk assessment were completed where people had been identified at risk of malnutrition or weight loss. We saw one person had been referred to the dietician due to some concerns. Another person had their meals delivered, however said staff 'checked on them' to make sure they were eating regularly.

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

- People received consistent support from staff who knew them well. Where necessary additional support was sought from relevant healthcare professionals. One relative told us they had been "Helped to discuss their relatives needs and what options were available to them."
- Another person we spoke with said they received therapeutic treatment from a physiotherapist. They were helped by staff to practice these exercises to "try and improve their strength."
- Staff spoken with knew people's health care needs and how to access additional support if this was needed. They said any changes in people's needs were effectively communicated and they were always kept informed.

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

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

- People and relatives told us staff were respectful toward them and their family members. People said they received stable and consistent support from staff who knew them well. We were told, "Staff are always polite and respectful" and "They are all very friendly."
- Relatives told us they were happy with how their family members were cared for and said that staff were kind and showed empathy towards them. Staff had developed meaningful relationships with people.
- Staff told us how they promoted and supported people to follow routines of their own choosing. We were told that visits were "Well planned" and "There's always time to spend with people, do what is needed and look after people properly."

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

- People and their relatives said they were able to express their wishes and feeling and felt these were listened to and acted upon. We were told, "They always listen and act on what I say", "Everything is discussed" and "We've been able to make changes where we have needed to."
- Care records considered people's views and showed they were involved in making decisions about their care and support so that it was provided in a way that met the individual needs of people. Information was person centred and included what was important to them as well as their likes and dislikes.

Respecting and promoting people's privacy, dignity and independence

- People told us they were in control of their day to day lives and supported to be independent as possible. One person spoke about how staff enabled them to maintain as much independence as possible adding, "They leave me to do what I can and then wait for me to ask for help if I need it." They also described how staff helped protect their privacy and dignity when offering personal care.
- Staff spoke about people in a kind and respectful way. They understood they worked in people's own homes and needed to be mindful of this.

Is the service responsive?

Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and their relatives said the responsible person had visited them for an informal discussion about the service and the support that could be provided. Following this a thorough assessment was carried out detailing people's needs, wishes and preferences.
- Care records were personalised and explored people's social and emotional needs to help promote their well-being.
- Staff were introduced to people prior to commencing support. One person told us, "Thought and consideration is given to 'matching' people together."
- Care records were personalised and provided good information about the individual needs and preferences.
- Records showed and people we spoke told us that staff listened and acted on their requests. One person we spoke with added, "They are much better than other agencies; they take notice of what I have to say."

Improving care quality in response to complaints or concerns

- People and their relatives told us they felt able to raise anything with the responsible person. We were told, "I feel I could speak with [responsible person] if worried about anything", "I have no concerns, I get what's needed" and "I've been offered a lot of help and advice, no complaints."
- We were told no complaints or concerns had been received; however, systems were in place for the recording and responding to any issues brought to their attention.
- The service had a complaints procedure which outlined how issues would be dealt with. It is recommended the procedure is reviewed and updated to accurately reflect the role of CQC and did not provide relevant information about the local government ombudsman (LGO), particularly as most people supported by the service paid for their own care and support.

End of life care and support

- The provider is a registered nurse and has many years of experience working in a hospice as well as providing end of life care to people in their own home. They told us that as part of the service improvement plan they would like to develop this area of the service further.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- Prior to this inspection the responsible person had notified the CQC of a change in office location. Applications to make the changes were currently being processed by the Care Quality Commission (CQC) so that changes could be made to the registration certificate.
- The responsible person had also made application to register as the manager for the service.
- People and their relatives told us the responsible person was, "Wonderful", "Pleasure to deal with" and had "Genuinely been there when I've needed."
- People and staff were provided with an 'on-call' number which was available outside of office hours should they need any advice or due to unforeseen emergencies.
- Staff felt respected, valued and well supported. One staff member said they, "Enjoyed watching and working with her [responsible person], learn such a lot."
- We found the Statement of Purpose for the service needed to be reviewed to reflect up to date and accurate information about the service. This was a breach of Regulation 12, Schedule 3 of the Care Quality Commission (Registration) Regulations 2009.

Continuous learning and improving care

- The provider was aware that following changes within the business, improvements were needed to demonstrate compliance with the regulations.
- Systems to demonstrate clear management and oversight of the service had yet to be implemented. This information is important as it helps to identify areas of improvement and ensure good quality outcomes for people using the service.
- Electronic care records were to be explored to help improving record keeping enabling staff to work smarter.

Effective quality monitoring systems need to be implemented to evidence clear management and oversight of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People, their relatives and staff told us the service was well-led and the responsible person was very visible. One person told us, "There's nothing to improve of, it's great" and "Wish I'd found them years ago, couldn't want anything better."
- The responsible person was mindful not to expand the service whilst making the necessary

improvements. This was to ensure people currently using the service were not impacted on and continued to receive a good standard of care. The relative of one person acknowledged, "The company are not trying to over face themselves."

- Staff spoken with said their priorities were based on the needs of people who used the service. Staff told us, "We go the extra mile", "It's flexible, what people need" and "It's personalised, I would pick this service for my mum."

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

- The responsible person was very visible, providing both direct support as well as maintaining regular contact with people, their relatives and staff.

- People were provided with information about the service and what they can expect to receive from staff. No one required information in a different format such as larger font. However, this could be provided if required.

- The staff team comprised of the responsible person and five care staff. Whilst regular staff meetings were not held, we were told that regular contact was maintained and information about people was regularly communicated so they were kept fully informed. Staff spoken with said, "Very responsive" and "Feel secure in my role because I've got the back up."

Working in partnership with others

- The provider and staff worked closely with other services so that people's assessed needs were appropriately met, and their health and well-being was maintained.

- The provider liaised with local agencies and attended manager forums to help develop their knowledge and learning as well as improve the experiences of people using the service.

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 12 Registration Regulations 2009 (Schedule 3) Statement of purpose</p> <p>The Statement of Purpose for the service needed to be reviewed to reflect up to date and accurate information about the service.</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Effective quality monitoring systems need to be implemented to evidence clear management and oversight of the service.</p>
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Robust recruitment procedures were not in place to ensure the safety and protection of people who used the service.</p>
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>A formalised system of staff training, development and support needs to be implemented so that staff have the knowledge and skills needed to support people safely and effectively.</p>

