

Bliss Care and Training Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Bliss Care and Training Ltd is a domiciliary care agency and was providing personal care to 28 people at the time of the inspection.

Not everyone who used the service received personal care. 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

Any risks to people were assessed with individual support plans in place to help support them safely. Each support plan was personalised, detailed and kept up to date.

People were supported by sufficient numbers of staff. People and their relatives told us they were being supported by consistent staff who were caring and knew them well.

Staff had good supplies of personal protective equipment (PPE) and had been trained on how to use it safely. Staff received training on a range of topics such as moving and handling, safeguarding and medicines management. Refreshers were provided when needed and staff had observations and assessments carried out to help ensure their competence.

New staff received an induction and given support to learn their role. Care staff had regular supervisions and an annual appraisal to discuss training and development needs.

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.

Quality monitoring systems were in place to help identify any improvement. There was good oversight of the service including regular checks on staff and regular audits of key areas such as medicines and call times. People, relatives and staff told us they felt able to raise concerns and knew how to do this.

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

Rating at last inspection

The last rating for this service was good (published 19 July 2018)

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Bliss Care and Training Ltd

Detailed findings

Background to this inspection

About the service

Bliss Care and Training Ltd is a domiciliary care agency and was providing personal care to 28 people at the time of the 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

One inspector carried out the inspection.

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

We gave the service a short period notice of the inspection because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 6 October and ended on 11 October 2022. We visited the location's office on 11

October 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. Prior to the inspection, the provider completed a Provider Information Return (PIR). 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. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people using the service and 5 relatives whose family members used the service. We also spoke with the registered manager, a consultant and 1 staff member. We reviewed a range of records. This included 5 people's care records and related medicine records. We looked at 5 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We continued to seek clarification from the provider to validate evidence found including training data and quality assurance records. We received feedback via email from 3 members of care staff.

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 remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff understood how to protect them from abuse.
- People and relatives had no concerns about safety. A relative told us, "The carer treats [person] well. We are happy – very much so."
- Staff had been trained in safeguarding and whistleblowing procedures and the action to take to protect people from harm and abuse. This included who to report concerns to, both internally and to external agencies. A staff member told us, "Clients are treated well and are safe. I received training on Bliss Care's whistle blowing policy when I was completing my induction training. I am aware of the procedure to follow if I suspect any abuse."

Assessing risk, safety monitoring and management

- Risk assessments were completed around people's individual support needs and were reviewed regularly, this helped to keep people safe from harm. Each assessment looked at ways to minimise any identified risks and documented the interventions staff needed to take.
- People and their relatives told us that care staff were reliable. The service was in the process of introducing an electronic monitoring system which would identify if staff had not arrived at a person's property at the specified time or stayed for the correct length of time. Records showed that staff were increasingly using the system with compliance being actively monitored by the service.
- People had individual personal emergency evacuation plans to be used in the event of an emergency.

Staffing and recruitment

- There were enough staff to support people safely.
- Relatives told us people were consistently supported by the same staff, with only essential changes which people preferred. A relative commented, "We have a regular carer. They are very nice and [family member] likes them."
- People were protected from the risk of being supported by staff who were not suitable to work with them. The service carried out recruitment checks on care staff to ensure they were suitable to work in people's homes. This included Disclosure and Barring Service (DBS) and identity checks along with references to confirm they were of good character. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store

prescribed medicines safely.

- The service kept appropriate records in relation to medicines support. These included the support needs of each person, a list of their current medicines and records for staff to complete when administering medicines. We found these records to be completed correctly and were audited by senior staff to ensure this.
- Records showed staff were given training in medicines administration and their competency was assessed.

Preventing and controlling infection

- We were assured that staff were using PPE effectively and safely.
- We were assured that the service was accessing testing for staff.
- We were assured that the infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Staff recognised incidents and reported them appropriately to the management team.
- Incidents and accidents were documented in a timely manner. The registered manager carried out investigations including a description of the event, any areas for improvement and an action plan.

Is the service effective?

Our findings

Our findings - Is the service effective? = Good

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

- Senior staff completed an assessment of each person's physical and mental health when they started using the service. Assessments from local authority commissioners were also kept on record to help inform the persons support requirements.
- Support plans reflected a good understanding of people's needs, including relevant assessments of important areas such as mobility, cognition, physical health and diet.
- The service ensured people had up-to-date support documentation through a documented review process.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant training in important areas such as safeguarding, moving and handling, infection control and emergency first aid. The service checked staff competency to ensure they had understood and could apply their training.
- New staff completed a suitable induction period which provided them with the necessary information and training to support people and perform their duties effectively. This consisted of the provider's required induction training, going through the organisations policies and procedures and on the job shadowing. A staff member commented, "I have completed the care certificate as part of my induction training and receive refresher courses throughout the year. The most recent refresher training that I have received was in medication management and moving and handling. I have also received specialist training in autism awareness."
- Staff additionally received support in the form of regular supervision, appraisal and team meetings.

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

- People were supported by care staff to have enough to eat and drink. Details of any support the person required were detailed in their support plan.
- Records showed any concerns about a person's fluid or dietary intake were closely monitored and reported as needed, including to appropriate healthcare professionals.

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

- People were referred to health care professionals by staff when they needed it. People's support plans provided information as to their health care needs, which included any current health care support required.

- Records showed people had support to access community healthcare services as required.
- The service told us good links with local health and social care professionals had been established. This meant prompt medical advice or a home visit could be arranged 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.

- People's consent to care was clearly documented and where people lacked the capacity to give their consent there was information as to who had the authority to act on people's behalf.
- People and their relatives told us staff requested consent before undertaking any care tasks. They said they or their relative were always asked what support was needed and that staff respected their wishes.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was documented. Staff had completed training in MCA and the main principles. A staff member told us, "I always encourage my clients and I make sure they exercise their choice. I ask them what they want for their meals, what clothes they like to wear in the day or for bed."
- Records showed people's capacity to consent to specific aspects of their care had been fully considered. For example, any support a person needed with their medicines.

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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; respecting equality and diversity

- People received kind and respectful care from staff. People and their relatives told us staff were caring and treated people well. A relative told us, "They go over and above. They are very kind and are always asking if there is anything more they can do."
- Support plans addressed people's backgrounds, their likes and dislikes, the things they enjoyed doing and how best to support them. Each plan addressed gender preferences for staff working with them and any cultural or spiritual needs. Records showed staff received training in Equality and Diversity.

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

- People were listened to and valued by staff. People and their relatives told us they were fully involved in all decisions related to the support provided, both on a day to day basis and when their care package was reviewed.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics e.g. due to cultural or religious preferences.
- Staff supported them to make informed decisions about their day to day care and support. A staff member said, "I involve my clients in planning their care. I have one client that I support to access the community. I always ask them what they would like to do for the day, for example going for a walk in the park, going to a community centre or doing another type of activity."
- Support plans were written in the first person and focused on what people could do as well as the things they needed support with.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff treated people with respect and promoted their independence. A person said, "They treat me well. Very respectful."
- Staff told us ways in which they encouraged people to maintain their independence and make day to day decisions. A staff member told us, "I like them to feel safe and their privacy respected when I assist with personal care. I check if the curtains are drawn and make sure that the client feels comfortable at all times."
- Staff were confident when talking about people's rights. They spoke about promoting privacy and dignity when providing personal care and respecting people as individuals.
- Respect for people's independence, privacy and dignity was at the heart of the culture and values of Bliss Care and Training Ltd.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- Staff provided people with personalised care in line with their support plan. The provider explained how they monitored people's changing needs through regular contact with them and the staff involved in supporting the person. Daily notes were maintained by staff at each call.
- Support plans were based around people's individual care needs and were kept under review.
- Staff discussed the support they provided to people during their regular supervisions and team meetings.

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 (AIS). 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.

- Individual AIS assessments were used to detail effective and preferred methods of communication for each person.
- Support plans were being translated into different languages to assist people to understand and be involved in the care planning process.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. One relative told us about an issue they had raised and that it had been 'sorted out' immediately.
- The provider treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and external organisations.
- People were asked if they had any concerns or complaints via regular quality audits, phone calls and care plan reviews.

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. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had systems in place to review practice and support staff in promoting a positive culture which delivered good outcomes for people.
- There was a positive staff culture which helped to achieve good outcomes for people. One staff member said, "I enjoy working here, the staff really look after each other."
- The service communicated well with people and their relatives who told us the management team were approachable. One relative commented, "I do call them and they answer any queries I have."

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 understood their role and responsibilities including their obligations under the duty of candour. No incidents had met this criterion. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support, and providing truthful information and a written apology.

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

- People and their relatives spoke positively about the way the service was managed.
- Staff attendance at calls was now being electronically monitored to ensure staff arrived at the agreed time and stayed the duration of the call.
- The registered manager understood their legal obligations. For example, to keep CQC informed about events they were required to by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service worked in partnership with others. People's views about their quality of the service, and the care they received were sought. Records of spot checks and reviews by senior managers showed people and their family members were satisfied with the quality of support they received from care staff.

