

Julie Blackburn

Julie Blackburn Homecare

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 

Summary of findings

Overall summary

Our inspection of Julie Blackburn Homecare Limited took place on 5 and 20 June and was announced. The service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older people, people with physical disabilities, sensory impairment and people living with dementia. At the time of our visit the service provided personal care to 29 people.

The provider was also the registered manager for the service. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

At the last inspection we rated the service as 'Good' and there were no breaches of relevant regulations. However, on this inspection we found three breaches of regulation. There was a lack of record keeping in relation to quality audits and the driving forward of continuous improvements. The staff team felt supported through supervisions and team meetings but these were not formally recorded or minutes taken. We also found that a failure to have protocols in place for 'as and when required medication' and details within people's care plans about the medicines that they needed to receive. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Good Governance due to a lack of records.

We identified two events that should have been notified to CQC but had not been. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Despite the breaches of regulation, we found there was a positive culture within the service; people were treated with dignity and respect and were supported to make their own decisions. Care plans demonstrated the basic principles of the Mental Capacity Act (MCA) 2005 and we observed this being applied in practice.

Care plans demonstrated a commitment to person centred care and risks to people were assessed and managed. Care and risk plans were reviewed and the service worked in partnership with external agencies to meet people's needs. Staff had a good understanding of people's needs and were kind and caring. They understood the importance of respecting people's dignity and upholding their right to privacy.

Staff had access to training and plans for future training were in place. The registered manager carried out spot checks to ensure staff were competent in their roles. The manager also worked side by side with the staff on a daily basis which enabled them to be at the forefront of the care provided to the people who used the service. Staff felt supported in their role. We made a recommendation about formal supervision and appraisals.

Recruitment processes were in place and were robust and there was sufficient staff to meet people's needs. People confirmed they received care and support from regular staff who they knew. Staff understood what

action to take to safeguard people from abuse and training about this was provided.

People's nutritional needs were catered for and the level of support provided was dependant on people's abilities. Staff told us how they worked alongside people to prepare their own meals where they were capable.

The registered manager recorded incidents and accidents on specific concerns forms to enable monitoring and reflection on events. There had been very few since the last inspection but all instances were reflected upon and provided examples of lessons learnt.

People were protected from the risks of cross infection because staff used personal protective equipment followed appropriate infection prevention and control best practice.

There was a complaints procedure in place which allowed people to voice their concerns if they were unhappy with the service they received. There were no active complaints at the time of the inspection. We saw historic complaints had been dealt with promptly and appropriately.

The service didn't record people's end of life preferences however staff attended end of life training and the provider told us they will consider recording people's preferences moving forward.

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.

People received their medication safely but audit checks were not in place and further information regarding people's medicines was required.

Recruitment checks in place were robust.

People were safeguarded from the risk of abuse through the training, policies and procedures and knowledge of staff. Although we found one example where a notification had not been submitted.

People had individual risk management plans in place to help keep them safe.

Requires Improvement ●

Is the service effective?

The service was effective.

People's needs were assessed and they were supported by staff who had the skills and the knowledge to assist them.

Care plans took into account the principles of the Mental Capacity Act 2005. This was applied in practice.

Staff said they felt supported in their role.

People were supported to maintain good health and had access to healthcare professionals and services.

Good ●

Is the service caring?

The service was caring.

Positive feedback was received from people who used the service, relatives and professionals. They commended the caring nature of the staff.

Staff had a good understanding of people's needs and were able to provide person centred support.

Good ●

People's rights to privacy and dignity were respected.

Is the service responsive?

Good ●

The service was responsive.

People received person centred care which focused on their individual needs.

People and their relatives knew how to raise concerns and were confident the registered manager would listen and address them.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

A lack of record keeping meant that there was no evidence of a commitment to continuous improvement and quality assurance.

Two notifications had not been reported to CQC.

The provider listened to, and acted on, feedback from people, their relatives and members of the staff team.

The provider had positive relationships with other professionals.

Julie Blackburn Homecare

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 5 and 20 June 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection team consisted of one adult social care inspector. Before the inspection, we reviewed the information we held about the service. This included notifications we had received. A notification is information about important events such as accidents or incidents, which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. The PIR was submitted within the required timescale. We spoke with the local authority quality monitoring team and the local safeguarding adult's team to gather their views about the service and to use this in the planning of our inspection.

Inspection site visit activity started on 5 June 2018 and ended on 20 June 2018. We visited the office location on 5 June 2018 and spoke with the registered manager. We visited two people who used the service in their own homes and met with one relative. Telephone calls were made to staff, people and their relatives on 20 June 2018. We spoke with three staff members and two people who provided feedback about the service they received. We also spoke with the training provider.

The care records for four people who used the service were looked at. We also looked at other important documentation relating to people who used the service such as incident and accident records and medication administration records. We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, actions were taken in line with the current legislation.

A selection of documentation relating to the management and running of the service was looked at. This included three staff recruitment files, training records, staff supervision records, complaints and spot checks.

After the inspection, we contacted four professionals who visit people who use the service to seek their views and opinions, one of these professionals provided feedback.

Is the service safe?

Our findings

The service was not always safe, however, people told us that they felt safe. One person told us, "Yes I feel safe, there has never been any problems with the staff using the key safe, it's always worked well" and "If a new person comes they always introduce themselves to me first, they explain what they know about me and ask me what else they should know."

We looked at the systems in place to manage people's medicine. We saw where applicable people had a Medicine Administration Record (MAR) with instructions for staff about each medicine that people were prescribed. Staff signed this document each time they administered a medicine to a person. We saw a sample of MAR's and these were completed appropriately. There were records to evidence that staff received medicine training and competency checks. The provider told us they ensured all staff felt confident and were competent to administer people's medicines before they would be expected to do this. For people who needed support to take their medicines, information had been included in their plan of care. There was no clear recording within the care plans of the medicines that the person was taking, who was required to administer each medicine, how they were administered and any possible side effects. The provider told us that a prescription for a person's medicines was held at the front of the file to provide information to staff about the medicines people took. Staff also had access to the information leaflet in people's home. The provider advised that there were no protocols in place for medication needed 'as and when required' and they did not complete medication audits as they looked at these documents on a regular basis.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Good Governance.

The registered manager demonstrated transparency during the inspection in relation to safeguarding matters that had arisen in the service. There were records of the service working closely with the local safeguarding team to ensure that the people using the service were kept safe. However, we found one incident that should have been reported to safeguarding and to the Care Quality Commission (CQC). Although the provider took the necessary steps within the service to follow internal procedures and keep people safe, they were unaware of the requirement to report this matter to CQC and the safeguarding team. We are looking at this matter outside of the inspection process.

We found there were systems in place for staff to safeguard people from the risk of abuse. This included having both a safeguarding and whistleblowing policy and procedure in place, informing staff on how they could both report and escalate concerns. The staff we spoke with were clear about what they would do and who they would speak with about concerns. The provider's service user guide gave clear information about the service's abuse policy and the provider's responsibilities to safeguard people.

We looked at the records of three staff to check the registered provider's recruitment procedure was effective and safe. Evidence was available to confirm appropriate Disclosure and Barring Service (DBS) checks had been carried out to confirm the staff member's suitability to work with vulnerable adults before they started work. The Disclosure and Barring Service carry out a criminal record and barring check on

individuals who intend to work with vulnerable adults. Employment references were obtained and gaps in employment were discussed with the candidate. We found one member of staff person didn't have any references on file. The provider advised they had a reference and this was sent to us after the inspection.

The provider advised that they record accidents and incidents on their concerns alert paperwork. There had been limited instances for us to review but all instances were reflected upon and provided examples of lessons learnt. We observed in people's homes there was a fall monitoring log to record and monitor people who were at risk of falls. Staff told us they felt supported when dealing with incidents. One staff member told us, "I followed our procedure straight away and the provider was here in ten minutes to support me."

Systems were in place to identify and reduce risks to people. People's care plans included risk assessments. Documents were individualised and provided staff with a clear description of any risks and guidance on the support people needed to manage these.

People and their relatives told us they were supported by regular staff members. The provider told us that they were short staffed at the moment due to some carers leaving but they were still managing to make all of their calls. One person said, "I always get the same girls coming. There aren't many of them now but they work hard to make sure they always get to me." One staff member said, "It's just a shame that staff leave when people and the staff have got used to them. We all work together to make sure that we cover the calls but it can be tiring. It's no one's fault as the provider is trying to recruit." The provider advised us that they were currently recruiting to vacant posts and they were proactively monitoring reasons why people had left their employment to address any common themes. None had been identified so far.

The office premises were part of the provider's home and systems were in place to keep records safe and secure. The provider had a designated room for all office paperwork and this included locked cupboards and draws to keep information safe. A room was available for confidential meetings and for the delivery of training.

People were protected from the risks of cross infection because staff were issued with personal protective equipment such as disposable aprons and gloves. Staff were observed wearing these items on the day of inspection, when we visited people in their own homes.

Is the service effective?

Our findings

The service was effective. One person we spoke with told us, "I am confident in the skills that the staff have. They seem to know what they are doing."

Staff were sufficiently trained to meet the needs of people and plans were in place to accommodate their future training needs. An external company delivered all care certificated training to the staff team. We saw staff training information which was organised and detailed all the training staff had received. New staff members had completed induction training which included working alongside an experienced member of staff, usually the provider. The provider confirmed that they did not sign staff off as competent with medicines or moving and handling until they had been observed and demonstrated confidence in their skills. Staff spoken with confirmed that they were very satisfied with the amount of induction training they received. One staff member told us, "The training is really good; we are working through our care certificate." Another staff member said, "I had never done a care job before I started working at this service, they trained me up really well. I have completed my NVQ (the NVQ is a work based qualification which recognises the skills and knowledge a person needs to do a job) now."

Staff told us that they felt supported by the provider. Staff confirmed they received supervision and this was sufficient. The provider advised they held two formal supervisions a year but records evidenced one supervision a year. The provider recognised that more recorded supervisions were considered best practice however; they felt they provided regular and effective informal supervision which was not recorded. Staff we spoke with felt sufficiently supported by the provider and said they spoke with them on a regular/daily basis and felt they could seek support at any time.

We recommend that the provider seeks advice and guidance about implementing a more formal supervision and appraisal system.

Care plans we looked at during the inspection showed that people's needs were assessed and evaluated when necessary and care was adapted if required. People's care plans gave information about their health needs and how they were to be addressed. We saw records which detailed community health professional's involvement in people's care where needed, for example input was evident from GP's, district nurses and chiropodists. Records showed that interaction with external agencies was timely and appropriate. A visiting professional told us, "If the service has any concerns regarding their clients they will report them and act on them immediately. The provider can always be reached by phone and they will make themselves available for meetings and reviews."

Care plans clearly identified people's capacity to make decisions under the Mental Capacity Act 2005. The Mental Capacity Act 2005 [MCA] provides a legal framework for making particular decisions on behalf of people who may lack 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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. We observed that the service considered people's capacity upon initial referral to the service and used local authority assessments to support this. The registered

manager told us nobody in the service was subject to any conditions to deprive them of their liberty via a Court of Protection order although policies and were in place to support staff should the need arise.

We checked whether the service was working within the principles of the MCA. Most of the people currently using the service were able and were supported to make their own decisions. A person told us, "I make all my own choices and they respect that very much. I know they would like me to eat more healthy meals but they don't put pressure on me."

At the time of inspection no person in receipt of care accessed the services of an advocate. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves. The provider demonstrated understanding of the role and the importance of promoting the use of advocates.

The service provided support to people at meal times where this was part of an agreed care package. Those people, who were able, were encouraged to be independent in meal preparation. One staff member told us, "If people can, we encourage them to cook with us, such as butter the bread or get items out of the fridge, if people are not able to do this we will make a meal for them." One person we spoke with told us, "The staff can cook but I get them to get me nice hot dinners from the freezer and sometimes if I don't fancy it they will cook me up eggs on toast, I enjoyed that for a change."

Is the service caring?

Our findings

The service was caring. People we spoke with told us that staff were kind and caring. Comments included, "The staff are amazing, my main worker, [name], is beautiful, every woman would want her as their daughter." A relative told us, "I would definitely describe all the staff as caring."

A visiting professional told us, "The provider is an excellent manager and I feel they would not stand for anything less than very high standards. I am always delighted if I hear the service has managed to pick up one of my clients care packages because I know they will have excellent care. In my opinion this provider is one of the best care providers in the area."

Care plans showed that an assessment of people's care needs was completed so the provider could be sure that they could meet the person's needs. We saw that care plans included information about people's abilities and what they could do for themselves as well as the areas they required support with. For example, care plans clearly recorded areas of personal care that staff didn't need to assist with but where it was necessary. Care plans also recorded what decisions and choices the person could make for themselves, such as what clothes they wanted to wear.

People and their relatives felt that their independence was respected and promoted. One person we spoke with told us, "They encourage me to be independent; they encourage me to get my own drinks or help with making the food. They want me to do my own thing where I can."

We saw that people were provided with a 'service user guide.' Contained within this was, for example, contact details of the office and details of how to complain to the service and to other agencies including CQC. People also had a folder in their home which contained a copy of their care plan, daily records, incident forms and further guidance regarding support.

People were treated with dignity and respect. Staff we spoke with explained how they always treated people with respect and maintained their dignity. One staff member told us "I always make sure that I knock before entering anyone's home or room. I also make sure that I close doors when people are in the bathroom." People who we spoke with said, "They help me with personal care; they are very good they always make sure I am in the bathroom and this keeps my dignity." A relative told us, "I have only ever seen them treat [name] with dignity and respect."

Compliments received by the agency through thank you cards highlighted the caring approach taken by staff. One comment read, "Thank you for being so kind, you are a very special person." Another read, "Thank you so much for all of your kind help and support."

People's personal information and sensitive data was stored securely to uphold confidentiality. We saw that records containing people's private details were kept locked away. Staff demonstrated that they were aware of the legal requirements to keep information about people safe and they had recently attended training on this.

The provider told us how they seek ways to communicate with people and remove potential barriers. This included providing care plans and documentation in other formats including large font for people who have sight impairment. The provider works closely with external agencies to ensure that necessary adaptations are completed in people's own homes to meet their diverse needs.

Is the service responsive?

Our findings

The service was responsive. People told us, "The care plan is in the folder and it's up to date, I can't remember the last review." A relative told us, "The care plan is here and we tell them how we and [name of person] want things done and they listen, the daily records are always up to date, everyone is in a good routine."

People and their relatives were involved in the development of their care plans. Plans contained information about areas of support including personal care, mobility and communication and detailed what specific tasks were to be undertaken by staff and family members. Staff told us they had sufficient information in care plans to help them provide people with the appropriate level of support and said, "If I need any more information I ask the person or I can contact the provider at any time."

We saw that care plans were regularly reviewed and updated as and when needed to ensure care and care records remained up to date. The provider engaged with external reviews with professionals which provided a holistic picture of the person's needs. A health professional told us, "The provider will make themselves available for meetings and reviews and at time."

There were opportunities for people who used the service and their relatives to provide feedback about various aspects of the service through quality questionnaires; 27 responses were recorded for surveys sent out in 2018. Responses to the question; 'Are you happy with the care provided?' was 100% positive. Some people highlighted queries including carers being on time and people would like a phone call to let them know if a carer is running late. The provider provided an analysis of the responses to people and detailed what actions were being taken in response to the concerns.

The provider advised that concerns or complaints were recorded on concerns alert forms. There were no recorded complaints at the time of inspection. The complaints process was given to people when they started receiving a service in their service user guide. People said they had no complaints but knew who to speak to if any should arise; they were confident they would be listened to. People said, "I don't need to complain, I get on with them all" and "I have never needed to complain but if I did I know the complaints policy; it was given to me at the beginning." A relative told us, "If I raise anything with the provider it's dealt with straight away, it doesn't get to the point of needing to complain."

At the time of our inspection nobody was receiving end of life care and as standard, end of life preferences were not recorded, however, we discussed this with the provider who told us they had not felt it necessary to record this information to date but they will look into this in the future.

The provider described how they met the accessible information standards and that they had identified the communication needs of people with a disability or sensory loss.

Is the service well-led?

Our findings

The service was not always well led as the provider did not have robust quality assurance systems and processes in place to appropriately monitor and improve the quality of the service delivered. The provider completed ad hoc spot checks on staff on average twice a year to quality check their performance. The provider also worked alongside staff on a daily basis allowing the provider regular opportunities to monitor and address the performance of staff. However, we found that a system for monitoring the service provided to people, including audits of care records such as care plans, risk assessments, medicines administration records and daily visit records, was not in place. Whilst we have found no concerns in relation to the quality of service provided, a lack of record keeping in this area failed to evidence to the Commission that the quality of the service delivered was being monitored and that where issues were identified, improvements were driven forward.

Staff confirmed they were supported by the provider, and received regular informal supervision and attended team meetings; however, there was a lack of record keeping in this area to evidence this support for staff. There was no record of appraisal meetings taking place.

A lack of recorded medicines audits meant that there were no records to show a comprehensive review of medicine procedures had taken place. The service didn't have protocols in place for the use of PRN medicines and care plans didn't contain specific information about the medicines people took.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Good Governance.

The provider has a legal requirement to notify CQC of all significant events which occur in line with their legal responsibilities and relevant registration regulations. We found one event that had not been referred to the local safeguarding team or CQC. We also identified an event that was investigated by the local safeguarding team but CQC were not informed. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We are looking at this matter outside of the inspection process.

People we spoke with told us, "The provider is wonderful, I can't fault them." Another person told us, "Staff have a really good teacher with [name of provider]." A relative told us, "[Name] is really approachable."

We found that there was a culture of openness and of support within the small team. Staff told us they felt confident that any issues they raised with the management team would be dealt with appropriately and they would have no hesitation in raising them. Staff told us that the provider gave them consistent support and they worked side by side delivering the service. They told us, "I know the support is there from [name of provider], they pick up the phone to me and I can ring them at any time." Another worker said, "We can text or ring the provider any time, day or night and they support us, every day I speak to them." Staff told us how management supported them with personal matters, they told us, "I can get support from them regarding anything whether its work or my personal life."

People and relatives were asked to provide feedback through quality assurance questionnaires. The provider used this to evaluate the effectiveness of the service and the level of satisfaction. These questionnaires were analysed and the results were reported back to people. Responses were received from 27 people and showed high levels of satisfaction with comments including, "Staff are always respectful", "Staff are always adaptable to my needs" and "Excellent team, I couldn't wish for better care."

The service worked in partnership with other agencies. Records showed that staff at the service had positive relationships and regular contact with visiting professionals, including GP's, chiropractors, safeguarding teams and hospitals.

Feedback we received from visiting professionals was extremely positive. One health and social care worker told us, "This service provides excellent care and I also feel relieved when this service looks after one of my service users. They are very professional and go the extra mile to make sure all the clients are given the best care possible. [Name of provider] and the carers provide an excellent service and they are very well liked by their clients who all speak highly of them."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance A lack of records meant that we were unable to see how staff were supported and how a quality assurance system was driving forward improvements. People's medicine's was not clearly recorded in care plans and 'as and when required' protocols were not in place. The provider had not ensured they had met all of the commissions registration regulations.