

Care Resource Bureau Ltd

Care Resource Bureau Ltd

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Care Resource Bureau is registered to provide personal care and support to people in their own homes. 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. At the time of the inspection the service supported 29 people across south Buckinghamshire.

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

People told us they received positive outcomes from the support provided to them. People told us care workers were kind, compassionate and provided them with a personalised service. Comments from people and their relatives included "They were exemplary", "The carers from Care Resource Bureau have demonstrated professionalism, kindness and given top quality care while visiting my mother" and "They do a tremendous job and are always professional, caring and understanding."

People were supported by enough staff. We have made a recommendation about recruitment record keeping. Staff told us they felt supported. However, we have made a recommendation about the provider following their own policy in regards to staff management and support.

People were supported with dignified end of life support. We received positive feedback about how people and their families had been supported. It was clear the registered manager and staff were committed to providing a high-quality service which was person centred. People were routinely treated with dignity and respect. People described care workers as "Respects my privacy" and "Discrete and professional."

People were supported to maintain their health. The service worked well with external healthcare professionals to ensure people's health needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us the service was well-led. There was an experienced registered manager in post. Comments about the service included "In the lottery that is choosing home care, I don't think we could have chosen better" and "I have no hesitation in recommending the services they provided."

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

Rating at last inspection

The last rating for this service was good (published 8 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

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 ●

Care Resource Bureau Ltd

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This 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.

Notice of inspection

We gave the service 48 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.

Inspection activity started on 26 November 2019 and ended on 2 December 2019. We visited the office location on 26 and 27 November 2019. We made telephone calls to people and reviewed information received from the service on the 2 December 2019.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We gave the registered manager opportunities throughout the inspection to share with us what they did well. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we held about the service since the last inspection and what people had told us. We contacted local authority safeguarding teams. We used all of this information to plan our inspection

During the inspection

We contacted 18 people and their relatives via email to seek feedback and received 10 replies. We contacted 12 staff and we received feedback from seven. We spoke with the registered manager and the deputy manager.

We reviewed a range of records. This included three people's care records in full and a further two to check compliance with the Mental Capacity Act 2005. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We made telephone calls to eight people and received feedback from four people about their experience. We continued to seek clarification from the provider to validate evidence found. We requested some additional information about quality governance, which the provider promptly supplied.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The provider did not always ensure staff recruitment records showed they followed best practice guidelines. We found staff had received safe recruitment checks such as references and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check. However, references were not always dated and addressed to the provider. Two of the recruitment files we looked at had one reference which had not been dated. We found gaps in employment were not always recorded, however, the registered manager was able to tell us the reason for any gaps. They agreed they had not always ensured this was recorded.

We recommend the provider seeks guidance on ensuring robust recruitment processes are followed.

- People told us they were always supported by the right amount of staff. One person told us. "I have two carers." People told us staff arrived on time.
- People told us if the care workers were running late they would always receive a telephone call. Relatives told us "Staff who are cheerful, punctual and efficient and who are always considerate to his special needs."

Assessing risk, safety monitoring and management

- Risks associated with people's medical conditions were assessed. Risk assessments were completed for a wide range of activities associated with supporting people. For instance, supporting people with medicines and supporting people to move position.
- Potential environmental risks had been considered. The health and safety of people being supported in their own home had been assessed. For instance, if there was adequate lighting or loose carpets.
- Where any changes had been identified which increased potential harm to people, a new risk assessment was completed. Staff told us they knew how to support people from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse, staff had received training on how to recognise signs of abuse. People we spoke with knew who to speak with if they had a concern about potential abuse. People told us they felt safe with the care workers.
- Staff demonstrated awareness of when to raise a safeguarding concern to the local authority. We saw posters with contact numbers for the local authority were displayed around the office.
- The management team were aware of the need to report safeguarding concerns to the local authority and to CQC.

Using medicines safely

- Where people required support with administration and management of their prescribed medicine this was detailed in their care plan. The provider completed a medicine risk assessment detailing what level of support people required.
- People were supported with their medicine by staff who had received training and were deemed competent to provide safe care to people.
- The provider ensured medicine audits were completed to drive improvement and monitor safety in medicine administration.

Preventing and controlling infection

- Staff received training on how to minimise the risk of infections.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons.
- Where people required support with the preparation of meal they were supported by staff who had received training in food safety.

Learning lessons when things go wrong

- Incidents and accidents were recorded.
- Staff were aware of what needed to be reported.
- We found the registered manager was committed to learning from when care was not delivered as planned. We were given examples of how the service shared learning following certain events.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by staff who had been supported to understand their role. This included initial training the provider deemed mandatory and working alongside an existing member of staff (Shadowing). The provider had a policy which stated staff should receive a one to one session with a manager every three months. We found records did not always reflect this. However, staff told us they felt supported.

We recommend the provider ensures all support for staff is documented and is carried out in line with their own policies.

- Staff were supported to refresh their training and keep their skills up to date. New staff were being supported to complete the Care Certificate. The Care Certificate is a set of nationally-recognised standards all care staff need to meet. The standards include communication, privacy and dignity, equality and diversity and working in a person-centred way, as examples.

- People told us they thought the staff were well trained. Comments included "Very experienced" and "Very well trained."

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

- Prior to people being supported with personal care. A full care needs assessment was carried out by the registered manager.

- Assessments identified any individual needs which related to protected characteristic identified in the Equality Act 2010. For instance, preferences for bathing, meal choices and other cultural considerations.

- Where assessments identified the need for additional equipment, the service ensured this was in place. For instance, the need for a hospital bed or lifting equipment to help the person move position. The service ensured staff had the required skills to enable them to meet people's needs. Where the service identified they could not meet people's needs they were honest and transparent. A social care professional confirmed this "[Name of registered manager has always been open and honest with me. She will inform me if there is a client who is perhaps too complex for her team."

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

- Where people required support to maintain their nutrition and hydration levels, this was detailed in their care plan. People told us they were happy with their support offered with their meals. People told us meals provided were tailored to their cultural needs.

- Information had been provided to staff and families regarding best practice guidance on nutritional diets

for people at end of life. The registered manager told us they had received positive feedback from families about the guidance provided.

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

- We observed there was good communication between office staff and care workers. Care workers often visited the office to feedback any changes in people's needs to the registered manager.
- We noted referrals were made to external healthcare professionals when needed. People had been referred to occupational therapy for equipment and district nursing services for wound care.
- We received positive feedback from people and their relatives about how the services responded to any changes in health. One person told us "She [Care worker] spotted leaks (weeping from leg ulcers) that the district nurse didn't spot." One relative told us "Without [Name of registered manager] and her team I doubt dad would still be alive. They have improved his physical and mental wellbeing no end, introducing a routine to dads' life that makes him feel happy and safe."

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. 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.

- People were supported in line with the MCA. Staff had received training and were able to communicate their knowledge. Comments from staff included "We don't assume people don't have capacity just because making bad choices, but encourage them to make good choices", "An individual is assumed to have mental capacity unless proved not" and "This [MCA] is to protect people who can't make decision or choice themselves."
- The provider had worked with external healthcare professionals when supporting people who lacked capacity to make decisions about their care and support.
- Where a person had awarded a legal power to a third party to support them make decisions, the service ensured it had received a copy of the rights and powers held.
- We found records demonstrated people had consented to their support plan and were involved in discussions about their care.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same 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

- People told us staff respected their home and they were supported as planned. One person told us how they were supported to still eat "My food", when we asked the person what they meant they told us how they had supported the staff to cook oriental food. The person told us "The food I like is feel good dishes." It was clear from the comments made the staff had understood the person's culture and respected it.
- People and their relatives told us "They were exemplary, and my father had the utmost respect for them, a conversation he had with me, his son, at the time. He was treated with great dignity in his last few weeks", "They spend the time to engage with her and get the job done with no distress to my mother. Having had a previous company who were awful Care Resource Bureau have been a breath of fresh air."
- We received many comments from relatives about how the staff really demonstrated kindness and compassion. Comments included "The carers from Care Resource Bureau have demonstrated professionalism, kindness and given top quality care while visiting my mother... The carers are now referred to by my mother as 'her guardian angels'", "They do a tremendous job and are always professional, caring and understanding. I have had Care Resource Bureau now for nearly 5 years and the professionalism is top quality. They respond to any problems straight away and always keep me informed on the care of my mother" and "The team are amazing and so caring I cannot fault this company at all."

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

- People told us they were involved in decisions about their care. One person told us how the care worker "Curbed my enthusiasm." They went onto to tell us how the carer supported them to be safe, by pointing out potential hazards. For instance, when there was a risk of the person falling over.
- People spoke very highly of the care workers who supported them. One person told us how the care worker visits them each week "She is so happy, I love Monday mornings, she was so bright and happy, just what you want on a Monday morning."
- It was clear from records we looked at, people and their relatives were given information about third parties who could support them. For instance, health or social care professionals or advocacy services. Advocacy gives a person independent support to express their views and represent their interests.

Respecting and promoting people's privacy, dignity and independence

- People were routinely and consistently treated with dignity and respect. Comments from people included "It's been very good and tailored to my needs", "She [Care worker] treats me with dignity and respect", "Respects my privacy" and "Discrete and professional."
- Relatives told us they felt their family member had been supported in a dignified manner. Comments

included "My father has nothing but good care by [Registered manager] and her staff. They are very courteous, polite and thorough in the care they deliver. They have never made him feel embarrassed while performing intimate care",

- People told us staff supported them to be as independent as they could be, one person told us "She [Care worker] has helped me progress." Another person told us "They do want I am not able to do, they don't mind, they are very friendly." A relative told us how their family member was supported by a live in care worker, "Mum flourished as instead of doing the crossword all day, she became engaged with the carer who got her involved in the garden, helping with meal preparations, hanging out the washing etc, it was stimulating for mum to be involved in activities and I hadn't seen mum so happy in ages." It was clear from comments we received people were supported to retain their skills and independence.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same 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 received a personalised service from the staff. Each person had a care plan which detailed their care needs, likes, dislikes and how they liked to be supported. Where people had identified any needs relating to their culture or religion this was detailed. For instance, chosen faith and preferred church to attend was detailed in care plans.
- Information was obtained about people's life histories, family and friends and what was important to them. One relative told us "She [Registered manager] was extremely thorough taking details of his life and experiences and was very attentive taking note of things that could be troubling to dad."
- We observed where changes occurred in people's needs these were reflected in care plans to ensure care staff had received updated guidance on how best to support people.
- People told us either the registered manager or deputy manager visited them to ensure they continued to receive a personalised service. One person told us "[Name of deputy manager] comes about twice a year from the office to see how things are going."

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 and their relatives told us there was good communication between them and the service. Relatives told us this helped them be involved in their family members care even if they did not live local to them. One relative told us "Care Resource Bureau liaise with me, his medics and referred him to community mental health" as they lived a long way from their family member.
- We saw evidence the service had supported people to reduce their social isolation. One person had been supported to try a 'taster' session at a local social club. The person's relative was very pleased with the support offered. They told us "Still looking to provide enhanced care and quality of life for dad [Name of registered manager] is arranging for him to try some daytime respite so that he can learn to interact with people more. Dad has lived alone for several years and is very deaf, so his isolation was only growing, until Care Resource Bureau came on-board."

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 met.
- People's communication needs were identified, recorded and highlighted in care plans. These needs were

shared appropriately with others. Staff had awareness of how to support people express their needs.

- We noted information about the support people needed with their communication aids was detailed in care plans. For instance, if a person had a hearing aid, what support they needed to ensure it was working.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place.
- People told us they knew who to speak with if they had any concerns about the care delivered. Comments included "It's an open line, if I needed to speak to her [Registered manager] I would not hesitate", "Nothing is ever too much trouble and I feel I can contact them at any time with concerns I might have" and "I would talk to the office."
- We looked at how the provider responded to complaints. We found thorough investigations had taken place to ensure lessons were learnt from feedback provided.

End of life care and support

- People were supported with end of life care needs. We received lots of positive feedback from people's relatives, we also reviewed feedback sent to the service following the death of people they had supported. Comments included "Especially thank you for the dignity which you showed her on her last day, it was very much appreciated", "You enabled her to fulfil her deepest wish to remain in her own home to the very end" and "Thank you all so much for the care, respect and compassion that you all showed [Name of person] in his final days."
- It was clear from discussion with the registered manager and deputy manager they were committed to providing high-quality person-centred end of life care. Comments from relatives showed the service demonstrated compassion for the whole family unit at the time of end of life care. One relative commented "The help you all gave to [Names of family] was beyond just your job, you really cared."
- Staff had received training in end of life care needs. The service worked well with specialist palliative teams. We received feedback from social and healthcare professionals about how quickly the service was able to support people to achieve their wish to die at home. One social care professional told us "Friendly and approachable caring approach, flexibility, swift turnaround from making contact regarding a client, to delivery of care outstanding palliative care with end of life clients one of the best agencies I've had the pleasure to work with."

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection we made a recommendation the provider sought support and training, for the management team on record keeping management. At this inspection we found improvements had been made to the management of records care plans reflected people's needs and were kept securely.

- There was a registered manager in post.
- People's records were accurately and securely maintained, and office staff used passwords to access computer records.
- 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. One notifiable event is when there has been an allegation of abuse. We checked our record against records held at the service, we found we had been notified of all events required.
- The provider had policies and procedures in place which reflected best practice. Policies had a review date on them.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us they thought the service was well-led. People knew who the registered manager was. Comments included "I know that if, at any time, I had any worries [Name of registered manager] and her team would deal with everything swiftly and with professionalism", "In the lottery that is choosing home care I don't think we could have chosen better", "I can't thank [Name of registered manager] and all at the Care Resource Bureau for their support and for giving me total peace of mind that mum is being wonderfully looked after" and "I cannot praise the carers, [Name of registered manager] and her son, highly enough."
- People and their relatives told us they would not hesitate to recommend the service. Comments included "I cannot recommend them highly enough" and "I have no qualms in recommending Care Resource Bureau most strongly."
- People were supported by staff who told us they felt valued and enjoyed working at the service. Staff told us "Manager very easy to talk to about concerns", "Showing appreciation by sending texts of appreciation", "They treat us good and make sure we are happy, always help when we need" and "Very happy place to work."

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

- Throughout the inspection we found the registered manager open to our feedback. They demonstrated a commitment to improve the service.
- There is a legal requirement for providers to be open and transparent. We call this duty of candour (DOC). Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, states when certain events happen, providers must undertake a number of actions. We checked if the service was meeting the requirements of this regulation. The registered manager was aware of this regulation and had systems in place to record actions taken.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Continuous learning and improving care

- People were routinely visited and contacted to ensure they were happy with the service they received. Spot checks on staff were completed to ensure care was delivered to the standard expected by the provider.
- The service worked well with the local authority, community healthcare professionals and acute hospitals. Comments from professionals included "They are a wonderful, caring and friendly agency", "I have found [Name of registered manager] to be very knowledgeable about what is required for a live-in carer. She does an in-depth assessment and detailed care plan for the clients" and "The manager and her staff team are very responsive and clearly put the care of the person at the heart of what they do."
- The registered manager attends the local provider forum meetings and has recently signed up to care industry newsletters, which cascade best practice guidance.