

Buckingham Home Care Limited

Buckingham Home Care Limited

Inspection report

Suite 12 Whiteleaf Business Centre
11 Little Balmer, Buckingham Industrial Estate
Buckingham
MK18 1TF

Tel: 01280734065
Website: www.buckinghamhomecare.co.uk

Date of inspection visit:
30 November 2022
05 December 2022

Date of publication:
20 January 2023

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

Buckingham Home Care Limited is a domiciliary care agency providing personal care in Buckingham and surrounding villages. At the time of our inspection there were 12 people using the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People were not consistently supported by care workers who had been robustly recruited. We found some required employment checks had not been carried out before staff started at the service. This had the potential to place people at risk of harm.

Induction, support and oversight of training of care workers was not sufficient to meet their development needs and make sure people were cared for by workers with the skills and experience to meet their needs.

Some governance systems were in place to monitor the quality of people's care but these were not robust enough to identify all areas where improvements were required at the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. At the time of the inspection, people supported by the service had mental capacity. We have made a recommendation regarding providing support to people who may not have mental capacity and acting in their best interests.

Care plans were written to record people's needs. We have made recommendations about providing more details about the support and equipment people need, to ensure they receive consistency with their care.

Risk assessments were in place to reduce the likelihood of harm to people. We have made a recommendation where people receive anti-coagulant therapy, to make sure staff can support them safely and effectively.

Medicines records were not always fully completed by care workers. We have made a recommendation about this to ensure accurate records are maintained.

People received healthcare support when they needed it and were supported with eating and drinking where this was part of their care package.

We have made further recommendations about developing the duty of candour policy and updating the complaints and whistleblowing policies.

People told us they were happy with the service provided to them. Comments included "Always been on time and have never missed a visit," "They are very kind and helpful" and "I cannot fault the care, the ladies who come are very kind and very good." People felt the service met their needs.

People said they were treated with dignity and respect and their views were sought through use of surveys. Responses to a recent survey were positive. People said they would contact the provider if they had any concerns. No one we spoke with had needed to make a complaint.

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

Rating at last inspection and update

This service was registered with us on 28 August 2019 and this is the first inspection.

Why we inspected

The inspection was completed to provide the first rating for the location.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well-led relevant key question sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Requires Improvement ●

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Buckingham Home Care Limited

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector and an Expert by Experience made telephone calls to people and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was no registered manager in post.

Notice of inspection

We gave the service 72 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The local authority did not fund any care with this provider therefore they were unable to provide any comments. The local authority safeguarding team had not received any referrals.

The provider did not complete the required Provider Information Return (PIR) we requested in 2021, due to resource issues. The PIR is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make.

We contacted staff by email but did not receive any replies.

We used all this information to plan our inspection.

During the inspection

We spoke with 3 people and 4 relatives. We spoke with the nominated individual and a staff co-ordinator. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We checked some of the required records. These included 4 people's care plans, medicines records, 3 staff recruitment files and staff training and development files. Other records included those which related to monitoring and auditing of the service, minutes of staff meetings and a sample of policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Staff were not always recruited using robust procedures. This meant people may not be supported by workers with the skills and competencies to meet their needs.
- One staff file contained an application form which had not been fully completed, therefore there was no record of the person's previous employment or any gaps to their working history. There was no information to show how the person considered they met the competencies for their role.
- One of the person's references did not contain a date and there was no address or letterhead for the referee. The second reference was addressed 'to whom it may concern'. There was no evidence to show any verification had taken place to authenticate these references.
- In another staff file there were no references and no evidence of a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had failed to ensure people were cared for by workers who had the qualifications, competence, skills and experience necessary to do so safely.

- People spoke positively about staff and the service they received. Comments included "Always been on time and have never missed a visit." "She gets on and has a laugh with the carers going in. They have been reliable, times have changed slightly, but the manager is always honest about what they can and cannot do and always comes back to me." "It's been good", "I cannot fault the care, the ladies who come are very kind and very good."
- One person told us "We had a set time but it gradually got later. We spoke to them and they now go in about nine o'clock and, if needed, earlier. They are very accommodating."

Systems and processes to safeguard people from the risk of abuse

- People told us they or their relative felt safe using the service. Comments included "I feel she is safe" and "They always leave the property safe."
- The nominated individual told us there had not been any safeguarding concerns about the people the service supported.
- There were procedures to report concerns to the local authority. We advised the provider to ensure they had an updated flowchart with current contact details for the local authority, in case these were needed.
- We saw in minutes of staff meetings safeguarding was discussed regularly, such as the types of abuse and how to report it.

- Safeguarding training was included in the provider's mandatory course requirements. Some staff needed to complete their training or refresh it.

Assessing risk, safety monitoring and management

- A range of risk assessments was in place to help ensure people received safe care. These included moving and handling, falls, the home environment and behavioural support.
- Some people required the use of equipment to help them reposition safely. This was not consistently recorded in care plans or risk assessments.

We recommend care plans and risk assessments are reviewed to ensure they state any equipment people require.

- We saw some people were prescribed anti-coagulants, to thin their blood. There were no risk assessments in place to alert staff to the risks associated with this type of therapy, such as excessive bleeding and bruising.

We recommend risk assessments are written for people who receive anti-coagulant therapy.

Using medicines safely

- People who received support with their medicines said this was done safely.
- The service had procedures for safe administration of medicines. Care plans identified who was responsible for collecting prescriptions and where medicines were kept in people's homes.
- We saw staff competency to handle medicines had been assessed.
- There were some gaps alongside prescribed dose times on medicines administration charts (MARs). The nominated individual told us staff had recorded the administration in the care notes in people's homes and sometimes forgot to also complete the MAR.

We recommend the medicines administration charts are fully completed, to provide an accurate record.

Preventing and controlling infection

- People told us staff wore personal protective equipment (PPE) when they supported them.
- The provider had supplies of PPE available to staff. There had not been any difficulties obtaining these during the COVID-19 pandemic.
- Training on infection prevention and control and effective hand washing was included in the provider's mandatory course requirements. Some staff needed to complete their training or refresh it.

Learning lessons when things go wrong

- People we spoke with said they had not had any accidents during the provision of their care.
- We read a staff accident record. This showed appropriate action had been taken.
- A recent staff meeting had included discussion about what to do if staff had an accident at work.
- We read a record where a concern was raised by a staff member. The nominated individual told us how this was followed up. However, there was no record of the action taken.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People were not always cared for by staff who had received a thorough induction.
- Staff files did not contain evidence of induction being completed for new workers. We spoke with the staff co-ordinator, who informed us all care workers had previously worked for another provider.
- We saw some documentation which contained reference to the Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- From speaking with the staff co-ordinator, they were unable to demonstrate the Care Certificate had been completed for new workers either whilst at Buckingham Home Care or in workers' previous employment. This meant staff may not have the necessary skills to meet people's needs safely and effectively.
- The provider expected staff to complete a range of courses and to update these as required.
- Training records showed two staff had not completed any of the training courses. A third member of staff had not updated infection prevention and control training since 2020 (it was due annually) and there was no record of them completing moving and handling training. A fourth care worker was due to renew moving and handling and safeguarding in 2021; this had not been completed. A fifth care worker had a least 5 gaps where they need to renew their training. The staff co-ordinator was unable to produce additional records to show these courses had been completed by staff.
- We asked what the expected frequency of staff supervision was. The staff co-ordinator told us they aimed for once a month meetings with individual care workers. They added they often worked alongside care workers where two staff were required.
- There were no records of supervision taking place during 2021 in the files we looked at. The staff co-ordinator told us this did not take place as the service was short-staffed due to the pandemic. We saw records which stated the first supervision meetings took place from May this year for all 3 workers whose files we checked. By this time, 2 had been in post for 10 months and one for 22 months.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had failed to ensure people were cared for by workers who received appropriate support, induction, training and supervision to enable them to carry out their duties.

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

- Care plans were in place for each person. The provider told us they were discussed with people although we could not always see a signature to confirm this.

- People told us their choices and preferences were respected and incorporated into their care.

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

- People told us they needed minimal assistance with eating and drinking or a relative helped them with this area of their care. One relative said "They put mum's lunch in the microwave and serve it up and help with the (pre-prepared food) orders for the next week."
- Other people said "They leave a jug of cold water and glass by the chair. She does all her own breakfast and meals, and we do the shopping with her." "They always leave my coffee out for me to make later on, they always tidy the kitchen. I get my own breakfast and meals." "The carers always make sure she has glasses of water beside her."

Staff working with other agencies to provide consistent, effective, timely care

- Hospital passports had been completed in the care files we looked at, in the event anyone needed to be admitted for treatment. These included important information such as how people communicated, any allergies and prescribed medicines.

Supporting people to live healthier lives, access healthcare services and support

- People told us they received healthcare support when they needed it. One relative told us "In the hot days in August, the carers rang to say she had a funny turn and it was because she hadn't had enough water the day before. The carer was concerned and called me and the carer stayed from 7am to 11am and called the paramedics, who said mum was dehydrated."
- Another relative said "The carers or (provider) contacts me and if she is concerned we will contact the doctor."
- One person said "Sometimes they advise I should speak to the doctor. The owner is an ex- nurse and she is always on hand."

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider told us all of the people they supported had mental capacity. We discussed what action they would take if people's capacity changed or if they took on new packages of care where people could not provide consent.
- The provider was not aware of the need to assess people's mental capacity and did not have documentation in place in readiness for carrying out assessments and recording decisions made in people's best interests.

We recommend the provider seeks support from a reputable source about mental capacity and best interest decision-making.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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 said they were treated with dignity and respect. Comments included "You could just not ask for nicer people to be there looking after him," "I think they are fantastic, very caring and they connect with him and understand him, laugh with him they are just fantastic."
- People told us they were treated with kindness and compassion. One person said "I would say there are a few that go above and beyond and stay if they don't have a client to go to and will stay and have a coffee." Another person told us "They are so responsive and put their arms around me if I need it, they are there for me."
- Other comments included "They are very kind and helpful," "They always look after me so very well" and "They are pleasant, kind and willing."

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

- People were asked for their views on the service they received through surveys sent out by the provider.
- We looked at the results of surveys completed in July this year. These showed everyone who completed a survey felt they were treated with dignity and respect. Three quarters said they were involved in making decisions about their care. All said their care was tailored to their needs.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- People told us the service met their needs and helped them to remain independent.
- Care plans had been written for each person. These included information about their work history and interests and anyone else who provided support to them.
- We noticed information was not consistently recorded about how people liked to be supported. For example, one care plan said the person needed support with haircare and washing but there was no guidance for care workers on what type of support was needed. This could lead to inconsistencies in people's care.

We recommend care plans are reviewed to ensure they provide sufficient detail to meet people's care needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were recorded in their care plans. Care plans stated everyone's first language was English. Information was provided about any glasses or hearing aids people required.
- Printed information was provided in a standard size font. We asked if, for example, documents could be provided in large print if people required this. We were told this could be considered.

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

- People were not being supported with activities as part of their packages of care. The provider discussed an example where they encouraged one person to attend a lunch/social group to meet other people, but they declined this.

Improving care quality in response to complaints or concerns

- People said they would be confident raising any complaints with the provider. One person told us "I can call or text her (the nominated individual) and she always comes back." Another person said "I would contact (the nominated individual) who is brilliant and always contactable."
- No one we spoke with had needed to make a complaint. The provider told us they had not received any complaints. We read some compliments and thank you cards the service had been sent.

- A complaints procedure was in place. We were advised each person had been given a copy of this in their guide to the service. We noticed the complaints procedure did not contain the contact details for the service although these were included on a form for people to complete.

We recommend the complaints procedure contains details of who to contact at the service.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The service did not have a registered manager in post. The nominated individual told us they had advertised for a manager and were holding interviews shortly after the inspection.
- The policies we looked at had not always been developed to follow current good practice, as outlined in the report. This meant staff may not have been following up to date national or local guidance.
- Staff signed confidentiality agreements and discussed confidentiality in staff meetings. However, we noted people's key safe codes were texted to staff on their personal mobile telephones. This had the potential to breach people's security if the telephones were shared with staff's family and friends or did not have sufficient security systems.
- During the course of the inspection, we identified areas of practice where the provider was not meeting the requirements of the regulations. Although some competency checks and observations of staff practice took place, there were insufficient systems in place to audit the service to ensure requirements were met.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had failed to ensure there were effective governance systems in place to assess, monitor and improve the quality and safety of the service.

- A Provider Information Return was not completed by the service when requested in 2021, due to resource issues. The absence of this can affect the rating we can assess this key question section.
- Registered services are required to notify us of certain events and incidents which occur. We had been informed about one event in the past year. We checked with the nominated individual for their understanding of what types of incidents needed to be reported. They said no other incidents had occurred.

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

- People told us they felt their care was safe and met their needs. Comments included "I am very content" and "I feel grateful to have them as they have that element of not being corporate, they are flexible."
- People said they felt involved in their care and were sent surveys to provide feedback. Results of a recent survey exercise were positive.
- Staff meetings were held regularly and included discussions about people's needs and new practices, as

examples.

- The service had a whistle blowing policy in case staff needed to raise concerns about the workplace. This did not contain any details of external organisations staff could also approach, such as the Care Quality Commission.

We recommend the whistleblowing policy is updated to include details of external organisations staff could approach if they have concerns.

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 duty of candour requirement sets out some specific requirements providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.
- We discussed duty of candour with the nominated individual. They told us there had not been any incidents of this nature at the service. There was a duty of candour policy but this did not include all required actions, such as notifying the person that a notifiable safety incident has occurred, offering an apology and keeping a written record.

We recommend the service develops the policy on its approach to duty of candour.

Continuous learning and improving care; Working in partnership with others

- The provider was not part of any local or national forums or networks to share good practice. We discussed a national organisation which they would benefit from contacting, to keep up to date with social care practice and develop the service.
- The provider was responsive to our feedback on ways to improve the service.
- The provider told us they had good working relationships with GP surgeries and district nurses and sought advice as required.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure there were effective governance systems in place to assess, monitor and improve the quality and safety of the service.</p> <p>Regulation 17</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to carry out robust recruitment checks to ensure people were cared for by workers who had the qualifications, competence, skills and experience necessary for the work performed by them.</p> <p>Regulation 19</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to ensure people were cared for by workers who received appropriate support, induction, training and supervision to enable them to carry out their duties.</p> <p>Regulation 18</p>

