

Blue Rosey Homecare Limited

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## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Blue Rosey Homecare is registered to provide the regulated activity of personal care to people in their own homes.

This was the first inspection of this service since it was registered in August 2017. The inspection was announced. We gave the registered manager 48 hours' notice of the inspection. We did this to ensure key staff were available for the inspection. At the time of the inspection the service was providing personal care to three people – two people received regular help daily and a third person on an ad-hoc basis when they requested support. Since the inspection was completed, the capacity of the service to support people had reduced. This was because only the registered manager was available to cover care calls.

Why the service is rated Requires Improvement

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. 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 provider did not have effective governance arrangements in place. They did not have measures in place to assess, monitor and make improvements to the service to ensure the service was safe and of good quality. The registered manager was unaware of the CQC guidance for providers on meeting the regulations and the key lines of enquiry, covering all the regulations.

The provider did not have suitable arrangements in place to ensure the directors, who were currently covering all care calls, were well trained and had the appropriate skills and competencies. There were no arrangements in place to ensure any new staff would receive induction training and Care Certificate training.

The service people received was safe. There were effective safeguarding systems in place and people were protected from harm. Safe recruitment procedures would ensure only suitable workers were employed. Any risks to people's health and welfare were assessed and management plans put in place to reduce or eliminate that risk.

People received a caring service. The directors demonstrated their kindness and had caring attitudes. People were treated with kindness, respect and dignity. People were encouraged to make decision about their care and involved in planning the care and support they received.

The service was responsive and provided each person with a person-centred service. A plan of care was not in place for each person. There was continuity of care to people because the directors were covering all calls. People were encouraged to have a say about how they were looked after.

We found three breaches of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

## 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 safe.

People were safeguarded because the staff had measures in place to protect them. They understood the correct processes to follow if abuse was suspected.

Any risks to people's health and welfare was assessed and management plans put in place.

People were protected from the risks of poor staff recruitment. There were sufficient staff to meet the needs of the small number of people supported

Good 

### Is the service effective?

The service was not fully effective.

People's care and support needs had been assessed by the local authority. These assessments were not detailed and not backed up by the service's own assessment.

The provider did not have appropriate training arrangements in place to ensure the directors had the right skills, or new recruits were properly trained and supported.

People were supported with food and drink where this was an identified need. Staff worked with health and social care professionals as necessary.

Requires Improvement 

### Is the service caring?

The service was caring.

People benefitted from having regular care staff enabling consistency of care. People were well treated and the staff were respectful towards them.

Good 

### Is the service responsive?

The service may not be fully responsive to people's care and support needs.

Requires Improvement 

The service should ensure that each person has a detailed plan of care in place which shows what service provision has been agreed.

The service had a complaints procedure and people were encouraged to express their views and make comments about the service they received.

**Is the service well-led?**

The service was not well-led.

The provider did not have systems and processes in place to assess, monitor and improve the quality and safety of care.

**Requires Improvement** ●

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## 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.

The inspection was announced and was undertaken by one adult social care inspector. We gave the provider 48 hours' notice of the inspection because we wanted key people to be available.

Prior to the inspection we looked at the information we had about the service. We looked at the Provider Information Return (PIR) that had been submitted on 11 May 2018. This is a form that asked the provider to give some key information about the service, what the service does well and improvements they planned to make. We reviewed the information included in the PIR and used it to assist in our planning of the inspection. Since the service was initially registered in June 2017 we have not received any notifications from the service. Notifications are information about specific important events the service is legally required to report to us.

During our inspection we spoke with the relatives or friends of the three people who received a service from Blue Rosey Homecare. We spoke with the three directors of the service, one of whom is the registered manager. The service does not employ any other care staff.

We looked at the care records for the three people who were supported plus the initial care documentation for a prospective new person they will support in the future. We checked that disclosure and barring service (DBS) checks were in place for the three directors, their training records and other records relating to the running of the business.

We received feedback from one social care professional after our inspection. Their comments have been included in the main body of the report and have supported our findings.

# Is the service safe?

## Our findings

Blue Rosey Homecare provides a safe service for the people they support. One relative said, "I have no concerns about the staff who help mum, they are really nice people and she is very happy with them". Another said, "(named person) has never said anything bad about the service or the staff".

The service had effective safeguarding systems. The service had a safeguarding policy and procedure in place. This policy also referred to whistle blowing and the need to refer unsuitable care workers to the disclosure and barring service. The registered manager had completed safeguarding training with Bath & North-East Somerset Council and the other two directors had completed safeguarding training with previous employers. The provider did not have a plan in place at the time of inspection to consider how they were going to train any new care staff they employed. No safeguarding concerns had been raised by the service or by other parties.

As part of the process in setting up the service, a health and safety risk assessment was completed. This covered any moving and handling tasks the care staff would need to complete, financial management of people's money, the person's home environment, personal care tasks and the control of substances hazardous to health.

At the time of this inspection the service was not employing any care staff, but they were in the process of recruiting two new members of staff. The service was only provided to two people on a regular basis and a third person on an ad-hoc basis. Two of the company directors covered all care calls, but the third, the registered manager was available to pick any of these up if required. The registered manager talked about the difficulties of recruiting care staff and the impact this was having on expanding the business.

Despite the service currently not employing any care staff we checked the recruitment procedures being followed for two potential new staff. Appropriate pre-employment checks were in the process of being completed. This included receipt of written references from previous employers and an enhanced disclosure and barring service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. These measures minimised the risks of unsuitable staff being employed.

People were assisted with their medicines if this was an assessed need and an agreed part of their care plan. None of the three people supported by the service at the time of the inspection needed help with their medicines. The provider's medication management policy and procedures stated that medicines will only be administered by staff supplied by Blue Rosey Homecare who have been trained and deemed competent. The provider will need to access appropriate training for any new care staff to complete before they are able to support people with their medicines. The three directors had received safe medicines administration training with previous employers and had each checked the others to be competent.

The three directors had also received control and prevention of infection training with previous employers. The service had a policy and procedures on infection control and personal protective equipment (PPE) was

available. This included gloves, aprons and hand sanitising gel.

The service was still very small in respect of numbers of people being supported and only three staff members. The registered manager told us, "Nothing had gone wrong so far". No significant accidents or incidents had occurred which resulted in improvements needing to be made.

## Is the service effective?

### Our findings

Relatives told us, "Blue Rosey have been going to mum since April 2018. No calls have been missed and they are pretty good time keepers", "They do all the tasks that are required", "no concerns with the service he receives" and "We are not aware of any missed calls and they seem to arrive on time".

At the time of the inspection the service was only delivered to two people on a daily basis and one other person on an ad-hoc basis. The service was effective in meeting their needs. The registered manager told us the care and support they provided to the two main people had been commissioned by Bristol City Council. They provided a copy of the community care assessment and care plan and the care plan formed the basis on which care calls were arranged. The third person they supported had no Bristol City care plan, was a 'private client' and the care calls were arranged upon request. The service did not undertake their own assessments and then produce a person-centred plan of care. The registered manager and the other two directors (acting as care staff) will need to ensure assessments and care plans are in place when the business expands.

The three directors each had health and social care backgrounds having worked in hospitals, nursing agencies and other domiciliary care services. They had the required skills, knowledge and experience to deliver effective care and this was supported by feedback from relatives of people using the service.

However, the provider did not have arrangements in place to provide any new staff with an induction training programme or the Care Certificate. The Care Certificate was introduced for all health and social care workers in 2015 and ensures all new to care staff can meet the minimum standards required. There was no programme of mandatory training for the three directors to complete. This meant consideration had not been given to ensuring the three directors remained skilled and competent. The registered manager talked about using external training companies to meet this requirement.

This is a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The three directors worked closely together and were in constant contact with each other. Records indicated that some supervision sessions had taken place. The three directors were supportive of each other, staff meetings were held infrequently but not deemed as necessary.

With the people being supported at the time of the inspection, they had been assessed for the level of support they needed with meal and drink preparation. Care calls were then delivered around meal times as needed. The registered manager told us the number of care calls had increased to four per day for one person because "they now needed help with meal preparation".

People were supported to consult with health and social care professionals as necessary. The registered manager explained they were currently working with an occupational therapist who was re-assessing a person for moving and handling equipment. People were supported to contact their GP or the district nurses as necessary. One person they supported was also supported by another care company. The

registered manager said there were no methods of communication set up to share any information about the person if necessary. The registered manager may want to consider putting measures in place to achieve this and ensure the person receives a seamless service.

We talked to the registered manager and the other two directors about a capacity assessment as part of the overall assessment of people's needs. We were told the three people being supported did not lack capacity and were able to make all decisions regarding their daily life. The relative of one person said their mother had dementia but on a day to day basis could "speak her mind". All three directors said they would always check with the person that they were happy for them to provide care and support. Neither of the directors had completed Mental Capacity Act 2005 (MCA) training but did demonstrate an understanding of the principles of the act. MCA legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves.

## Is the service caring?

### Our findings

The relatives of people being supported by the service were complimentary about the service provided by Blue Rosey Homecare. They said, "All good", "Very satisfied with the service", "X (named director) is fantastic" and "The regular carer we have had is very kind and caring".

The registered manager had kept a log of compliments they had received from people who had previously used the service. Comments included, "Since Blue Rosey have been involved with X, our lives have been made much easier", "I have every confidence in their ability", "Thank you from the bottom of our hearts for all you have done for Y since November" and "Thank you for making her comfortable at the end of her life".

We met with the three directors, one being the registered manager during the course of the inspection. Each of them demonstrated a caring attitude and a commitment to providing each person with a caring service. They evidenced their kindness and said it was their aim to always get to know people well, so they could look after them the way they wanted.

The registered manager had submitted information to us prior to the inspection telling us how they ensured they provided a caring service. They said they always recorded people's preferences in their support plan, addressed people as they preferred, respected their choices and gave them space to do what they could.

## Is the service responsive?

### Our findings

People received a care service that was specific to their particular care and support needs. Feedback received from relatives prior to the inspection was positive and people were well supported. The registered manager advised us they had recently increased the number of care calls per day to a person because their health was deteriorating.

People's needs were met because of the way services were organised and delivered. On the whole care calls were made by two of the directors and this meant they were very familiar with each person's care and support needs. The third director (the registered manager) picked up care calls as and when necessary. The service had not prepared a care plan for each person. Where the care package was funded by the local authority a care plan was provided but these did not contain specific details. The registered manager must ensure that each person has a detailed plan of care, complete with a timetable showing when care calls have been agreed and a task list for each visit.

This is a breach of Regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

After each care call a record was made of the visit and those we looked at provided an account of the care delivered. The records were returned to the office on a one or two monthly basis and kept with other records related to the person. The service did not use electronic call monitoring to evidence start and finish times of care calls. For those people who were funded by the local authority, timesheets were completed. The provider told us they needed to consider electronic call monitoring to become an accredited domiciliary care provider for Bristol City Council.

People and their relatives were given information about Blue Rosey Homecare and these were kept in the care files in the person's home. The registered manager explained this was under review as they wanted it to be more like a brochure. The information included the procedure to be followed if they were unhappy about any aspect of their care and support. Relatives said they would have no hesitation in speaking up if there was anything wrong with the service. The three relatives we spoke with did not raise any concerns with us and stated there was no reason to complain. The people being supported were encouraged to express their views and make comments about things during their interactions with the staff (the three directors).

In the last year the registered manager had dealt with one complaint. The complainants had initially not been satisfied with the way their complaint was handled and then reported this to the Care Quality Commission and the local authority. This was discussed with the registered manager. The complaint had not been resolved satisfactorily because the complainant did not want further contact (they were no longer using the service).

# Is the service well-led?

## Our findings

The service was run by the three directors, one of them also being the registered manager with CQC. At the time of the inspection the service did not employ any care staff. The directors acted as care staff when they completed care calls to people who used the service.

Whilst the directors had the vision and passion to provide the best possible care, they were hampered by being unable to recruit staff and therefore unable to take on new packages of care. It was their motto to know every person they supported "inside out". At the time of the inspection they could do this because they supported three people.

The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. The service had not needed to submit any notifications in the first year of trading. After the inspection the registered manager submitted a notification to inform us that one of the directors had left the business at the end of June 2018. The other director was also absent from the business because of ill health.

As a contingency, the registered manager had negotiated with Bristol City Council that people who had been supported by Blue Rosey were allocated to an alternative care provider. The registered manager was only able to cover care calls to one person but was unable to state whether this would be sustainable.

The registered manager had submitted information to us prior to the inspection telling us about the improvements they planned to make in the next 12 months to make the service better. This information only talked about the experience of the registered manager and the other 'staff' and stated, "We are still learning the field of home care". The registered manager also referred to the need to increase their staff compliment and retain them, to computerise their records and to launch their website. These three items had not yet been addressed.

The service did not have any effective governance arrangements in place to monitor the quality and safety of the service. Home care or domiciliary care services are required by legislation to have systems and processes in place to regularly audit the service. This meant the registered provider could not evidence they assessed, monitored and made improvements to the quality and safety of the service. The registered manager was unaware of the CQC guidance for providers on meeting the regulations and the key lines of enquiry, covering all the regulations.

This is a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had attended a couple of home care forums in the last 12 months but did not find these useful. They had tended to be about the re-designing of funding arrangements and geographical zoning by the local authority. Blue Rosey Homecare was not accredited by Bristol City Council at the time of the inspection, therefore only able to take spot purchasers.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider had failed to ensure an assessment of need and a plan of care was in place for each person who received a personal care service.</p> <p>Regulation 9 (3) (a).</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure there was a robust and effective quality monitoring of the service to identify areas for improvement.</p> <p>Regulation 17 (2) (a).</p>
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to ensure appropriate training was in place for new staff and for those who covered care calls.</p> <p>Regulation 18 (2) (a).</p>