Blakehill Healthcare Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 8, 9, 15 and 16 August 2017 and was announced. We gave the provider 48 hours' notice of the inspection. We did this to ensure key staff would be available at the service. This was the service's first inspection and rating.

At the time of the inspection the service was providing personal care to 15 people living in their own homes.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008.

We found a number of breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

People were not always protected against the risks of neglect associated with missed visits and late visits. The system used to monitor this was not safe.

Staff were not provided with the appropriate training to help them meet the needs of people who used the service. We could not be certain that the manual handling techniques used for providing care or treatment to people were effective. Staff's ongoing competence in using manual techniques and equipment had not been assessed by a trained person assessed as competent.

We found that the service had systems in place to assess and monitor the quality of service. However, they were not always effective. We identified areas that require improvement, which were not picked up by the quality assurance processes.

Staff were knowledgeable about recognising the signs of abuse. All staff had received training in safeguarding adults.

Medicines were administered to people safely by staff that had been trained.

The registered manager carried out pre-employment checks on staff before they worked with people to assess their suitability.

The service was meeting the requirements of the Deprivation of Liberty Safeguards. Staff had received appropriate training, and had a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Staff received induction and training. Staff had supervision meetings which were held to support them in their role.

People were involved in planning their own care. They had been consulted to ensure their care records reflected their own views and opinions. Care records were reviewed with people and they had also been provided with sufficient information about the service.

People were happy with the care they received and felt the staff were caring. Staff we spoke with demonstrated they were aware of people's individual needs and understood their preferences.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were not protected against the risks of neglect associated with missed visits and late visits. The system used to monitor this was not safe.

Staff understood how to protect people from the risk of harm and abuse.

Recruitment procedures were robust.

People received their medicines safely as prescribed.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff were not provided with the necessary training required to meet the needs of people who used the service. Staff's ongoing competence in using manual techniques and equipment had not been assessed by a trained person assessed as competent.

Staff were supported with an induction, appraisal and regular supervision.

People were supported to make decisions about their care and support and staff obtained their consent before support was delivered. The registered manager knew their responsibility under the Mental Capacity Act 2005 (MCA).

People had access to healthcare services and had their healthcare needs met.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect by staff and spoke

positively of the caring nature of staff.

Positive, caring relationships had been developed with people. Staff were knowledgeable about people's preferences and needs.

People said they were involved in the planning of their care.

Is the service responsive?

Good

The service was responsive

People's records were personal to them and detailed their care needs.

People received care which met their needs and any change in their needs was responded to.

The provider had a complaints procedure and people felt able to complain.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider had systems and processes for assessing and monitoring the quality of the service, however these were not always effective. Audits undertaken had failed to identify the shortfalls within the service.

There were systems in place to gain feedback from people who used the service.

The registered manager understood their responsibilities in line with their registration with the Care Quality Commission.

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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 took place on 8, 9, 15 and 16 August 2017 and was announced. We gave notice of our inspection to ensure key people would be available at the service when we visited. The inspection was carried out by one inspector.

Prior to the inspection we looked at the information we held about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We had not requested the provider to complete the Provider Information Record (PIR) before the inspection. This is a form that asks the provider to give information about the service, tells us what the service does well and the improvements they plan to make.

We looked at the care records of three people, the recruitment and personnel records of staff, training records, staff schedules and other records relating to the management of the service. We looked at a range of policies and procedures including, safeguarding, whistleblowing, recruitment, mental capacity and complaints.

We spoke with two people on the phone that were supported by the service and two relatives. We tried to contact a further two people by phone but were not successful. We spoke with four care staff, the registered manager and the nominated individual. We tried to speak to a further eight staff by phone but were not successful.

Five health and social care professionals were contacted in order to gain their views about the service. Three

of them provided feedback about the service.

Requires Improvement

Is the service safe?

Our findings

People and their relatives told us that they felt the support they received was safe. One person told us "I feel safe and happy with the care I received". A relative told us "We feel very safe with the carers coming in and out of our home". Another told us, "Yes I would say my mum feels safe".

Staff had a good understanding of the different types of abuse and how they would report it. One staff member told us, "If I had any concerns I would report this to the office". They told us about the safeguarding training they had received and how they put it into practice and were able to tell us what they would report and how they would do so. They were aware the of service's policies and procedures and felt that they would be supported to follow them. Staff also told us they were aware of the provider's whistleblowing policy and felt confident in using it.

We reviewed the service's safeguarding adults procedure which advised staff what to do if they had concerns about the welfare of any person who used the service. The procedure did not contain the correct contact details of the local authority safeguarding team. We spoke to the registered manager about this and they updated the safeguarding adults procedure during the inspection. The appropriate changes were made to the procedure.

Staff told us they had enough time to carry out their duties and they had enough travel time between calls on their schedule. The staff we spoke with felt that enough staff were employed at the service to meet people's needs. We spoke with two people and two relatives of the 15 people receiving a service about the timings of their calls and if staff arrived on time for each visit. Two people and two relatives told us that staff stayed for the full amount of time they were supposed to and carried out all required tasks. However two people said staff were not always punctual and sometimes they had been over an hour late with no phone call to notify them. Comments included, "I accept staff may be late but they have been so late I have got myself ready" and "I am not sure if they haven't got enough staff or enough time between calls". One relative told us, "I do find the staff can run late to care for X. Sometimes we have waited two hours and then we have cancelled the call ourselves as I have cared for X". We spoke to the registered manager about this and they told us that staff do sometimes run late with calls. They said this was if they were delayed with other people or due to the traffic. One person we spoke with told us of an occasion when the staff did not show up to their allocated call. They told us that they did not receive prior warning via a phone call from the service. They were able to remember the date that this happened but said family had helped to provide them the care they required. We spoke to the registered manager about this and they advised us that calls were monitored using a computerised system.

One health professional told us there had been occasions when they had received complaints of poor time keeping, for example the staff had arrived over 30 minutes late. On another occasion, a staff member's car broke down on their way to a person, no one contacted the family or person to inform them. We were told they did send another member of staff but this was over one hour late for the visit.

We were told that if staff had not signed in this would generate an alert to the office who would then follow up. The system required staff to sign in an out of each visit using a mobile phone application. Staff also manually recorded the time they arrived at each visit and when they left within a record kept in each person's care record. The registered manager was unsure how this happened. This meant that people were not always protected against the risks of neglect associated with missed visits and late visits. The system used to monitor this was not safe, as the registered manager was unable to identify when visits were late, or missed and take corrective action as necessary. We asked the registered manager for a report of the missed visits for each month however the system was unable to generate this. The registered manager told us in an email on 23 August 2017 that they were in the process of undergoing demonstration for alternative products. The subscription of the computer system they used to monitor peoples calls was due for renewal.

This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager employed suitable staff to work with people. There was a robust recruitment process in place for new members of staff. Staff had employment checks carried out before they worked with people. Staff records held copies of a criminal record check carried out by the Disclosure and Barring Service. This information enabled the provider to make safer recruitment decisions. Copies of previous employer's references and details of their eligibility to work in the UK were included within staff records. The provider had also explored gaps in staff member's employment history. Systems were in place to follow up on staff work visa requirements when required.

People received their medicines safely. Staff had received training in the administration of medicines. Care plans and medicines administration records provided staff with the information and guidance they needed to follow to ensure people received their medicines as prescribed and intended. People and their relatives confirmed care staff supported them to take their medicines when they needed them.

Requires Improvement

Is the service effective?

Our findings

Staff received supervision which helped them to carry out their roles. They told us they received supervision sessions on a regular basis. Supervision sessions are one to one meetings between a member of staff and their line manager, to discuss work related issues. Staff told us that they felt supported and had opportunities to discuss their skills and knowledge. The registered manager kept detailed records of training and supervision.

New staff received an induction and training when they started work at the service. This comprised of a one to two day training course carried out by a training provider. The training completed on the course included medicines, health and safety, safeguarding, child protection, infection control, moving and handling, food hygiene, lone working, dementia, information governance, fire safety, DoLS, mental capacity and first aid. New care staff also undertook shadow shifts with more experienced staff to develop their skills. The registered manager told us that new staff usually carried out shadow shifts supporting people they would subsequently be supporting so that they got to know the person before providing support.

At the time of our inspection 10 care staff employed at the service were working towards The Care Certificate as part of their induction programme. The Care Certificate is designed so staff are equipped with the skills, knowledge and behaviours expected to provide compassionate and high quality care and support to people. Although no staff had fully completed The Care Certificate, records confirmed staff were working towards this. The induction formed part of the care staff probationary period, so the registered manager could assess staff competency and their suitability to work for the service.

The service supported people with the use of manual handling equipment and techniques in accordance with peoples care plans. One relative and one person described to us that on occasions staff had handled them or their relatives roughly. They were unable to give dates of when this occurred or the staff members involved. This had not caused any injuries to people and had not been reported to the registered manager. We looked at the training records of staff and records confirmed they had received initial moving and handling training during their induction period. The staff we spoke with told us if they had any concerns with manual handling equipment or techniques they would seek advice from the registered manager who would show them what to do.

The service did not have a trained member of staff to assess the ongoing competency of staff in relation to manual handling. This person is called a key mover who would have attended a train the trainer course where they had their own competency assessed. The registered manager had not attended a course in relation to this. After the inspection the registered manager advised us they had completed an online training course to train staff in manual handling. Although the service had taken responsive action at the time to address the concerns we raised this was reactive to our findings. The registered manager also sent us a certificate of an assessor's course they had completed on 10 March 2016 however the itinerary of the assessor's course was not specific for them to assess staff in relation to the moving and handling of people also known as a key mover. This meant we could not be certain that manual handling techniques used for providing care or treatment to people were effective at the time of our inspection. Staffs ongoing

competence in using manual techniques and equipment had not been assessed by a trained person assessed as competent.

The service cared for people who were at the end stages of their life by providing a sitting service or personal care. At the time of the inspection the registered manager had completed part one of an end of life training course but had not completed part two. They told us they would book themselves on to the training course. We reviewed the training records of staff which showed they had not undertaken any training in relation to end of life care, nutrition or pressure care. The registered manager told us this was something they looked to provide to staff in the future when they move office and would be carried out in a training room. This meant that staff were not provided with the training to help them meet the needs of people who used the service. The registered manager should review the training offered to ensure this is based upon the needs of people they support.

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

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.

People can only be deprived of their liberty in their own homes to receive care and treatment when this is in their best interests and legally authorised under the MCA and applications must be made to the Court of Protection. We found there to be no such orders in place.

The registered manager and staff understood the principles of the MCA and explained how they assisted people to make their own choice. We found that care records had been signed by people who used the service or their representative. This was to ensure that the documentation reflected the person's needs and included their preferences.

Staff explained how they gained people's consent. Staff told us they read through people's care records before any personal care was carried out. This was to make sure they understood the support each person required and to seek their consent. One relative we spoke with told us the staff sought verbal consent from their loved one when personal care was provided. We were told their ability varied each day which meant some days they could wash personal areas of their body themselves and other days they consented for staff to do this.

People had access to health care professionals as required. Staff we spoke with told us they would contact the registered manager or a family member if someone was unwell. Care records evidenced that professionals such as the community district nurses were involved in some packages of care.

Good

Is the service caring?

Our findings

People we spoke with told us that the staff who worked for the service were caring and kind. One person said, "They are very kind and considerate". Another said, "I find the staff caring, some more than others. My regular carer has a great sense of humour". Relatives spoke positively about the individual care and support their family received. One relative told us, "The staff are very caring. I have built a really good relationship with them and they help to support me when I feel low". Another relative told us, "The staff are very supportive and provide good care. They have a lovely nature".

Positive, caring relationships had been developed with people. The registered manager was motivated and passionate about making a difference to people's lives. This enthusiasm was also shared by the staff we spoke with. When a care package first started people were introduced to the staff who would be visiting them. When new staff were employed they visited people whilst still on their induction alongside the persons current staff so that people got to know the new staff member.

We discussed with the registered manager how it would be best practice to contact people when a new staff member was shadowing a regular staff member. People were not always notified in advance of this. An example being is two people commented to us they were not always aware a second or third staff member would be present during the visit. This would ensure wishes are respected.

There was a person-centred culture at all levels and staff understood that people were at the heart of the service. The registered manager told us that her aim in providing the service was to keep compassion at the heart of what they were doing. During the inspection we heard the registered manager speak with some people and relatives on the phone. They checked to see how people were and how their relatives were feeling. An example being, one relative was contacted who's loved one was receiving end of life. The registered manager showed compassion, empathy and offered their support. They also asked if there was anything the relative needed.

Staff gave examples that demonstrated they were respectful of people's privacy and ensured their dignity was maintained. One member of the care staff team explained what they do to ensure privacy even when they were providing care when relatives were also present. They told us they ensured doors were closed when providing intimate care whether anyone else was present or not. This description along with what other people told us demonstrated the service took people's right to privacy and dignity seriously.

We found that compliments were recorded by the service about the care people received. We noted that a professional had given feedback to the service on behalf of relatives. Comments included, "Service user and family are happy with X (staff) caring skills" and "Staff are really encouraging, efficient and make A (person) feel very comfortable".

People and their relatives were involved in planning and agreeing their support. Most people had a relative involved in care review meetings. At the time of our inspection no advocates were involved with people's care. Advocates are people who are independent of the service and who support people to raise and

communicate their wishes. The registered manager was aware local advocacy services were available to support people if they required assistance.

Good

Is the service responsive?

Our findings

People were involved in the planning of their care. One person told us, "The manager contacted me to say they had my care plan. Then they arranged to visit me at home and we went through everything". Another person said, "The manager visited me at my house with my family. They asked me questions about what I can and cannot do. They gave me information and arranged a start date". Records confirmed that people were involved with the development of care plans. We saw that the registered manager conducted reviews after the first few weeks of receiving care, and then reviewed people's support on an ongoing basis. If the registered manager felt people were in need of extra support or increased visits, they arranged this through speaking with the professionals involved.

People's care plans reflected their individual needs and people's preferences were considered. For example, one person's plan stated how they communicated and how they liked to spend their time. Another included detail about the person's likes and dislikes. The care plans recorded the objectives of the care provision and the individual person's desired outcomes. Staff confirmed the care plans contained detailed and personalised information to help them to support people according to their needs and preferences.

We asked people if they received a weekly schedule sent to them in advance of their scheduled visit times. People told us they were not sent any schedule and were not always made aware which staff would be visiting them until the day before or on the actual day. Comments included, "I ask the staff when they arrive who will be carrying out my next call. They do let me know a name but I forget so would be good to have a written schedule". Another person said, "I have a regular carer but when they are not working I am not always sure who is covering them". During the inspection we gave feedback to the registered manager who organised for people to be sent out a written schedule for the following week. They told us they would ensure this is sent out ongoing each week.

Staff recorded the daily care they provided in logs which were kept in people's homes. This information provided details of the care and support provided to people and observations of their general well-being. This information helped to give the next member of staff visiting an up to date picture of the person's general health and welfare. Some of the information recorded in one person's care records lacked essential detail about the tasks the staff had carried out and regarding person's wellbeing. An example in one person's daily log, staff had recorded "Assisted with supper. Not so good tonight". Other people's daily logs contained the appropriate information and recorded information about people's wellbeing".

We looked to see how the service dealt with complaints. We found the service had a policy and procedure which told people how they could complain, what the service would do about it and how long this would take. It also gave people details of other organisations they could contact if they were not happy with how their complaint had been dealt with. All of the people we spoke with told us they would feel confident to discuss any concerns they had about the support they received with any member of staff. They told us they were confident their views would be listened to and action taken to resolve their concerns. We noted four complaints had been received since the service had registered with the CQC. Records showed overall three out of the four complaints had been fully investigated and a response provided to each complainant. One

other complaint had not been appropriately investigated and therefore had not been dealt with satisfactorily. The registered manager had not explored the option of gaining essential information from professionals involved. This information should have formed part of their investigation before a response was sent to the complainant. All though this had been investigated and responded within appropriate timeframes this appeared to have been rushed. We discussed with the registered manager how it would be best practice allow themselves time within the timeframes to explore all aspects of the investigation when responding to complaints. We also discussed with the registered manager that they undertake some training in relation to responding to complaints.

Requires Improvement

Is the service well-led?

Our findings

Blakehill Health Care is a domiciliary care agency, providing personal care services to people in their own homes. Although the service was small, there were clear lines of accountability. The provider was also the registered manager and supported their staff as well as providing care to people from time to time. The registered manager had many years' experience in care and as a registered nurse; this was their first business providing domiciliary care to people.

Staff meetings took place regularly and staff told us they found these useful. Weekly meetings were held between senior staff. We reviewed the last meeting notes which clearly logged discussions, actions and who was responsible to complete action points. The registered manager showed us that this had been actioned and that staff had been updated. This showed us that actions were dealt with efficiently and communicated to staff.

Staff rated the service highly. Comments included, "I think the service is very well led and A and B are very good at supporting me and the other staff" and "I really love my job and the managers are supportive and want the best for people". Another staff member told us, "The service is well led and very organised. We have a good team".

Blakehill Health Care vision and values were built around supporting people to live independently. The registered manager told us within the next few months they looked to move the office to premises that had its own training room. They also looked to become an accredited training provider in the future with a vision to provide their own staff with internal training and to open this up to others.

Systems were in place to check on the standards within the service. Regular reviews of peoples care records and risk assessments were undertaken by care staff and the registered manager. The registered manager undertook a range of audits to monitor the quality and service delivery. These included audits of three monthly recruitment audits, medicine administration records and health and safety. The registered manager told us they also monitored the standard of care people received by carrying out spot checks of staff observing care practices.

However, some of the audits undertaken had not been effective as we had identified areas that required improvement that were not picked up by the registered manager. This was in relation to ensuring a competent staff member is employed at the service who is a trained manual handling assessor, the monitoring of peoples visits and ensuring that staff received the appropriate training to meet the needs of those people they cared for. This meant the registered manager had failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.

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

Quality assurance processes included four monthly surveys sent out to people and relatives. This was based

on the CQC's five key questions; is the service safe, effective, caring, responsive and well led. The last survey was carried out on 11 May 2017 and only two responses were received with no actions required. The registered manager told us they looked to send out the questionnaires again to people and their relatives and aimed for an improved response.

Systems were in place to monitor accidents and incidents within the service. There was a clear procedure for recording incidents and accidents. Any accidents or incidents relating to people who used the service were documented on a standardised form and actions were recorded. Incident forms were checked and audited to identify any risks, trends or what changes might be required to make improvements for people who used the service

The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening within the service. We spoke with the registered manager as the CQC had received a low number of notifications from the service. The registered manger knew when events were to be reported and how they could access the appropriate notification forms.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People were not always protected against the risks of neglect associated with missed visits and late visits. The system used to monitor this was not safe. 13 (2)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered manager had failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. Regulation 17 (2) (a).

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not provided with the appropriate training to help them meet the needs of people who used the service. Staffs ongoing competence in using manual techniques and equipment had not been assessed by a trained person that had their competence assessed. The registered manager should review the training offered to ensure this is based upon the needs of people they support. 18 (2) (a)