

Blue Sapphire Care Limited

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Inspection report

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Date of inspection visit:

30 May 2019

03 June 2019

Date of publication:

01 July 2019

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service:

Blue Sapphire Care Limited is a domiciliary care service. It provides care and support to people living in their own homes. At the time of the inspection, 35 people were being supported with personal care.

Not everyone using Blue Sapphire Care Limited receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

People's experience of using this service:

Everyone said the service was well run. However, the provider needed to improve their quality monitoring processes to ensure quality checks were carried out in a timely way. More formal support for staff also needed to be provided regularly, and information from surveys used effectively to improve the service. There was evidence of effective engagement with people, relatives, staff and other agencies involved in people's care.

Everyone told us the service provided very good care and support to people and their relatives. We had positive feedback about the caring nature of the staff and the registered manager, their skills, and flexibility when required to meet people's needs. The registered manager planned people's care in a way that ensured this was provided in a person-centred and responsive way.

People were protected from harm by staff who were confident in recognising and reporting concerns. People were safe because potential risks to their health and wellbeing had been managed well. There were enough staff to support people safely. People were supported well to take their medicines. Lessons were learnt from incidents to prevent recurrence. Staff followed effective processes to prevent the spread of infections.

Staff had the right skills to meet people's needs effectively. Staff had the information they required to meet people's assessed needs. People had been supported to have enough to eat and drink. People had access to healthcare services when required. This helped people to maintain their health and well-being.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People were fully involved in making decisions about their care and support. People were involved in planning and reviewing their care plans. Staff supported people in a way that respected and promoted their privacy and dignity. They encouraged people to be as independent as possible.

People were happy with how staff supported them to meet their individual needs. They said this had been done in a compassionate way. Complaints were managed well and there was learning from these to reduce the risk of recurrence. The service did not always provide end of life care and people's care wishes were not

included in their care plans. The registered manager said they would do more to include this information in everyone's care plans.

Rating at last inspection:

The last rating for this service was Good (published 24 September 2016).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Blue Sapphire Care Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an 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. Their area of expertise was in the care of older people.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 30 May 2019, when we visited the service's office to see the registered manager; and to review records, and policies and procedures. This ended on 03 June 2019 when we had spoken with more staff by telephone.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included the report of the last inspection, information shared with us by the local authority and that sent to us by the provider. We used the information the provider sent us in the Provider Information Return (PIR). This is

information providers are required to send us with key information about the service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We reviewed a range of records. This included care and medicines records for three people. We looked at records of accidents and incidents; compliments and complaints; audits; surveys. We also looked at two staff files to check the provider's staff recruitment, training and supervision processes.

During the visit to the office, we spoke with two staff, the coordinator and the registered manager. We spoke with three more staff by telephone, 10 people using the service and six relatives.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they received safe care and they were comfortable with staff who supported them. One person said, "I have total trust in [registered manager]." Another person said, "I can't walk very well and the shower scares me, so they come and help me. I couldn't manage without them at all. They are so good, and they make me feel safe."
- Staff knew how to keep people safe. They told us they would report to the registered manager if they had concerns about people's safety. They had confidence the registered manager would deal with concerns quickly.
- The registered manager reported potential safeguarding concerns to the relevant local authority in a timely way. This ensured quick action could be taken to safeguard people.

Assessing risk, safety monitoring and management

- People had individual risk assessments in their care records. These guided staff on how to safely manage risks to people's health and wellbeing. The registered manager ensured risk assessments were reviewed regularly to ensure this information was always up to date.
- Staff told us risks were managed well. They had time to read people's care records so that they knew how to support them safely.
- Staff completed health and safety checks of people's homes to identify and minimise any hazards that could put people, staff and visitors at risk of harm. Where issues were identified, they supported people to rectify these quickly.

Staffing and recruitment

- Staff were recruited safely to ensure they were suitable to work at the service. The provider followed robust staff recruitment processes to achieve this.
- The service had experienced recruitment challenges, but there were enough staff to support people safely. The registered manager planned rotas in a way that ensured people were supported by a small group of staff. Regular agency staff sometimes worked for the service to cover vacancies. This promoted consistent care for people. One relative said, "We have a regular team of staff. We both know them all and the agency never send anyone who isn't properly trained in hoisting."
- Staff told us people were normally supported at their agreed times and delays were very minimal. One staff member said, "They (managers) are hot on punctuality and we never have missed calls."

Using medicines safely

- Some people managed their own medicines or were supported by family members with this. Those who

were helped by staff to take their medicines told us they supported them well. One person said, "The girls (staff) do my medicines. They are very good and they sort it all out for me."

- Staff followed best practice guidance to ensure people's medicines were managed safely and they received effective treatment. Records showed no concerns with how people were given their medicines.
- There were systems for staff to record when they had given people their medicines. This helped them to quickly identify if any of the medicines had not been given so that they could correct this as soon as possible.

Preventing and controlling infection

- Where required, staff supported people to keep their homes clean.
- Staff had been trained in infection prevention and control, to know how to minimise the spread of infections. One staff member said, "We are trained well enough to know what to expect. I will ring the office if I have concerns about anything."
- Staff told us they were provided with enough personal protective equipment (PPE), such as disposable gloves and aprons. Where required, they used these when supporting people to ensure they protected everyone against acquired infections.

Learning lessons when things go wrong

- There were systems to record and learn from incidents or accidents that occurred at the service.
- Staff told us the registered manager encouraged them to report any incidents quickly so that appropriate action could be taken to deal with these in a timely way.
- Records showed the registered manager reviewed incidents and they put appropriate measures to reduce the risk of recurrence.

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 the last inspection this key question was rated as good. At this inspection this key question remained the same. 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; Adapting service, design, decoration to meet people's needs

- People's care was planned and managed in line with good practice guidance. People told us staff supported them well to meet their care needs. One person said, "I am more than happy with this agency. If I said I am 150% satisfied, that would be right."
- People's care plans detailed their needs, choices and preferences so that these would be met by staff. These were reviewed and updated when necessary.
- People said staff respected their individuality and they provided support in a way that promoted good outcomes for them. No one had ever been concerned about discriminatory practices by staff. Everyone was happy with how staff supported people with personal care.
- Where required, the provider supported people to get equipment they needed to ensure they received safe and effective care.

Staff support: induction, training, skills and experience

- Everyone told us staff had the right skills and experience to support people effectively. One relative said, "The carers are a lifeline. Without them, [person] couldn't stay independent. They are excellent and competent."
- Staff said they had been trained well to provide good care. One staff member said, "Training is very good. They (managers) are hot on your heels about that." Another staff member said, "We do quite a lot of training and we get updates every year."
- Staff had not received regular formal supervision in 2018, but we saw improvements had been made in recent months. However, staff told us they were always supported well in their work. They said there was always someone to talk to either by telephone or when they visited the office. One staff member said, "I can always go to the manager if I have concerns and they always deal with it."

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

- Some people were supported by staff to eat and drink. People told us this had been done well and they had no concerns. One person who needed thickened drinks said, "The carers know how to do it when they need to. I trust them absolutely."
- Another person told us they needed support to buy their food. They said, "They take me food shopping once a week, which is a life saver. I have microwave meals, so it's all fine for me to prepare."

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

- Where required, staff supported people to access health services such as GPs. One relative said, "[Person] was seriously ill and I wasn't sure what was wrong. The carers were fantastic and they told me to phone the GP straight away. I did and [person] went to hospital that day."
- Staff did not routinely support people to make and attend appointments, but they did so if urgent care was required. They also worked closely with other agencies to make sure people received effective care. One relative told us, "This is how good they are. We had to call an ambulance. Because the ambulance crew can't hoist, so I phoned Blue Sapphire. Within 20 minutes, we had two carers here to hoist, so [person] could go to hospital. Fantastic!"

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 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 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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA. We found these were met.

- Most people were able to make decisions about their care and support. Where people did not have mental capacity to make certain decisions, the registered manager consulted people's relatives, professionals or independent advocates to decide how to best support the person. This ensured the care and support provided by staff was in people's best interest. One relative said, "Even when [person] is very muddled, the carers know exactly how to speak to him. They go along with it and no one ever gets anxious."
- Staff asked people for their consent before they provided care and support. This protected people's rights.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us they were supported by kind and caring staff. One person said, "My carer (staff) is so lovely. We talk to each other like friends and if I have a problem, she will help me with anything she can." One relative said, "The carers are lovely, and they are a great support for me too."
- People and relatives told us staff were always friendly and chatted with them while supporting people with their care. One relative said, "Just having the carers come in is lovely. They are very chatty, and they know so much too."
- People said their diverse needs were met by staff. They and relatives also said staff respected people's individuality and they provided care in the most appropriate way for each person. One relative said, "They (staff) know how to support [person] through his confusion, they just cope."

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

- People told us staff always supported them to make decisions and choices about their care. They said they chose how they wanted to be supported with their personal care, medicines and meals. One person said, "They understand how I like things done. They listen to me."
- Staff told us they always asked people what they wanted them to do for them, even if they had care plans to follow. People told us they benefited from having regular staff as they knew their preferences. One person said, "I usually have the same carers most days and I like that. It's continuity and they know my needs."
- Where required and with people's consent where possible, their relatives and other professionals were involved in helping them to make decisions about some aspects of their care.

Respecting and promoting people's privacy, dignity and independence

- People said staff were always respectful and they promoted their privacy and dignity. They said this was because staff always supported them with personal care in private. One person said, "They are very aware that personal care can be difficult. It's not a problem because I have the same staff and that makes a big difference."
- People told us they could carry out some of their daily living activities without staff support, but they needed support with others. One relative said, "[Person] is very independent and they (staff) let her do as much as she can, as long as it is safe."
- Staff told us they always supported people to do as much as they could for themselves to develop and maintain their independent living skills. They saw their role as that of enabling people rather than doing everything for them. Staff were proud of their contribution in helping people to be as independent as possible.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us staff supported them in a way that met their individual needs. This was supported by relatives we spoke with. Everyone said when required, the service was flexible enough to respond to people's changing needs. For example, if they needed care to be provided at a different time to enable them to attend an appointment. One relative said, "When I have to arrange hospital appointments, I just phone the agency and they change to an earlier time if we need it so we can be ready. There is never a problem."
- People's care plans reflected their care needs and preferences. This enabled staff to know people's needs well. One relative told us staff could identify when people needed support from other professionals and were always good at advising them about this. One relative told us, "[Person] went to hospital and the hospital said he was ready for discharge. [Registered manager] went to assess him and she told me there was no way he could come home yet, and he didn't. I trust the carers most of all because they understand [person] the most."
- People and relatives confirmed they were involved in reviewing the care plans to ensure they continued to meet their needs. One person said, "They came and talked to us at the beginning and set out how they could help." Another person said, "They do a full review every year, a proper sit down one."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Most people using the service were able to communicate verbally with staff. They could also read and understand information given to them by the service, including their care plans.
- The registered manager told us they would provide information in other formats if this was required to support people to understand it. For example, by providing care plans in an easy read format or using translation services to communicate with people who did not speak or understand English.

Improving care quality in response to complaints or concerns

- There was a system to manage people's concerns and complaints. The service did not receive many complaints and none had been recorded since 2013. The registered manager said this was because they always dealt with issues as they arose.
- People and relatives told us they were happy with the quality of the service provided to them and they had no reason to complain. One relative said, "I haven't had any problems, but if I did I would phone the office." One person who had complained said this had been dealt with effectively. They said, "An issue arose last

year, I complained, and it was dealt with immediately. That's how they work, very efficient."

- The registered manager told us they used learning from complaints to improve the service. They shared this with staff so that they did things differently to prevent further concerns.

End of life care and support

- The service did not always provide end of life care. Where people required this, the support they needed was included in their care plans.
- We discussed with the registered manager the importance of having information about everyone's end of life care wishes. This would help staff to support people according to their wishes. They told us they would work with people and their relatives to add this information in everyone's care plans as soon as possible.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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; Continuous learning and improving care

- The registered manager and other senior staff did not always carry out regular audits to assess the quality of the care provided by staff. There had been delays in carrying out audits of daily records and medicine records which meant errors would not be identified and corrected quickly. For example, records from November 2018 had only been audited in May 2019. Although no significant concerns had been identified during these audits, these delays had the potential to put people at risk of harm.
- The registered manager blamed this on staff shortages that sometimes meant they and the coordinator provided care to people. They had already started to improve this. We also talked about the need to evidence more what action they took where shortfalls were found. However, there was no evidence people were negatively impacted by this.
- Staff told us they worked in a supportive team, which enabled them to share learning and develop in their roles. Staff knew what was expected of them to ensure good standards of care were always maintained.
- There had not been regular team meetings in recent months, but staff said the registered manager was approachable, supportive and always provided good practice guidance. The registered Manager told us they would look at what more they needed to do to ensure the service consistently met regulatory requirements. This included sending us more robust information in the Provider Information Return. This was so that we knew what the service did well to promote safe, effective, compassionate and good quality care.

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

- People had opportunities to regularly give feedback about their care and support. The coordinator asked people for comments when assessing and observing how staff provided care.
- The provider sent a survey to people and their relatives in 2018, but not yet for 2019. However, the responses from the 2018 survey had not been analysed to help the provider to understand if there were areas that required improvement. We discussed this with the registered manager who said this would be done for future surveys.
- Staff said they were consulted and enabled to contribute to the development of the service. They said although they did not have regular staff meetings, they spoke with the registered manager or the coordinator about work or personal concerns when they collected their weekly rotas from the office. They said their views were listened to. One staff member told us they would speak with the registered manager about reviewing the medicine administration records (MAR) to make it easier to use. They felt the

improvement would make it quicker to give people their medicine.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People told us they were happy with the service and that they received good care. Everyone gave us extremely positive feedback about the service. One person said, "I am very happy with the care, there is nothing I would improve. If I had any issues I would talk to [staff] or the office and they would sort it out for me. So, I don't have to worry."
- Staff said the provider's values promoted a caring and inclusive culture that motivated them to support people well. One staff member said, "It's a lovely company to work for and they have been fabulous. They are very supportive to staff too."
- The registered manager appropriately reported relevant issues to CQC and the local authority that commissioned the service.

Working in partnership with others

- The service worked well with health and social care professionals who were involved in people's care.
- The local authority that commissioned the service also checked regularly that the service was providing good care. This ensured people consistently received the support they required and expected.