

Diamond Resourcing Plc

Better Healthcare Services

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

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

Better Healthcare Services is a domiciliary care service supporting people living in their own homes. At the time of the inspection, 39 people were receiving personal care.

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 said staff changes meant they were not always supported by consistent staff. They said there were not always enough staff at weekends which meant the care visit times were inconsistent. This had an impact on their daily routines. However, people were happy with the quality of care and support they received from staff. People said staff were kind, caring and friendly. Some people commented positively about some of the staff who did more to support people with their needs. People said they had also formed good relationships with some of the staff.

People were protected from harm by staff who were trained to identify and report concerns. People were safe because potential risks to their health and wellbeing had been managed well. Lessons were learnt from incidents to prevent recurrence. Staff followed processes to prevent the spread of infections. There was guidance for staff about the new coronavirus infection to help them protect themselves, people, and members of the public.

Detailed care plans ensured staff had information they needed to meet people's assessed needs. Staff were trained well to improve their practice. When required, people had been supported to have enough to eat and drink. People were supported to access healthcare services when required to maintain their health and well-being.

People told us staff were respectful in how they interacted with them and supported them. People felt able to make choices and they said staff respected these. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

There were systems to manage complaints received by the service. Improvements had been recently made in how complaints were responded to. People said staff were responsive to their needs and they provided person-centred care.

The provider's systems to assess and monitor the quality of the service had not been effectively used since the registered manager left the service in October 2018. Changes in managers had destabilised the service, and there was a risk people might not receive consistently safe, effective and good quality care. The new

manager had made improvements in the short time they had been at the service. People, relatives, staff, and the local authority representative confirmed this. However, the provider needed to support them to make sure the improvements they had made were fully embedded into the culture of the service.

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 20 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We found evidence that the provider needs to make improvements. Please see the Safe and Well-led sections of this full report. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Better Healthcare Services

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by an inspector and an Expert by Experience. 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

Better Healthcare Services is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service did not have a manager registered with the Care Quality Commission. This means that the provider is 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 office visit. This was because we needed to be sure that the provider or the manager would be in the office to support the inspection.

Inspection activity started on 26 February 2020 when we contacted people and relatives by telephone. This ended on 10 March 2020. We visited the office location on 5 March 2020.

What we did before the inspection

We reviewed information we had received about the service since the last 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 took this into account when we inspected the service

and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

During the office visit, we spoke with five staff including three care staff, a care coordinator, and the manager. We also met the provider's nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We also spoke with eight people, seven relatives, and three care staff by telephone.

We reviewed a range of records. This included care records for two people and multiple medicines records. We looked at two staff files to review the provider's recruitment processes. We saw the training and supervision plans for all staff. We also looked at a variety of records relating to the management of the service, including some policies and procedures, surveys and audits.

After the inspection

We reviewed further evidence sent to us by the manager to demonstrate how well they supported people with complex health needs. We received feedback from a representative of the local authority that worked closely with the service.

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 now deteriorated to 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

- There were mixed views about whether there were enough staff working at the service. Some people and relatives said there were not always enough staff, particularly at weekends. They said this meant people were not always supported by consistent staff, and the visit times were inconsistent. One relative said, "In the week and Sunday, it's now the same carers most of the time. Saturdays are awful. It's all different carers, and they generally turn up late." However, the manager told us they had recently improved this by ensuring that new staff worked some weekends as part of their employment contract. They said this had increased the number of staff available at weekends.
- Some people said staff were sometimes later than the agreed 30 minutes after the planned visit times. They said this affected their routines and plans for the day. One person said, "They can be up to two hours late and it can happen three or four times a week. That means the visits aren't spaced out properly, and there might be just an hour between two visits."
- Some people said on occasions, they cancelled the visits because they or their relatives would have already done what staff needed to do by the time they arrived. However, people said they had not been harmed as a result of this. The manager recorded this as cancellations, but they would not do so from now. This was because they needed to monitor how often people cancelled visits because of staff lateness.
- Staff told us staffing numbers had improved. They said overall, they could support people safely and provide consistent care. Some staff said the way rotas were planned needed to further improve, to allow enough time for them to travel between visits. They said this would reduce the risk of them arriving late to support people. We saw that travel time was considered when planning rotas, but the manager told us enough gaps were not always possible when they had to re-allocate some visits due to staff absence.
- People told us they were happy that they were normally told when staff were running late.
- Staff were recruited safely to ensure they were suitable to work at the service. The provider had systems to carry out all the necessary checks. These included getting employment references, and completing criminal records checks for all staff.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff who supported them. They had no concerns about potential abuse. One person said, "I do feel safe. [Staff] get on with the job they have come to do, and they are all so nice."
- Staff told us, and records showed they had been trained on how to safeguard people. Staff knew how to report concerns to the manager, and to other agencies such as the local authority and the Care Quality Commission (CQC).
- Records showed the manager reported potential safeguarding incidents to the local authority and the

Care Quality Commission in a timely way. This ensured quick action could be taken to reduce the risk of harm to people.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were assessed so that staff could support them in a way that reduced the risks. Risk assessments covered areas such as medicines, mobility, nutrition, and bathing or showering. There had also been checks of people's homes to ensure there were no environmental hazards that put them at risk of harm. Where required, the manager ordered equipment needed to make sure staff could support people to move safely.
- Staff told us they had access to people's risk assessments to know how to support them safely. They said office staff normally updated these quickly when people's needs changed.

Using medicines safely

- People who were supported by staff to take their medicines said they were happy with how this was done. One person said, "They give me my pills from the pill box, and there have been no problems. They write it all down in the folder, and they seem to know what to do."
- Staff reported no problems with how people's medicines were managed. They said people, relatives or staff made sure they ordered repeat medicines early so that people did not run out.
- We saw audits of some of the medicines administration records (MAR). These showed no concerns with how staff recorded when they had given people their medicines. The manager told us they audited a quarter of MAR each month. This was to check if staff kept good records that showed people were taking their medicines as prescribed by their doctors. Any shortfalls in the quality of the records had been addressed with through regular memos and individual supervision.

Preventing and controlling infection

- Staff received training on how to reduce the risk of the spread of infection. Staff told us they followed infection control measures when handling food or supporting people with personal care.
- People told us staff wore personal protective equipment (PPE), such as disposable gloves and aprons when supporting them with personal care. They also said staff washed their hands. One person said, "They put gloves on to make the bed and empty the commode. They change their gloves when they go to make my sandwich."
- Records showed staff collected PPE regularly from the provider's office. This helped them to reduce the risk of passing infections from person to person. At the time of the inspection, there were already concerns about the risk of the new coronavirus, Covid 19. The manager told us they would further remind staff of the importance of handwashing.

Learning lessons when things go wrong

- There were systems to record incidents and accidents that involved people. Staff told us they reported incidents quickly to the manager or other office staff so that they could put systems in place to reduce the risk of recurrence. However, some staff said they did not always receive feedback to tell them what had been done to deal with specific concerns about people's care. The manager told us they always gave feedback to staff where appropriate and they told them if this could not be given in situations where they needed to protect others' confidentiality.
- We saw that information about various incidents relevant to their roles was shared with staff through memos, staff meetings, and during individual supervision meetings. This ensured staff learnt from incidents so that they could continually improve their practice.

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. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been assessed prior to them being supported by the service. This ensured they had appropriate care plans to help staff to meet people's individual needs. One person said, "[Staff] came out whilst I was still in hospital and went through everything with us. She listened to me and wrote everything down."
- People and relatives told us people's needs were met, and that staff provided good care. They said staff understood people's needs and they tried to help them to stay well in their own homes. One relative said, "[Person] is hard of hearing and I think they do try to make sure [person] can hear them."
- Staff told us they always considered people's choices in how they supported them.

Staff support: induction, training, skills and experience

- People and relatives told us most staff had the right skills and experience to provide effective care and support. They said some of the newer staff were not as experienced, but they benefited from working alongside experienced staff. One relative said they had once thought a member of staff had not been trained well, but the regular staff who supported their family member were skilled.
- Staff told us they received very good training to help them to gain new skills and knowledge. They also had updates to make sure they kept up to date with changes in practice. One staff member said, "The training they give us is top notch!" Everyone was complimentary about the trainer. They said they could easily understand them, and the trainer was always happy to re-explain things to staff.
- Staff said they received regular supervision, and senior staff supported them well. Staff said they worked well with their supervisors, who also checked that staff were competent to perform different care tasks. These included providing personal care, giving people their medicines and using equipment to support people to move safely. One staff member said, "Supervision is fine. I can talk to whoever is doing my supervision about my work."

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

- Not everyone was supported by staff with their food and drinks. People who were supported with this said staff did it well. People said they had a choice of what they wanted to eat, and staff respected this. One person said, "My [relative] arranges a delivery every week and the carers open the fridge door for me, and I choose which meal I would like to eat. They are only allowed to use the microwave though, they can't cook anything in the oven." One relative said, "They will do extra things such as [staff's name] will give him a cooked breakfast. Some of the others will too and some won't."
- Staff told us they had no concerns about people not eating or drinking enough. They said they would always report any concerns to the office staff. This was so that people could be referred to appropriate

healthcare services if needed.

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

- Staff supported people to access urgent care when required. People and relatives told us about this. One relative said, "They have phoned the doctor, 111 service or an ambulance when needed."
- Relatives told us staff would normally contact them if they were concerned about their family member's health. One relative said, "They all have my telephone number and they will tell me if they are concerned about [person]."

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, and we found these were met.

- None of the people supported by the service had their liberty deprived by the Court of Protection. Staff understood the requirements of the MCA, and they told us most people had mental capacity to make decisions about their care and support. Records showed others had variable mental capacity which meant they were not always able to make decisions about some aspects of their care and support. Where this was the case, people's relatives or professionals had been consulted to help decide how to best support the person. This ensured the care and support provided by staff was in people's best interest.
- Staff told us they always asked people for their consent before they provided care and support. They did this to promote people's rights to accept or refuse support. People said staff always told them what they were going to do for them, and they gave them time to respond.

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. 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 and relatives told us staff were kind and caring. One person said, "The carers are excellent, respectful and polite." One relative said, "They are all pretty chatty, nice and friendly."
- People told us they had good relationships with staff, particularly with those who supported them regularly because they had got to know them well. They said some staff were particularly friendly, while others did not always speak much, but they were respectful.
- People and relatives told us some staff went over and beyond expectations to make people feel cared for and loved. One relative said, "[Staff] is more than a carer, he is like a best friend. He doesn't just care, but he makes [person] feel really comfortable. He talks to [person] as he comes in, and if [person] wants some fish and chips, he will go and get them for him."
- People and relatives also said staff cared about people's health and wellbeing and would always do something if people appeared unwell. A person with a skin condition that meant staff had to apply cream to their skin said they always did so gently. They also said, "I can't reach my back and the carer does that for me. One of the carers even warms her hands before she puts the cream on."
- Staff told us they always considered people's preferences in the way they supported them. One person said, "They have all been fine, and I have no concerns whatsoever."

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

- Some people were able to tell staff their views, and they were involved in making decisions about their care and support. People said they told staff how they wanted to be supported and staff respected this.
- Other people were supported by their relatives to make decisions about their care. This was because their health conditions such as dementia meant they were not always able to explain what they wanted. Relatives told us that staff understood how dementia affected people and they helped them to make decisions as much as possible. One relative said, "I do think they understand about dementia. They're good with [person]."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff were always respectful in the way they supported them. They said staff promoted their privacy and dignity by ensuring personal care was always provided in private. One person said, "They give me privacy if I need the toilet."
- People and relatives said staff were respectful of people's confidentiality and they never heard them talking about other people they supported. This assured people that staff would also protect their information. People's care records were also kept securely in the provider's office.

- Staff told us they helped people to remain as independent as possible. They told us they assessed what people could do for themselves and they ensured they continued to do this where possible. People agreed with this. This included one person who said, "I don't ask them to do much, I prefer to manage on my own." One relative praised a staff member for being good at letting a person do as much they could without support. They said, "[Staff] doesn't try and take over what [person] can still do."

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. 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 said they received personalised care to meet their needs. They said there had been discussions with them about their requirements, and the manager was flexible in how they planned staff rotas so that they provided support at the times people chose. People told us staff always recorded what support they provided to people before they left. One person said, "They always write in the book before they go."
- People said their care plans reflected what they had agreed with the staff who carried out their assessments. People and relatives said they were involved in reviewing people's care plans, and these were updated when required. One relative said, "The care plan definitely did reflect all the things we discussed at the initial meeting. They seemed efficient with that."

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.

- Most people were able to read and could understand information provided to them. People we spoke with did not have needs that meant they needed information provided in different formats.
- The provider's 'service user guide' stated that it could also be provided in easy read, audio, Braille, and large print when required.
- A relative told us that their family member really appreciated that one staff member could speak their language. They said this ensured the person could have conversations with them. They said, "[Staff member] is very good and they get on as they are both from the same country, and they joke around."

Improving care quality in response to complaints or concerns

- The provider had a system to manage people's concerns and complaints. Some people said they were happy with their care and they had no reason to complain.
- Others told us about issues they had complained about, but there were varied views on whether complaints had been dealt with well in the past. Some people were happy with how their concerns had been responded to, while others were not. There was evidence this had improved since the current manager started because records showed they had dealt appropriately with recent complaints.
- The manager promoted learning from people's complaints because they shared issues from these with staff through regular memos and team meetings.

End of life care and support

- The service supported people at the end of their lives if this was the most appropriate care for them. The manager said if this was required, they would ask professionals to provide additional training for staff to help them to support people well.
- There had been discussions with people about their end of life care wishes. Where people had provided this information, it had been included in their care plans.

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 good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There had been no registered manager since October 2018. Since that time, there had been three changes of manager. People, relatives and staff said this had destabilised the service, and there was a risk that people would not receive consistently good care. One staff member said, "There have been many manager changes, but I'm happy now. Things are improving and progressing well."
- A representative from a local authority told us they had seen a decline in the quality of the service due to manager changes. They had previously seen an increase in the number of concerns raised by people and relatives. However, they said this had improved a lot in the last two months since the new manager had been in post.
- Staff said changes in managers meant they did not always have steady leadership and guidance. They told us concerns they raised were not always dealt with quickly and they did not always get feedback. However, they praised two senior staff for providing some stability during that period. One staff member said, "The office staff are supportive. [Staff member] is always going over and beyond expectations."
- The manager was still new to the service, but they had experience of managing services of this type. In their short time at the service, they had put systems in place to ensure all aspects of the service were checked and that staff kept accurate records. Staff said they were still getting to know the manager, but between them and the other senior staff, they felt well supported in their roles. Some staff said communication had greatly improved in recent weeks and that this promoted good information sharing. One staff member said, "The manager has an 'open door' policy and is happy for staff to go and speak with them. [Manager] will send emails to staff when needed. Weekly memos have been introduced, which has improved communication and consistency. I think that is important."
- The provider had systems to promote continuous improvements, but since the registered manager left the service, these had not been used effectively. There was no robust oversight by the provider during this period, which led to some records not being kept up to date and some people's complaints not being responded to. Positively, there had been recent improvements. However, the provider needed to make sure their quality monitoring systems were consistently followed by all staff and embedded into the culture of the service. This would ensure they regularly monitored that people received consistently safe, effective and good quality care.

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

- Some people said they had not been asked for feedback about the service. One person said, "Nobody

from the office has been to see me or contacted me to see how things are going." Staff told us senior staff needed to meet more regularly with people to review their care, rather than rely on the information provided by care staff. The manager said it was possible this had not been done consistently when different managers were at the service. They could not find accurate records of who had been contacted for feedback or which people had reviews before they started working at the service. However, we saw they had started to monitor this.

- People and relatives told us they were normally able to speak with office staff by telephone when they needed to. They said they found them approachable and helpful. One relative said, "They do seem to answer the phone and I can get through if I need to. If you have to phone out of hours, you phone on the normal number and then it goes through to the out of hours one."
- Staff said they had one team meeting since the manager started. Minutes of the meeting showed they discussed various issues relevant to their roles. The manager had sent the minutes to all staff so that those who could not attend knew what they had talked about. This was a good way of sharing information and promoting staff's learning.

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

- The provider's systems promoted a person-centred and caring approach to care. However, these had not been consistently used well by the different managers of the service. Staff said this was improving and people were mostly happy with the quality of their care. One person said, "I do think they are pretty good and they are the best agency I've had so far."
- People and relatives told us staff were skilled and respectful in how they supported people with their needs. They said staff were motivated in their work because they valued what they did to support people to live well in their own homes. One person told us, "[Staff] seem fairly content in their work. They are most discreet and don't moan."
- Staff said people's care plans provided detailed information for them to follow. The manager and senior staff also provided more information to them when needed.

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 manager had experience of managing care services, and they understood that they were expected to provide care that met the standards set out by the regulations. They told us they ensured staff were supported to provide care in line with these expectations.
- The manager and provider knew about their responsibility to be open and honest when things went wrong. They knew they were required to report relevant issues to CQC and the local authority.
- The service was also being monitored regularly by the local authority as part of their commissioning contract. The local authority shared concerns about the service with CQC so that all agencies could work together to ensure people received safe care.

Working in partnership with others

- The service worked closely with health and social care professionals who were involved in people's care. The manager showed us examples of their collaborative working with health professionals so that they met the needs of people with complex health conditions.
- The manager told us they also worked closely with the local authority. This was important because they needed to regularly check that people consistently received the support they required.