

The Care Bureau Limited

# The Care Bureau Ltd - Domiciliary Care - Northampton

## Inspection report

28 Harborough Road  
Northampton  
NN2 7AZ

Tel: 01604950997

Date of inspection visit:

24 November 2022

28 November 2022

29 November 2022

30 November 2022

01 December 2022

06 December 2022

Date of publication:

09 February 2023

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

The Care Bureau Ltd– Domiciliary Care- Northampton is a domiciliary care service providing care to people living in their own homes in Northampton. At the time of our inspection, 101 people were using the service. 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.

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.

### People's experience of using this service and what we found

#### Right Support:

Risks to people's care had been identified but there was not always enough information for staff to know how to mitigate the risk. Care records lacked detail about people's health needs.

People were cared for by staff who knew them, however at times they did not know which care staff would be visiting and the times and length of care calls varied.

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. Staff understood the need to seek consent from people before they provided care or completed tasks for people.

Staff were trained and had a good understanding of people's needs. They supported people, when needed, to access other health professionals. Their competency was tested in relation to medicine administration.

#### Right Care:

People's care was not always person-centred. At weekends the scheduling of people's calls was not always at the time when people wanted. At times staff were stretched to provide the full support people needed.

People felt safe with staff and said most staff knew how to support them. Staff were recruited safely and knew how to protect people from harm or abuse.

Care plans demonstrated people's equality characteristics were considered and respected.

#### Right Culture

Improvements were needed to the system in place to monitor the quality and performance of the service.

Care records were reviewed but audits had not identified gaps in information and the information was not always up to date.

People and relatives had mixed views in relation to communication with the service and whether they were asked for feedback. Staff were supported but did not always feel they were listened to. The registered manager shared evidence of feedback they had sought.

The registered manager was open and transparent and implemented changes based on the feedback given.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection The last rating for this service was good (published 12 July 2019)

#### Why we inspected

We received concerns in relation to management of care calls, poor hygiene practices and lack of oversight. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Care Bureau Ltd – Domiciliary Care- Northampton on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified breaches in relation to governance and oversight of the service.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.  
Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.  
Details are in our well-led findings below.

**Requires Improvement** ●

# The Care Bureau Ltd - Domiciliary Care - Northampton

## **Detailed findings**

## Background to this inspection

### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

### Inspection team

The inspection was undertaken by 2 inspectors

### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

### 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 inspection there was a registered manager in post.

### Notice of inspection

This inspection was unannounced.

Inspection activity started on 24 November 2022 and ended on 6 December 2022. We visited the location's office 24 November 2022.

#### What we did before the inspection

We reviewed information we had received about the service including feedback we had received from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 7 people who used the service and 4 relatives of people using the service about their experience of the care provided. We spoke with 10 members of staff including 6 care staff, a scheduler, a supervisor, quality and compliance manager and the registered manager.

We reviewed a range of records. This included 7 people's care records and multiple medication records. We looked at staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety.

### Assessing risk, safety monitoring and management

- Assessment of risk to people's care had been undertaken and plans were in place to guide staff how to mitigate the risk identified. However, some plans lacked the detail to fully mitigate the risk and give guidance to staff. The registered manager told us they were in the process of completing a full review of people's care records to ensure all information was included and up to date.
- People told us staff understood how to provide them with safe care. One person said, "Overall staff are good and know what they are doing."
- Fire and health and safety checks were in place which ensured people and staff were safe in the home environment.

### Staffing and recruitment

- People told us they were happy with the staff who came to support them on a regular basis; however, they were unhappy with the support at weekends. People told us they did not always know who was coming and often the staff came at different times and did not always stay for the time required. One person said, "Weekends vary, I have an evening call and the staff rarely stay for the half an hour. The registered manager told us they had recently been recruiting new staff and were currently revising the schedules to enable more consistency at weekends."
- At the time of the inspection there were suitably qualified, experienced and skilled staff to provide people with safe care. However, at times staff were stretched due to scheduling, sickness absence and vacancies.
- Staff told us, and we saw from schedules they did not have travel time between calls. One staff member said, "I can have up to 9 calls in a morning with no travel time, it's too much."
- People were safeguarded against the risk of being supported by unsuitable staff because there were appropriate recruitment practices in place. Staff were checked for any criminal convictions and satisfactory employment references were obtained before they started to work for the service.

### Systems and processes to safeguard people from the risk of abuse

- People were cared for safely and were protected from the risk of harm. Staff knew what signs to look for to keep people safe. There were procedures in place, but they required up dating following recent changes within the management of the agency. The provider told us all policy and procedure documents were to be updated.
- People told us they felt safe with the staff who supported them.
- The registered manager understood their responsibilities to keep people safe and knew to notify the relevant authorities if any safeguarding issues arose.

### Using medicines safely

- Checks were in place to ensure medicines were being administered as prescribed. However, these were not always effective. Please see the well-led section of this report for more detail.
- Staff received training in administration of medicines and their competencies tested.

### Preventing and controlling infection

- People were protected from the spread of infection. The service had effective infection prevention and control measures to keep people safe.
- Staff followed current government guidance when using protective equipment (PPE).

### Learning lessons when things go wrong

- The provider and registered manager analysed incidents and accidents. We found some evidence of lessons learnt and action taken.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to the service commencing. One relative said, "I was involved with care planning, [loved-one] was asked for her consent and we signed the plan."
- Care records showed people's needs and choices. This ensured their care and support was provided in line with the principles of best practice.

Staff support: induction, training, skills and experience

- People were supported by staff who had received sufficient training to meet their needs. Training included moving and handling, infection prevention and control, health, nutrition, dementia, mental capacity act and health and safety. There was also opportunity to undertake more specialist training such as managing behaviours that challenge, palliative care, diabetes and stoma care.
- Staff told us they felt supported and had supervision at least every six months and more if required.
- New staff completed an induction and worked alongside experienced staff before they worked alone.
- Staff competencies were tested, and a training matrix was in place which assured the registered manager and provider had oversight of all staff training.

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

- People received support to eat and drink enough to maintain a balanced diet
- People deemed to be at risk of dehydration or malnourishment were monitored and staff kept a record of what they ate and drank. Information was shared with health professionals if people required more assistance.

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

- Good relationships had been established with health professionals in the community. The registered manager told us they worked closely with the local hospital to ensure people received the right support when discharged from hospital.
- People said staff would assist them if they needed to contact the GP or other health professional.

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

- People told us they had been asked for their consent when they started the service.
- People's care records contained signed consent forms, and when appropriate, people and their relatives would be involved in any decisions about the support they needed.
- Staff told us they always asked people before they started any task.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- Improvements were needed to the system in place to monitor the quality and performance of the service.
- Care records had been reviewed, however we found gaps in information and some records not updated which had not been identified through the provider's audits. For example, in one record to mitigate a risk of slipping whilst bathing a person was to be encouraged to purchase a bathmat. A bathmat was now in place, but the record had not been updated.
- Issues raised in relation to medicine administration or found in medicine administration audits were not consistently addressed. One relative told us they had raised concerns about medicines missing or being administered later than prescribed and this had not been resolved. The registered manager informed us this issue was being addressed and following the inspection changes were made to the audit system.
- People's call times were not always person-centred; people found the staff came when they were scheduled but this was not always at the time they wished or required. This was particularly the situation at weekends. One relative said, "The weekend call time changed without any consultation, weekends are not good." Another relative said, "We have specifically asked the staff stick to the times agreed as [loved one] needs to keep to a routine, this is not happening."
- People did not feel informed as to which care staff would provide their care each day. People spoke about having regular care staff during the week but at weekends they did not always know who was coming to assist them. The registered manager explained there had been difficulties at weekends due to staff absence and vacancies, however, following a recent recruitment of staff this was now being addressed and people were asked if they would like a copy of the weekly schedule.
- People and their families told us communication was not always good and outcomes to concerns raised were not always consistently followed. One person said, "I complained about staff lateness, they (management team) told me they were short staffed, but staff would let me know when they are running late, but they still don't." A relative said, "I have raised concerns with the office and been told the manager would get back to me, but they haven't."
- Policies and procedures were not up to date and had not always been fully communicated to staff. The provider told us these were currently being reviewed and following the inspection the registered manager informed us the Policy in relation to recruitment and disclosure and barring checks had been updated.

Systems to monitor the quality and performance of the service were not operated effectively to identify and maintain improvements. This was a breach of regulation 17(1) of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014.

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

- People told us they were not asked for their feedback about the service. A relative commented if they had been asked, they would certainly have provided it. The registered manager told us they had recently sent out a questionnaire to people and their families; following the inspection shared evidence of feedback gathered earlier in the year
- Staff comments were mixed in relation to giving feedback. Staff said they felt able to give feedback, but some did not always feel they were listened to.
- Meetings with staff were held which did give staff opportunity to share best practice.
- Care plans demonstrated people's equality characteristics were considered and respected.

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 provider understood their responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information.
- The registered manager understood information sharing requirements, and knew when concerns had been identified, appropriate notifications should be sent to the CQC and the local authority as required by law.
- Staff told us there was information available about how to whistle-blow. This ensured they knew how to raise concerns with the local authority and the CQC if they felt they were not being listened to or their concerns were not acted upon.

Working in partnership with others; Continuous learning and improving care

- The registered manager had a clear vision for the direction of the service.
- The registered manager was open and transparent throughout the inspection and implemented changes based on the feedback given.
- The provider and registered manager were working with the local authority to help improve aspects of the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems to monitor the quality and performance of the service were not operated effectively to identify and maintain improvements.