

The Care Bureau Limited

The Care Bureau Ltd - Domiciliary Care - Stratford- on-Avon

Inspection report

The Mansley Centre
Timothys Bridge Road, Stratford Enterprise Park
Stratford-upon-avon
CV37 9NQ

Date of inspection visit:
04 January 2023

Date of publication:
20 January 2023

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

About the service

The Care Bureau Limited (Stratford-upon-Avon branch) is a domiciliary care agency which is registered to provide personal care and support to people in their own homes. The service offers daytime and night-time care and support. The service is registered to provide support to older people, people living with dementia and people with mental health support needs, a learning disability, a physical disability, those with a sensory impairment and to younger adults. At the time of our performance review and assessment, the service was supporting 48 older people, some of whom were living with dementia. 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 and their relatives were satisfied with the care and support they received and told us they had no complaints.

There were sufficient staff employed to undertake care calls to people. People received their care calls during the agreed time slots and on occasions when staff were running late, people were advised of this by a phone call.

Staff were recruited in a safe way and had been trained. People described staff as caring and kind and felt they had the skills needed for the job role. Staff knew how to care for people in a safe way because risks had been assessed. Staff were trained to protect people from the risks of abuse. Staff knew how to report any concerns they might have.

People received their medicines as prescribed. People had individual plans of care and staff provided personalised care and support.

The provider had quality check systems in place to monitor the services provided.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: Model of Care and setting that maximises people's choice, control and independence

People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible and in their best interests; the policies and systems in the service did support least restrictive practices.

Right Care: Care was person-centred and did promote people's dignity, privacy and human rights

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff did ensure people using services led confident, inclusive and empowered lives.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests: the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 13 August 2021 and this is the first inspection.

Why we inspected

This was a planned inspection of this newly registered service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

The Care Bureau Ltd - Domiciliary Care - Stratford- on-Avon

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or telephone calls to engage with people using the service and staff.

Inspection team

The performance review and assessment was completed by one 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

This is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our performance review and assessment there was a registered manager in post.

Notice of inspection

This performance review and assessment was announced.

We gave short notice of our performance review and assessment on 3 January 2023 to the registered manager. This was to ensure they would be available to support the performance review and assessment.

Inspection activity started on 3 January 2023 and ended on 11 January 2023.

What we did before the inspection

We reviewed the information we had received about the service since registration. We contacted the Local Authority and asked for feedback from them. The provider was asked to complete a Provider Information Return (PIR) prior to this performance review and assessment. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We used technology including telephone calls to enable us to engage with people, their relatives and staff. We used electronic file sharing to enable us to review some documentation.

During this time, we spoke with the registered manager and gained feedback from 7 care staff. We spoke with 10 people and 6 people's relatives giving them the opportunity to share feedback with us.

We reviewed a range of records. This included 4 care plans and medication administering records, risk and health management records and daily notes. We reviewed 3 staff's employment records and staff training and competency assessments. We reviewed policies and procedures and quality monitoring records the registered manager used to assure themselves people received a safe service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks had been assessed and risk management guidance was available to staff to refer to. We reviewed people's risk assessments and found staff had the basic information they needed. Staff told us they felt they had sufficient information to keep people safe from risks of harm.
- Staff knew how to minimise risks of harm to people. One staff member told us, "I support a person at risk of falls, their mobility is slow and they have weakness on one side. Anything that is a trip hazard, I move and I make sure the environment is safe." Another staff member told us, "When I leave [Name] I make sure they have their lifeline (pendant) on and trolley to hand and walking sticks if needed."
- Some people had an identified risk of developing sore skin. Staff understood the importance of checking people's skin each day for any damaged areas. One staff member told us, "For some people I support I check their skin for problems. One person I care for has very thin skin." Whilst staff consistently told us they would report any concerns about people's skin to the registered manager, not all staff understood the importance of removing pressure from any area of sore skin. We discussed this with the registered manager who agreed this was an area where further training and support would be given to staff. The registered manager assured us saying, "As soon as a staff member informed me of a concern about a person's skin, I would contact the district nurse if needed or the person's GP for some cream."
- Staff told us they would seek professional help in the event of a person being injured, such as having a fall. One staff member told us, "I would press the person's 'life- line' (pendant) and report they had fallen over and that I needed an ambulance. I would go back to the person and take instructions on the phone to control any bleeding and wait for the ambulance paramedics."

Using medicines safely

- People were supported by trained staff to take their medicines, where this was an agreed part of their care and support.
- Medication administration records (MAR) were in place for people's prescribed medication and topical preparations such as creams. MARs directed staff what medication to give and administrations had been signed for.
- Skill competency assessments were completed by care supervisors to ensure staff followed safe practices when handling medication.

Staffing and recruitment

- Staff were recruited in a safe way. Three staff employment records we reviewed showed staff had been recruited safely. Other checks had also been completed which included obtaining references.
- There were sufficient staff allocated to people's care calls. Where 2 staff were expected, this took place as commissioned by the local authority or purchased privately by people.

- There had been no recorded missed care calls to people. People were mostly happy with staff's time-keeping and told us they received a phone call to inform them if staff were going to be late. Some people felt staff were a little rushed and the registered manager told us they would remind staff to report back to them if this happened.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff trained to recognise the signs of abuse. Staff told us they had never seen anything of concern, but if they did, they would report this to a manager. Staff also understood the importance to 'whistle-blow' to external organisations if they felt concerns raised were not addressed.
 - The provider had safeguarding policies which staff could refer to if needed. The policy contained important contact information about reporting safeguarding concerns.

Preventing and controlling infection

- Staff had access to personal protective equipment (PPE) when needed and in line with good practices.

Learning lessons when things go wrong

- Staff did not always follow company policy on infection prevention. At the time of our performance review and assessment COVID-19 government guidance stated care staff were no longer required to wear face masks. The registered manager, however, informed us their company policy directed staff to wear face masks on all care calls, as good practice, to reduce risks of infection. People's feedback to us showed most staff did this but a few staff did not. We informed the registered manager about this and they took immediate action to remind staff of the company policy on face mask wearing.
- The registered manager monitored accidents and incidents. There were no recorded accidents and incidents between September and December 2022. However, the registered manager told us if incidents occurred, these were to be analysed and lessons would be learnt to reduce risks of reoccurrence.

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.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this, the information available to staff about people was effective.

Staff support: induction, training, skills and experience

- People were supported by trained staff. Staff completed an induction, which included shadowing shifts with experienced staff. One staff member told us, "I had never done care work before, the induction was informative and helped me with getting to know the job." Another staff member said, "The shadowing shifts were good because it gave me the day to day experience of the job, with the security of being with another staff member."
- Staff had completed relevant training topics to their job role and the people they supported. Staff felt the training gave them the skills they needed. This was confirmed to us by the people and relatives spoken with. One person told us, "Yes, I would agree that staff have the skills they need to provide the support I need."
- Staff skill competency assessment checks on staff took place. Supervisors undertook spot checks on staff to ensure they put their training and knowledge into practice.
- Staff told us they had regular opportunities to discuss their work and development with their supervisor and the registered manager.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager worked in collaboration with other agencies. For example, district nurse guidance was sought when needed.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions

relating to those authorisations were being met.

- Staff worked within the remit of the Mental Capacity Act and understood the importance of gaining consent from people related to supporting them with personal care, for example. One staff member told us, "Sometimes people can make basic decisions like what do they want to drink or eat but they may struggle with bigger decisions and may need help understanding those."

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

- Assessments of people's support and health needs were undertaken before people received their care from the Care Bureau. These assessments reviewed how people wanted to receive their care, and whether people needed additional support to meet protected characteristics.
- People were able to express a gender preference of the staff who supported them. One person told us, "I always have female staff and this is what I want, I would not want to be washed by male care staff."

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access general healthcare services when they needed it. For example, some staff had contacted people's GPs on their behalf.

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

- People were supported with their hydration and nutritional needs when this was a part of the care and support agreed. Where concerns about a person's nutritional intake had been noted, the registered manager implemented monitoring tools to record what had been offered and accepted by people.
- People's plans of care contained basic information about a person's preferences and likes and dislikes. Staff told us they knew what people enjoyed and were able to ask people what they would like.

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.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were always 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; Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in making decisions about their day to day care and support and planning their care. One relative told us, "My mother has care from them, I feel involved and it is absolutely fantastic because communication is good, and the staff actually do care. It is not just a job to them, but they are truly caring."
- Staff demonstrated a caring approach to people. Feedback to us from people and their relatives was positive about staff's kindness and compassion. One person told us, "When I've had a shower and they're drying me they ask me if they're too rough or would like me to rub harder with the towel." A relative told us, "The staff are kind and caring, they show patience, especially with [Name]'s communication needs."

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

- People were encouraged to express their views and be involved in decisions about their care as far as possible.
- Staff told us they also worked closely with people's relatives ensuring they were involved in decisions about their loved one's care and support.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's privacy and dignity when supporting them with personal care. One person told us, "There's no embarrassment anywhere. I'm covered up and they close the doors."
- Staff understood their supportive role and encouraged people maintain their independence. One staff member told us, "[Name] likes to be independent with their mobility, but I offer my arm as support but only if they want this."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people's needs were consistently met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care was personalised. Care plans focused upon the individual and gave guidance to staff on the tasks they needed to complete at each care call.
- People were supported by consistent staff who knew them well and how to provide care and support to them in a way they wished. One person told us, "I have two regular staff, they are both kind and caring, friendly toward me but also professional."
- Staff gave us examples of how they gave person centred care which met people's needs and preferences. One staff member told us, "I love my job, I enjoy caring for people and making a difference to them."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's plans of care contained basic information about how people communicated.
- Staff understood the importance of effective communication. One staff member told us, "I support people who have dementia. I have to speak clearly and repeat things when needed. I never rush people for answers and never confuse them. I often find going in with a happy and bubbly attitude more beneficial as then people tend to be a lot more responsive and often can be encouraged to do more like with personal care."
- Where people found communication difficult due to their healthcare condition, staff had the skills to effectively give support. One staff member told us, "The person I support says the same thing over and over again. I have established a routine telling them exactly what I am doing and what will happen next. I do this, even if I answer the same question six or seven times."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff knew people well and what they liked to do and talk about. One staff member told us that whilst supporting people with personal care, they chatted about the person's hobbies. A relative told us they had observed positive relationships between their loved one and the staff member, telling us, "They seem to have a good chat and laugh together."

Improving care quality in response to complaints or concerns

- People and relatives spoken with told us they were happy with the service received and had no current

complaints.

- People and relatives could access the provider's complaints policy if needed. Where complaints had been made, these were recorded and investigated, and appropriate actions taken to address and resolve issues.

End of life care and support

- End of life and palliative care was offered by the service. We reviewed one person's end of life care plan and saw this focused on informing staff about changes in bodily function when the person moved towards end of life. We discussed this with the registered manager who agreed more opportunity could be given to enable people to express their wishes about how, and where, their care should be delivered at this time during end of life care. This would ensure staff had information about what was important to the person.

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.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created did promote high-quality, person-centred care.

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

- The provider had systems and processes in place to assess and monitor the safety and quality of the service. Care files and medication administration records were reviewed on an individual basis and any actions for improvement were taken.
- The quality of care given to people by staff was assessed. For example, spot checks on staff on their care calls were completed. Records showed that where staff required further skills, such as providing a wet shave to a person, these were followed up on.
- Staff felt well supported in their role. One staff member told us, "I love my job, every aspect of it. The company is well-organised and understanding toward staff." Another staff member told us, "I do love working for Care Bureau. There is support and an open-door policy that exists. Most care staff go the extra mile for people and the company certainly does."

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 registered manager was aware of their legal responsibilities under the duty of candour. Statutory notifications were sent to us as legally required telling us about specific incidents.

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

- Staff felt the registered manager was approachable. Staff were positive about the training and support they received. They felt information in people's plans of care was sufficient and if they had questions, they could gain support from the registered manager.

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

- The provider's policies embedded protected equality characteristics, such as people living with disabilities. Staff could refer to these policies when needed.
- The registered manager gave opportunities for people and their relatives to share feedback on the service. Analysis of feedback completed by the registered manager showed people and / or their relatives rated the service 'good' or 'excellent'.

Continuous learning and improving care; Working in partnership with others

- The registered manager worked in partnership with other healthcare professionals. This included district nurses and GPs and following guidance given.
- The registered manager sought to continuously improve their knowledge. For example, they told us they attended 'Care Shows' to learn about new practices and guidance related to care practices.