

Blue Moon Care Ltd

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Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

This inspection took place on 6 September 2016 and was announced. It was carried out by one adult social care inspector. We gave the provider short notice of the inspection as we needed to make sure they were available so that we were able to access records, talk to staff and gain permission from people who used the agency to talk to them.

Blue Moon Care provides support and assistance with personal care to people who live in their own home. The agency provides a small bespoke service to two people who suffer with Myalgic Encephalopathy, also known as Myalgic Encephalomyelitis (ME). ME is characterised by a range of neurological symptoms and signs, muscle pain with intense physical or mental exhaustion, relapses, and specific cognitive disabilities.

At our last inspection of the service in April 2014 we did not identify any concerns with the care provided to people.

At the time of our inspection there were two people using the service.

There was a registered manager in post. 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.

The service demonstrated a very strong and visible person centred culture and they were committed to providing a service which put people at the heart of everything they did. The agency was set up with and for the two people who used the service. The agency employed a small team of five staff; many of whom had worked for the agency since its registration in 2012 this meant they had got to know people very well. A person who used the service described the staff as "kind and very friendly."

The agency was committed to enabling the people who used the service to live fulfilling lives and supported them to achieve their goals. For example one person was being supported to work towards a master's degree. Another person was supported to complete a computer course which meant they could join in with interactive staff training sessions. The person also enjoyed supporting a member of staff, whose first language was not English, to complete their on-line training sessions. Another person who used the service was working towards a career they could conduct from their own home.

People were supported to follow a wellbeing programme. Staff supported people to care for their pets. Both people were keen gardeners and staff supported them to grow produce which they regularly exhibited at the Taunton Flower Show. Both people who used the service were involved in the agency's ME Uncut project which was set up by the registered manager and both people to raise awareness of ME. The registered manager and the person we met with told us how, when exhibiting their produce at the Taunton Flower show, they had created cards for the public which gave brief information about ME to raise awareness of the

illness.

People's views were valued and responded to. For example, one person identified a training need for staff and this was arranged. A person who used the service explained how they were involved in the recruitment of staff. They said "I go through the application forms and help to decide who to short list. I then interview the staff with [name of registered manager.]" The registered manager told us "It's down to our clients who we employ."

Care was planned and delivered in a way that was personalised to each person. Staff monitored people's healthcare needs and, where changes in needs were identified, care was adjusted to make sure people continued to receive care which met their needs and supported their independence.

Staff were well trained and people were confident they had the skills to meet their needs. One person said "I have a regular carer who is just brilliant. She really knows what she is doing. She knows what needs to be done and how to help me."

The agency's recruitment procedure ensured staff were thoroughly checked before they began work. Staff knew how to recognise signs of abuse and all said they were confident that any issues raised would be appropriately addressed by the registered manager. People felt safe with the staff who supported them.

There were systems in place to monitor the quality of the service and plan on-going improvements. People using the service and staff felt involved and able to make suggestions or raise concerns.

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 sufficient numbers of suitably experienced and trained staff to meet people's needs.

Risk assessments were carried out to make sure people received their care safely and were able to maintain their independence.

Staff recruitment procedures helped to protect people from the risk of harm or abuse

Is the service effective?

Good ●

The service was effective.

People received care from a staff team who had the skills and knowledge to meet their needs.

People were always asked for their consent before care was given.

Staff liaised with other professionals to make sure people's healthcare needs were met.

Is the service caring?

Outstanding ☆

The service was very caring.

People felt staff were very caring and went out of their way to make sure they were comfortable and content.

People benefitted from a service which demonstrated a very strong and visible person centred culture and they were committed to providing a service which put people at the heart of everything they did.

People were supported by a small team of staff who they were able to build trusting relationships with.

People were involved in decisions about their care and support.

Is the service responsive?

Outstanding 

The service was very responsive.

Staff supported people to ensure they received extremely responsive care and support in accordance with their needs and preferences.

People were fully supported in innovative ways to follow their interests and take part in social activities.

Care plans had been regularly reviewed to ensure they reflected people's current needs.

Is the service well-led?

Good 

The service was well-led.

The registered manager and staff team were committed to providing people with a high quality service.

People benefited from a service that was continuously finding ways to improve and by actively involving people in how it was run.

There were systems to actively monitor care to people and improve the quality of the service.

Blue Moon Care Limited

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 was announced and took place on 6 September 2016. It was carried out by one adult social care inspector. We gave the provider short notice of the inspection as we needed to make sure they were available so that we were able to access records, talk to staff and gain permission from people who used the agency to visit or telephone them.

Before the inspection, the provider 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 information in the PIR and also looked at other information we held about the service before the inspection visit. We also looked at notifications sent in by the service. A notification is information about important events which the service is required to tell us about by law.

At our last inspection of the service in April 2014 we did not identify any concerns with the care provided to people.

At the time of this inspection there were two people receiving support with their personal care needs. We visited one person in their home and met with the registered manager and two members of staff.

We looked at a sample of records relating to the running of the agency and to the care of individuals. These included the care records of one person who used the agency and two staff personnel files. Other records included those which related to health and safety and quality assurance.

Is the service safe?

Our findings

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. The agency employs five members of staff many of which have worked for the agency since its registration with the Care Quality Commission in 2012. In addition to the care staff there was a registered manager, who is also the registered provider, and a deputy manager. The level of support people received was tailored to each person's needs and preferences. One person said "I'm in control of what I want the staff to do. They're really good." A member of staff said "It's really good because you get loads of time to spend with [names of the people who used the service.]"

A person who used the service told us they felt safe and always knew who would be visiting them. They said "I get a rota every week. It tells me who is coming and which staff are on holiday. They are all lovely." A member of staff said "It's well organised. You always know what you are doing." Staff made sure people's homes were secure when they left. One person had a key safe and the registered manager told us the person regularly changed the codes. They said "[Person's name] likes to be in control so they change the code and let us know."

The person we met with told us they could easily contact a member of the management team at any time of the day or night. They said "I have this SOS watch. All I have to do is press this button and it goes straight through to [name of registered manager]. I haven't needed to use it but it's there if I need it." There was an on-call system for staff which meant they always had access to a member of the management team.

Risks of abuse to people were minimised because the provider made sure all new staff were thoroughly checked to make sure they were suitable to work for the service. These checks included seeking references from previous employers and carrying out checks with the Disclosure and Barring Service (DBS.) The DBS checks people's criminal history and their suitability to work with vulnerable people. Staff told us, and records confirmed, they had not been able to begin work at the agency until all checks had been carried out.

Staff told us, and records seen confirmed that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. The registered manager told us there had not been any safeguarding incidents at the service.

Risks to people were assessed and measures to enable people to live safely in their homes were recorded. Risk assessments included the risks associated with people's homes and risks to the person using the service. For example, one person had dysphagia which meant they experienced difficulties in swallowing and were at risk of choking. Information in the risk assessment required staff to prepare their meals to a pureed consistency. A plan to manage the risk was in place and was understood by staff. All staff had received training in dysphagia and all staff had received training in first aid.

The agency did not supply any equipment to people in their own home. This meant people were responsible for ensuring equipment remained safe to use. However; the registered manager told us they supported people to ensure any equipment remained safe to use. They explained they arranged for regular servicing of people's wheelchairs and also assisted them with household repairs and servicing of heating boilers.

The registered manager told us the people who used the service required minimal support with their medicines. They told us staff supported people to order their monthly prescription and collected their medicines for them. Staff maintained a record of people's medicines which included the amount received and when medicines should be taken. All staff had received training in the safe management and administration of medicines.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People were very positive about the staff who supported them. The person we spoke with said "I get really good support. The girls are great."

People were supported by staff who had undergone a thorough induction programme which gave them the skills to care for people effectively. The Provider Information Return (PIR) told us "Staff receive intensive training (including Communication and extensive shadowing) during induction and receive continual training once appointed." Staff told us they were not asked to work alone until they had received all required training and they felt confident in their role.

Staff received training appropriate to the needs of the people who used the agency. This included dysphagia (difficulty in swallowing) and Myalgic Encephalopathy (M.E). This is a neurological condition which can affect every organ in the body. Symptoms can include chronic fatigue, pain and visual disturbances. The people who used the service were both living with M.E and the provider was committed to raising awareness of the condition by keeping up to date with current guidance and sharing their knowledge and providing training to health and social care professionals. The people who used the service were actively involved in researching developments into the management and treatment of M.E. They also attended training sessions along with staff, which meant they could share their experiences and knowledge about living with M.E. This innovative and inclusive method of training staff meant people were supported by staff who really understood how the illness affected them and how best to support them. One person who used the service told us "[Name of registered manager] is great and leaves no stone unturned. They are totally committed to making our lives more bearable."

One person who used the service told us how they and staff regularly read health/medical journals where they would chose a particular article and have a discussion about the topic. They had developed a scrapbook which was used to facilitate information sharing. The registered manager told us this had been very successful and helped staff and the people who used the service to learn in a more interactive way.

Staff monitored people's health and liaised with relevant health care professionals to ensure people received the care and treatment they required. Staff recorded clear information about any health issues, action taken and the outcome of people's contact with health care professionals. One person had dysphagia (difficulty in swallowing). They had been assessed by a speech and language therapist and had, for some time, required their food to be pureed. The person had requested to try foods with more texture as this would be more enjoyable for them. The registered manager had liaised with appropriate professionals and the person was now managing more textured food. Their completed PIR said "We actively research ways to relieve our service users' discomfort for example when our service user with severe dysphagia wanted to move away from a Grade C puree diet we conducted research, liaised with our insurance brokers and local NHS staff and designed a way to do this for them including creating documentation to keep them and the care assistants safe."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. We checked whether the service was working within the principles of the MCA. We spoke with the registered manager about the MCA and Court of Protection. We found that they were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions and choices.

The registered manager told us that no one being supported by the service lacked the mental capacity to make day-to-day decisions. This meant that there had been no requirements to make applications to the Court of Protection.

Staff had received training and had a good understanding of the principles of the Mental Capacity Act 2005. They were clear about respecting people's rights and of the procedures to follow where a person lacked the capacity to make decisions about the care and treatment they received. The registered manager told us training in the MCA had been provided to staff and the people who used the service. They explained "The training sessions were very interactive and were based on situations which our staff and our clients could face at any time." They told us a recent training session had been based on a scenario where a health care professional had refused to see the person with their carer present. The registered manager explained "It's really important that the staff and clients are aware of their rights."

Is the service caring?

Our findings

People were able to build positive and caring relationships with the management team and the staff who supported them. The agency employed a small team of five staff; many of whom had worked for the agency since its registration in 2012 this meant they had got to know people very well. A person who used the service described the staff as "kind and very friendly."

The service demonstrated a very strong and visible person centred culture and they were committed to providing a service which put people at the heart of everything they did. The registered manager told us "The agency was set up for and with our clients. They were involved every step of the way. Our clients decided on the name for the agency; they designed the agency's logo, helped to design the adverts for staff and had final say over whom the agency appoints."

People's views were extremely important and valued by the service. For example, the registered manager wanted people to be supported by staff they felt comfortable with. They did this by involving people in the recruitment of all new staff. A person who used the service explained how they were involved in this process. They said "I go through the application forms and help to decide who to short list. I then interview the staff with [name of registered manager.]" The registered manager told us "It's down to our clients who we employ. They have the final say on who they want to support them." Information in the Provider Information Return (PIR) told us "Service users take part in our interview process for new applicants and have the 'last say' over whom we appoint and choose which carers they want to use for which tasks and at what times of day they want them."

Thoughtful consideration had been given to ensure people were treated with the upmost respect. For example, people had helped to develop "Hello and goodbye cards" for staff to use. For both people their sleeping patterns could become very distorted which meant they could be asleep when staff arrived or left their home. The registered manager said "The appropriate card is left in a place agreed by [names of people] so that upon waking they can easily see the card. We felt that it was important that the common courtesy that would exist if they were awake (of saying hello and goodbye) was also present even if they were asleep. The cards also enable [names of people] to know when they wake up whether the carer has arrived or left their home. The person we met with showed us the cards and told us "it works well."

The service reacted compassionately and creatively to ensure the results of people's complex needs did not affect things that were important to them. For example both people lived with Myalgic Encephalopathy (M.E) and both experienced sensitivity to light. This meant they had their curtains closed for the majority of the day light hours and therefore would lose track of time and even forget what season it was. The registered manager told us how they had helped each person to create a "year tree." They told us "This is a branch which is decorated with items for that month of the year for example mini Easter eggs at Easter, beach balls and hats for the summer and autumn leaves for September. One person also had weather symbols which staff changed according to the weather conditions. This helped people to remain orientated to the changing seasons and weather conditions.

People's care records confirmed that staff had taken time to gather the outcomes and goals that people wanted to achieve, for example to remain living in their own home. These were then taken into consideration when planning all aspects of their care. The management and staff team were determined and committed to enabling people to live their lives as they wished and they used innovative ways to overcome obstacles. For example, one person aspired to return to the career they had before they became unwell. We heard how they were encouraged and supported to keep their knowledge and practice up to date and to share their extensive knowledge with others. The person was facilitated to make an active contribution in staff training sessions. They also supported a member of staff whose first language was not English when they completed their on-line training sessions.

Both people who used the service had pets which meant a great deal to them. Their health needs meant they were not always able to care for their pets independently or as they once did. The registered manager explained "All of our carers have it written into their contracts that they are expected to help our clients with caring for their pets (and wildlife) as animals improve quality of life." We saw this to be the case when we visited a person who used the service. The registered manager also said "[name of person] loves dogs and had to give theirs up when they were so ill so we make sure that they spend time each week with [name of other person who used the service] labradoodles."

Is the service responsive?

Our findings

People who used the service were very positive about the initiatives that the service had provided to promote social inclusion. We heard how this had a tremendous impact on people's lives and made them feel energised and valued.

The service was committed to enabling people to live as full a life as possible and they went out of their way to find solutions to obstacles which people may face. The registered manager told us about one person who had a keen interest in British and International politics. They told us the person was supported to attend a Calais Refuge evening seminar which they had thoroughly enjoyed. They also told us "At this seminar we learnt of the local 'Mend and Send' project where donated clothing is repaired before being sent to the Calais Jungle refugee camp and to other refugee camps." They explained the other person who used the service used to make items for charity before they became ill. They said "We have agreed that one of our carers will escort [person's name] to a 'Mend and Send' session to see if they like it. We also pay for material and other items to enable [person's name] to pursue their sewing interest as they are an accomplished seamstress."

People were supported to follow a wellbeing programme. This programme helped people identify and meet their goals and aspirations and the service used innovative ways to help people to achieve their goals. The registered manager told us the programme was designed to "improve the quality of life people experienced including ensuring people felt valued and have their voice heard." One person had wanted to become more involved in staff training sessions but found this difficult because of their medical condition. The registered manager told us "I helped [name of person] to research computer skills courses and they did a course at the local library with a carer. I then provided [person's name] with a computer and taught them how to use skype. This means they can now join in with our interactive training sessions without having to leave their home." The person who used the service told us they enjoyed the training sessions and "liked to keep up to date." They also showed us a file which contained information and updates on a range of topics which had been covered.

One person who used the service had a keen interest in photography and the agency had supported them to attend a digital photography course at the local college. The person regularly contributed to interactive sessions for staff and the other person who used the service. These included taking and sharing photographs of everyday objects in their homes at unusual angles. There were prizes for identifying what the object was. We were told "It's a bit of light hearted fun that gets us all thinking."

One person was looking towards a multifaceted career that they could conduct from their home. One of their areas of interest was educating others in the fields of science and health sciences. The person had been given supported opportunities to help train staff during interactive training sessions and they were being helped to plan an interactive session on anatomy. We were told "They are going to dissect an animal's heart and we have purchased an anatomical torso and pumping heart model for them to use to explain the heart and how it (and circulation) is affected when one has ME."

The service supported one person to access a "board game group" once a week in the local community another person was being supported to complete a master's degree. This person had also been supported to attend a graduation ceremony at Exeter Cathedral. The registered manager had visited the venue prior to the ceremony to establish whether the arrangements were fully accessible to the person who used a wheelchair. With some adjustments the person had been able to achieve their goal of attending the ceremony and receiving their award without staff support. This had meant a great deal to the person and was a great achievement.

Both people who used the service were keen gardeners. Staff supported each person to maintain their flower and vegetable gardens. One person was very proud and was keen to show us their garden. They told us "The staff help me to grow vegetables and we enter them in the Taunton flower show. I really enjoy it." We were shown photographs of the person's productive vegetable plot from last year. The registered manager told us "Our team planted and weeded and watered it at [name of person's] direction."

The people who used the service had a very close relationship for many years and we heard it was very important to them to spend time together. Through discussions with the people who used the service, the registered manager helped to facilitate this. They said "We celebrate everything that we can think of in order to improve [names of people who used the service] quality of life. So, carers make Halloween pumpkins and help them to do so too. There's a prize for the best one and photos of all of them go into our newsletter."

People received care that was responsive to their needs, flexible and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. For example people chose the staff they wanted to support them and the times they wanted support. One person told us "The staff come when I want them and will do anything I want doing." Staff had a good knowledge of the needs and preferences of the people using the service. This enabled them to provide care that was responsive to people's individual needs and wishes. One person said "I have known the staff for years. They know what I am like and they know the way I like things done. They respect me." A member of staff said "I've got to know [name of person] really well. I know they will always tell me what they want done and when. I'm completely guided by what [name of person] wants."

The registered manager also told us "We ensure that [names of people using the service] always have time together at the main holidays. So they either have Boxing Day or Christmas Day together, they always see the New Year in together, spend part of Easter together and have Bonfire Night together where we have a mini bonfire, mini fireworks and a mini-guy."

The PIR told us "We do not operate short care sessions, so care is not rushed and care workers have time to converse with service users. We are flexible as to when care workers arrive and finish shifts and so timings are altered to accommodate the timing of service users' activities and enable visits from/to friends. Service users determine their own goals and aspirations via their priorities and achievements reports." One person who used the service said "I tell the staff what I want and they work around me. They never dictate what I do or when I do it. They know when I want to be left alone and they just get on with something else until I want them."

People were fully involved in the planning and review of the care and support they received. The registered manager and deputy manager were in contact with people on a daily basis and they met with people every six weeks to formally discuss their care needs. People's views were valued and responded to. A person who used the service explained how additional training had been provided to staff after they identified a shortfall in the skills of the staff when assisting them to eat. They said "It's alright for me to mush my food up together but the staff shouldn't do that. Also it's not easy when staff have the next spoonful waiting when you still

have something in your mouth." They told us the registered manager had provided staff with further training which involved staff "living the experience" by having to feed each other. The person who used the service told us this had a positive impact as "staff now understood what it was like to have someone feed you."

Is the service well-led?

Our findings

The service had an embedded culture which was positive, open, inclusive and inspiring. The people who used the service were at the heart of everything they did. For example people who used the service had been fully involved in the development of the agency. The registered manager told us the agency was "set up with and for the two clients." They told us the agency was set up to support the two people to live their lives to the full and to remain as independent as possible. In their completed Provider Information Return (PIR) they told us "Service users and staff are involved in developing our service including that our agency was established by the management with our two service users in order to provide the service they desired. Thus, the quality of their lives is intrinsic to our agency's values, ethos and the way that we operate."

The service was passionate about enabling people to live their lives to the full and empowering them to have their voice heard. The registered manager told us "Both our service users are involved in major complaints about national bodies. We have fully supported them in making the complaint and facilitated them in doing so as we believe that enabling our service users to have their 'voice' heard is fundamental to their wellbeing."

There was a strong emphasis on continually striving to improve the quality of the service people received and the service used innovative and creative ways to enable people to feel valued and to be empowered. For example the people who used the service were involved in setting up and running the M.E (Myalgic Encephalopathy) Uncut project. The registered manager said "Both [names of people who used the service] are keen that other people develop a better understanding of ME and so our ME Uncut project gives them both the opportunity to help design the posters and handouts and decide the pathway that the project takes." The registered manager and the person we met with told us how, when exhibiting their produce at the Taunton Flower show, they had created cards for the public which gave brief information about ME to raise awareness of the illness. The registered manager told us they had been invited to write an article for the Taunton Flower Show to encourage other agencies and care homes to enable their clients to exhibit at the show.

People's views about the quality of the service they received were important to the agency. The deputy manager met with each person each week to check they were satisfied with the support they received and with the staff who visited them. Additional training had been provided for staff when one person raised some concerns about the support they received with their meals. They told us "Extra training was arranged straight away. It was very good."

There were systems in place to make sure high standards of care were delivered. All staff received formal supervision and the people who used the service fed back on the performance of the staff on a regular basis. Supervisions were an opportunity for staff to spend time with a member of the management team to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed. The registered manager gave us examples where they had used their disciplinary procedures to address issues where the staff member's standards had fallen below what was expected by the agency.

There was a management structure which provided clear lines of responsibility and accountability. The registered manager, who had overall responsibility for the service, was also the provider as they were the owner of the service. They were supported by a deputy manager and team of five care staff.

People benefitted from a management team who were committed to on-going learning and keeping up to date with current best practice. There were various ways in which the management team kept their skills and knowledge up to date. They were members of the Registered Care Providers Association (RCPA) and attended regular seminars and their annual conference which provided information about changes in legislation and highlighted areas of good practice. The registered manager told us they also attended a series of Domiciliary Care Provider Engagement Events organised by the NHS and by Adult Social Care departments. They also subscribed to health and community care magazines and received regular updates from the Care Quality Commission. Both the registered manager and deputy manager were working towards the Level 5 Diploma in Leadership for Health and Social Care.

The agency had a variety of up to date policies and procedures which ensured all staff were kept informed of the agencies expectations and legal requirements. Policies were well written and informative; where appropriate they gave contact details to enable staff to seek further advice.

There had not been any significant events at the agency however, the registered manager was aware of their legal responsibility to inform the Care Quality Commission where required.