

Bluefield Care Services Limited

Bluefield Care Services

Inspection report

282 Lewisham High Street
London
SE13 6JZ

Tel: 02086900005
Website: www.blufielddcare.co.uk

Date of inspection visit:
19 March 2018

Date of publication:
23 April 2018

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This announced inspection took place on 19 March 2018.

Bluefield Care Services is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of the inspection, 47 people were using the service.

This is the first inspection of the service since registration with the Care Quality Commission on 7 March 2017.

The service had a registered manager. 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's care planning and delivery minimised the risk of abuse. People had risks to their safety and well-being assessed and managed. There were enough experienced staff to meet people's needs.

Staff underwent appropriate recruitment procedures to determine their suitability to deliver care. Staff were trained to administer and manage people's medicines. However, none of the people using the service required that support at the time of our inspection.

People received support to eat healthily, to maintain good health and to access healthcare services.

People's care delivery met current legislation using evidence based practice. Staff received the support they required to undertake their roles including training and supervision. Staff applied the Mental Capacity Act 2005 (MCA) principles when supporting people. People who were unable to make decisions about their care received the support they needed.

Staff delivered care in a manner which responded to people's individual needs. People were involved in the planning and reviewing of their care and support plans. Staff had sufficient guidance to deliver care and manage risks to people's health and well-being.

People were treated with respect, kindness and compassion. Staff respected people's decisions and choices about how they wanted their care delivered.

The registered manager sought people's views about the service and acted on their feedback to improve care delivery. People had their complaints taken seriously, investigated and resolved in line with the provider's procedure.

People using the service, their relatives and staff were happy with the registered manager and the running of

the service. The registered manager monitored staff's practice to ensure they delivered high standards of care. Staff used feedback to improve their practice.

Appropriate systems were in place and effectively used to monitor the quality of the service. Shortfalls identified were addressed which resulted in improvements to care delivery.

The registered manager worked closely with other agencies to provide effective care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe. People's care delivery took into account the risks to their safety and well-being. People were protected from the risk of abuse.

Sufficient numbers of suitably recruited staff met people's needs. Staff had medicines management training.

Staff followed good hygiene practices to minimise the spread of infection. Staff learnt from incidents when things went wrong.

Is the service effective?

Good 

The service was effective. People received care in line with best practice guidance. Staff received support, training and supervision required to undertake their roles.

Staff complied with the requirements of the Mental Capacity Act 2005 (MCA) when delivering care. People gave consent to care and support.

People received the support they required with their nutritional and health needs.

Is the service caring?

Good 

The service was caring. People were supported in a kind and caring manner.

Staff understood people's needs and delivered care in a way that met their preferences.

People had their dignity, privacy and independence promoted.

People had information about the service in a format they understood.

Is the service responsive?

Good 

The service was responsive. People's care delivery responded to changes to their health and support needs.

People knew how to make a complaint and had opportunities to share their views about the service.

Is the service well-led?

The service was well-led. People and staff were happy with the running of the service.

The registered manager welcomed people's feedback about the service and maintained a visible presence.

Checks and audits to the quality of the service resulted in improvements.

A close working partnership between the registered manager and other agencies enabled people to receive high standards of care.

Good ●

Bluefield Care Services

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 was 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 19 March 2018 and was announced. The visit to the provider's office was done on the same day. Two inspectors and two experts by experience undertook the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider was given 48 hours' advance notice because the location provides a domiciliary care service and we needed to ensure the registered manager was available.

Prior to our inspection, we reviewed the information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law. We reviewed the Provider Information Return (PIR) form sent to us. A PIR is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

During the inspection, we contacted by telephone eight people using the service and eight of their relatives. At the provider's office, we spoke with four members of care staff, an administrator, the business manager and the registered manager.

We looked at 15 people's care records, and 15 staff files including recruitment, induction, training and supervision. We reviewed management and quality assurance records in relation to all aspects of care provided.

After the inspection, we contacted and received feedback from the local authority who commissioned the service.

Is the service safe?

Our findings

People were protected from the risk of harm. One person told us, "If I felt unsafe I would speak to whoever is in charge." Staff had received safeguarding adults training. They knew how to identify and report abuse. Comments from members of staff included, "I have to report anything suspicious" and "If I see any signs of abuse, I will inform my manager." Staff understood the safeguarding procedures to whistle blow about poor practice by raising issues with the registered manager and external agencies. The registered manager worked closely with the local authority safeguarding team to protect people from abuse and neglect. Records showed staff respected people's human rights and did not discriminate against them when delivering care.

People received care planned to minimise risks to their safety and well-being. One relative told us, "[Staff] help [person] to get in and out of the bath safely." Another relative said, "We have not had any mishaps. [Staff] are very careful." Risks to people's safety and welfare were assessed and managed. Risk assessments identified concerns to people's mobility, eating and swallowing and a person's safety to self-administer their medicines. Staff had sufficient guidance on how to deliver care in a safe manner, for example supporting a person to eat safely by cutting up their food. Staff understood the importance of following risk management guidance to reduce the likelihood of incidents.

The registered manager assessed and reviewed the environmental risks in a person's home. They worked closely with other health and social care professionals to ensure the accommodation was safe for people to receive appropriate care. Staff told us they had guidance on how to respond in case of an emergency such as contacting the office when a person failed to respond to a doorbell ring or when they fell ill suddenly.

The provider had a business contingency and emergency plan to deal with 'unplanned critical or emergency situations' such as adverse weather and high staff absences. The provider had provided transport to staff during adverse weather to ensure people received the care they required.

Staff learnt from incidents when things went wrong. Staff told us they reported near misses or issues of concern to the business manager to who carried out investigations. The registered manager discussed incidents to enable staff to manage difficult situations such as behaviours that challenged.

People's needs were met by a sufficient number of staff deployed at the service. Comments included, "They arrive on time", "I know the staff who help me", "I have no problems with their time keeping or with them not turning up", "They do stay for the duration of the visit" and "Never had a missed visit." Three people who used the service told us they had experienced missed visits or delayed calls at the beginning of the care package. The business manager explained that this had resulted from communication breakdown when a person had been discharged from hospital earlier than expected. They had put plans in place to ensure that there was clear communication about when a person was due to start receiving care.

People received care from a regular team of staff. One person told us, "Yes they let me know of any rota changes. They say it might be somebody else coming." Duty rosters showed people received support from a

regular team of staff. People told us this was helpful in that the staff knew how they wished to have their care delivered. People had information about the staff allocated to provide their care and were made aware of any changes and any potential delays to visits. The local authority commissioning team commented that they had received positive feedback from people about staff's punctuality and the time they spent on visits. The provider had an ongoing recruitment exercise to ensure they were enough staff to provide care.

People received care from staff deemed as suitable for their roles. Applicants underwent appropriate recruitment procedures to ensure they were safe to provide care. Pre-employment checks included completion of an application form, interviews, obtaining of references, criminal record checks, evidence of their identity and right to work in the UK. Records showed staff started to work at the service on return of satisfactory checks.

Staff had received training to administer and manage people's medicines. At the time of our inspection, medicines management risk assessments indicated that there was no person who required such support. Staff supported people to self-administer their medicines through prompting and encouragement. This enabled people to maintain their independence.

Staff knew how to minimise the spread of infection when providing care. Staff had attended infection control training and described good hygiene practices such as regular handwashing before and after handling food and providing personal care. Staff told us they had access to personal protective clothing such as gloves and aprons. The business manager monitored how staff prevented and controlled the risk of infection during spot check visits.

Is the service effective?

Our findings

People using the service and their relatives were happy with the quality of care provided. Comments included, "[Staff] know what they are doing", "I am happy with my carers", "Yes they are professional. At first I had to tell them what to do but now they just get on with it" and "They are good at their jobs and well trained." Health and social care professionals were involved in assessing people's needs and developing care plans. Support plans included their guidance which ensured people's care delivery complied with current legislation and evidence based practice. Staff held regular reviews of people's care and sought professionals' input about complex conditions to enable them to deliver effective care.

People's needs were met by competent and experienced staff. One person told us, "I have a very nice lady as my carer. She is very good and efficient. Oh yes, she definitely knows what she is there to do, she is very professional." Staff underwent an induction and were introduced to people using the service. They familiarised themselves with care plans, policies, and procedures, and completed the provider's mandatory training. Staff new to care completed a Care Certificate which sets out the knowledge, skills and behaviours expected of health and social care workers. A regular review of staff's performance during the probationary period ensured they developed the rights skills before they started to provide care on their own.

People were supported by staff trained to do their work. One person told us, "[Member of staff] is very good and very thorough." One member of staff told us, "We did some face to face training and some e-learning." Another member of staff said, "We are enrolled for training and the manager checks if all is done." Staff attended training and refresher courses they required to enable them to carry out their work effectively. The training included safeguarding adults, food hygiene, infection control and medicines management. Staff attended training for specific health conditions such as dementia and diabetes to enable them to deliver appropriate care. The registered manager monitored staff's practice to ensure they delivered effective care.

People received their care from staff who were supported to undertake their roles. Staff received regular one to one supervision with the business manager and discussed people's needs, any concerns about their work and additional support they required. Staff who had been in post for over 12 months had received an appraisal of their performance. They set goals for the following year and agreed with the registered manager on a learning and development plan to improve their practice. The business manager maintained a supervision and appraisal matrix to ensure that staff had a formal opportunity to discuss their work and plan for their development.

Staff met the needs of people who showed behaviours that challenged. Care plans identified triggers to changes in people's behaviours and the support staff had to provide to manage difficult situations. Daily observation records showed staff supported people in a manner that reduced anxieties, such as maintaining their routine and involving them when delivering care.

People received care in line with the requirements of the Mental Capacity Act 2005. One person told us, "[Staff] ask how I like things done." Another person said, "Yes they always ask me what I want, for example, they will say 'do you want a cup of tea.'" A third person said, "I make my own choices about what to wear but

they will help me put on knee high socks." One member of staff told us, "We involve people in making decisions that affect them." People told us staff obtained their consent before they delivered care. Staff supported people to make decisions about their care and reported those who were not capable of doing so to the business manager. Best interests meetings were held to support people to make decisions about their care.

People who required support to eat and drink received appropriate assistance. One person told us, "Yes [member of staff] does encourage me to eat and drink and help to prepare nice food." Another person said, "They go into the kitchen, make coffee and breakfast." A third person said, "[Relative] prepares my food and staff only prepare a cup of tea or light breakfast." Staff warmed people's food, prepared beverages and served meals. Staff followed healthcare professionals' guidance to ensure a person with a swallowing difficulty received food in line with their dietary needs. Staff explained they cut a person's food into smaller pieces, served soft meals and gave them sufficient time to chew and swallow. Care plans indicated staff had information about people's food preferences, dietary needs and had sufficient guidance about the support each person required to eat and maintain a healthy weight.

People received the support they required to maintain good health. Staff supported people to access healthcare services when it was part of their care package. Care records contained information about people's health needs and the support they required, for example, attending hospital and GP appointments. Staff informed family members involved in a person's care or healthcare professionals if they had concerns about a decline of their health or changes in eating patterns.

Is the service caring?

Our findings

People using the service and their relatives commended staff for their kindness and caring approach. Comments included, "They are lovely and there is nothing that I don't like about them. I have had a lot of carers in my time and they are the best", "[Member of staff] is very helpful and pleasant. I am always pleased to see her and we have a little chat. She is cheerful" and "[Member of staff] is very caring, it is like having one of a family member in the house. I can identify with her. I am very pleased with how helpful she is. She is very pleasant and always got a smile." People told us staff greeted and chatted with them when they visited to deliver care. Staff had developed positive caring relationships with people using the service.

People were involved in making decisions about their care. One person told us, "The manager came here to discuss my care package." Another person said, "[Staff] explain things and check with me if that's how I want things done." A third person said, "Yes they follow a care plan, they write down what they have helped me with and ask me to sign it." One relative said, "We are kept informed and we contribute to the planning of [person's] care." Care records identified people's choices, routines and preferences about how they wished their care to be delivered. Daily observation records showed staff asked people what support they required and changed routines if that was what the person wanted for example, having a cup of tea before having a shower. Staff were flexible to meet people's requests such as changing visit times to allow a person to prepare for an outing or a hospital appointment.

People received information about the service in a format they understood. Each person received a service user guide when they started to use the service which contained information about care delivery. People had information about advocacy services to enable them to receive support to have their voice heard. People's records and information were maintained safely and securely. Staff told us they understood their responsibilities to keep information about people confidential.

People received care that promoted their privacy and dignity. One person told us, "[Staff] are respectful." Another person said, "Yes they do respect my privacy and dignity. For example, they dress me up before they put cream on my legs after I have had a wash. They pull the curtains." People said staff respected their privacy, for example by providing personal care behind closed doors, away from family and visitors and covering them up when needed. People told us staff used their preferred names and spoke to them in a respectful manner. Staff explained to people the support they wished to provide and involved them in making decisions about their care. Staff told us they respected people's decisions. Daily records showed staff provided care with respect.

People were supported to be independent. One person told us, "Yes they do let me do things that I have to learn to do like undress myself for bed, but they are there for me." Another person said, "They are helping me get independent." A third person said, "I am getting more confident." Some people were on a six-week reablement programme to support them with recovery from an illness or gain their confidence and daily living skills after a hospital discharge. Other healthcare professionals managed the reablement programme while staff continued to provide personal care. Support plans indicated how staff were to encourage people to do as much as they could for themselves, develop their daily living skills and regain their confidence. Staff

knew what tasks people required support to complete such as supporting with undressing and having a shower. Records showed the care package ended when people were able to manage their daily living.

Is the service responsive?

Our findings

People received care that met their individual needs. One relative told us, "The manager came to visit when we started." Another relative said, "Yes the carers do listen, they talk to [family member] all the time and help her/him as needed." People using the service and health and social care professionals took part in the planning and review of care delivery. This enabled an all-inclusive approach to how staff provided care that responded to people's needs. Staff had information about people's backgrounds, physical and mental health needs and preferences. People told us staff delivered care in line with their identified needs and preferences. Staff understood people's needs which enabled them to deliver person centred care.

People received appropriate care because of the regular review of their needs. One person told us, "My care changes every day as I recover." Another person said, "Staff help me with my daily needs. There are days I can do most things myself and some when I barely manage." One relative said, "Yes they do keep you informed of the care they are going to provide and they are good at listening." Staff monitored and identified changes to people's needs. They reported changes to the business manager who carried out reviews of the care and support plans. Whilst care plan reviews were carried out half yearly, the business manager did reviews earlier when there were changes in people's needs to ensure staff had sufficient guidance about how to provide care. Care and support plans were updated and reflected changes in people's needs. Daily observation records showed people received care as planned according to changes in their needs.

Staff monitored people's interaction and involvement with their communities. One person told us, "I get on very well with them. They will chat away when washing. It is nice to have someone to talk to. I shall miss them when I don't have them anymore." One relative said, "I find that they are very friendly. She comes in and has a little chat and that is a great help otherwise [person] would not see anybody all day long." Staff told us people were at risk of loneliness and social isolation especially during the period of recovery after hospital discharge. Staff said they informed the business manager if a person was at risk to ensure that other health and social care professionals were involved. At the time of our inspection, people were supported by their family members and friends to access the community for outings and shopping.

People using the service and their relatives knew how to make a complaint if they were unhappy with any aspect of the service. One person told us, "If I felt unsafe I would just ring up the agency and I would talk to [business manager]. She is very good but I have never had to complain." Another person said, "I know how to make a complaint but I haven't had any need too. If I have a reason to complain I would." People had received the information on how to make a complaint when they started to use the service. They were comfortable to talk to the registered manager or business manager if they were unhappy. Staff told us they worked closely with people and asked if they were happy with the care provided, and informed the registered manager if there were any issues. No complaints had been raised at the service since registration with the Care Quality Commission. The registered manager understood their responsibility to respond and to investigate any complaints received at the service.

People had opportunities to share their views about the service. One person told us, "I speak to [business manager]. She is lovely I can talk to her. When I raise concerns she says she is going to talk to the people

concerned." Staff spoke with people on each visit and asked them if they were happy with care delivery. Staff said they reported to the business manager if a person had concerns to ensure that these were addressed.

Is the service well-led?

Our findings

People using the service, their relatives and staff commented that there was a person centred culture at the service. One person told us, "I would say the agency is very good, one of the best I have had. They just want to make sure that I get all the help I need." Staff said the business manager emphasised the need to deliver care in line with each person's individual needs. Care delivery centred on promoting people's independence.

People and staff spoke highly about the business manager who managed the day-to-day operations of the service. Comments included, "I find the agency to be very professional, they seem to be very good at what they doing", "I have rung [business manager] a few times and I found her to be a very nice woman", "Oh yes, definitely the manager is approachable." Staff said they were supported in their roles and felt empowered to deliver effective care. Staff were motivated and spoke passionately about the impact they made on people's lives and well-being through the reablement programme. Staff had access to out of hours' guidance when faced with difficult situations.

An open and transparent culture at the service enabled people to receive appropriate care. Staff received updates about changes to people's health and support needs. The business manager encouraged staff to work as a team and to focus on delivering person centred care. Staff said they were able to raise any concerns about the service and share ideas to improve care delivery. The registered manager valued staff's involvement in developing the service and used their feedback to make the necessary improvements. Staff had regular catch up meetings with the business manager on the telephone or during their regular visits to the office. The registered manager encouraged staff to be open when things went wrong and to learn from their mistakes.

Staff understood their roles and responsibilities and told us they were equipped to deliver care. Staff had job descriptions which outlined their work. The reporting structures and management responsibilities were made clear to staff to enable them to raise issues about people and their welfare effectively.

The business manager worked closely with the registered manager, provider and staff to discuss ideas to develop the service. A service development plan showed that people were at the centre of the service. The registered manager had plans to recruit care coordinators and senior care staff to provide additional support to staff when delivering care in the community. The service development plans were updated and reviewed, for example, the provider had ensured they increased the amount of face-to-face training. The provider had purchased a programme to monitor staff's punctuality, improve record keeping and manage staff records. This development aimed to improve the response to meeting people's needs by reducing the risk of delayed and missed calls. It was too early to determine the effectiveness of the system as it had been launched during the week of our inspection visit.

The registered manager ensured staff delivered care in line with legal requirements and the registration conditions of the Care Quality Commission. Policies and procedures were updated and accessible to staff to enable them to deliver care according to best practice guidance. The registered manager understood the

situations they were required to submit notifications. They had submitted the Provider Information Return form as required. The registered manager notified other agencies as required by law in regards to any significant events at the service.

People benefitted from regular checking and monitoring of care delivery. One relative told us, "The quality of care is very good." Audits were carried out on care planning, reviews, record keeping, staff training, and supervisions. These checks enabled the registered manager to identify areas of improvement. People contributed their ideas to develop the service through completion of satisfaction surveys. Quality assurance questionnaires returned showed people using the service and their relatives were happy about the standard of care provided. Staff had their practice monitored to ensure that they delivered care in line with procedures, for example the use of personal protective clothing to prevent and control the spread of infection. The business manager provided feedback to staff when needed to ensure that they improved on their practice.

People's records were maintained and were easy to access. The business manager ensured staff had access to the information they required about how to deliver care. The business manager reviewed daily observation records to ensure staff delivered appropriate care. The registered manager held staff meetings where they discussed people's needs and staff welfare.

People's care delivery benefitted from the close working relationship between the registered manager and other agencies. The reablement programme's success was dependent on joined up working with other health and social care professionals. For example, the registered manager worked closely with other professionals to ensure that a person's home had the right equipment, and that other practitioners and staff were in place to enable a safe discharge from hospital into the community. Health and social care professionals commended the registered manager for coordinating the care which ensured people's care delivery had a positive impact on their well-being. Staff told us they worked alongside other agencies to ensure people were supported with their recovery.