

The Care Bureau Limited

The Care Bureau Ltd - Domiciliary Care - Rugby

Inspection report

13 Whitehall Road
Rugby
Warwickshire
CV21 3AE

Tel: 01788440012
Website: www.carebureau.co.uk

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: The Care Bureau – Domiciliary Care - Rugby provides personal care for people living in their own homes in the local community. Eighty-six people were receiving personal care at the time of our inspection visit.

People's experience of using this service:

- People told us they felt safe with staff who visited them in their home.
- People's safety had been considered by the provider, risk management plans were in place to maintain people's safety.
- Staff had received training in relation to safeguarding and knew how to protect people from harm.
- Medicines were managed safely.
- The risk of any infection spreading was reduced by the maintenance of good hygiene practice.
- The provider delivered person-centred care, according to the needs and wishes of people who used the service.
- The provider invested in staff induction, training and development to ensure people received care from supported and skilled staff.
- The provider had a complaints policy and process in place; people told us they would feel comfortable raising complaints.
- The provider had quality monitoring arrangements through which they continually reviewed evaluated and improved people's care.
- People, stakeholders and staff had an opportunity to shape the service through feedback and suggestions.

Why we inspected – The inspection was prompted in part by notification of a potential serious incident. At the time of our inspection, we were aware of an ongoing investigation. Whilst this inspection did not examine the circumstances of the incident, we considered the provider's management of risks; staff training, and quality assurance procedures. We may review the incident in more detail when the ongoing investigation is concluded.

Rating at last inspection: Good. The last report for The Care Bureau – Domiciliary Care – Rugby was published in November 2017.

At this inspection we found the service continued to be rated as Good in both Safe and Well Led. Follow up: We will continue to monitor the service to ensure it meets its regulatory requirements. More information is in the 'Detailed Findings' below.

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.

Details are in our Safe findings below.

Is the service well-led?

Good ●

The service was Well Led.

Details are in our Well Led findings below.

The Care Bureau Ltd - Domiciliary Care - Rugby

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: The inspection was carried out by one inspector and an inspection manager.

Service and service type: The Care Bureau – Domiciliary care - Rugby offers people personal care in their own homes. CQC only regulates the care people receive in these circumstances, so we only looked at this aspect of the care provided.

The service had an experienced registered manager at the time of our inspection. 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.

Notice of inspection: Inspection site activity started on 12 March 2019 when we visited the service's office. The inspection was announced 24 hours before our visit, so that we could be sure of meeting the registered manager, the provider, and care staff.

What we did: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as serious injury. We sought feedback from the local authority and professionals who worked with the service. We asked the provider to tell us about their service, what they did well and any improvements they planned to make. We used all this information to plan and conduct our inspection.

During the inspection visit: We reviewed four people's care records, to ensure they were reflective of their needs, and other documents such as medicines records. We reviewed records relating to the management of the whole service such as quality audits, people's feedback, and meeting minutes. We spoke with four people and one relative of people who used the service. We also received feedback from two care workers, an assessor/field supervisor, the registered manager, a director who represented the provider, and the quality auditor.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- People had their health needs monitored, and risks to their health and behaviour were regularly assessed by staff with the right level of competency and skills to keep them safe. Staff were provided with clear information on how they should mitigate risks to people whilst supporting them.
- Permanent care staff demonstrated they knew people well, including their likes and dislikes. People told us staff knew them well.
- Where people were at risk of falling, and could not support their own weight, risk management plans described how staff should support them, how many staff were needed at each call, and what equipment should be used to assist people to move around safely.
- We looked at how risk assessments were written to mitigate the risks of choking, following a recent incident. One person who required assistance to eat, was prescribed thickener powder to change the texture of drinks, to help prevent the person from choking. Staff were provided with instructions on how much should be added to their drinks. However, we found the information could have been more detailed. Where the provider had received advice regarding the consistency of food and drinks from professionals, this was not available on the person's records for staff to review. The registered manager agreed that in future the professional's advice would also be accessible to staff.
- Care staff knew not to leave the person unattended when they were eating and drinking.
- All staff caring for the person attended training in how to respond to emergencies and were instructed to ring 999 if people started to choke.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff who visited them in their home. There were policies and procedures in place for staff to follow to keep people safe from harm.
- The safeguarding policy described the different types of abuse vulnerable people might face and included information for staff to follow in case they suspected abuse. Staff had also completed safeguarding training. This meant staff knew how to keep people safe from potential harm or abuse.
- We saw detailed records were kept of safeguarding concerns and alerts and where necessary, information was shared with the local authority and the Care Quality Commission (CQC). Concerns had been investigated fairly and in a timely manner. This demonstrated the provider acted appropriately when there were safeguarding concerns.

Using medicines safely

- People were supported to receive their medicines in a safe way. Each person at the service had their own medicines care plan. These plans contained important information and documentation about people's health and the medicines they required.
- People's medicines and medication administration records (MAR) showed staff recorded and logged

people's medicines correctly and in line with the provider's policies and best practice guidance.

- Staff were trained to administer medicines and their competency was checked by trained staff to ensure their understanding of processes and procedures.

Staffing and recruitment

- There were sufficient numbers of trained and skilled staff to assist people with their care and support needs in their own homes at scheduled times. However, at busy times such as weekends, staff sometimes needed to alter call times to accommodate people's planned care.
- People told us if staff were late the office called them to let them know. This was usually in emergency situations, or due to travel.
- Staffing levels had recently been increased, and recruitment was ongoing to ensure there continued to be enough staff to cover calls when staff were absent and at busy times.
- When staff were unavailable to cover scheduled calls, due to absence, office staff, supervisors and managers could step in to support people.
- A call monitoring system, monitored when staff arrived at a person's home and when they left. The call monitoring system was connected to the office, and alerted the registered manager when staff were running late. This reduced the risk to people of missed calls or late calls.
- The provider had completed robust checks to ensure staff were suitable for their role. These included checking their references and completing checks with the Disclosure and Barring Service (DBS). This meant the provider recruited employees suitable for working with vulnerable people.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. There was an accident and incident policy and accidents and incidents were recorded and shared with the provider. The provider and management team analysed incidents and shared learning across the organisation to prevent future occurrences. For example, where people received late calls from staff the registered manager reviewed whether travel routes should be changed, or travel times needed to be extended, to mitigate the risk of late calls.

Preventing and controlling infection

- There were effective measures in place to ensure risk of infection was prevented and/or minimised.
- Staff understood the principles of infection control.
- Staff told us they were given an ample supply of gloves and protective equipment to reduce the risk of cross infection.
- People told us staff used sanitizers, gloves and aprons to where necessary to protect them from cross contamination and infection.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Plan to promote person-centred, high-quality care and good outcomes for people.

- There was an accessible and approachable registered manager at the service.
- The registered manager was supported by regular visits from the provider, field supervisors, an auditor and administrative staff.
- The systems in place focused on the individuals using the service and sought to meet their needs and provide them with quality care.
- People had access to health professionals when needed, and where advice was provided from health professionals, care records were updated, and staff were briefed about any changes.

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

- Staff told us, and records confirmed, they received comprehensive induction and training when they started work at the Care Bureau. Training was person centred, and staff received support from senior care staff to get to know the needs of people in their homes.
- There were development opportunities for staff and some permanent staff had completed national vocational qualifications in health and social care.
- The provider maintained a record of staff training, so they could identify when staff needed to refresh their skills. One member of staff told us, "The training and induction was really good, giving me all the skills I needed."
- Staff received regular supervision in line with the provider's policies. Supervision meetings with staff and their manager took place every few weeks, which gave the provider and staff an opportunity to discuss their performance and training requirements.
- Staff were supported with spot checks of their work, and observations of their practice, to ensure they supported people effectively.
- The registered manager operated an 'open door' policy, which meant staff could call into the office and speak with managers to receive advice and support whenever this was needed.
- The registered manager understood their role and regulatory responsibilities. The latest CQC inspection report rating was on display on the provider's website. The display of the rating is a legal requirement, to inform people, those seeking information about the service of our judgments.
- The provider notified us of important events as they were required to.

Engaging and involving people using the service, the public and staff

- People were supported to complete surveys to capture their views and opinions. Surveys were in an easy to read format where required.

- The most recent customer satisfaction survey showed most people were satisfied with the care they received. One person said, "The care is very good, [staff] are lovely and always does what we ask, nothing is too much trouble."
- Some people commented on inconsistent or late calls. In response, the registered manager had reviewed the timing of their scheduled calls, to ensure changes were made where required.
- Staff meetings were held where topics were discussed including safeguarding, mental capacity, equality and diversity, expectations within employee roles, and any changes to people's care packages. Minutes of meetings showed staff were asked for their feedback, and informed of relevant changes at the service.

Continuous learning and improving care

- The provider completed various audits to assess the quality of care and support in place. These included audits for medicines, care records, risk management plans, call scheduling and rota times.
- The provider employed a dedicated auditor to check the audits by senior care workers and managers were being regularly completed, and that audit schedules were being followed.
- All actions from audits were added to an action plan that the registered manager and provider regularly reviewed, to ensure actions were taken to continuously improve the service.
- The registered manager and provider held regular meetings to discuss improvements and action plans, and to analyse key performance indicators such as complaints information, feedback, and accidents and incidents.
- The provider learned from registered managers and senior staff at their other services, and shared this learning across its service. They held regular meetings and briefings to share learning and best practice.

Working in partnership with others

- Links were maintained with external services, such as community groups and commissioners of services, that enabled people to engage in the wider community. These partnerships demonstrated that the provider sought best practice to ensure people received good quality care and support.
- The provider worked with local police services and developed documents and tools to ensure, if people went missing from their home, local police had relevant and up to date information to assist them in locating people safely.
- The provider invested in ways to improve their knowledge and their service, by sharing information across their group of homes and services. The registered manager joined local registered manager networks to share best practice and attended conferences and discussion forums.