The Care Bureau Limited

The Care Bureau Ltd - Domiciliary Care -Rugby

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

We inspected this service on 27 September 2017. The inspection was announced. The service is registered to deliver personal care in people's own homes.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service is provided for adults of any age who may live with dementia, learning disabilities, autistic spectrum disorder, a physical disability or sensory impairment. At the time of our inspection, 140 people were receiving the service.

People were protected from the risks of abuse. Staff were trained in safeguarding and understood the action they should take if they had any concerns that people were at risk of harm. The provider checked staff's suitability to deliver personal care in people's own homes during the recruitment process.

Care plans included risk assessments for people's individual health and wellbeing and described the actions staff needed to take to minimise the identified risks. Staff understood people's needs and abilities because they read the care plans and shadowed experienced staff when they started working for the service.

The registered manager assessed risks in each person's home and their care plans included the equipment and number of staff needed to support them safely.

People's medicines were administered safely because the provider's medicines administration policy included training staff and checking that people received their medicines as prescribed.

Staff had the training and skills to enable them to meet people's needs effectively. People were supported to seek advice from healthcare professionals when their health needs changed.

The manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People, their families and other health professionals were involved in making decisions about their care and support. Staff understood they could only care for and support people who consented to being cared for.

People told us their regular care staff were kind and understood them well. The registered manager asked people about their preferences, likes and dislikes for care and support during their initial assessment of needs.

People told us staff respected their privacy, dignity and independence. People were confident any concerns or complaints would be listened to and action taken to resolve them.

People were encouraged to share their opinions about the quality of the service through surveys and conversations with a supervisor. Staff were supported by the registered manager, administrators and the out-of-hours on-call service to maintain the quality of the service.

The provider's quality monitoring system included regular checks of people's care plans and staff's practice. When issues were identified the provider took action to improve the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff understood their responsibilities to protect people from the risk of harm. Risks to people's individual health and wellbeing were identified and care plans explained how to minimise the risks. The provider checked staff were suitable to deliver care and support to people in their own homes. The provider minimised risks to people's safety in relation to medicines.

Is the service effective?

Good

The service was effective. Staff were skilled and trained to meet people's needs effectively. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and supported people to make their own decisions. People were supported to maintain their health and staff involved healthcare professionals in people's care when needed.

Is the service caring?

Good

The service was caring. Staff knew people well and understood their likes, dislikes and preferences for how they wanted to be cared for and supported. People told us staff were caring and respected their privacy and promoted their dignity and independence.

Is the service responsive?

Good

The service was responsive. People decided how they were cared for and supported and staff respected their decisions. People were confident to raise any concerns or complaints about the service.

Is the service well-led?

Good

The service was well-led. People were encouraged to share their opinion about the quality of the service, to enable the provider to make improvements. Care staff were supported to carry out their work safely and felt confident to raise concerns with the management team. The provider's quality monitoring system included checking people received the care and support they needed.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This service had previously operated from a different address and they had been rated as a Good service. This was the first ratings inspection since the service had re-registered at their current address in October 2016.

We visited the provider's office on 27 September 2017 and telephoned staff and people during the following week. The registered manager was given 24 hours' notice of the inspection, because we needed to be sure that someone would be available at the office to speak with us. The inspection was undertaken by one inspector.

We reviewed the information we held about the service. We looked at information received from the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We had not asked the provider to complete a provider information return (PIR) before the inspection. The PIR is a form the provider completes to give us some key information about the service, what the service does well and improvements they plan to make. The registered manager was able to give us the information we needed when we visited the office.

We spoke with the registered manager, an administrator and provider's quality auditor, during our visit to

the office. We spoke with 15 people, one relative, 10 staff and the provider by telephone after our office visit.
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We reviewed extracts of five people's care plans and daily records to see how their care and support was planned and delivered. We checked whether staff were recruited safely and trained to deliver care and support appropriate to each person's needs. We reviewed the results of the provider's quality monitoring system to see what actions were taken and planned to maintain and improve the quality of the service.

Good

Is the service safe?

Our findings

People told us they felt safe with their care staff because they were supported by a regular team of care staff who they knew well. People said, "I trust them", I feel safe with them" and "Everybody is honest."

The provider's policy for protecting people from the risk of abuse included training in safeguarding for staff. Staff knew the signs to look out for that a person might be at risk of abuse and raised any concerns with the registered manager. A member of staff told us, "If a person was anxious or shaky, I would report it to office or on-call." The registered manager worked with the commissioners and local safeguarding authorities to make sure action was taken where risks to people's safety were identified.

The registered manager or a supervisor assessed people's needs and abilities when they started using the service. They identified people's personal, individual risks and wrote care plans to minimise the risks. For example, for people who were not able to mobilise independently, their care plans explained the number of staff and equipment needed to support them safely. Staff told us, "I always have the equipment I need" and "The care plans explain everything and it is all on the rota (timesheet), so I check anyone's risks."

People's care plans included risk assessments of people's homes and the measures in place to minimise risks at each property. There were risk assessments for access to the home, lighting, car parking, smoke alarms and mains supplies switches. Staff told us the procedure for emergencies was for staff to phone the office for support and guidance and the office staff contacted people's families and the relevant emergency services. Staff told us, for example, if they needed to call an ambulance for a person, they stayed with person until the ambulance arrived. The office staff let people know if staff were likely to arrive late at subsequent calls, or would arrange for another member of staff to support the other people.

The registered manager's analysis of accidents, incidents and falls did not identify any trends that could be addressed by a service-wide improvement action. They were caused by people's individual abilities or health or homes, and were addressed through changes to the relevant care plan.

There were enough staff to deliver the service safely. The registered manager told us electronic call scheduling was driven by people's contracts for care, which meant calls could not be forgotten or overlooked by the scheduler once the contract was agreed. Staff used an electronic call log-in system, which recorded when they arrived at and when they left a person's home. The registered manager and provider monitored the scheduling and log-in system regularly throughout the day, to make sure people received the care and support they needed.

Most people told us they were supported by the same group of care staff who arrived when they expected them. People told us staff stayed for the agreed length of time and completed all the tasks and support, as agreed in their care plan. The registered manager and supervisors stepped in to deliver hands-on personal care, to make sure everyone's needs were met, to cover staff holidays and unplanned staff absences.

The provider's electronic records showed they minimised risks to people's safety through their recruitment

process. The provider checked that staff were suitable to deliver care and support before they started working at the service. They checked with staff's previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. The electronic staff records included the dates and results of the checks. Care staff told us they did not work independently with people before all the checks had been completed.

People who needed support with medicines were supported by staff who had the necessary training and skills to support them safely. The provider's system minimise risks related to medicines included training for staff and the use of medicines administration records (MAR). Supervisors prepared MARs for each medicine that had been prescribed by GPs. The MAR included the name of the medicine, how much should be given each time, the time and the date it was given. Staff signed the MAR every time they administered a medicine, or noted if the person declined. They kept a running total of how much medicine was left, to make sure they were re-ordered in good time. Staff used body maps, which showed exactly where prescribed creams should be applied and to make sure any 'patch' medicines were applied on alternate sides of the person's body, to reduce the risk of irritated skin.

Good

Is the service effective?

Our findings

People told us the staff were effective and said they were supported according to their needs. People said, "They do all the right things", "They do everything I need" and "I have a care plan, but staff are briefed beforehand."

Some people told us their care staff had changed recently, due to holidays, sickness and staff leaving the service. They told us they had been confident in their previous care staff's abilities, but said it would take time to get to know their new care team to reach the same level of confidence in their abilities.

The registered manager told us head office staff supported them with recruiting the right staff. They told us, "Some people with complex needs, need particular carers with the right experience. Head office staff advertise and shortlist and send me the list of interviewees." A member of staff told us, "I chose The Care Bureau because of the training regime and induction. It's definitely the way I want to do it."

Staff told us they received the training and support they needed to be effective in their role. Staff's training included dementia care, moving and handling and food hygiene. They told us, "The training did prepare me for the role" and "I really like the fact they took the training seriously, classroom and hands-on, plus on-line training." The registered manager told us, "Staff are ready to go after their induction and training. They shadow for two to five weeks, dependent on their skills, experience, ability and the DBS check."

New staff studied for the fundamental standards of care, as set out in the Care Certificate, during their probationary period. They were assessed in practice by a trained assessor, to make sure they understood their training and put it into practice. Staff were encouraged and supported to work towards nationally recognised qualifications in health and social care throughout their employment.

The registered manager told us staff supervision could be undertaken in the office or at people's own homes. None of the staff we spoke with could remember attending a formal supervision meeting at the office with a line manager. However, they all told us supervisors observed their practice in people's own homes. People told us the supervisors watched staff support them and asked them what they thought of staff's skills afterwards.

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure, where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. The registered manager and staff understood their responsibilities under the Act. The registered manager checked whether people had the capacity to consent to their care plan, and made sure they had a person to represent them if they did not have capacity. Staff received training in making sure they obtained people's consent to receiving care and a fact sheet about the MCA as a reminder.

The provider minimised risks to people's nutrition through assessments of people's needs and abilities and staff training. People who needed support with meals told us staff prepared and served meals that met their preferences. One person told us, "They do my breakfast and evening meal. It's plain and simple, but done

well." Another person told us that staff cooked their meal and cut it up for them to make it easier to eat independently.

Staff monitored people's fluid intake if they were identified as at risk of not drinking enough. The fluid monitoring template included the date and time and the amount of fluid offered and consumed. Staff told us they would inform the office and the person's relative if they had any concerns about a person not drinking enough.

People's care plans included their medical history, with a description of how their health condition might impact their well-being. The description included the signs staff should look out for that might indicate they were at risk of ill-health. Staff told us if they had any concerns they would speak with office staff and relatives. Daily records showed that people who had the capacity to decide, were able to make their own decisions about which healthcare services they attended after consulting with their relatives. The registered manager told us, "If families fail to access healthcare services when needed, we speak with social services or, if required, the local safeguarding team."

Good

Is the service caring?

Our findings

People told us they were happy with their regular care staff and got on well with them. People said, "They are absolutely wonderful", "They are very bright and cheery", "I think they are marvellous, all of them" and "They are really nice. I look forward to them coming." One person said they would give the staff 'ten out of ten' for caring.

Care staff understood the importance of developing positive relationships with people to support their sense of well-being. Staff told us having a regular round of calls with the same people enabled them to get to know people well and understand what was important to them. People told us they felt that care staff were genuinely interested in their lives, interests and opinions. One person said, "[Name] is lovely, very chatty and asks about my life. They are interested in me as a person."

People's care plans included their likes, dislikes, religion and their preferred care staff. The provider's electronic scheduling tool enabled the registered manager to match people with care staff that lived locally and shared their interests where possible. The scheduling tool supported people's preferences for the gender of staff they were happy to be supported by. If a person said they did not want a named member of staff for any reason, the scheduling tool was able to exclude that staff's name in the staff allocation process.

Staff told us they respected people's preferences, particularly if they could support people to maintain their habits, cultural and religious traditions. One member of staff told us, "I talk to them. It's okay, I can do it how they want." Another member of staff told us one person always liked to watch a particular television programme before they went to bed. They told us, "If I am early, I sit and watch with them."

The registered manager told us one person who had difficulty in hearing, used 'yes' and 'no' cards to make their preferences known to staff. The registered manager said they had not identified any current requirement for care plans in other formats, but would use external partners for translations into braille, audio or easy read formats to support people to communicate.

The provider had introduced an updated format for people's care plans to promote a more person centred approach. The new format care plans, titled 'This is me' were written from the person's perspective. They included details about the person's wider family, their occupation, 'what I require' and people's expectations about the outcomes of their care package. At the time of our inspection, everyone's care plan was being reviewed and updated in the new format.

Staff understood the provider's policy on dignity and respect and the importance of supporting people to maintain their self-esteem. People told us the care staff were polite, respectful and discreet. They told us, for example, staff knocked on the door on arrival and called out to let people know who was at the door. One person said, "They help with dressing and undressing, piece by piece. They are very discreet."

Good

Is the service responsive?

Our findings

People told us they were happy with their care and care plans because they were appropriate to their individual needs and abilities. One person told us the care and support they received had enabled them to regain some of their independence. They told us they felt more in control of their own life. They said, "We can't be rushed. One carer came too early once. I asked them to go and come back and they did."

People and a relative told us they had a copy of their care plan at home, so they could check it matched the care they had agreed was needed. Staff kept a record of the care and support they delivered at each call. They noted people's moods and appetites and any unexplained changes, concerns and healthcare appointments. Staff told us the daily notes were effective in letting them know how people had been when they were off-duty.

Staff told us they reported any changes in people's needs or abilities to the office staff, so they could arrange a review of the person's needs when needed. A member of staff told us, "All care plans are reviewed regularly, but if people's needs change, they will do a new care plan."

The registered manager told us, "Care plans are reviewed with the person at six months and 12 months and updated when needs or situations change." For example, if a person went into hospital, the supervisor reviewed their care plan when they returned to their home.

Records showed that changes were made to people's care plans to suit changes in their health needs or lifestyles. For example, after one person's needs were re-assessed, their care plan was increased from three to four calls a day. The revised plan included a mid-morning call to assist the person with breakfast, and lots of food prepared for 'late night snacking', because the person had begun to wake later and go to bed later.

Everyone who used the service was given a copy of the service user guide, which included information about how to make a complaint. People told us they were confident to raise any concerns, issues or complaints with the staff or registered manager. Fourteen of the 16 people we spoke with told us they had no complaints about the service. They told us they happy that when they raised any concerns with staff, the supervisors or the registered manager, their concerns were addressed. One person told us most staff were, "Very consistent", but said one member of staff had not cooked and served their breakfast in the way they preferred. They told us they had shared their views with the registered manager, because, "I always tell the manager what I think.

The registered manager showed us copies of formal, written complaints they had received about the service. Records showed the provider had investigated the complaints and worked with the registered manager to resolve them to the complainants' satisfaction. Actions taken to improve as a result of complaints included staff being reminded of the policies and procedures for safeguarding and 'what to do if a service user is not home when you call'.

Good

Is the service well-led?

Our findings

People told us they had the opportunity to share their views of the service because supervisors always asked what they thought of their service when they visited to supervise staff. Fourteen of the 16 people we spoke with told us they were happy with the service. They told us care staff were cheerful, arrived when they expected them to and supported them in the way they needed, in accordance with their preferences. People said, "I think they are marvellous, all of them, really good" and "My carer is absolutely grand, fabulous."

People were invited to take part in individual surveys at four months and 12 months after joining the service. The survey responses were returned to the head office for analysis to ensure the provider had oversight of the quality of the service. Any issues raised were shared with the registered manager so they could take action to resolve them.

The provider learnt from their experience and took action to improve the process for identifying 'concerns' raised, to reduce the potential for complaints. They had delivered training to supervisors in identifying and handling complaints. They had implemented a regular 'sampling' check of the electronic daily notes, which captured people's feedback via staff conversations. They planned to introduce an identifying code for 'verbal concerns' to separate them from 'notes' in the electronic system. The provider's quality auditor told us this would ensure all concerns raised were identified and responded to as professionally as formal complaints.

The registered manager recognised the most important thing to people that used the service was continuity of staff and consistency of times of calls. They told us at staff interview they asked about staff's availability and any limitations on staff's time. They told us, "Knowing the local geography, using maps for our clients and staff's address is key to agreeing call times."

To overcome the need for staff to have their own car, the registered manager had introduced 'walking rounds' in more densely populated areas. Journey times for staff who walked, drove or cycled were included in the scheduling process to ensure agreed times were realistic. The provider told us they would not take new contracts for care and support if they could not be confident they could deliver them.

Staff told us they were invited to work additional hours, on different call rounds, to cover staff's planned and unplanned absences. When staff were not able to cover absences, the registered manager and supervisors delivered hands-on care to ensure people received the care and support they needed.

The provider's contingency plans were effective. At the time of our inspection, some senior staff had recently left the service. The registered manager told us they were being supported with management tasks by the provider's management team and with staff on 'loan' from another service in the provider's group, while they recruited new staff. Some of the staff we spoke with were surprised by the recent changes and worried about the future. The provider told us they would make sure all staff were written to personally, to explain the plans for supporting staff and maintaining continuity of the service while they recruited new staff. They had brought forward their staff feedback sessions to the senior management team, to ensure all staff's

concerns were addressed.

Most of the staff we spoke with told us they continued to deliver care, to the same people at the same times as usual. Staff told us they were happy in their role and felt supported, because they could always 'get hold of someone' when they needed advice. Staff said, "It is regular. I enjoy my job. I have been asked to do cover, which I can at the moment", "I feel happy and relaxed at work. They are a nice team" and "We are all quite close. The team works. We ring each other, leave notes about little things."

The registered manager told us the key to staff retention was, "Rapport and relationships" to maintain staff morale and confidence in their skills. They told us their objective was, "To listen, be friendly, open and willing to help and to consider staff's personal development." They told us they used to have team meetings with staff to share ideas and information, but whole team meetings were no longer viable. This was due to the larger geographical area the service operated in and changes in people's preferences. For example, there used to be an opportunity to schedule team meetings between 2pm and 3pm, but, "Moving call times to suit people, leaves no appreciable gap." They told us they maintained communication with staff through the electronic system messaging when needed and continuous dialogue via text.

Most care staff we spoke with recognised that the provider's ethos and values were shared by the registered manager and senior management team. Staff told us, "The Care Bureau is a lot better, nicer than most. Not pushy, really laid back and very approachable", "Staff are all very professional" and "I love my job. I only changed jobs because the management here is good. Any problems I just ring and they sort it out." Staff told us they could speak with the registered manager and supervisors when they went to the office to collect gloves and aprons.

The provider's quality assurance process included monitoring that staff attended at calls as agreed. Most staff recorded the time they arrived and left each person's house using a GPS tracking system, which showed their exact location when they logged in and out. Some staff used the person's landline to log in and out and a few staff used a mobile phone.

The office based staff monitored the call log throughout the day, so they knew straight away if staff did not attend. This meant they were able to investigate the reason for any non-attendance or delay and take prompt action to ensure replacement staff were sent. The service operated from 7am until 10pm, with an 'on-call' service after the office closed. The registered manager told us, "The on-call checks the call monitoring systems until the last staff has checked out, or they call staff to confirm when they are finished."

The registered manager regularly checked that people's daily records matched their care plans and that medicines were managed safely. The provider had issued audit templates for the registered manager to use. The templates ensured the registered manager's checks covered the most important elements of care and that medicines were managed and administered in accordance with best practice guidance. They had issued templates for staff supervision and appraisal meetings to make sure all staff's performance was measured consistently across the same indicators.