

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	

Overall summary

The inspection was announced and took place on 20 August 2015. The provider had short notice that an inspection would take place. This was because the organisation provides a domiciliary care service to people in their own homes and we needed to ensure that the

registered manager would be available to assist us. At the last inspection in September 2013, we found the provider was meeting all of the requirements of the regulations we reviewed.

The Care Bureau provides care and support to people living in their own homes. At the time of the inspection 113 people were receiving a personal care service.

Summary of findings

There was a registered manager in post at the time of the 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.

People we spoke with told us they felt safe using the service and said they were looked after well.

Staff had received training in how to recognise and report potential abuse and were confident in raising concerns directly with the registered manager. People were supported by enough staff to meet their individual needs and to provide them with a flexible service most of the time. Most people told us they were introduced to their care workers before they provided any care or support.

People were supported by staff that had the skills and knowledge to meet their individual needs. Staff were knowledgeable about the people they cared for and knew how to recognise if people's needs changed. They were kind and compassionate and treated people with dignity and respect and knew how to promote people's

rights, choices and independence. There were systems in place to make sure that the human rights of people who may lack mental capacity to make decisions were protected.

Most people felt their care and support was planned and reviewed in partnership with them and significant others involved in their care. People's needs had been assessed before their care package commenced. Most people seemed very happy with the care they received, although there were some reservations about younger, less experienced carers. Care plans detailed people's assessed needs and preferences and provided staff with guidance about how people preferred their needs to be met.

Not everyone was aware of the formal complaints procedure but were confident that they could contact the office with any complaint and felt they would be listened to.

The provider had systems in place to enable people to share their opinion of the service provided and to monitor the quality of service. People found their care workers and the management team approachable and found they promoted a positive culture.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff knew how to identify and report abuse and poor practice. Risks to people were identified and assessed to ensure the safety of people using the service. There were enough staff employed to provide people with a flexible service. Systems were in place to ensure where people required assistance with their medicines, this was done safely.

Good



Is the service effective?

The service was effective.

People were supported by staff that were trained in their work to undertake their roles and responsibilities effectively. People were supported to access health services if needed and received assistance with meal preparation where required.

Good



Is the service caring?

The service was caring.

People were supported by staff that were caring and treated them as individuals. People were involved in making decisions about their care and support and their privacy and dignity was respected.

Good



Is the service responsive?

The service was responsive.

People had their care and support needs kept under review. Care plans were individualised so they reflected each person's needs and preferences. Most people knew what to do if they were unhappy with the service provided.

Good



Is the service well-led?

The service was well-led.

People described the service as well managed. People found the management team approachable and helpful. There were systems in place to gain people's views and regularly review the quality of the service provided.

Good



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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 inspection took place on 20 August 2015 and was announced. The inspection was carried out by two inspectors 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.

Before the inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform

us of certain events. The provider had sent us a Provider Information Return (PIR) before the inspection. A PIR is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority and commissioners for information they held about the service. This helped us with planning the inspection.

Prior to the inspection we sent questionnaires to people, their relatives and health and social care professionals to seek their views on the service provided. Of the 104 surveys we sent, we received 19 responses. Following the inspection we also undertook telephone surveys with 10 people who used the service and four relatives. We visited the agency's office on 20 August 2015 and spoke with the registered manager, the area manager, a training officer, five care workers and an administrator. We looked at four records relating to people's care and support, complaints, staff training, recruitment records and systems used for monitoring quality.

Is the service safe?

Our findings

Feedback gained from the people we surveyed before the inspection indicated people felt they or their relative was safe from abuse and harm. A professional that completed a survey for us considered people were safe from abuse or harm from the staff. People we spoke with said they felt safe with their care workers. One person said, "I was nervous at first when they first came. I've never had any bad experience". Another person said, "Nobody is nasty. I wouldn't put up with it".

Care workers we spoke with told us they had received training in protecting people from harm. They demonstrated a good knowledge of the different types and signs of abuse, as well as knowing what to do if they had any concerns about potential abuse and unsafe practice. One care worker told us, "I'd definitely speak up if I saw something wasn't right". Another care worker said, "If I came across someone doing something wrong, I'd report it immediately. We have to protect people, they are vulnerable". The management team were aware of the local authority's safeguarding adult's procedures which aimed to make sure incidents were reported and investigated appropriately. Where an allegation of abuse had been made this had been appropriately referred.

We saw care and support was planned and delivered in a way that ensured people's safety and welfare. We looked at copies of four people's care plans at the agency's office. Records were in place to monitor any specific areas where people were more at risk, such as how to move them safely. Where appropriate we saw these had been reviewed and updated in a timely manner to reflect any changes in people's needs. We also saw that as part of the agency's initial assessment process, an environmental safety risk assessment had been completed. This helped the registered manager to identify any potential risks in the person's home that might affect the person using the service or care workers.

We saw there were procedures in place for managing risk. One person told us, "I use a stand and they make me stand up again if I don't get it right". The provider told us in the PIR, "Risk management plans are included in the care plans and assessments. It allows for as much flexibility as possible by assessing risk on an individual basis. This allows the client to be involved in assessing and choosing the level of their own risk rather than a rigid policy". We saw

risks to people were identified, assessed and reviewed and centred on the needs of the individual, for example, risk of falls. Care workers we spoke with were knowledgeable about the potential risks to people and described how they ensured risk assessments were adhered to and that any changes were documented in people's records.

The provider told us in their PIR, "We have an experienced centralised recruitment and compliance team who ensure a consistent and thorough applicant screening process. We select applicants who demonstrate both credibility and reliability". We looked at a selection of staff records. These showed that thorough recruitment procedures were in place to ensure that prospective care workers were suitable for their roles and supporting people in their own homes. Pre-employment checks were completed, including criminal records checks. Care workers we spoke with confirmed that all relevant checks had been completed by the provider prior to supporting people in their own homes. One care worker told us, "It took a while before I could start here as I had to wait for all the checks to be done". Another care worker said, "I thought the recruitment was really robust".

People we spoke with considered there were enough staff employed to meet their needs and keep them safe. However one person told us, "They let everyone (care workers) go on holiday at the same time". The management team told us there were sufficient staff employed to meet the current needs of the people being supported by the agency. They said they continually recruited additional care staff due to the successful growth of the business and this ensured they had sufficient care workers to take on new care packages. Any absences due to sickness, training or holidays were covered by permanent staff or relief staff. The registered manager told us, "There's always back up. If things were really bad, I'd put on a uniform myself and get out there to cover". We were told the agency had on-call system in place which operated outside working hours up to 11pm week days and there was a dedicated administrative team covering weekends in the event of a person requiring assistance or care workers needing support.

Where people needed assistance to take their medicines we saw care plans provided care workers with guidance that ensured people took their medicines safely. The management team told us the initial assessment process identified the level of support a person required with any

Is the service safe?

medicines. Care workers we spoke with confirmed they had been trained to carry out this role and their practice to safely support people with their medicines was observed by a line manager. Checks were also carried out to ensure people's medicine administration records were completed appropriately. One care worker told us, "They

[management team] test us to make sure we are doing it correctly. I wasn't allowed to administer any medicines before I was trained to do so". This meant that people were supported to take their medicines safely by care workers that were trained and assessed as competent in their role.

Is the service effective?

Our findings

People who completed surveys for us told us they received care and support from familiar and consistent care workers. The majority of people reported that their care workers arrived on time. People considered their or their relatives care workers had the skills and knowledge to give them the care and support they needed and completed the tasks that they should do during each visit. A professional indicated that the care workers were competent to provide the care and support required by people who used this agency. They considered the agency made sure its staff knew about the needs, choices and preferences of the people they supported. Most people told us they were introduced to their new care workers that worked alongside more experienced carers until they got to know them and their specific care needs and preferred routines.

People we spoke with felt their care workers were well trained and knowledgeable to carry out their role. Most people advised that they thought that the experienced care workers were skilled. People were aware that the less experienced staff were developing their skills through shadowing and working alongside experienced staff so that they could achieve similar skill levels. New staff had received a structured induction and essential training at the beginning of their employment, followed by refresher training to update their knowledge and skills. We saw the provider had implemented the new Care Certificate that was introduced in April 2015. The care certificate looks to improve the consistency and portability of the essential skills, knowledge, values and behaviours of staff, and helps raise the status and profile of staff working in care settings. Care workers told us they felt equipped to meet people's changing needs and felt "very well" supported in their work. The registered manager told us, "I work alongside my staff, I listen to them and respect they know their job with each individual better than I do. I make sure I'm available for them and share my knowledge and experience of working in the care industry over numerous years with them. The team I have are absolutely brilliant". One care worker told us, "I love it; It's lovely to get up for work. All my training is up to date and there's always lots of training available". They went on to describe the training they had received to meet the specific needs of the people they supported. They told us, "The mental health awareness training was excellent. I've also completed dementia awareness which has helped in my work".

Care workers were also supported to obtain professional qualifications in relation to their role. During the inspection a training officer was present at the office registering care workers to commence a relevant qualification. They told us that staff were being supported to undertake intermediate and advanced apprenticeships in Health and Social Care. They said, "Staff are keen and want to get one". Two care workers told us they would benefit from receiving first aid training and reported they would call the office and emergency services if they had concerns regarding a person's health. Another care worker told us, "I lacked confidence but was helped to get over it. We have regular supervision (one-to-one) meetings and if I'm ever unsure of anything I know I can call the office". Care workers spoke positively about their work and the support they received. One care worker told us, "There is a real team spirit here and we never feel isolated in our work. I love working here, I really do". We found regular observation assessments were undertaken to make sure care workers were following best practice guidance and individual people's care plans.

Care workers we spoke with had a satisfactory understanding of involving people in decision making and acting in their best interest. They shared examples of how they gained people's consent to care and how they supported people's choices and respected their rights. One care worker said, "I always ask what each person prefers me to do before I go ahead". Care records demonstrated that people's capacity to make decisions was considered and if able to, they had signed their care plans to indicate they were happy with the planned care. The registered manager told us care workers had received training about the Mental Capacity Act during their induction to ensure they were familiar with the requirements of the Act. This was evident in discussions we held with care workers. Most understood the actions they should take if they considered someone they cared for was being deprived of their liberty.

Some staff we spoke with told us they were involved with supporting people with food preparation as long as it was documented in the person's care plan. One care worker said, "We are always made aware of people's specific dietary needs such as diabetes". Care plans we reviewed detailed any support people required with preparation of their food and assistance with eating. Personal preferences were also documented in relation to food and drink so that their care workers were familiar with people's specific dietary needs and requirements.

Is the service effective?

Care workers told us if they noticed any changes in people's health or physical needs they would alert the management team. People's care plans detailed their health conditions and any medicines prescribed. One person with diabetes told us, "They check what I've done and keep their own records about my blood sugar levels". After the inspection we contacted people to find out their views about the service provided. One person told us, "The new carers come into the house and don't know what to do". They went on to tell us that the carers lacked specific knowledge about their health condition. The person had not informed the manager about the lack of knowledge amongst the new care staff. We contacted the registered

manager to advise them that a person who used the service had told us that some care workers had not been trained in how to meet their specific health condition. The registered manager told us they would review staff training and ensure the care workers were skilled to meet the specific health conditions of the people they supported. The registered manager told us they worked with external professionals that included care managers, physiotherapists, district nurses and occupational therapists. They shared an example of an occasion they had shared information with another agency in the person's best interests to ensure the person received continuity of care.

Is the service caring?

Our findings

People who completed surveys for us told us they were happy with the care and support they received from this agency and they, their relative or clients were always treated with respect and dignity. All of the people indicated their care workers were caring and kind towards them or their relative who used the service. One person told us, "The carers are very good. We're very fortunate". During telephone discussions we held most people seemed "very happy" with the care received, although there were some reservations about younger, less experienced care workers. One person told us, "Everyone's brilliant. They'll do anything for you. They always ask me first". A relative told us, "They do help her quite a bit. They're very good. The one we've got now is absolutely first class. Brilliant". Another relative told us, "The carers are more than kind". The registered manager told us, "All of my care staff deliver a high standard of care that clients want and need".

There was evidence of good relationships and some but not all care workers listening to the people they supported. One person told us, "They do listen. One tends to say 'yes, yes' and carries on". Most of the time they stay until the job's done and always ask if there's anything else". People told us their allocated timeslots were not always kept to but told us the office was good at informing them if their care workers were running late. Care workers we spoke with were motivated and passionate about the care and support they provided. They spoke with pride about the service and the focus on promoting people's wellbeing and independence. They were able to give us examples of how they provided people with choice when supporting them with their care. One care worker told us, "I always ask people what they would like to wear each day and offer a choice of two or three things to them".

People's preferences regarding their daily care and support were recorded and reviewed. One care worker told us, "I always find out people's preferences and treat them as I would like to be treated myself". The care plans we saw demonstrated that people were involved in making decisions about the care and support they received. All of the people we surveyed said the care and support they received helped them be as independent as they could be. One person told us, "They do everything they're supposed to do. They insist on me doing what I can do". Another person said, "They encourage me to manage myself and ask if I've done things". A relative told us, "She (the carer) encourages him by saying 'I want you to stand up straight'. Care workers we spoke with told us they encouraged people to do as much as they could for themselves. They said this helped people with maintaining their independence. One care worker said, "I encourage them to do as much as they possibly can for themselves even if it's just washing their own face". One person told us, "They support me to be independent, especially the mature ones".

People we spoke with told us their care workers maintained their dignity and privacy and treated them with kindness and respect. One person told us, "They are friendly. I felt embarrassed at first but they told me not to worry as it was their job. That put my mind at ease". We saw privacy and dignity was observed during monitoring checks undertaken on care workers and people were given the opportunity to feedback and the outcome was recorded. Care workers described how they ensured people had their privacy and modesty protected when providing personal care. For example, ensuring doors were closed and areas of people's bodies were covered when attending to people's personal care needs. One care worker told us, "I received training in privacy and dignity as part of my induction. I always make sure the curtains are drawn and the door is closed whenever I'm washing someone".

Is the service responsive?

Our findings

People who completed surveys for us told us they were involved in decision-making about either their own or their relatives care and support needs. Most people we spoke with on the telephone felt that they were involved to some extent in their care, although one person said they were not. Some people advised that they relied on relatives to deal with the planning of their care. One person told us, "I'm involved on a daily basis". Another person said, "Every time there's a new plan it's discussed between us". A relative told us, "I'm involved. There have been assessments and we sat down and talked about what she needed. I have a good relationship with the manager".

Most people felt the agency was responsive and flexible to their needs. One person told us, "They can sort things at short notice. There's only one fault. The rotas provide no time to get from one person to the next person". Another person said, "This is the first company I could cope with. If you say something it's done right away. They provide my husband with the best care. I've found it very good. If people aren't suitable for him they respect that. I wanted continuity". One person commented, "There's one or two I don't like and they make sure I don't get them". A relative told us there had only been one instance when they knew that the care worker "wasn't very good". They told us, "I phoned and told them not to send that [the care worker] again and they said 'no problem'". Feedback we received from a professional indicated the care agency acted on any instructions and advice they gave them and co-operated with other services and shared relevant information when needed, for example when people's needs changed.

Most people told us they received their care from a consistent group of care workers. The registered manager said that new care workers were introduced to people and this was reflective of what staff told us. However, one person who used the agency said, "There's no introduction to the carers. One morning I had a lady and I didn't know they were coming. She let herself in and stood at the end of my bed. I had no indication she was coming. I haven't seen her since". Another person told us, "The carers introduce themselves. They ask to come in. I can't speak more highly about them. No bad words. So pleasant". One relative told us, "New carers come if one's on holiday. The Bureau doesn't inform me, that's the worst of it".

The provider told us in their PIR, "Care plans are person centred and allow for flexibility. The assessment process recognises the diversity of people, taking into consideration individual communication methods and personal preferences". We found the care plans we reviewed detailed people's personal history, previous employment, hobbies and interests. This helped provide care workers with information needed to promote effective working relationships with people who used the service. The registered manager showed us their electronic alert system that ensured that people were offered a review of their care plan and assessment of needs as required. We saw evidence that care reviews were held and maintained on people's electronic files and people were issued with a copy of their care plan. The registered manager told us after two weeks of commencing a care package the office carried out a telephone survey to establish the person's initial satisfaction, and to address any concerns or changes required. A relative told us, "There are care reviews every 3 or 4 months. They go through everything". Another relative said, "The duty supervisor comes round once or twice a year to review the care. The family are involved".

Feedback gained from people we surveyed showed they knew how to make a complaint about the agency. However, the people we spoke with over the telephone seemed unsure of any formal complaints procedure but were confident that they could contact the office with any complaint, and some had done so and received a good response. One person told us they had only ever had to complain once when their carer was very late and the office had not informed them. They told us that they had received an apology but felt time-management could be improved. The professional indicated the care agency's managers and staff were accessible, approachable and dealt effectively with any concerns they or others raised. The registered manager told us they had not received any complaints in the last 12 months that required investigating under their formal complaints procedure. They said any verbal concerns were dealt with immediately before they escalated. Managers explained the complaints procedure and told us that all complaints were now recorded on the provider's computer system and people were made aware of the procedure through the service user guide. The area manager told us that any formal complaint would be reviewed by them to ensure any concerns raised were appropriately actioned. Care workers we spoke with were aware of the complaints procedure and knew how they

Is the service responsive?

would address any issues raised by the people they supported. One care worker told us, “I would always refer people to our complaints procedure and ensure the person knew the right way to complain”.

Is the service well-led?

Our findings

Most people we spoke with considered the agency was managed well. One person told us, "I've got a very good relationship with the agency and it's managed well. I'd recommend the agency to others". Another person said, "It's well managed and there's good team work. I would have no hesitation in recommending them". One relative told us, "It's one of the best care agencies in Telford." A professional considered the agency was well managed and that it tried hard to continuously improve the quality of care and support they provided to people.

Since the last inspection the manager had become registered with us. They told us, "Our aim is to provide a high quality service that recognises people as individuals and their rights and we deliver the best service we can by keeping people safe and promoting their independence in their day-to-day lives". We found the management structure of the service provided clear lines of responsibility and accountability. Staff we spoke with felt the management team adopted an open and inclusive culture and were confident to challenge practice. One care worker told us, "[Name of registered manager] is lovely and really puts you at ease and is very understanding. I couldn't wish to work for a better company". We saw the management team had a clear vision for the service and staff valued the people they cared for and were motivated to provide people with high quality care. Care workers told us the management team demonstrated these values on a day to day basis. The registered manager described how they focused on ensuring the team worked together effectively to meet people's needs.

Care workers were aware of their roles and responsibilities and felt supported in their work. One care worker told us, "I have the greatest respect for [name of registered manager] and the supervisors. They won't stand for anything that's not up to scratch. They are rigorous in their approach and really care about the clients". Another care worker said,

"The manager is really supportive and always approachable. I really enjoy working for the company". Discussions with care workers showed they knew what was expected of them and were motivated in their work. During the visit to the office we saw the management team were available to care workers to offer guidance and support. Calls made to and received from people who used the service were dealt with professionally.

People told us the office staff contacted them on a regular basis and also sought their views about the service provided through satisfaction questionnaires. The registered manager told us no suggestions for improvement were made as a result of the last survey undertaken by the provider. The results of a survey we carried out prior to the inspection showed that people receiving the service and their relatives were satisfied with the standard of care offered. We saw the provider had systems in place to regularly monitor the quality of the service provided in addition to reporting any accidents or incidents. Checks included daily electronic call monitoring checks undertaken on care workers to ensure people received their care at the times required. We saw how any 'missed calls' would appear on the computer screen. The management team confirmed there were no missed calls. Care workers we spoke with told us there were systems in place to monitor their practice when providing direct care and also opportunities for them to provide suggestions for improvement. One relative told us, "They do unannounced checks on carers and watch them. There are three in the office and they've all been here. If I ring they're very pleasant". One care worker told us, "There's always lots of discussion in staff meetings and supervision meetings about how we can improve the service". Care workers confirmed there was an efficient and responsive on-call system in place should they need support outside office hours. One care worker said, "We are never alone. They [managers] are only at the end of the phone if ever we need them and are always quick to respond".