

Bluewood Care Limited

# Bluewood Care Limited

## Inspection report

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Date of inspection visit:  
19 July 2018

Date of publication:  
16 August 2018

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

The office visit of this inspection took place on 19 July 2018 and was announced.

Bluewood Care Ltd is a domiciliary care agency registered to provide personal care to people in their own homes. At the time of this inspection the service supported four people with personal care and employed four care staff.

This was the first inspection of the service following their registration with us in November 2017.

A requirement of the provider's registration is that they have a registered manager. There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe using the service and there were enough staff to provide the care and support people required. People received care from staff they knew and who arrived around the time expected. Staff had completed safeguarding training and understood how to keep people safe from avoidable harm and abuse.

Risks to people's safety were identified and assessments completed to provide guidance for staff about how to reduce or manage the risk. The provider's recruitment procedures made sure staff were safe to work with people who used the service. People received their prescribed medicines from staff who had completed training to do this safely.

People had an assessment completed at the start of their service to make sure staff could meet their care and support needs. Staff received an induction when they started working for the service and completed training that provided them with the skills and knowledge to support people's needs. When needed, arrangements were in place to support people to have enough to eat and drink and remain in good health.

People's right to make their own decisions about their care were supported by the registered manager and staff who understood the principles of the Mental Capacity Act. Staff asked for people's consent before they provided care and respected decisions people made about their care and support.

People received care from staff who they considered to be kind and caring, and who stayed long enough to provide the care and support people required. Staff knew people well as they visited the same people regularly. Staff promoted people's privacy and dignity and people received care and support which was individual to them.

Care plans provided information for staff about people's individual preferences and care needs. Plans were regularly reviewed and people said the service was flexible and responsive to their needs. People knew how

to complain, and information about making a complaint was available for people.

The registered manager and provider used feedback from people to assist them in making improvements to the service. Staff understood their roles and responsibilities and said they had regular individual meetings and observations of their practice to make sure they carried these out safely. There were some processes for assessing and monitoring the quality of the service but record keeping and overall governance required improvement. The provider acknowledged they would need to continually review and develop their current systems if the size of the agency was to increase.

## 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.

People felt safe with staff, and there were enough staff to provide the support people required. Staff understood their responsibility to keep people safe and to report any suspected abuse. Risks identified with people's care had been assessed and staff knew how to manage risks to keep people safe. The provider checked the suitability of staff before they worked in people's homes. Staff were trained to give people their medicines and people said they received these as prescribed.

### Is the service effective?

Good ●

The service was effective.

Staff completed training to ensure they had the knowledge and skills to meet people's assessed needs and deliver safe and effective care to people. The registered manager and staff understood the principles of the Mental Capacity Act 2005 and respected decisions people made about their care. Where required, staff made sure people had enough to eat and drink and referred people to healthcare professionals if needed.

### Is the service caring?

Good ●

The service was caring.

People received care and support from staff who they considered kind and caring. Staff understood people's individual need, and respected people's privacy. People felt involved in their care and were supported, where possible, to maintain their independence.

### Is the service responsive?

Good ●

The service was responsive.

People's preferences had been taken into consideration when planning and delivering their care. Care plans provided staff with the information they needed to provide care in the way people preferred. People's care and support needs were reviewed

regularly and staff were kept up to date about changes in people's care. People knew how to complain if they needed to.

**Is the service well-led?**

The service was not consistently well led.

People were asked for their opinion of the service. People were satisfied with the service they received and with the care staff who visited them. Care staff said they received the support and supervision they needed to carry out their roles but this was not recorded. There were some quality checks in place but the provider's overall governance and record keeping procedures required improvement.

**Requires Improvement** 

# Bluewood 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 checked 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 comprehensive inspection was carried out by one inspector.

Inspection site visit activity started on 14 June 2018 and ended on 23 July 2018. It included telephoning people and their relatives to get their views on the care they received. We visited the office location on 19 July 2018 to see the registered manager and office staff; and to review care records and policies and procedures

The provider had completed a Provider Information Collection (PIC) before this inspection. 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. We reviewed the information in the PIC during our visit. We found the information reflected how the service operated.

Prior to the office visit we reviewed the information we held about the service. This included statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. There had been no notifiable incidents the provider needed to inform us about. We contacted a local authority who had arranged a placement with the service. Information received was considered as part of our inspection planning.

We also reviewed the 'share your experience' information we had received. This is information that people who use the service/ relatives/members of the public or social care professionals want to tell us about.

The provider sent a list of people who used the service to us; this was so we could contact people by phone to ask them their views of the service. We spoke with two people, and two relatives of people who used the service. We used this information to help us make a judgement about the service.

During our inspection visit we spoke with the registered manager, the provider and two care staff. We reviewed two people's care records to see how their care and support was planned and delivered. We looked at four staff recruitment files, staff training records and records associated with the provider's quality checking systems.

# Is the service safe?

## Our findings

People and relatives told us they felt safe using the service because they had confidence and trust in the staff that visited them. Comments included, "Yes very safe, I can go out and leave them to sit with [person] which I couldn't do before," and "[Name] feels very safe with them, I'm very confident about that."

People were supported by staff who understood how to protect them from the risk of abuse. Care staff had completed training on how to recognise abuse and understood the importance of safeguarding people they provided care and support to. They were aware of the different signs of abuse and their responsibilities to report concerns to the registered manager. One told us, "I would report my suspicions to the manager and record this. The manager would report this to social services." The provider had policies and procedures to follow if they identified any safeguarding concerns. There had been no safeguarding referrals since the provider registered with us. The registered manager knew the procedure for reporting concerns to the local authority.

The provider completed an assessment of people's care needs at the start of the service. This identified any potential risks to providing their care and support. Staff knew about risks associated with people's care, such as helping people to move and maintaining their health and welfare. For example, two people we spoke with told us they or their relative used equipment to help them stand and transfer. One person told us, "I did use a turntable, they [care staff] knew how to use this safely." Staff had completed training to manage people's risks and keep them safe such as moving and handling training, and medication administration.

Where required people had checks on their skin to make sure this remained in good condition. Care plans reminded staff to support people to reposition themselves to relieve pressure and to report any changes in skin condition to the GP or district nurse. Staff knew to check people's skin, one told us, "We keep an eye on [name's] skin, we check all the time, the district nurses also check it regularly." Records confirmed staff carried out these instructions.

People said there was sufficient staff to provide all the visits they required. People told us, "I have 24-hour care and I have not had any problems at all. They always come on time for the changeover of staff." Other people said, "Staff always arrive around the time expected," and "They always let me know if they are running late. It doesn't happen very often but they do get stuck in traffic occasionally." Everyone we spoke with said staff stayed long enough to do everything they needed to before they left.

The provider had an out of hour's on-call system to support staff when the office was closed. Staff said there was always someone available if they had any concerns or worries.

The provider's recruitment process included checks to ensure staff who worked for the service were of a suitable character. The registered manager told us, they made sure staff had Disclosure and Barring Service (DBS) checks and references obtained before they started work. The DBS helps employers to recruit suitable staff by checking people's backgrounds and police records to prevent unsuitable people from working with



people who use care services. Staff files we viewed contained DBS checks. We saw these checks had been made by previous employers, and were transferable. The registered manager told us they contacted the DBS to check if there was any information since the date of the DBS but they had not recorded the outcome. They said they would record this in future.

Not all files we looked at demonstrated that references had been obtained prior to the care worker starting work. The registered manager sent confirmation following the office visit that references had been requested from staff previous employers where possible. The provider obtained a copy of the care workers passport and work permit where required to ensure people had the right to work in the United Kingdom.

We looked at how medicines were managed by the provider. Three of the people we spoke with either managed their own medicines or had a relative to support them with this. Where people had been prescribed creams that staff applied, this was recorded in their care plan and staff completed a medication administration record (MAR) to show this had been applied. One person was assisted to take medicines. They told us, "Yes, they give me my tablets. They do this at the right time and never forget to do this." Completed MARs viewed in the office confirmed medicines had been given as prescribed. Records in the office showed medication assistance was recorded in the initial assessment and a record of prescribed medicines were recorded in the care file.

The registered manager told us that care staff completed medication training before they could assist people with medicines. However, there were no checks on staff competency to make sure they put their training into practice and administered medicines safely. We discussed this with the registered manager who told us a medicines competency assessment would be implemented.

Care staff recorded in people's records that medicines had been given and signed a medicine administration record (MAR) to confirm this. Completed MARs were returned with the daily records to the office every month for auditing by the registered manager. These procedures helped to make sure people were given their medicines safely and as prescribed.

Staff understood their responsibilities in relation to infection control and hygiene and had completed training in relation to this. People we spoke with confirmed care staff wore protective gloves and aprons when providing personal care and carrying out other tasks. One person told us, "Yes they do wear gloves and they leave everywhere clean and tidy."

The registered manager told us there had been no accidents or incidents since the service registered with us. The provider had a procedure in place to review any incidents if they did occur.

# Is the service effective?

## Our findings

An assessment was completed at the start of the service so the registered manager knew what care people required and that staff had the skills to meet people's needs. One person told us, "I had an assessment when I first started, they asked me what I needed help with and about my health."

People told us care staff knew what care and support they needed to meet their needs and maintain their welfare. One person told us, "They take their time to do things properly." Another said, "They [Staff] are fine, and know what they are doing. They are very proactive and 'on the ball'."

People received care from care staff that were knowledgeable and supported to keep their training up to date. Care staff told us they had completed training to enable them to carry out their roles. They said they completed an induction to their role when they started to work for the service, which included working alongside (shadowing) more experienced care staff. They said this helped them to understand their role and how to support people.

The registered manager told us the induction training completed by staff was linked to the 'Care Certificate'. They said they had contacted a local college about providing this training and that new staff would be able to access this from September 2018. The Care Certificate sets the standard for the key skills, knowledge, values and behaviours expected from staff within a care environment. The registered manager told us they observed staff to make sure they were confident putting their training into practice before they worked on their own.

Staff completed training in areas the provider considered essential for care staff. This included moving and handling people, safeguarding adults and health and safety training. We asked staff about their training. Staff told us they had worked in care prior to working for Bluewood Care and had completed training with other providers. One told us, "I've had training with my previous employer and in comparison, I think the training here is excellent." Another told us, "They keep a record of your training and let you know when you need an update. They plan this in advance which is good so you can arrange things around it."

Where required staff had received training to support people's health conditions. For example, staff had recently completed training in Epilepsy management. Staff spoke positively about the training and felt confident to administer the prescribed emergency medication when required. One staff member told us about their training, "The epilepsy training was very good. The trainer made it interesting. We were given a book so you can go back and read about it."

We asked care staff if they had individual meetings with the registered manager and unannounced observations 'spot checks' to check if they put their training into practice. Care staff said they had regular meetings to discuss their work and personal development. They also confirmed they had observations of their practice. One told us, "I have supervisions and regular observations of my practice. They check to see if I have done everything I should, and speak to the client to see if they are happy with my care."

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.

We checked whether the provider was working within the principles of the MCA. The registered manager understood their responsibilities under the Act and knew to contact the local authority if they had concerns about a person's capacity. The registered manager told us there was one person using the service that lacked capacity to make certain decisions. This person had a relative who was authorised to make decisions on the person's behalf. We asked if they had a copy of the authorisation, which they did not. The provider needs to ensure themselves that where relatives/representatives are legally appointed decision makers they know what decisions the person is authorised to make.

Staff had an understanding of the MCA and how this would affect their practice. One told us, "I had on-line training for this. I know it's about capacity to make your own decisions and if not, who can make decisions in people's best interest." Staff knew they had to gain people's consent before they provided care. They told us everyone they visited could make everyday decisions for themselves or had someone who could support them to do this. People confirmed staff asked for consent. One person told us, "They always ask for consent, by asking is it all right if I ..." Care plans had been signed by people or their relatives on their behalf, to agree to the care being provided.

Two people we spoke with told us they were able to prepare their own meals and drinks or family members provided this. One person told us staff supported them with food shopping and meal preparation. They said, "They make my meals in the way I like, they always ask me what I would like. They go shopping for me and always buy good quality food." Another told us, "They [staff] make lovely sandwiches." Staff told us, when they supported people with meal preparation they always offered a choice from the food available. Staff told us they made sure people were left with a drink before leaving to maintain their hydration. There was no one who used the service at the time of our inspection that had any specific dietary requirements.

People who used the service managed their own health care appointments or were supported by family to arrange these. Staff said they would phone a GP or district nurse if they needed to but would usually ask the family to do this. People confirmed staff responded if they were unwell. One person told us, "Oh yes they will phone the GP if I am not feeling well."

## Is the service caring?

### Our findings

People told us care staff were caring and respectful. Comments included, "They are really good, [person] is happy and that's what means so much," and, "He gets on really well with all of them. They are very patient with him."

Care workers told us how they ensured people were treated with respect. One care worker told us, "I treat people as I would want to be treated, with respect." Another said, "Just treat people well. From the moment you arrive be pleasant and ask people before you do anything if it's okay. Be mindful of how you talk and approach people."

People confirmed their privacy and dignity was maintained. One person told us, "They [staff] always respect my privacy and make sure I am not left uncovered or embarrassed."

Staff provided support to the same people to enable continuity of care, and to build up relationships and trust. People spoke positively about the staff who visited them, they said, "They [staff] are lovely, and chat away while they do whatever they need to," and, "We treat each other like family and enjoy socialising and listening to music together."

Care staff told us they did not have to rush and had time to talk to people as they were allocated sufficient time to carry out the care and support required. One told us, "We always stay the full time and never cut calls short. We have a duty of care as care workers. We can stay longer than allocated as long as we record what we do." People confirmed they received their care as they liked, "They look after me really well. Nothing is too much trouble, I'm living the life of Riley."

Where possible care staff told us they encouraged and supported people to maintain their independence. One told us, "I try and encourage them [people] to do things for themselves, it's not always possible but I will say, come on let's do this together." Another told us, "With personal care I let them wash the areas they can reach and I will do the other parts."

People told us and records confirmed people were involved in their care. People said, "I do feel involved in my care, they involve me in everything they do," and, "Yes I do feel involved, they always ask for my choices and listen to me." People were involved in reviews of their care and relatives were invited if people requested.

Staff told us they felt valued and supported by the provider and registered manager. One told us, "They are a good caring company. They care about the people and their staff, they always try to work with you." Another told us "The managers provide good support and communication works very well they keep you informed about everything."

## Is the service responsive?

### Our findings

The initial assessment carried out by the registered manager at the start of people's service was used to devise a care plan informing staff how to provide the care people required. The registered manager told us they held a 'briefing' with staff about each person before they provided care and held a 'meet and greet' meeting with each person to introduce new care staff.

People received care and support from care staff they knew well. They told us, "I have regular carers, it's a small team who visit regularly." Another told us, "Yes I know them all, I have live-in carers and this works really well for me." People also told us staff knew how they liked their care provided. Comments from people included, "They know my needs, what I like and don't like," and, "They don't rush which I like, and they always have time to chat while they are working." A staff member told us about a person they visited, "I have worked with [name] for some time now, I know them very well and any behaviours I know why. Their [relative] is always there for any advice so you never feel alone."

Care staff we spoke with knew the needs and preferences of people they visited and told us they had time to read care plans in people's homes. They said there was sufficient information in care plans to inform them what to do on each call and about any risks with people's care. One told us, "Everyone has a care plan, it tells you everything you need to do on each call. They are very good and contain all you need to know." Care workers told us they referred any changes in people's care to the registered manager who would arrange for a reassessment to be completed. They said plans were reviewed and updated quickly so they continued to have the required information to meet people's needs.

The registered manager told us they provided care to people at weekends. They said this was so they could monitor people's care needs to ensure plans remained accurate and people's needs continued to be met.

People knew they had a care plan, which they said was accurate and up to date. One person told us, "Yes I have a care plan and a book they sign each time. I do look at it now and then it's always accurate." Another said, "Yes I have a care plan the carers read it and write in it." Staff told us all the people had care plans in their home for them to follow.

We reviewed two people's care records. Plans were person centred and provided care workers with information about how people wanted to receive their care and support. There were instructions for staff about what to do on each visit. For example; what personal care people required and how staff should support people who required assistance or equipment to move around.

People knew how to make a complaint if they needed to, one person told us, "Yes we have complaints information in the folder, never had cause to complain." Another said, "I have no concerns whatsoever."

Care workers knew how to support people if they wanted to complain, we were told, "There is complaints information in people's homes. It tells them who to contact if they have any concerns." Care workers said they would refer any concerns people raised to the registered manager or provider and were confident

concerns would be dealt with effectively.

The provider and registered manager told us there had been no complaints about the service. They went on to say they spoke with people every week to make sure they were satisfied with their service, and any minor concerns were dealt with as they arose. People we spoke with confirmed this happened. One person told us, "[Provider] and [registered manager] have been out to see us and asked if everything is okay. I have no complaints."

The Accessible Information Standard (AIS) is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We looked to see how this standard was being met. The registered manager told us no one using the service required information in other formats other than written English, but information would be made available in other formats if people required this.

People were provided with a home folder that contained information about the service and how it operates. Information provided to people also included the telephone numbers for the office, and how to make a complaint.

## Is the service well-led?

### Our findings

There was a registered manager in post who understood their responsibilities and the requirements of their registration. They knew what notifications were required to be sent to us and had submitted their Provider Information Collection when requested. The management team consisted of the provider and the registered manager.

People we spoke with said they were happy with the service they received. One person told us, "Everything is going well. The people who run Bluewood visit me to see if we are satisfied. They do seem to care." Another said, "They really try hard to do things right."

Care staff told us they enjoyed working for the provider and said they were well supported by the registered manager who they referred to as approachable and knowledgeable.

People and relatives told us they were asked for their opinions of the service and that the registered manager and provider listened and responded to their views. For example, one person said, "[Provider's name] has been out this morning to see how I am and if all is going well, which it is." Another, "[Provider's name] visits several times each week to check everything is ok. They are ever so good."

There was an 'on call' system for evenings and weekends so that staff working out of office hours always had access to support and advice. The registered manager told us all the people who used the service or their relatives had been provided with their, and the providers mobile phone number so they could contact them in an emergency.

People told us they had no difficulty contacting the office if they had any issues or to request changes in their visit times. People told us, "Someone has always answered when I have phoned the office," and "When you phone the office if you have to leave a message they get back to you straight away."

The provider had a communication book to record messages but told us they did not always record conversations they had with people. We asked how they assured themselves issues were followed up with people. They said as it was a very small service they had a good oversight of the service but acknowledged as the service grew procedures would need to be more robust.

The provider and registered manager carried out checks on staff practice and held meetings with staff to discuss their role and personal development. However, there were no written records to demonstrate these took place, or if there were any learning points and actions resulting from these meetings or observations.

We found where risks associated with people's care had been identified, plans to manage or minimise the risk were not always completed. For example, one person required equipment to help them transfer, there was no information for staff about how to use the equipment to transfer the person safely. The registered manager told us they would review people's risks and complete a separate risk assessment for any identified risks.

The provider and registered manager said they worked closely together. They did not have formal management meetings but discussed issues related to people who used the service and staff as they arose. However, there were no records of any decisions made or actions taken.

We found record keeping in the service could be improved. We would recommend that the provider and registered manager kept contemporaneous records to evidence how the service is monitored and managed.

The registered manager checked records that staff had completed when they were returned to the office monthly. This was to make sure people had received their care as agreed in their care plan and medicines had been administered as prescribed. However, we noted some daily records staff completed during visits to people did not contain detailed information to confirm care and support had been provided as recorded in the care plan. For example, some staff recorded 'personal care provided' while others recorded if people had received a wash or a shower, continence care, skin checks, hair washed or shaved. The registered manager told us they would ensure staff fully recorded the tasks they had completed.

We asked if the provider had an improvement/development plan for the service, they said no. We discussed the quality assurance systems with the provider and registered manager, who advised these needed to be developed.

Since the service was registered in November 2017 we had received two concerns about the service. The provider told us both concerns were decisions they had made. The provider told us they had learnt from this and confirmed these situations would not be repeated.

People's records held in the office which contained personal information were secured and kept confidential.

The registered manager told us they worked well with other professional including social services, a local health centre and an organisation that supports people who receive direct payments. They also said they attended local authority provider meetings to keep up to date with any changes to legislation and good practice.

We received feedback about the service from a social care professional. They told us they had one person that used the service and who was very happy with the quality of care, punctuality and organisation of care. They said this was from a person who was very specific with regards to their care needs. They went on to say, "Bluewood Care have very much been able to step up to the mark."