

Bliss Care and Training Ltd

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## Inspection report

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Date of inspection visit:  
19 June 2018

Date of publication:  
19 July 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?

Good ●

# Summary of findings

## Overall summary

Bliss Care and Training Ltd is a domiciliary care agency. This service provides personal care to people living in their own houses and flats. It provides a service to adults some of whom may have physical or learning disabilities. At the time of inspection one person was receiving support from this service.

This inspection took place on 19 June 2018 and was announced. 48 hours before the inspection we contacted the service to let them know that we will be coming to inspect them. We wanted to make sure that the registered manager would be available on the day of inspection.

This service has not previously been inspected.

At the time of the inspection the service had a registered manager. A registered manager is a person who has registered with the CQC 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.

Adult safeguarding procedures were in place for staff to follow to protect people from potential harm and abuse. Staff were required to undertake the necessary pre-employment checks to determine their suitability for the post before they started working with people. The service provided staff with guidance on how to minimise the risk of infection. The management team had systems in place to monitor any incidents and accidents occurring and took actions to prevent such events taking place in the future.

Staff's training needs were assessed and monitored to ensure they had appropriate skills to support people as necessary. People had assistance to meet their dietary needs and requirements. Staff supported people to access health care professionals if they needed assistance to ensure their wellbeing. Staff had knowledge and applied the Mental Capacity Act 2005 (MCA) in practice which meant that people's capacity to make their own decisions was supported as necessary. People's care needs were assessed and based on their wishes.

Information about people's culture, personal history and preferences was collected and available for staff to follow so they could provide effective care for people. Staff provided support that was respectful towards the people's care needs and privacy. People had assistance to be as independent as possible and staff helped people to make choices about their daily activities.

People and their relatives had guidance on how to raise concerns and complaints should they have any. Care records had detailed information on people's health conditions and the support they required to be safe. Family members felt confident to talk to the registered manager for making changes to their relative's care plan if necessary.

The registered manager was in regular contact with the relatives to monitor care delivery. The registered

manager was aware of when to notify the CQC about important incidents so they could ensure safe care for people. Staff felt supported by the registered manager when they required guidance and assistance. The service worked in partnership with other agencies to share information and good practice.

## 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. Staff had guidance on how to safeguard people from potential abuse, incidents and accidents occurring and risk of infection.

The service followed safe staff recruitment processes to protect people's well-being.

### Is the service effective?

Good ●

The service was effective. Staff had support to up-date their knowledge and skills which ensured they carried out their duties in line with their role requirements.

Staff supported people to meet their nutritional needs safely. People's health needs were monitored and they had access to healthcare when they needed it.

People were supported according to the Mental Capacity Act 2005 (MCA) principles as necessary.

### Is the service caring?

Good ●

The service was caring. Staff respected people's religious and cultural needs and were aware of how people wanted to be cared for.

People were encouraged to be independent and staff had supported them to carry out tasks for themselves where possible.

### Is the service responsive?

Good ●

The service was responsive. People had their care and support needs assessed and staff followed guidance on how to support people safely.

People's relatives were aware of how to complain and they approached the registered manager if they wanted to make changes to the service provision.

### Is the service well-led?

Good ●

The service was well-led. The registered manager carried out regular checks to identify any improvements required.

The registered manager was available to support staff and listen to their concerns should they have any.

People had their confidential information protected and shared on a need-to-know basis.

# Bliss Care and Training Ltd

## **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.

The inspection took place on 19 June 2018 and was carried out by one inspector. This was a comprehensive inspection of the service.

We gave the service 48 hours' notice of the inspection because it is a small service and the registered manager is often out of the office. We needed to be sure that they would be in.

Before the inspection we made calls to the relative of the person that used the service and one staff member working for this service.

During the inspection we spoke with the registered manager and one staff member that supported the registered manager with the administration tasks at the service. We looked at the care records and staff files, including training and recruitment. We checked records related to health and safety, incidents and accidents and the management of the service.

# Is the service safe?

## Our findings

People's family members told us that staff were fit for their role and supported their relative safely.

The service had systems in place to protect people if they were informed about potential harm and abuse to a person. Staff had knowledge about the safeguarding procedures and told us they would report any concerns to the registered manager for taking actions to safeguard people as necessary. The registered manager told us they would contact a local authority to put a protection plan in place if they suspected a person being at risk of harm. There were no safeguarding concerns raised since the service was registered.

People had support to manage risks safely. Care records showed that the service carried out risk assessments to identify and manage potential risks to people. Risk management plans were detailed and provided guidelines for staff on the support people required to avoid or limit the risks. These included risks related to people's health conditions, ill-health and mobility. However, information was not available on how likely these risks were to occur and the impact it could have on people. We shared our observations with the registered manager who told us they would review the risk assessments as necessary.

The registered manager had undertaken suitable pre-employment checks to ensure they recruited staff safely. The staff files viewed contained a job application form, interview notes, two references and a Disclosure and Barring Service (DBS) check. A DBS is a criminal records check employers undertake to make safer recruitment decisions. Information was available on staff members' previous employment and education which helped the registered manager to decide if the staff member had the necessary knowledge and skills for the role.

At the time of inspection, the service had not supported people with their medicines. People's care records had a list of the medicines they were taking for staff to use in an emergency. The service carried out an assessment to find out a person's support needs with the medicines in case they were required to start assisting the person with the medicines quickly.

The service carried out a Control of Substances Hazardous to Health (COSHH) risk assessment to provide staff with guidance on how to store cleaning materials safely and when to wear protective clothing to provide hygienic care for people. Staff had skills and knowledge to ensure that people were safe from infection. A staff member told us they always thoroughly washed their hands before they started assisting people with tasks which included support to prepare their meals.

The service had systems in place for recording and monitoring any incidents and accidents received. The registered manager was aware of the process they had to follow if an incident was reported to them to ensure that people were protected as necessary. The registered manager told us they would investigate and put an action plan in place to prevent any incidents taking place in the future. Staff had access to an 'accident/incident record' for recording their involvement and details of the injuries sustained. There were no incidents and accidents reported since the service was registered.

# Is the service effective?

## Our findings

The service had the necessary policies and procedures in place to ensure that people were provided with care and support that met legal requirements. We viewed the policies and procedures in relation to the Mental Capacity Act 2005 (MCA), incidents and accidents, complaints, safeguarding adults and quality assurance processes. The registered manager told us they used a consultancy service who sent them notifications about the changes in legislation for updating their policies to reflect these changes.

Staff were assessed for their training needs before they started working with people. A relative said, "Carers are well trained indeed." A staff member told us, "The company is new and they are very focused on training. The manager provides any new training that is available. They are the best!" The registered manager said they checked staff's skills and knowledge before commencing their employment and where required staff attended refresher courses arranged by the service to ensure they were fit for the role. The service used an external agency to provide staff with mandatory courses which included training on safeguarding adults, health and safety and MCA.

Staff had support to carry out the required tasks for their role as necessary. Staff told us they had meetings with the registered manager to discuss their performance and any concerns they had to ensure good care for people. Staff were aware of the whistleblowing procedure and told us they would contact the CQC if they had concerns about their colleagues' practice.

People had support where they required it to meet their nutritional needs. A family member told us that staff were "well aware" of their relative's allergies and provided the necessary support to ensure their relative's safety. Care records held information on people's preferred meals and their dietary requirements, including ingredients a person chose not to eat due to their religious beliefs.

The register manager carried out initial assessments when people were first referred to the service. Information was gathered to determine people's care needs and how they wanted to be supported. After that the service produced a care plan for staff to follow to ensure effective care for people. This meant that people were provided with person-centred care as necessary.

People's care records held contact details of the health professionals involved in their care. This meant that staff could access this information quickly should they require advice from the health professionals. Staff were aware of the emergency procedures and told us they would call 999 and report to the registered manager if they noticed a person's health needs deteriorating rapidly.

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 service was applying the MCA as necessary. We found that staff had knowledge and used the MCA principles in practice. Staff told us they supported a person to make everyday choices and where necessary would involve the registered manager and the person's family to support the person to make more complicated decisions. The registered manager said there were no concerns reported to them in relation to people's capacity to consent to their care and treatment and if they were required to carry out a mental capacity assessment, they would contact a local authority for support as necessary.

## Is the service caring?

### Our findings

A family member told us their relative was "happy with the carer" which meant they were well supported and cared for. A staff member told us they had enough time to attend to people's care needs and according to people's choices as necessary.

Information was available about people's personal history and background which helped staff to understand how they wanted to be supported. Care records were detailed, informative and had people's choices reflected, including their likes and dislikes, personal history, culture, faith and ethnicity. This ensured that people's views were heard and adhered to as necessary.

Staff were aware of what was important to people they supported and knew their preferences. A family member told us the staff member was "good at listening to [my relative], he engages with [my relative] very well and this is what we need." A staff member provided us with examples of how they assisted people to meet their care needs. This included using a person's preferred language to communicate. The staff member told us they identified the person's preferred communication means such as body language and facial expressions and used these methods to understand the person's choices. For example, the food they wanted to eat. This helped the person to express themselves in a way they were able to and ensured that the service was meeting the Accessible Information Standard (AIS).

People's dignity was supported which helped them to maintain their self-esteem. A family member told us their relative was "respected" by the staff member that assisted them. This included having support to maintain their privacy when assisting the relative with personal care tasks.

Staff supported people to maintain their independence where possible. A family member told us that staff were "attentive" to their relative's needs and provided support that was required to ensure good care, for example they either prompted or assisted the relative with the tasks depending on their ability to do the activities independently. A staff member told us they encouraged a person to carry out activities for themselves and helped them to learn new skills where possible which included being able to carry out personal care tasks independently.

## Is the service responsive?

### Our findings

People had their care and support needs identified and managed as necessary. Care records we viewed had information on people's conditions and the support they required to meet their health needs. Guidance was available for staff to follow to ensure that a person had the right support and at the right time should their health needs deteriorate suddenly. People's care plan included information on daily activities with which they required assistance. However, more details were required on the actual support the person needed to undertake an activity, for example to have a shower. We discussed this with the registered manager who was well aware of the person's support needs and told us they would include this information in the person's care plan immediately to ensure that all staff supporting them had access to the same information.

The service involved people and their relatives in the decision-making process and care planning which ensured person-centred care. A family member told us they had regular consultations with the registered manager about their relative's care needs and the registered manager took actions promptly if any changes to the support plan were required. The family member said they had their views considered if they had any requests. This included the service providing a staff member to meet their relative's cultural, religious and age-related needs.

People's relatives told us they knew who to approach should they have any complaints about the service. A family member said they had the necessary information provided by the registered manager on the complaints procedure but they hadn't used it yet as there wasn't a need for this. They found the registered manager "good at listening" to their concerns and therefore any issues were resolved quickly.

The service had a process in place to be followed for any complaints or compliments. We saw systems to be used for recording and reporting formal complaints received. The registered manager was aware of the actions they had to take to deal with the complaints received and told us about their responsibility to notify other agencies where necessary that were involved in people's care.

## Is the service well-led?

### Our findings

A relative told us, "The manager is fine, the team is doing their best, they really do." A staff member said, "The manager is well trained and she is very helpful when needed."

The service had a registered manager in post who took responsibility and accountability to deliver good services for people. The registered manager was aware of their registration requirements with the Care Quality Commission (CQC). The registered manager knew the different forms of statutory notifications they had submit to CQC as required by law.

The staff team were involved and shared understanding of the key challenges faced by the service. They started working with one person and aimed to build a larger service, supporting children and adults from different cultural backgrounds. The registered manager told us the team worked together to explore need for service and to find new people to be supported. Staff took part in developing the service and their involvement made them feel proud to be part of the organisation.

The registered manager had the skills, knowledge and experience to lead the service effectively. They followed confidentiality principles to protect the personal information of staff and people who used the service. Staff were required to sign if they consented to their personal information to be shared with relevant agencies where necessary. People's care records were kept in locked cabinets and accessed by the staff team on a need-to-know basis. The service used passwords for logging-in in to the computers which ensured that important information about the service was only available to the authorised staff members.

There were processes in place to check that the staff team provided quality services to people. A family member told us they had regular telephone calls and visits from the registered manager to talk about their relative's well-being and the support they received. The registered manager said they also called staff to check if they attended their shifts on time which ensured that people had support at the time they required it. We saw systems to be used to monitor staff's performance on the job. The registered manager had forms in place and planned to carry out spot checks quarterly to observe staff's fitness for the role.

The service developed links with other agencies to share information and resources as necessary. The registered manager told us they were in contact with Skills for Care to gather information about support available for the service, including funding for staff training. The registered manager said they also used the internet to search for information aiming to develop partnership working with other providers such as day care services.