

The Care Bureau Limited

The Care Bureau Ltd

Domiciliary Care Telford

### 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults. At the time of this inspection they were providing personal care for 75 people.

The Care Bureau Limited had a registered manager who was present on the day of our inspection visit. 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 inspection activity started on 13 August 2018 and ended on 7 September 2018. At our previous inspection in August 2015, we had no concerns and rated the service as Good. At this inspection we had concerns around the safety of the service.

People told us they felt safe using the service and staff knew how to safeguard them from the risk of potential abuse. People could be assured that any risks posed to them would be managed effectively to ensure their safety. Sufficient numbers of staff were provided to ensure people's assessed needs were met. People were supported by skilled staff to manage their prescribed medicines. Good hygiene standards and the use of essential personal protective equipment reduced the risk of cross contamination and infections.

The assessment of people's needs ensured they received a service specific to their needs. Staff had access to training and supervision to enable them to provide people with a safe and effective service. Where needed people were supported by staff to eat and drink sufficient amounts to promote their health. The provider worked alongside other agencies to ensure people's needs were met. People did not require support to attend medical appointments but where needed the registered manager would liaise with the relevant healthcare professionals to ensure people's healthcare needs were met. People were supported to make their own decisions which were respected by staff.

People were supported by staff who were caring and attentive to their needs. People's involvement in their care planning ensured they received a service the way they liked. People could be confident that their right to privacy and dignity would be respected by staff.

People and relevant agencies were involved in the care planning process to ensure people's specific needs were met and to promote equality and diversity. Complaints were listened to, taken seriously and acted on. The provider worked alongside relevant healthcare professionals to care and support people at the end of their life.

People were encouraged to have a say about the service they received and staff had the opportunity to share their views about the quality of the service provided to people. Staff said the registered manager was

supportive. The provider's governance was effective in assessing, monitoring and driving improvements where needed.

## 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.

People felt safe using the service and staff were aware of how to safeguard them from potential abuse. The risks posed to people was managed effectively.

There were sufficient staffing levels provided to meet people's assessed needs. People were supported by skilled staff to take their prescribed medicines. Staff's practices reduced the risk of cross contamination. Although the provider had not had any accidents or near misses action would be taken to avoid this happening again.

### Is the service effective?

Good ●

The service was effective.

People were involved in the assessment of their care needs and could be assured they would receive a service specific to their needs. People were supported to eat and drink sufficient amounts to promote their health. The provider worked alongside other agencies to ensure people received a safe and effective service. People were encouraged to make their own decisions and staff respected their choice.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff were caring and attentive to their needs. People's involvement in decisions about their care ensured they received a service the way they liked. People's right to privacy and dignity was respected by staff.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in the assessment of their care and support

needs and could be assured they would be treated fairly.

Complaints were listened to, taken seriously and acted on. The provider worked with other agencies to support people at the end of their life.

### **Is the service well-led?**

The service was well-led.

The culture of the service provided was open and friendly. The provider's governance was effective to ensure people received a safe and effective service and to ensure quality was sustained. The provider worked with other agencies to provide people with a good service.

**Good** ●

# The Care Bureau Ltd Domiciliary Care Telford

## **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 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.

The inspection activity started on 13 August 2018 and ended on 7 September 2018. It included telephone interviews with people who used the service and their relatives. We visited the office location on 7 September 2018, to see the registered manager and to review care records and policies and procedures. This was an announced comprehensive inspection completed by one inspector and an expert by experience. An expert by experience is a person who had personal experience of using or caring for someone who uses this type of care service.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

Before our inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an

independent consumer champion, which promotes the views and experiences of people who use health and social care services.

We spoke with 14 people who used the service and six relatives. We spoke with three care staff, the registered manager and the provider. We looked at the care and support plans for three people including assessments of risk and guidance for the use of medicines and quality audits.

## Is the service safe?

### Our findings

At our last inspection the provider was rated 'Good' in this key question. At this inspection this key question continued to be rated 'Good.'

People told us they felt safe using the service. One person said, "If I didn't feel safe I would tell the manager." The staff we spoke with demonstrated a good understanding of different forms of abuse and how to safeguard people from this. Staff were also aware of other agencies they could share concerns of abuse with to ensure people were not placed at risk of further harm. We saw that a record had been maintained of safeguarding referrals made by the provider and showed what action had been taken to safeguard other people.

We looked at how the provider managed potential risks to people. We saw that risk assessments were in place to support staff's understanding about how to assist people safely. One person told us they required a hoist to mobilise. They said, "I feel well supported and comfortable when staff assist me." Another person told us, "I certainly don't enjoy using the hoist but the staff are very good and make sure I am happy before they lift me." We spoke with a different person who told us, "The staff are very kind, they always make sure my door is locked when they leave." Staff were able to provide us with information about how to promote people's safety. One staff member told us they always ensured people's home were free from trip hazards such as trailing wires and other obstacles that could pose a risk to people. This demonstrated staff's awareness about the importance of reducing the risk of harm to people. The registered manager said where people have specialist equipment in their home, staff would alert them when they needed to be serviced and they would contact the relevant agency.

Sufficient numbers of staff were provided to ensure people's assessed needs were met. One person told us they required two staff members to assist them and that this level of staffing was always provided. People told us they had never experienced a missed call. The staff we spoke with told us there were always enough staff to support people. The registered manager told us that staffing levels were determined by people's assessed needs.

People could be assured that staff who cared for them were suitable to work for the agency. The registered manager told us that prior to staff being appointed a Disclosure Barring Service (DBS) check was carried out and this was confirmed by the staff we spoke with. DBS assists the provider to make safe recruitment decisions. Staff informed us that the provider had requested references from their previous employer before they started to work for the agency and we saw evidence of these in staff files.

We looked at the management of people's prescribed medicines. The registered manager told us that staff who assisted people with their medicines had received medicines training and this was confirmed by the staff we spoke with. Access to medication training ensured staff had the appropriate skills to support people with their medicines. One staff member told us, "After receiving training, I was supervised assisting people with their medicines before I was able to work independently." The registered manager told us that competency assessments were carried out and we saw evidence of these assessments in staff files.

Competency assessment reviews staff's medicine practices to make sure people receive their medicines as directed by the prescriber. One person told us, "When the staff give me my medicines they always record this in the book." Another person told us they became a bit forgetful so asked staff if they would manage their medicines for them. They said, "It's taken a weight off my mind because I was worrying whether I had taken them or not some days." The care records we looked provided staff with information about people's prescribed medicines and when they needed to be administered.

People were protected from avoidable infections. People were complimentary about staff's hygiene practices and said staff always used personal protective equipment (PPE) such as disposal gloves and aprons. People told us that hygiene standards were high. One person who used the service told us, "I never have to remind staff to wash their hands or to change their gloves between jobs." Staff told us they always had access PPE. The appropriate use of PPE helps to reduce the risk of cross contamination and infections. Staff told us they had received infection prevention and control training. Access to this training ensured that staff had the appropriate skills to carry out their role in a way to reduce the risk of infection to people they cared and supported. The registered manager told us that spot checks were carried out to ensure staff adhered to good hygiene practices and the staff we spoke with confirmed these spot checks.

The registered manager said they had not had any near misses or accidents. However, any concerns or incidents that may place people and staff at risk would be investigated and action taken to avoid it happening again.

## Is the service effective?

### Our findings

At our last inspection the provider was rated 'Good' in this key question. At this inspection this key question continued to be rated 'Good.'

The registered manager told us that some people who used the service, their first language was not English. The registered manager said before they provided a service to people a needs assessment was carried out and the people we spoke with confirmed this. During this assessment the individual's communication needs would be looked at. The registered manager said that people were provided with staff members who spoke their language. Where this was not possible they would request that a family member or a friend be present to translate where needed. The registered manager said, "If we are unable to make suitable arrangements to assist with communication, we would not offer them a service." This was because of the risk of not being able to meet the person's needs safely. A staff member told us, "If I have difficulty communicating with a person whose first language was not English I often use google translate to help me." They continued to say, "I started to learn a person's language to improve the communication between us." This showed that efforts had been made to help people to understand and engage with staff.

People who used the service and their relatives described the staff as, "Well-trained, professional and caring." One person said, "The staff seem to have regular training because they tell me when they've done it." The registered manager told us that all staff were provided with training before they assisted people with their care and support needs and the staff we spoke with confirmed this. One staff member told us they had access to face to face and online training. Another staff member told us, "Training makes me feel more confident in what I am doing and I know how to ensure people's safety." The registered manager told us that during spot checks they were able to find out if skills learnt by staff were put into practice to improve the delivery of the care. If concerns were identified the staff member would be provided with further training and additional supervision.

People were cared for by staff who had been supported in their role by the registered manager. Staff told us that spot checks included one to one (supervision) support. A staff member told us, "During spot checks the registered manager tells me what I do well and where improvements may be needed." They told us we are able to contact the registered manager at any time for support. Another staff member said, "Having supervision lets me know if I am doing my job well."

We looked at how the provider supported new staff into their role. All the staff we spoke with confirmed they were provided with an induction when they started to work for the agency. A staff member told us, "My induction gave me an insight to my role and responsibility and I found it very beneficial." One person who used the service told us, "New staff usually visit with a supervisor or an experienced staff member, so at least I get a chance to meet them before they start working alone. This showed that new staff were appropriately supported in their role to ensure they had the ability to provide people with a safe and effective service.

People were supported with their meals. One person told us they had various ready meals in the fridge and freezer and staff always asked them what they wanted. They said, "If there's nothing I fancy the staff will

make me a sandwich or open a tin of soup. Nothing is too much bother for them." Another person told us that staff assisted them with their meals and always cleaned the kitchen before they left. We spoke with a different person who told us, "The staff are always trying to persuade me to drink more. They always make me a hot drink as they arrive and make me another before they leave." The staff we spoke with were aware of the support people required to ensure they ate and drank sufficient amounts. One staff member said, "Some people forget to drink, so I leave drinks in different rooms. For example, the living room and bedroom and this reminds them to drink." Care records provided staff with information about suitable meals for the individual with regards to their health condition and their preferences. For example, one record showed the person required vegetarian meals which needed to be blended to reduce the risk of choking.

Discussions with the registered manager and staff members confirmed their awareness of other healthcare professionals that assisted people. They told us that when necessary they liaised with other professionals to ensure people received an effective integrated service. A staff member told us about a person who received visits from a district nurse who was often there when they visited the person. This enabled them to keep abreast of the person's health. The registered manager told us about a person who was receiving care from a district nurse. They were able to show us evidence where they had liaised with the district nurse to provide additional support for the person. The people we spoke with did not require any support to access healthcare services. The registered manager told us if people required support to attend medical appointments this could be arranged.

We looked at how people were supported to make choices and decisions about their care and support. The Mental Capacity Act (MCA) 2005 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. People told us that staff always asked for their consent before they assisted them. People were able to make decisions about the care and support they needed. One person told us they usually had a shower each morning. However, at times they don't feel like having one and staff respected their choice. A relative told us, "I hear the staff ask (Person's name) if they are ready to make a start each morning. If they say no they make (Person's name) a cup of tea and go back to them later." One staff member told us how they supported people living with dementia to make a decision. They told us, "I offer people a choice to enable them to point at what they want. Sometimes I use my phone to explain things and show them pictures." Another staff member said, "I always listen to people and respect their choice to ensure their needs are met the way they like." The registered manager said if they had concerns that a person lacked capacity to make a decision, they would liaise with other professionals such as the person's GP and social worker to ensure a MCA assessment was carried out to determine the person's level of understanding.

## Is the service caring?

### Our findings

At our last inspection the provider was rated 'Good' in this key question. At this inspection this key question continued to be rated 'Good.'

People were cared for and supported by staff who were kind and attentive to their needs. One person told us, "The staff take their time and are very patient with me." One person told us they required urgent support with their personal care needs. They said, "I rang the office and someone was with me within the hour." We received the following comments from people who used the service. "The staff are lovely. They don't mind doing extra jobs for me." "The staff are very supportive and always allow me to do as much as I can myself." "I do like a nice warm shower, so the staff warm the shower while they get me ready. They always have a warm towel waiting for me when I come out of the shower and I really like that." "It's nice having carers come in because it can be lonely, we start chatting the moment they come through the door." "If I didn't have carers coming in, I would have to move into a care home and I am not ready for that yet." A staff member told us, "If people are happy, I'm happy."

People were able to make decisions about their care and their preferred daily routine. For example, staff told us they always asked people what care and support they required before they assisted them. One care record showed the person liked to have frequent showers and to have their hair washed. However, the person liked to stay in bed for a while. Hence, staff respected the person's choice and assisted them later in the day with their personal care needs.

The registered manager told us that an assessment of people's needs was carried out and we saw evidence of these assessments. This assessment enabled the provider to find out the level of care and support people needed to meet their needs to enable them to live as independently as possible. The registered manager told us that people were involved in their assessment and the people we spoke with confirmed this. One person told us that the registered manager had visited them and asked about the support their relative would need. They continued to say, "The manager used this information to write up a care plan and they sent us a copy and we were able to make changes where necessary." This demonstrated that people were involved in making decisions about their care and support needs.

People's right to privacy and dignity was respected by staff. One person told us they had a key safe and said, "The staff still ring my door bell before they come in." Another person said, "The staff would never dream of starting to do any of my care without the curtains being closed on the evening." The staff we spoke with had a good understanding about the importance of preserving people's privacy and dignity. One staff member told us, "I would never talk to people about others." Another staff member said, "When I help people with their continence needs, I leave them in the bathroom for a while to be private." This showed that staff were aware of the importance of promoting privacy and dignity.

## Is the service responsive?

### Our findings

At our last inspection the provider was rated 'Good' in this key question. At this inspection this key question continued to be rated 'Good.'

The registered manager said people who were funded by the local authority would have their needs assessed by a social worker. However, the registered manager undertook their own assessment to find out what support the person required and we saw evidence of these assessments. Equality diversity and human rights (EDHR) was included in these assessments. For example, assessments identified people's ethnicity and where they may need support to communicate. The assessment identified people's dietary needs in relation to their preference and risk of choking. Information was gathered about people who were important to the individual. We spoke with staff about EDHR. One staff member told us that they were aware of people's specific needs and would always treat them fairly and with respect. The registered manager told us their staff team consisted of people from different ethnic backgrounds and their language skills were used to assist people who spoke the same language. People told us they were involved in discussions about their care and support needs. Care plans were located in people's home. These were accessible to staff to support their understanding about how to meet people's assessed needs.

People could be assured that any concerns shared with the provider would be listened to and taken seriously. One person told us they had shared concerns with the registered manager about the times of their visits but no action had been taken to address this. The registered manager told us that there was a 45 minute leeway for calls and people who used the service had been made aware of this. One person told us they were unhappy about the support provided to them by a staff member. They told us, "I contacted the manager and I have not seen this staff member again." A different person said, "I have never made a complaint but if I had any concerns I would talk to the registered manager." We observed records were maintained of complaints and action taken to resolve them. This showed complaints were managed appropriately.

Discussions with the registered manager confirmed they did support people at the end of their life working in conjunction with relevant healthcare services. The service provided enabled people to live in their home as long as reasonably possible. The registered manager was able to evidence contact with other health professionals to ensure one person received additional nursing intervention to ensure their comfort.

## Is the service well-led?

### Our findings

At our last inspection the provider was rated 'Good' in this key question. At this inspection this key question continued to be rated 'Good.'

We spoke to people who used the service and staff about the culture of the service. All the people we spoke with that used the service said they would recommend the agency. One staff member said, "The service provided is friendly and I would be happy to use the service if and when I needed support."

A staff member told us that meetings were carried out with the staff team and that occasionally coffee mornings were arranged to enable staff to get together. A staff member said this gave them the opportunity to talk about what changes may be needed to ensure people received a good service. They said where people had highlighted the need for change, the registered manager always acted on this. For example, one staff member told us they had raised concerns about the route of their visits which they described as 'zig zag.' This meant they had an increased journey to do their visits. They said the registered manager reviewed this and made the necessary changes to reduce their travel time. Staff told us that the registered manager often sent them emails and text messages in relation to changes within the service. This enabled them to keep abreast of good working practices.

The registered manager said they were supported in their role by provider who visited the office on a monthly basis. They told us that during the providers visits they were able to discuss operational issues and they were also provided with supervision. The registered manager told us they had access to training and had subscribed to adult social care professional groups to enable them to keep abreast of changes within the care sector.

We looked at the provider's governance. The registered manager told us that regular audits were carried out to review care plans to ensure staff had access to up to date information about how to meet people's needs. We saw evidence of these audits and found that care plans were detailed and reflected what people told us about their care and support needs. Routine spot checks reviewed staff's working practices and gave the registered manager the opportunity to ask people about the quality of service they received. All the staff members we spoke with confirmed the undertaking of spot checks. People who used the service were complimentary about the service they had received. Medication audits were carried out to ensure they had accurate information relating to people's prescribed medicines. This audit also looked to see if staff had completed the medication administration record to show when people had been administered their medicines. Stock checks of people's medicines were carried out to ensure people did not run out. The registered manager told us that staff were required to record when they had obtained a stock of personal protective equipment. This enabled the registered manager to review the use of PPE and if staff were not collecting them, the registered manager would find out the reason why and if staff were using them. People who used the service praised the staff for their hygiene standards.

The provider had a system in place to identify if a call was late or missed. This gave them the opportunity to address this immediately to ensure the person received the support they needed. The people we spoke with

told us that although some calls were late they were never missed.

The registered manager had systems in place to gain the views and opinions of people who received care and support and also those of their relatives. The registered manager said quality assurance questionnaires were given to people who used the service and the people we spoke with confirmed this. The registered manager told us that any concerns highlighted would be addressed with the individual. Routine telephone calls would be made to find out if people were happy with the care and support they received.

The registered manager told us there had been no accidents or near misses. However, if these occurred, details of the incident would be recorded and action would be taken to avoid a recurrence. The provider worked in partnership with other agencies to ensure people received an integrated service. These included social workers in the assessment of people's care and support needs. The person's GP and district nurses so people could be assured their mental and physical health needs would be met.

We observed that the provider rating was displayed in the reception area as is required.