

Bloomsbury Home Care Limited

Bloomsbury Home Care

Inspection report

2 Market Place
Station Road
Thorpe le Soken
Essex
CO16 0HY

Date of inspection visit:
03 April 2019

Date of publication:
14 May 2019

Tel: 08455084512

Website: www.bloomsburyhomecare.com

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Bloomsbury Home Care is a domiciliary care agency. It provides personal care to 30 people living in their own houses and flats. It provides a service to older adults.

People's experience of using this service:

- At our last inspection, there was a continued breach of regulation under the Health and Social Care Act, 2008 (Regulated Activities) Regulations 2014. This was because the provider did not have a robust oversight of medicines management, which could have placed people at risk of harm. Staff turned up to people late. Risk assessments had not always been updated. Systems were not in place, so learning could be shared when events had occurred. Assessments had not always considered how people's needs were to be met. Staff had not always been given the training they needed. The service did not have a registered manager and systems were not in place to consider the retention and wellbeing of staff. Governance systems which monitored the quality of the service were poor, resulting in a breach of regulation 12 and 17 of the Health and Social Care Act, 2008; Safe Care and Treatment and Good Governance. At this inspection, improvements had been made in some areas.
- At this inspection, mixed feedback was received when people were asked if they got their medicines on time and in the right way. The registered provider had been working to update the care plans and risk assessment. Some of these documents still needed to be updated to ensure there was guidance for staff about how to manage these risks. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- A registered manager had been recruited. There had been some occurrences where we had not always received all required notifications, these had been submitted following the inspection.
- When people had made a complaint, there was a lack of evidence that a representative of the registered provider had given a meaningful apology when they had been at fault.
- Because this is the third consecutive time the registered provider has been rated as requires improvement, this is a continued breach of regulation 17 of the Health and Social Care Act 2008.
- Overall, most people's experience of the service had improved. People and / or their representatives told us they were supported by staff who turned up on time and stayed for the duration. Some people said they were supported by different staff and this had affected the quality of the care they received.
- People were supported to eat and drink in line with their assessed needs, and professional guidance had been obtained if people were supported with a textured diet. Whilst risk assessments for people who were at risk of choking had been put in place, they needed to have more information to ensure they were robust.
- Staff had been trained in mandatory subjects and had regular supervision and appraisals. New employees had been given an induction.
- The registered manager did not carry out an assessment of people's needs, because this was the role of the team leader. Formal assessments were not used. We have made a recommendation about assessing people's needs.

- Care plans were completed and highlighted the areas people needed support with. Some people's records had not been completed with enough detail.
- Complaints or concerns were not always resolved effectively, because when people had made a complaint they had not always been provided people with written outcomes. This was a breach of Regulation 16 of The Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.
- People told us they were treated with dignity and respect. People and their relatives were positive about the staff and told us they had a caring attitude towards them.
- People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Regular staff meetings were taking place, we have made a recommendation about sharing learning when incidents have occurred.
- Governance systems were in place and a range of audits had been carried out. Surveys had been completed to obtain people's views. Actions plans had been put in place to look at ways people's experience of the service could be improved.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: Requires Improvement. The last report was published on 11 September 2018. After the inspection, the service was placed into 'special measures'. We do this when services have been rated as 'Inadequate' in any key question over two consecutive comprehensive inspections. At this inspection, the service had improved and was no longer rated inadequate in any key question. This will be the third consecutive time this service has been rated requires improvement.

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor the service through the information we receive.

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.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Bloomsbury Home Care

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by one inspector, and an assistant inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. This person had experience with this type of service.

Service and service type: This service is a domiciliary care agency. They provide care and support to older people living in their own homes. The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 48 hours' notice of the inspection site visit. The inspection started on 1 April 2019, and we conducted calls to people and staff. We visited the office location on 3 April 2019 to see the registered manager, and to review care records and policies and procedures.

What we did: At this inspection, we spoke with six people, and eight relatives about their experience of the care provided. We also spoke with five members of staff, and the registered manager.

We inspected five care plans and four staff files. We looked at audits and quality assurance procedures relating to the management of the service. When commissioners or visiting health professionals have provided feedback, we have included this within our report.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- We asked people if they received their medicines on time and in the right way. Mixed feedback was received, which showed this had not improved sufficiently since the last inspection. One relative said, "Taking their medicine has been an issue because their tablets are very small. Some staff leave it on the table and do not observe [Name] taking it. I have found tablets on the floor, so I know they have not taken it. It has been recorded that they have taken it." Another relative said, "The staff doesn't inform me in a timely manner when [Names] medicine is running out." Another relative said, "[Name] was prescribed [brand of drug] and the administration of this has been very hit and miss. It has not been given regularly, this then causes great distress and discomfort." Because not everyone had received their medicines in a proper and safe way. This was a continued breach of Regulation 12 (g) of The Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.
- Staff had been trained in how to administer people's medicines and competency assessments were carried out. Competency assessments could be more detailed to include the areas of practice which is being observed.

Assessing risk, safety monitoring and management

- Since the last inspection, the registered manager had started to review people's care plans. They told us they still had some to finish off. This reflected what we found at the inspection. The information we reviewed varied in quality, some were up to date, and others still needed to be updated.
- When people needed support to eat safely because they were at risk of choking, risk assessments had been completed, but they lacked information specifying what action staff should take to mitigate these risks. When people had been highlighted as being at risk of falls, there was no guidance for staff telling them what to do if they had a fall.
- Risks were assessed to enable people to live in their own homes safely. These primarily related to people's manual handling needs, medication and environmental risks to ensure people's and staff's safety.

Staffing and recruitment

- Most people's experience had improved. People told us they were supported by staff who turned up on time and stayed for the duration. However, some people told us they were supported by different staff and this affected the quality of the care they received. For example, one relative explained, "With changes in staff, there is no transition. [Name] has Alzheimer's, so it is important that there is a handover. When there is a change of staff they don't know the routine for personal care."
- An electronic monitoring system was in place, and information relating to missed or late visits showed this had improved. One staff member said, "There has been a vast improvement since the last inspection. We have a new team leader who is absolutely great. New staff has been recruited. Our rotas are consistent, we

tend to have the same people. We are now paid mileage within our wages as a petrol allowance."

- Systems were in place for the safe recruitment of suitable staff. Recruitment files showed new starters had completed an application form and provided a full previous employment history. People's eligibility to work in the United Kingdom was checked.
- The registered manager had also undertaken a Disclosure and Barring Service Check (DBS) on all staff before they had started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal records and whether they are barred from working with people who use health and social care services.

Systems and processes to safeguard people from the risk of abuse

- People felt comfortable with the staff that supported them. One person said, "I am comfortable with the staff." Another person said, "I feel safe. The staff are all very nice."
- The service had effective safeguarding arrangements in place to protect people from harm and abuse. The registered manager was aware of their role and responsibilities to safeguard people from harm.
- Staff had a good understanding of what to do to make sure people were protected from harm or abuse, and staff had achieved up-to-date safeguarding training. One staff member said, "I would report abuse to my team leader or the registered manager. If they did not do anything, I would then go to the safeguarding team and Essex County Council or raise this with the CQC or the police."

Preventing and controlling infection

- Staff had access to protective equipment, and people told this they used it when they were supporting them. One person said, "They wash me and dress me, but I choose what clothes to wear. They use rubber gloves."

Learning lessons when things go wrong

- When incidents had occurred, the provider did not have systems in place so that the wider learning could be shared and used to consider what action may be taken to improve safety. We recommend the provider looks at the way lessons are learned and how they can be communicated widely to support improvement.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment, and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The principles of the Mental Capacity Act had been followed regarding obtaining consent to care. Where people held either Enduring or Lasting power of attorney (EPA or LPA) copy documents were kept within the care plan.
- Signed consent had been obtained within people's care plans.
- Everyone told us the staff asked their consent before carrying out personal care.
- Staff and the registered manager had been trained in the MCA.

Supporting people to eat and drink enough to maintain a balanced diet

- When people had specific requirements to enable them to eat and drink in a safe way, recommendations from speech and language professionals had been kept within the care plan.
- People told us they were supported to have a balanced diet of their choice, in line with their assessed needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager did not carry out formal assessments of people's needs. This was the role of various team leaders.
- Formal assessments were not being used. Instead, the care plan was completed and used to highlight the areas people needed support with.
- Assessments are an essential step, that should focus on people's needs and how they can benefit from care and support. We recommend the registered provider puts in place an assessment which identifies people's needs and preferences accurately.
- Some people's records had not always been completed with enough detail.
- We spoke with the registered manager about this, who assured us they would look at ways they could improve the quality of the information being recorded at this early stage.

- Protected characteristics under the Equalities Act 2010, such as age, disability, religion, and ethnicity were not always identified as part of people's needs assessment.

Staff support: induction, training, skills, and experience

- Apart from one person, everybody told us they were supported by staff who were well trained.
- An induction programme was in place. New employees told us this equipped them to carry out their role. One staff member said, "The induction was very in depth. I do not feel I need any extra training at this stage. It was thorough enough."
- The registered provider did not complete the Care Certificate but carried out an induction that looked at a wide range of areas. They supported staff to complete QCF training as an alternative. The Care Certificate is an agreed set of standards that set out the skills, knowledge, and behaviours expected of specific job roles in the health and social care sector.
- Since the last inspection, staff had been given training and told us this enabled them to carry out their duties effectively. Some staff had been named as team leaders and had received an enhanced level of training.
- Staff received a programme of training which enabled them to understand and meet the needs of people who used the service. This training covered mandatory subjects. Such as, safeguarding, manual handling, safe handling of medicines and infection control, health and safety, fire safety, emergency first aid.
- Supervisions were completed on a regular basis allowing staff the time to express their views and reflect on their practice. These included face-to-face meetings and spot check visits. A spot check is where the provider's representative calls at a person's home just before, during or after a visit by a member of care staff. This is so they can see the member of staff as they go about their duties and check they are meeting the organisation's standards and expectations.

Adapting service, design, decoration to meet people's needs

- The registered provider had a domiciliary care office, with access to a training facility.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had access to health professionals if this was needed. If staff was concerned about a person's health and wellbeing they would relay these concerns to the team leader or the registered manager for further action.
- People told us the staff supported them to meet their health needs. One relative said, "They alert me if there are any problems. [Name] has had some recent bed sores, but this was dealt with by the district nurse. I have been kept fully involved." A relative said, "They use creams and get the district nurse if there are any problems."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity, and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- Staff were patient with people and did not rush them. People continued to be involved in decisions about their care and the support they were provided with.
- People told us they had good relationships with the staff. One person said, "They are on time, and treat me with respect. They maintain my privacy."
- People were aware of their care plans and had been involved in reviews of their care. One relative said, "[Name] is treated with dignity. I am fully involved with care planning and would recommend this service."

Respecting and promoting people's privacy, dignity, and independence

- People told us they were supported by kind staff who treated them in a dignified and respectful way. One relative said, "The staff are caring. They are very kind to [Name] and they chat away to them. I could not wish for any better. The staff really are nice."
- Staff delivered care to people in a way which protected their dignity.
- People told us staff did not take over and encouraged them to do the things they could for themselves.
- Confidentiality continued to be maintained, information held about people's health, support needs and medical histories was kept secure.

Ensuring people are well treated and supported; equality and diversity

- People told us the staff treated them well and knew their routines and how they wanted to be supported. One person said, "They treat me with respect and we all work well together." Another person said, "I get on very well with the staff. They will do anything I ask. They are very good and respectful, and I am very pleased."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Requires Improvement: People's needs were not always met. Regulations may or may not have been met.

Improving care quality in response to complaints or concerns

- Complaints or concerns were not always resolved effectively, because when some people had made a complaint they had not always been provided people with written outcomes.
- Mixed feedback was received and reflected what we had found. One relative said, "The way the whole company has dealt with my complaint has made me come very close to contacting the CQC. The only thing that stopped me was because [Names] regular member of staff, is very nice. [Name] really has developed a good relationship with them." This is a breach of Regulation 16 of The Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.
- Following our inspection, the registered provider provided additional evidence that apologies had been made, when they had been at fault.
- People who used the service, family members and visitors were made aware of how to make a complaint and there was a complaints policy and procedure in place. One person said, "I know who to contact if I had any concerns."

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each person's care record had information about their preferences, interests, and details of individual daily needs such as mobility, personal hygiene, nutrition, and health requirements.
- Care plans gave staff information about how the person's care needs were to be met and what staff needed to do to deliver the care in the way the person wanted. Further information was needed to show what support people may need to support their oral health.
- The service understood people's information and communication needs. These were identified, recorded, and highlighted in care plans.
- People told us they were aware of their care plan and reviews were regularly undertaken. One relative said, "[Names] care plan has been reviewed a few times and I am fully involved." Another relative said, "[Names] care plan is followed and there are no issues."

End of life care and support

- At the time of the inspection, we were told, the service was not providing end of life care to anyone. Since the last inspection, the registered provider had introduced an End of Life policy, which informs the approach needed to support people who may be at the end of their life.
- The registered manager and senior staff had been trained in end of life care and were planning to cascade this training to staff.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Continuous learning and improving care

- The registered provider had made several changes and improved some aspects of service delivery. However, these improvements had not been enough for all key areas to be rated good.
- A governance process was in place. The registered manager carried out a range of audits and was supported by an operational manager.
- The audits and governance processes had not identified the issues found on inspection meaning they were not sufficiently robust to ensure that improvements were made and sustained.
- As the provider has been rated requires improvement for three consecutive inspections, some people are still at risk of receiving poor quality care. This is a continued breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- When people had raised a complaint about the service, there was a lack of evidence that a representative of the registered provider had given a meaningful apology when they had been at fault.
- The outcomes or results of any further enquiries, or investigations which had been made when a person had raised a concern, had not been responded to in writing.
- Some people said when they had raised a complaint, getting it resolved had been problematic. One relative said, "Since 2016, I had a complaint that I needed to escalate to the regional manager because I was not able to contact the local office. I hope things will get better."

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements

- There had been some safeguarding occurrences and we had not been notified. A notification is information about important events which the service is required to send us by law in a timely way. The registered manager sent these to us after the inspection.
- The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.
- Since the last inspection, systems had been put in place to monitor the occurrence of missed or late visits.
- Staff morale had improved and people spoke positively about the registered manager and the changes they had been making to the service.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- People and their relatives told us they were encouraged to share their views and give feedback about the service. People had the opportunity to express their views at care plan review meetings.
- Annual surveys had been carried out and plans had been put in place to look at ways the feedback could drive improvement.
- When negative feedback about the service had been given, the registered manager considered how to make improvements. For example, staff told us morale had improved, and the registered manager had listened to them and took their views on board.
- The registered provider completed 'spot checks' on their staff to ensure they were following policies and procedures and providing appropriate care and support.

Working in partnership with others

- Since the last inspection, regular team meetings had been introduced and were taking place. One staff member said, "We now have team meetings every six weeks."
- The registered manager was looking at ways they could work in partnership with other organisations and had worked with the local authority to look at ways the quality of the service could be improved.

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 12 HSCA RA Regulations 2014 Safe care and treatment People did not always receive their medicines in the correct and safe way.
Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints Complaints or concerns were not always resolved effectively, because when people had made a complaint they had not always been provided people with written outcomes.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider has been rated requires improvement for three consecutive inspections.