E.J Specialists Limited

Blake House

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected this service on 11 May 2016. The inspection was announced. The registered provider was given 48 hours' notice, because the location provides a domiciliary care service and we needed to be sure that someone would be in the location offices when we visited.

Blake House is a small domiciliary care service providing support and personal care to people living in their own homes. The location office is situated in the centre of York. At the time of our inspection there were four people using the service. The service was registered to provide support to older people and younger adults.

This was our first inspection of this service after it was registered as a new location in December 2015.

During the inspection we found that there was a system in place to support care workers to identify and respond to safeguarding concerns.

People's needs were assessed and risks identified. We spoke with the registered manager about developing more detailed person centred risk assessments to support and guide staff on how best to meet that person's needs. People using the service consistently told us that they felt safe with the care and support provided.

People using the service told us that care workers did not miss visits; the registered manager was in the process of recruiting more care workers.

People received support to take prescribed medications. Gaps in recording on medication administration records had been addressed by the registered manager.

Care workers had an induction, received training and attended supervision to support them to provide effective care and support.

People using the service were supported to eat and drink enough and access healthcare services if necessary.

We received positive feedback about the kind and caring attitude of care workers. People told us that they were supported to make decisions and be in control of the care and support provided.

People using the service told us care workers supported people to maintain their privacy and dignity.

Care plans contained basic information, but were generally task led. We spoke with the registered manager about incorporating more detailed person centred information about people's needs and their preferences about how those needs should be met.

Care and support was not always provided at people's preferred times and we were concerned that the

service was not person centred in this respect.

There was a registered manager and we received positive feedback from people using the service and care workers about the management of the service.

The registered manager had implemented quality assurance processes to monitor the care and support provided.

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.

There were systems in place to support care workers to identify and respond to safeguarding concerns.

Risk assessments were in place to provide guidance to care workers on how to meet people's needs safely.

There were sufficient care workers to meet people's needs.

Care workers were trained to administer medications.

Is the service effective?

Good

The service was effective.

Care workers completed training, received supervision and were supported in their roles by the registered manager.

Consent to care and treatment was sought in line with relevant legislation and guidance.

People were supported to eat and drink enough and access healthcare services where necessary.

Is the service caring?

Good

The service was caring.

People using the service told us that care workers were kind, caring and treated them with respect.

There was a small team of care workers so people using the service knew who would be visiting them.

People using the service told us that care workers listened to them and respected their choices.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans contained basic information and were generally task led.

People's care and support was not always delivered at their preferred times.

There was a system in place to deal with complaints or concerns raised about the service provided. People using the service told us they had not needed to complain, but felt able to speak with the registered manager if they had any concerns.

Is the service well-led?

Good

The service was well-led.

We received positive feedback from people using the service and care workers about the management of the service and the registered manager.

There were systems in place to monitor the quality of the service. Action plans were implemented where issues or concerns were identified.

The registered manager kept up-to-date with important changes in legislation and guidance and information was effectively communicated with care workers.

Blake House

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 registered 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.

We inspected this service on 11 May 2016. The inspection was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the location offices when we visited. The inspection was completed by one Adult Social Care Inspector.

Before our visit we looked at information we held about the service. We also asked the local authority's safeguarding and commissioning teams if they had any relevant information about the service. We did not ask the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of the inspection we spoke with two people who used the service. We spoke with the registered manager and two care workers. We looked at two people's care records, two care worker's recruitment and training files and a selection of records used to monitor the quality of the service.

Good

Is the service safe?

Our findings

People using the service told us that they felt safe with the care and support provided by care workers from Blake House. Comments included "I have no worries about them" and "I have no concerns at all."

The registered provider had a safeguarding adult's policy in place and provided training to care workers on how to identify and respond to safeguarding concerns. Care workers we spoke with demonstrated that they understood their responsibilities with regards to safeguarding vulnerable adults. One care worker we spoke with described some of the types of abuse that a person might experience and told us "I would gather more information and notify the office" if they had concerns. Another care worker said "The first point of call is the manager or if it is urgent the Police."

At the time of our inspection there had been no safeguarding concerns regarding the care and support provided by Blake House. Despite this, our discussions with the registered manager showed us that they understood the signs and symptoms that may indicate someone was experiencing abuse and could appropriately described what action they would take if they did have concerns, including assessing the level of risk, referring concerns to the local authority safeguarding team and/or contacting the police if necessary. The registered manager understood their responsibility to notify the Care Quality Commission of safeguarding concerns. This showed us that there were systems in place to ensure that, if safeguarding concerns did arise in the future, appropriate action would be taken to keep people using the service safe.

We asked care workers how they kept people using the service safe; one care worker told us "We make sure we meet all people's care needs...I read and follow the care plans."

We looked at the care files of two people using the service. We saw that these contained details about people's needs and basic information about the support required to meet those needs and keep people safe. We saw that general risk assessments were completed in respect of people's physical environment and the support required with transferring or repositioning. Where care workers supported people to take prescribed medication, a medication risk assessment was also in place with basic details about the support required to manage medication safely. We spoke with the registered manager about developing risk assessments to include more detailed and person centred information, as we found that they were sometimes basic or provided more generic guidance on best practice rather than person centred information regarding how best to support that individual safely.

There had been no accidents or incidents involving care workers or people using the service at the time of our inspection. The registered manager explained that information about any accident, incident or injury would be recorded in the person's care file and an incident form would be completed recording what had happened and what had been done in response to the concerns. The registered manager showed us an accident and incident log they told us they would use to record and collate information to identify any patterns or trends. The registered manager told us that they would notify the CQC if a person using the service sustained a serious injury. This showed us that there were systems in place to ensure that accidents and incidents would be appropriately dealt with to keep people safe.

The registered provider had a business continuity plan, which provided information about how they planned to continue meeting people's needs in the event of an emergency, such as the loss of premises (through fire, flood), loss of utilities (electricity, gas, water) or staff shortages. This showed us that contingencies were in place to keep people safe in the event of an emergency.

We reviewed two care worker's recruitment files and saw that they had been interviewed, references were obtained and Disclosure and Barring Service (DBS) checks completed. DBS checks return information about spent and unspent criminal convictions, cautions, reprimands and final warnings. DBS checks help employers make informed decisions about whether it is safe for a person to be working with vulnerable client groups. By completing these checks, we could see that steps were being taken to ensure that only care workers considered suitable to work with vulnerable people had been employed.

At the time of our inspection, the registered manager told us that they had one fulltime care worker and one relief care worker to provide cover for annual leave or in an emergency. The registered manager told us that they also provided support with personal care if needed. The registered manager explained that they were in the process of recruiting more care workers.

The registered manager showed us an electronic scheduling and call monitoring system, which they used both to arrange visits to people using the service and to monitor the times at which care workers arrived and left people's homes. The registered manager showed us how a named care worker was allocated to each visit. We saw how the system generated an alert if there was insufficient travel time left between planned visits. The registered manager explained how they could use this system, in consultation with care workers regarding their availability, to work out whether there was sufficient time to take on additional visits to a new person using the service. Care workers we spoke with confirmed that there was sufficient travel time between visits to ensure they could get from one visit to the next without running late.

People using the service told us that care workers were reliable and that care and support was generally provided at the right times. One person we spoke with said "They've not missed a visit. They always turn up; even if they have had an accident they ring up and say not to worry I'm coming" and "They are usually very good with timings." Another person told us "I am satisfied with them; they have never missed a call."

At the time of our inspection, care workers supported two people using the service to take their prescribed medication. One person using the service told us "They see to my medicine and there are no problems at all." Another person using the service explained how they managed their own medication, but the care worker who visited always checked that they had taken them.

The registered provider had a medicines management policy and training records showed that care workers received training on how to safely administer medication. We saw that the registered manager completed spot checks to observe care workers administering medication and to ensure that this was done safely and in line with guidance on best practice.

One care worker we spoke with told us how they checked details on the Medication Administration Records (MARs) against information on the medication boxes to ensure they were giving the right medication at the right time. They explained that they ensured people took their medication before signing the MARs and recorded and reported any issues or concerns to the manager.

Where care workers supported people to take their prescribed medication, printed MARs were used. We saw that these documented the type of medication, the dose and the frequency at which it needed to be taken. Care workers signed MARs when they had assisted people to take their medicine, however, we noted four

examples between January and April 2016 where care workers had not signed the MARs to record they had administered the person's medication as prescribed. We spoke with the registered manager about this and they showed us audits they had completed of MARs, which had identified these gaps and recorded the action taken to address these concerns with the care workers involved.

Good

Is the service effective?

Our findings

People using the service were complimentary about the skills and experience of the care workers that supported them; one person told us "They [care workers] are very good."

We reviewed the registered provider's training and induction programme. The registered manager told us that new care workers received training and completed shadowing before starting caring work. The registered manager explained that they monitored new care workers performance during training and whilst shadowing to determine whether additional support was needed before care workers started working independently.

We saw that new care workers completed the 'Care Certificate' (a nationally recognised set of standards for health and social care workers) and a 'mandatory training course' which covered health and safety, fire safety, eating and drinking, infection control, food hygiene, basic life support, moving and handling, protection of vulnerable adults and complaints handling and conflict management. The registered manager told us that training was delivered through on-line courses or delivered in-house. We were also told that care workers were nominated for training provided by the local authority for additional medication, moving and handling and dementia training.

Alongside training the registered manager told us was mandatory, we saw that some care workers had also completed training on other topics including end of life care.

We saw that care worker's files contained certificates of training completed and the registered manager showed us a matrix where they recorded what training care workers had done. The registered manager explained how they planned to use this to identify where training needed to be updated. However, as this was a new service, care workers had not needed to complete refresher training at the time of our inspection. We will review how effective this system is at ensuring care workers' training is kept up-to-date at our next inspection of this service.

Care workers we spoke with told us that they had supervision with the registered manager and felt supported in their roles. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. It is important for staff to receive regular supervision as this provides an opportunity to discuss people's care needs, identify any training or development opportunities and address any concerns or issues regarding practice. We saw a record of a recent supervision completed with one care worker and saw that people using the service were discussed, training needs and punctuality. This showed us that supervision was being used to support care workers and encourage professional development.

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. We checked whether the service was working within the principles of the MCA.

The registered manager told us that care workers received an introduction to the MCA as part of completing the care certificate. Care worker's we spoke with understood the importance of supporting people to make decisions and we saw that people had been asked to sign their consent, for example, to be assisted with medication. We reviewed one person's care plan which contained a MCA assessment. This concluded that the person did have capacity; however, we spoke with the registered manager about the importance of recording the decision for which people's capacity was being assessed and the date they were completed. This is important as capacity assessments should be time and decision specific. We also spoke with the registered manager about developing a policy and procedure to guide and improve care worker's confidence about using the MCA.

The registered manager showed us that they understood the role of a power of attorney in making decisions on people's behalf where they lacked the mental capacity to decide for themselves.

People using the service were supported where necessary with preparing meals and drinks. Care plans contained details about the level of support required to guide care workers. People using the service did not raise concerns about the support provided to ensure that they ate and drank enough.

Care files contained basic information about people's health needs. We saw that the registered manager maintained case notes recording contact they had with people using the service, relatives and other health and social care professionals. These records showed us that people were supported to access healthcare services where necessary to promote and maintain their health and wellbeing.

Good

Is the service caring?

Our findings

People using the service were positive about the kind and caring attitude of the care workers that supported them. One person using the service told us "They [care workers] are exceptionally nice."

We asked care workers how they got to know people using the service. Comments included "We have the support plan, you get some idea of what support is needed." Another care worker told us "If there's a new person, normally I have to read the care plan to make sure I know what I am doing", but commented "Of course you need to speak to the individual as well."

We observed that Blake House employed a small care team. At the time of our inspection the registered manager told us that they had one main care worker and a relief care worker who provided cover if needed. This meant that people were supported by one of two care workers or the registered manager. This enabled care workers and people using the service to get to know each other. One person using the service said "[Name of carer] is nice...we get on really well." We could see that continuity of care was an important factor in enabling care workers and people using the service to develop positive caring relationships.

We saw that care plans contained basic information about that person to support care workers to get to know them. One care worker explained how they developed a caring relationship with new people to the service, commenting "Normally what I do is introduce myself and explain what I am doing - then I read the care plan. During my time there I explain what I am going to do, but we are doing it together....throughout it all we chat."

One person using the service told us how the registered manager had left flowers and a bar of chocolate for them to find on their birthday and explained how that showed them that they were a caring service.

People using the service told us that they were involved in decisions about their care and support and felt in control of the care and support provided. One person told us that they did not have to tell the care workers what needed doing as they already knew, but explained that they were listened to and care workers respected their choices and decisions if they did ask for something.

People using the service told us that the care workers treated them with dignity and respect. One person said "Nobody talks down to me, they are very good like that" and "[Name] is a proper gentleman, he is very good."

We asked care workers how they supported people to maintain their privacy and dignity, one care worker said "I always draw the curtains when people are changing and know to be discreet around friends or other people." Another care worker explained how they maintained people's confidentiality by not discussing people using the service around other people. It was clear from our conversations with care workers that they understood the importance of maintaining people's dignity and treating them with respect when providing care and support.

We did not identify anyone using the service that had any particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation and we saw no evidence to suggest that anyone using the service was discriminated against.

Requires Improvement

Is the service responsive?

Our findings

We reviewed two care files of people using the service. We saw that they contained basic information about people's social history, hobbies and interests and important family relationships. Care files also contained information about people's needs and the support required from care workers to meet those needs. However, we found that support plans were generally task led providing instructions about what support was required, but not how best to meet that person's needs taking into account their specific likes and preferences. For example, we saw that one care plan documented that care workers were required to assist with bathing and washing, but found that it did not record more detailed guidance about how this support should be provided or incorporate the individual's personal preferences regarding how this need should be met.

We saw that care files contained assessments and support plans from the local authority, but information had not always been incorporated from the local authority assessments into the care plans and risk assessments used by Blake House care workers. We were concerned that there was not always a clear picture of people's needs and important information about how that person's needs should best be met. We spoke with the registered manager about developing care plans to contain more detailed person centred information about how people's needs should be met, reflecting their individual choices and preferences.

Care plans were dated when they were completed and the date they were due to be reviewed was recorded. We saw evidence that care plans were reviewed and updated and that people using the service, their relatives as well as health and social care professionals were involved in reviewing the support provided to ensure it continued to meet that person's needs.

A copy of people's care files was stored securely in the location office and a copy was kept in the person's home for care workers to look at and record information about the care and support provided during each visit.

We asked care workers how they ensured that they provided person centred care to people using the service. One care worker told us "Every person is different and has different needs. There's not a standard procedure, you have to look at individual needs and do the best to fit people's needs. We always try and adjust to every person – how they would like to be assisted."

Although people using the service told us care workers were reliable, we were concerned that care worker's visits were not always provided at the agreed times. Care workers logged in and out of people's properties using their phone to record the time and length of their visit. We reviewed records for the ten days before our inspection and saw that care workers regularly arrived after the person's preferred time. The registered manager told us that care workers were not classed as 'late' until they were more than 30 minutes past the agreed time. We could see from the electronic call monitoring record that care workers had not been 'late' during the period we monitored. However, we were concerned, given the small number of visits completed each day and the often significant gaps between each visit, that care and support was not more consistently provided at people's preferred times. This was not good person centred care. We spoke with the registered

manager, in light of their plans to increase the size of the service, about first ensuring that care was more consistently provided at people's preferred times.

The registered provider had a complaints handling policy and we saw that this information was provided to new people using the service in a 'service user booklet'. This had details about the organisation and information about how to complain. People using the service told us they had not needed to complain, but explained they felt the registered manager was approachable and that they could raise concerns if needed. One person we spoke with told us that there were contact details in their file if they needed to contact the office. One care worker told us that if someone wanted to complain they would "Make a record of what happened and forward the complaint to the manager."

We saw that the registered manager had received one 'concern' that was being dealt with through the registered provider's complaints procedure. We saw that steps had been taken to address the issue and provide a response. This showed us that the registered manager was responsive to concerns and acted appropriately to try and resolve these issues. The registered manager told us that they would direct people to the CQC or the Local Government Ombudsmen if they were unhappy with the way a complaint had been dealt with.

Good

Is the service well-led?

Our findings

This location is required to have a registered manager as a condition of registration. There was a registered manager in post at the time of our inspection so the registered provider was meeting this condition of their registration.

At the time of our inspection the registered manager also managed another domiciliary care service and told us that they split their time between managing the two services.

We asked people using the service what they thought of the care and support provided by Blake House; comments included "This firm is exceptionally good" and "I am satisfied with them...I have no concerns at all."

Care workers we spoke with said "It's a good service I have never had any problems...it is well-led, we get updates all the time" and "I would recommend the service – I treat the person like someone who is close to me and make sure they are ok. People seem satisfied, if they are happy that is the main thing."

During the inspection we asked for a variety of records and documents relating to the running of the service. We found these to be stored securely, but easily accessible to us throughout the inspection.

Care workers we spoke with told us that they felt supported in their role and could always get hold of and speak with the registered manager if they had any concerns or wanted advice and guidance.

We spoke with the registered manager about how they monitored the service to identify and address any issues or concerns with the quality of the care and support provided. They explained that they completed quality assurance audits, for example of medication administration records (MARs), and where issues or concerns were identified an action plan was put in place or individual issues addressed through care worker's supervisions. Records of MARs audits and supervisions confirmed that the registered manager did complete audits, appropriately identify issues and address these with the care workers involved. However, we spoke with the registered manager about the importance of signing off action plans where issues had been resolved so that there was a clear audit trail of the actions taken.

The registered manager explained that they monitored the quality of the care and support provided by completing spot checks of care workers practice. This involved direct observations of care workers providing care and support and included medication competency checks to ensure that care workers were providing effective care and support. We saw records of spot checks completed in care worker's files.

The registered manager showed us a matrix they used to record and monitor care worker's training needs and to keep track of supervisions and spot checks completed and when these were next due.

The registered manager sent quality assurance questionnaires to gather feedback from people using the service in March 2016; however, they told us they had not received any response to these. Records showed

that the registered manager also completed Quality Assurance telephone calls to people using the service to check whether they were satisfied with the care and support provided. In this way we could see that the registered manager was monitoring the quality of the care and support provided and seeking feedback to listen and learn from people's experiences. This showed us that there were systems in place to monitor the quality of the care and support provided and to identify issues or concerns.

We asked the registered manager how they kept up-to-date with changes in legislation and guidance on best practice. They told us they received a regular newsletter from the local authority and updates from the CQC and Skills for Care (an organization that provides resources to help adult social care organisations recruit and develop their workforce).

Although there was only one main care worker and a relief care worker, we saw that the registered manager had held a team meeting in March 2016 with topics discussed including holidays, payroll issues, working hours and safeguarding. This showed us that the registered manager was committed to sharing information with care workers and discussing issues or concerns.