

D A Care Limited

# Blue Ribbon Berkshire

## Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



### Overall summary

This inspection took place on 22 April 2015 and was announced. We gave the provider 48 hours' notice as it is a small service and we needed to make sure someone would be at the office. We last inspected the service on 16 and 20 June 2014. At that inspection we found the service was not meeting the essential standards that we assessed. The provider was not compliant with the regulations related to: care and welfare of people; safeguarding people; staff recruitment; assessing and monitoring the quality of the service and storing and maintaining records. We found the previous manager had

taken action to comply with the regulations we identified. However, the work started needed to be completed in two areas: staff recruitment and assessing and monitoring the quality of the service.

Blue Ribbon Berkshire provides a service to people living in their own homes in Berkshire. At the time of this inspection they were providing a service to nine people.

The service is required to have a registered manager. The previous registered manager left the service in March 2015. A new manager had been employed for two weeks when we carried out our inspection. The new manager

# Summary of findings

had started the process to become registered as required. 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 were protected from risks to their health and wellbeing and were protected from the risk of abuse. Staff received training to enable them to do their jobs safely and to a good standard. Staff were available in enough numbers to meet the needs and wishes of the people they supported.

People were treated with respect and their privacy and dignity was promoted. Staff were caring and responsive to the needs of the people they supported. Staff sought people's consent before working with them and encouraged and supported their independence.

People's health and well-being was assessed and measures put in place to ensure people's needs were met

in an individualised way. At the time of our inspection only one person was supported with their medicines. However, those medicines were managed well and staff administering medicines were only allowed to do so after passing their training and being assessed as competent. Where included in their care package, people were supported to eat and drink enough.

Staff were happy working for the service and told us they got on well together and felt well supported by their managers.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not made sure that recruitment checks had been carried out on staff to ensure they were suitable to work with people who use the service. The provider had not established a system that enabled the provider to assess, monitor and improve the quality and safety of the service provided. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## 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. The provider allowed staff to work at the service without making sure all required recruitment checks had been carried out.

There were sufficient numbers of staff and medicines were handled correctly.

Requires Improvement



### Is the service effective?

The service was effective. People benefitted from a staff team that was well supervised. Staff had the skills and support needed to deliver care to a good standard.

Staff promoted people's rights to consent to their care and their rights to make their own decisions. The manager had a good understanding of their responsibilities under the Mental Capacity Act 2005. The manager was aware of the requirements under the Deprivation of Liberty Safeguards, although not applicable to the people currently using the service.

Where included in their care package, people were supported to eat and drink enough.

Good



### Is the service caring?

The service was caring. People benefitted from a staff team that was caring and respectful.

People's rights to privacy and dignity were respected and people were supported to be as independent as possible.

Good



### Is the service responsive?

The service was responsive. People received care and support that was personalised to meet their individual needs.

The service was responsive in recognising and adapting to people's changing needs. People's right to confidentiality was protected and they were made aware of how to raise concerns.

Good



### Is the service well-led?

The service was not always well led. The provider had not introduced a system to enable them to assess, monitor and improve the quality and safety of the service provided.

People benefitted from personal records that were up to date and reflected their needs and wishes. People benefitted from a staff team that worked well together and felt supported by their managers.

Requires Improvement



# Blue Ribbon Berkshire

## 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 is 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 22 April 2015. The provider was given 48 hours notice because the location provides a small domiciliary care service, we needed to be sure that someone would be available for the inspection.

One inspector carried out this inspection. An expert-by-experience telephoned and spoke with people and their relatives to gain their views on the service provided. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the previous registered manager completed a Provider Information Return (PIR). This is a

form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR and at all the information we had collected about the service. This included previous inspection reports and notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.

As part of the inspection we spoke with four of the nine people who use the service and three of their relatives. We also spoke with the nominated individual, the new manager, the care supervisor and two of the five care workers. Following the inspection we received feedback from one district nurse.

We looked at three people's care plans, two staff recruitment files, staff supervision and staff training records. We saw a number of documents relating to the management of the service. For example, a "service user survey" report from July 2014 and staff training and supervision logs.

# Is the service safe?

## Our findings

At our last inspection in June 2014 we found the provider was non-compliant with regulation 21 of the Health and Social Care Act (Regulated Activities) Regulations 2010. This regulation corresponds to regulation 19 of the Health and Social Care Act (Regulated Activities) Regulations 2014. The registered person had not operated effective recruitment procedures to ensure staff employed were of good character. The registered person had not ensured all information required of schedule 3 of those regulations was available as required. The registered person sent an action plan stating they would be compliant with the regulation by 8 September 2014.

We looked at the recruitment file for one care worker who had been employed before our last inspection, to see if missing information had been obtained. However, required information was not all available. For example, there remained an eight year gap in employment without a satisfactory written explanation and there was no evidence of their conduct at an employment working with vulnerable adults. Their reasons for leaving previous employment with vulnerable adults had not been verified. In addition we saw there was a 5 month discrepancy between the dates the staff member said they had started at a company and the dates the company gave in their reference. This discrepancy had not been explored or explained.

We looked at the recruitment file for the one staff member employed since our last inspection. We found some information was available. For example, there was a recent photograph and a copy of their passport as proof of identity. The provider had obtained an enhanced Disclosure and Barring Service check. However, there was no evidence the provider had checked to see if the staff member was barred from working with vulnerable adults, no evidence of conduct or reasons for leaving previous employment with vulnerable adults. There was a one year gap in employment that had not been explored and was without a satisfactory written explanation. This meant people were being cared for by staff who had not been fully checked to make sure they were of good character and safe to work with the people who use the service.

This was a breach of Regulation 19 and Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection in June 2014 we found the provider was non-compliant with regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2010. This regulation corresponds to regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Proper steps had not been taken to ensure each person was protected against the risks of receiving care that was inappropriate or unsafe. The registered person told us they would update all individual risk assessments and care plans by 4 August 2014. We found this work had been completed.

People were protected from the risk of receiving care that was inappropriate or unsafe. Individual risks had been assessed and documented. Risks associated with the delivery of the care package had also been assessed. Care plans documented what actions needed to be taken by staff to reduce or remove risks where they had been identified. For example, each person had an up to date moving and handling risk assessment on file with clear instructions for staff based on the person's level of mobility. Staff were aware of the risk assessments and what they needed to do to keep people safe and described how they did this. For example, by making sure the environment was safe, by making sure people had a drink to hand and by making sure their homes were left secure. Staff were also clear on what action they needed to take if they saw any signs of potential health problems. For example, early signs of skin breakdown. The care supervisor reviewed the risk assessments weekly and updated them when needed. This was evidenced in the care plans we saw. One person told us: "They checked the equipment and checked mobility and weight bearing." Another relative commented that a member of staff: "walks beside [Name] to make sure they are safe on their walking frame, just like I do – she is excellent!"

At our inspection in June 2014 we found the provider was non-compliant with regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2010. This regulation corresponds to regulation 13 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Reasonable steps had not been taken to identify the possibility of abuse and prevent it before it occurs. The registered person told us they would train all staff in safeguarding procedures and introduce spot checks on staff working with people in their own homes. We found this work had been carried out.

## Is the service safe?

People were protected from the risk of abuse. Training records showed all staff had undertaken safeguarding training following our last inspection. Staff were able to accurately describe the signs of abuse and what they would do in the case of actual or suspected abuse. One person told us: "I feel luckier than some of my friends who are receiving care from other agencies in a different part of the country - I am ever so fortunate!" Another person commented: "I like the carers, I always feel safe."

There were sufficient numbers of staff to keep people safe and meet their needs. Staff told us they always had enough time to carry out the care they needed to at each visit safely and to a good standard. They also told us they had enough time allocated for travel between calls. One person told us staff: "were available and always were good with timings except on rare occasions where they had a problem – they phoned, explained and apologised. To a great extent, the carers are really good and are competent."

Where staff handled medicines, people were protected against risks associated with incorrect administration. Staff told us they only dealt with medicines for one person. The medicines were provided in a dosette box that staff gave to the person at the times specified. A dosette box is a special container, sometimes used by pharmacists when filling people's prescriptions. The boxes are used when people need help to remember to take their medicines on the right day and at the right time. Staff had received medicines training, this was confirmed by the staff we spoke with and documented in their training records. The one medicines administration record was up to date and had been completed by the staff supporting the person with their medicines.

# Is the service effective?

## Our findings

People received effective care and support from staff who knew the people well and had the skills and knowledge to carry out their roles.

People were protected because staff had received training in topics related to their roles. Staff training records showed people had received induction training when first starting employment with the company. Ongoing training had been updated after our last inspection. We saw staff had received induction or update training in topics such as health and safety, food hygiene, fire safety and moving and handling. Additional training had been provided and included medication and dementia awareness. Staff we spoke with all felt they had been provided with the training they needed to deliver quality care and support to people using the service. People we spoke with felt all care workers were competent and one person commented the care staff: "not only knew their job but were very good at it." Another person told us staff: "always know what I want."

There was no formal training system in place and no ongoing training had been booked or arranged. However, the manager explained that they planned to talk with each member of staff and develop training and development plans for each of them before the end of July 2015. The manager also planned to develop the service's induction training in line with the Skills for Care new Care Certificate.

People benefitted from staff who were well supervised. Staff we spoke with confirmed they received one to one formal supervision and had also had spot check visits carried out by the care supervisor. In the spot check visit reports we saw the care supervisor had checked record keeping and medication records. Observations of care during the spot checks included moving and handling and

food preparation. The visits also included discussion with the person receiving the care. Staff we spoke with confirmed they had meetings with their managers and felt well supported.

People's rights to make their own decisions, where possible, were protected. Staff received training in the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The MCA also requires that any decisions made in line with the MCA, on behalf of a person who lacks capacity, are made in the person's best interests. The manager had a good understanding of the requirements of the MCA. Staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted. Staff we spoke with confirmed they sought consent before assisting people with personal care. Care plans we saw included people's signatures to say they understood and agreed with the care included in the plan.

Where included in their care package, people were supported to eat and drink enough. Staff recorded what people had to eat and drink in their daily log. Staff had received training in nutrition and food hygiene as part of their induction. Staff told us they always made sure people had a drink to hand before they left at the end of a visit.

Although the service did not provide health care, staff described how they looked for potential health problems when providing personal care. For example, signs of skin breakdown. Care plans included specific signs to look for and what staff should do if signs were noted. Staff told us if they arrived at a visit to find the person unwell they would immediately contact the office and would contact the person's GP or call an ambulance if the person was very unwell. Emergency numbers were set out in care plans for staff to use if needed.

# Is the service caring?

## Our findings

People were treated with care and kindness. A relative commented: "They are always respectful and treat my relative with the dignity they deserve. [My relative] is treated with understanding, empathy and compassion." One person told us about one of the care workers: "We always have a laugh. She is the best!"

People told us they were consulted and had signed their care plans to confirm their involvement and agreement with the contents. Staff knew the people who use the service and how they liked things done. Staff explained they always asked people for permission before providing any care or support. They were aware of the content of the care plans and their answers demonstrated they had read them. Staff were flexible and felt they were always allocated enough time to provide the care required in the way the person wanted.

People confirmed staff respected their privacy and dignity. One person told us: "The care workers are good, they treat

me with respect – very polite." Staff described how they always made sure, when assisting people to wash and dress, that they were kept covered as much as possible. Staff told us that personal care was carried out behind closed doors, even though people were in their own homes. One person told us they felt confident that if they requested any changes, all they had to do was ask.

People were supported to be as independent as possible. The care plans gave details of things people could do for themselves and where they needed support. Staff told us they encouraged people to do the things they could and the care plans set out instructions to staff in how to provide care in a way that maintained the person's level of independence. People told us they were always supported to stay independent.

People's right to confidentiality was protected. All personal records were kept in a lockable cabinet in the office and kept locked away when not in use. In people's homes, the care records were kept in a place determined by the person using the service.



# Is the service responsive?

## Our findings

People received support that was individualised to their personal preferences and needs. The manager explained no person was offered a service before staff met with them, carried out an assessment and agreed the care that could be provided. Each care plan was based on a full assessment, carried out prior to the service starting an individualised package of care. People's individual likes and preferences in the way they wanted things done were included in the care plans we saw. Staff were able to give examples of individual people's preferences which matched with the care plans. The personal assessments and care plans captured details of people's abilities and their individuality.

People's needs and care plans were regularly assessed for any changes. The care supervisor reviewed each care plan once a week while carrying out calls. They visited the three people with live-in care staff every two weeks. This was to check the person's needs had not changed and the care plans were up to date.

People's changing needs were monitored and the package of care adjusted to meet those needs. Staff explained how they would report any changes to the office, write the

change in the daily notes and contact the other staff to advise of the changes where necessary. People told us their views were respected and, where possible, their requests were almost always granted. People all said their changing needs were always catered for.

Since our last inspection the service had introduced more in depth risk assessments and actions to reduce identified risks in the care plans. Part of the care plan for people at risk of skin breakdown involved contacting the local district nurse at the first signs of a problem. The district nurse told us they had been contacted the week of our inspection as someone had a skin problem. The district nurse had visited and worked with the staff to identify the source of the problem and implement remedial action. They said: "they always report to us. Whenever I have visited, [Name] always has food and a drink to hand. [Name] seems happy with them."

People were made aware of what to do and who they could talk to if they had any concerns. A leaflet about how to make a complaint was included as part of the information provided to people when they started receiving a package of care. There had been no formal complaints made to the service about the care provided since our last inspection and no one had contacted us with concerns.

# Is the service well-led?

## Our findings

At our last inspection in June 2014 we found the provider was non-compliant with regulation 10 of the Health and Social Care Act (Regulated Activities) Regulations 2010. This regulation corresponds to regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This related to the lack of ongoing audit systems and lack of following up on concerns raised in a one off "audit and system check". Those identified concerns included reviewing of care plans, ongoing staff training and staff supervisions and spot checks of their work. We found some of those issues had been, or were being, addressed. For example, the care supervisor had rewritten the care plans and risk assessments and they were now regularly reviewed. The manager was starting to work on training and development plans for all staff. The manager had met with two of the four care workers for supervision and spot checks of staff's work and competence had been introduced. The spot checks of their work included gaining feedback from the people who use the service.

The service had no registered manager at the time of our inspection. This meant the registered provider was solely responsible for the quality of the service and the safety of the people using the service. However, no system had been introduced to enable the nominated individual for the provider to assess, monitor and improve the quality and safety of the service provided. The provider had not introduced a system to check they were meeting their legal obligations and meeting regulations. For example: the nominated individual was not aware that work had not been undertaken following our last inspection to ensure all recruitment information was available. This meant the provider had not ensured staff providing personal care were of good character, despite this being identified as a concern at our last inspection. The nominated individual was not able to monitor and assess the quality and safety of the management of the service himself. He told us that Blue Ribbon Community Care Ltd provided an external, independent audit system that would enable the registered provider to oversee the service provided. The nominated individual told us he would look into introducing that external system, although had not taken steps to do so prior to this inspection.

The lack of a system to assess, monitor and improve the quality and safety of the service provided was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection in June 2014 we found the provider was non-compliant with regulation 20 of the Health and Social Care Act (Regulated Activities) Regulations 2010. This regulation corresponds to regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This related to the accuracy of the personal care records and the way the records were stored and maintained. We found the registered person had taken the actions they said they would take. Records were up to date and accurate and were kept securely and stored appropriately.

The service did not have a registered manager in place. The previous registered manager left in March 2015. The new manager had been in post two weeks and had begun the process of becoming registered with us as required. Staff told us managers were open with them and communicated what was happening at the service and with the people they support.

Since our last inspection there had been two staff meetings, one in August 2014 and one in November 2014. The manager planned to reintroduce staff meetings and hold them more regularly. The manager said staff meetings would be a forum to investigate and learn from any mistakes or incidents, confidentiality allowing. The manager also planned to include health and safety and staff training as topics at each staff meeting.

People felt their views were respected and the service was well led. They confirmed they received survey questionnaires to monitor the service. We saw the survey results dated July 2014. There was no record of actions that had been taken in response to that survey but on the whole the responses were positive. The manager planned to carry out a survey for 2015 and planned to visit people individually to gain their views and feedback face to face.

People benefitted from a service that had an open and friendly culture. Staff told us they got on well together and that they felt the management listened to them. Staff told us they would be comfortable raising concerns with the management. They were confident managers would act on what they said. One staff member commented staff: "get on very well together – we are a good team."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met</p> <p>The registered person had not ensured that information specified in Schedule 3 was available in respect of staff employed for the purposes of carrying on a regulated activity. Regulation 19 (3)(a) and Schedule 3 (1-8).</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>Systems or processes had not been established to ensure compliance with the requirements of Part 3 and Section 2 of the regulations. The registered person had not established a system that enabled the provider to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. Regulation 17(1)(2)(a).</p>