

Blue Arrow Care Limited

# Blue Arrow Care Limited

## Inspection report

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### 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?

Outstanding ☆

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We inspected Blue Arrow Care Limited on 30 April 2018. This was an announced inspection. We gave the service 48 hours' notice of the inspection visit because the registered manager was often out of the office supporting staff or providing care. We needed to be sure that they, or a delegated representative, would be in.

Blue Arrow Care Limited is a domiciliary care agency. It provides personal care and domestic support to people living in their own homes in the community. It was providing a service to 17 people at the time of this inspection. Not everyone using Blue Arrow Care Limited receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

Blue Arrow Care Limited was registered with the Care Quality Commission in December 2016. This comprehensive inspection was the first inspection carried out on the service.

A registered manager was 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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us that they had had a very positive experience in receiving care and support. They described the staff as "wonderful", "I can't fault them", "very happy" and "I would recommend to others". They told us that the service was of high quality, that it was personalised to people's individual needs and responsive to any changes that people wished to make.

People and their relatives told us that they had regular staff visiting who were punctual and communicated well with them. People knew how to raise concerns and felt that managers and staff were approachable. There was a procedure in place for people to follow if they wanted to raise any issues.

People were supported by staff who were trained and well supported in their job roles. Staff members had been safely recruited and had received an induction to the service. There were systems to safeguard people from abuse and staff completed safeguarding training and knew how to report any concerns.

Staff had access to personal protective equipment (PPE) for the prevention and control of infection.

Staff spoke positively about working for the care agency and confirmed they had received training, including training in the Mental Capacity Act (MCA) and they understood the importance of gaining people's consent before assisting them.

The service completed assessments of people's needs and these were used to create the care plan for each

person. The service kept people's needs under review and made changes as required.

The service promoted a culture that was person centred, open and inclusive and had systems in place to monitor the quality of the service and the experience of people who used it.

## 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.

Systems were in place to ensure that people who used the service were protected from the risk of abuse. Staff were aware of procedures to follow to safeguard people from abuse and people told us that they felt safe. Risk assessments were carried out before providing a service to people.

The service employed sufficient staff to meet the identified needs of the people they provided services to. The service carried out appropriate checks to ensure suitable staff were employed.

Medicines were safely administered by staff and accurately recorded. Staff had been trained in administering medicines and audits were carried out regularly.

### Is the service effective?

Good ●

The service was effective.

Staff had completed training to provide effective care and support to people using the service and received supervision and support from the registered manager.

The provider worked within the principles of the Mental Capacity Act 2005 and made sure they obtained people's consent to the care and support they received.

People were supported to stay healthy and well. The service made appropriate and timely referrals to other relevant health professionals when required.

### Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and respected and promoted their privacy, dignity and independence.

The service consulted people and their relatives about the care and support provided and involved them in decision making.

### Is the service responsive?

Outstanding 

The service was responsive.

People using the service received care and support that was personalised and responsive to their needs.

The agency provided an excellent degree of responsiveness to people's care by providing regular, individualised personal activities with people outside of ordinary care hours as part of their service. The service also went to great lengths to ensure that people could understand and communicate with staff about their service.

The provider had systems to respond to complaints they received. People using the service and their relatives felt able to raise any concerns or complaints.□□

### Is the service well-led?

Good 

The service was well-led.

The service promoted a culture that was person centred, open and inclusive and had systems in place to monitor the quality of the service and the experience of people who used it.

People told us that they received calls and visits from managers to ask them about their experience of using the service.

# Blue Arrow Care Limited

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

We gave the service 48 hours' notice of the inspection visit because the registered manager was often out of the office supporting staff or providing care. We needed to be sure that they, or a delegated representative, would be in.

We inspected the service on 30 April 2018. One inspector carried out the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we held about the provider, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We spoke on the telephone with five people who used the service to gather their views about the service provided. We also spoke with three care staff, the registered manager and managing director about the work they did and to gather their views of the service.

We reviewed a range of documents and records including; four care records for people who used the service, three records of staff employed by the agency, as well as a sample of complaints and compliments records and policies and procedures kept by the service.

# Is the service safe?

## Our findings

People using the service said they felt safe in the care of the staff who supported them and that their home environment and property was respected by staff. One person told us, "It's an excellent service. They arrive on time. They are very kind." A relative said, "It's the same girls every time which makes my husband feel secure."

People were kept safe and protected from neglect, abuse and discrimination. The service had safeguarding policies and procedures for managers and staff to follow if required. Staff received training to give them an understanding of abuse and knew what to do to make sure that people using the service were protected.

We looked at the service's electronic training records system which highlighted training that had been completed and flagged up any refresher training that was required. Staff confirmed they had completed training in safeguarding adults and said they would approach the registered manager if they had any concerns. One care staff member said, "I've received good training in safeguarding and know how to raise issues with the manager, with social services and, if necessary, with the CQC".

Risk assessments were reviewed regularly to ensure people continued to be safe and staff were able to meet their needs. Records showed risk assessments which had been updated and others had review dates set.

The safety of people's homes was assessed and potential hazards/ risks were discussed with people. The need for moving and handling equipment was also assessed during the initial visit.

The service had a thorough recruitment and selection process in place for new staff. This helped to ensure people were protected from the risk of receiving care from unsuitable staff. Staff files showed that relevant checks had been carried out before staff started to work for the service. These included obtaining written references, proof of identity, and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on prospective staff to help employers make safer recruitment decisions.

Newly recruited staff did not work unsupervised until they had completed mandatory training and had been assessed as being competent to work safely with people. Care staff were introduced to their prospective service users before commencing work, which meant that people felt reassured and safe.

All staff were provided with employment information as well as policies and procedures which supported staff to keep service users safe, such as safeguarding, medication and emergency policies.

The service managed the control and prevention of infection. Staff received infection control training and told us they were provided with appropriate Personal Protective Equipment (PPE) such as disposable gloves and aprons. This meant staff and people were protected from potential infection when delivering personal care. Care staff had Blue Arrow Care bags which included all PPE, first aid kit, torch and panic alarm, which provided a level of security for both people who used the service and staff.

Staff had received training in the administration of medicines and were aware of their responsibility in this area. Policies and procedures were available for staff to refer to and medicines administration records (MAR) were audited monthly.

The registered manager had a system to record any incidents and accidents and a procedure to investigate these. Investigations included speaking with the person in their home and amending the plan of care and risk assessment where necessary. Care staff completed a basic first aid training course as part of their training.

The registered manager carried out announced and unannounced spot checks and visits on the care staff with the consent of the person using the service. We saw examples of recorded spot check visits during our inspection.

The service respected equality and diversity. Equality and diversity policies and procedures gave clear guidance to staff to help make sure people's rights and diverse needs were respected. Care staff completed online training and had a good understanding of how to protect people from discrimination and harassment.



# Is the service effective?

## Our findings

Staff had the right skills and knowledge to carry out their roles. People told us that they were happy that care staff understood what they had to do and that they did it well. One person told us, "I'm very happy. I have used the agency for about a year and have had no problems. The girls know what they are doing and always check first. They help in a way that doesn't hurt."

Care staff undertook induction training which was in line with the requirements of the Care Certificate. The Care Certificate is an identified set of 15 standards that health and social care workers adhere to in their daily working life.

Mandatory training was completed, including infection control, health and safety, food hygiene and moving and handling. In addition to the Care Certificate some staff had completed national qualifications in health and social care to level 2 or above.

Staff told us they felt supported by the management team and colleagues. One care staff told us, "They are a great company to work for. I've had all my training and can refresh it when I want." Another care staff said, "The manager makes sure we understand what the training is about. We can ask questions and even go on to more advanced training if we want."

We saw that staff received individual supervision and support. This consisted of personal supervision meetings once every month, together with management spot checks. Team meetings were held weekly at the beginning of the week, and a less formal team get-together every three months.

Support plans included details of any support people needed with their nutrition and hydration and we saw staff recorded this in people's daily care notes. Where required, people's care plans included their religious or cultural dietary needs, for example if a person required a particular diet.

Approaches to meeting people's needs were reviewed and changed where necessary, in order to ensure the service continued to be effective. In addition, knowing people's preferences and cultural backgrounds helped staff to engage with people appropriately at different times of the year. For example, staff gave gifts of Easter eggs at Easter to everyone who celebrated Easter, ensured they visited people with a gift on their birthdays, arranged a Christmas party for everyone and supported them in being able to attend.

The provider worked with the local authority to make sure they identified and met people's care and support needs. Some people using the service were referred by the local authority and their care records included an assessment of their care needs and a suggested package of care. The registered manager told us the service monitored people's health and would report any changes to the family, GP and social worker as required.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who use the service and 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) 2005.

Staff had received training in understanding their responsibilities under the Mental Capacity Act (MCA). Staff told us they asked people for their consent before delivering care or treatment and respected people's decision if they refused support.

## Is the service caring?

### Our findings

People using the service told us their privacy and dignity was respected and that they were treated with kindness. People were consistently positive about the caring attitude of the staff, with comments such as "Very happy", "I would recommend them", "Friendly" and "I can't fault them".

The service offered an assigned member of staff to escort people to hospital if they did not have family nearby. This was provided as a standard part of the overall service.

People told us they had received information about the care they were to receive and how the service operated. They also confirmed that the same group of care staff cared for them, providing a good sense of continuity of care as well as the reassurance that people were being cared for by people who knew them well.

People were involved in making decisions about the support they received. Care plans were regularly reviewed and helped the service support people in their daily life as well as keeping their independence.

Care plans involved people, their families and external professionals such as social work teams, where required. People and their relatives confirmed that they were aware of care plans and had been involved in developing them.

People's privacy and dignity was respected and these topics formed part of staff training. People confirmed to us that staff asked their permission before carrying out any tasks and consulted them with regard to their support requirements. Staff were aware of the requirement to maintain confidentiality and the need to ensure that personal information was not shared inappropriately.

## Is the service responsive?

### Our findings

People were very positive in their comments regarding how responsive the service was. One person told us, "They are excellent. They are so responsive. They get back to me in 5 minutes if I have a problem. I have seen the care records which are easy to understand and I also leave notes." Interviews with staff demonstrated that there was a commitment to providing an individualised care service to people.

One of the services provided by Blue Arrow Care that had the most positive impact on people's lives was the companionship service, which offered people the opportunity to do something particularly special to them, such as attending a sports event, going out or just having someone at home to spend time with. The registered manager explained that this was an additional free service, which was available as a four-hour service every two months or an eight-hour service every four months in addition to people's regularly scheduled calls.

People confirmed that they made use of this service and that it had made an enormous difference to their lives and the lives of their main carer or relative.

The registered manager often brought her dog to visit those people who liked dogs and this had a very positive effect on people's lives. One person told us, "The girls are all so friendly. One has a dog and sometimes brings it to me which I find lovely as I used to have a dog."

An example of exceptional responsiveness by care staff was provided by the registered manager, which involved an incident where someone had left the gas cooker on. The member of staff immediately brought the person to safety before calling the fire brigade and stayed with the person until the person felt able to return home. In addition to the praise the staff member received from the fire brigade, the family sent an email to the local authority commissioners to express their gratitude.

The service made exceptional efforts to ensure people could understand care plans and communicate their wishes to staff. For people with sight difficulties there was documentation in large print and people who found it difficult to communicate by telephone were visited in person. In another example, someone had lost the ability to communicate in English and had reverted to their particular Persian dialect. The care staff worked with the family and learned important phrases which would help the person understand what was happening and to communicate their wishes.

People were able to contribute to the planning of the care and support they received. Before they started to provide support to people, the registered manager visited them to complete an assessment of their needs and get their feedback about the support they required. A care plan was then written based on their identified needs.

Records showed the service regularly reviewed people's care plans to make sure they had up to date information about their support needs. Records included evidence of regular spot checks by the registered manager of the care documentation in place at the person's home. Telephone calls were also made to

people to regularly ask them how they felt their care plan was helping them.

The registered manager worked with people and care staff to manage the service and schedule the visits. This reassured people that when they contacted the service they had a person that was familiar with their needs, choice of support workers and visit times and who could respond to queries in a timely fashion.

Daily care records were completed by staff at the end of each visit. These recorded a summary of the care and support provided including the person's mood and information about any changes in care needs. Care staff told us the service gave them information about people's care and support needs before they visited them for the first time.

The registered manager told us that people were informed if care staff were going to be late. Lateness beyond a period of 15 minutes would result in the person not being charged for care. People confirmed that lateness was not a major issue. One person told us, "They have been late a few times, but it's because of roadworks and suchlike. They always phone."

Technology was used in providing the service. This included a telephone signing in and signing out system, as well as a software programme containing important information on people's care packages. This allowed the service to track and monitor when visits were being attended and allowed the service to be responsive to any requests for change as care details were easily accessible.

People told us they knew how to make a complaint and the provider had a system and process to respond to complaints. The service had received no complaints in the last 12 months.

## Is the service well-led?

### Our findings

People and their relatives told us the service was well led. They consistently reported that they were happy with the care and support provided by the service, that communication was reliable and easy, and that care staff carried out their role in a professional manner.

Staff told us they felt respected, valued and supported by the registered manager and other senior staff. One staff member said, "I love working for this company. They support you and you can always approach the manager or the director for any help."

A registered manager was in post who was responsible for the day-to-day running of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Within the service there was a clear leadership structure in place. The managing director and registered manager were supported by a small team of care staff who all understood their roles well.

The registered manager carried out at least one spot check per month and told us that it was not only a good way to observe and support staff but also a good way of getting information and feedback from people. In addition to spot check visits, telephone calls and the use of compliment and complaints processes were used to assess and learn from people's feedback.

Monthly individual supervision sessions with staff plus weekly meetings enabled the registered manager to ensure everyone was up to date with their knowledge about people and the care tasks required.

The service worked in a collaborative and open way with external stakeholders and agencies to support the care provision and had links with other domiciliary care providers through local forums, which helped to develop and learn from good practice and keep up to date with developments in the field.

There were systems in place to ensure the security of confidential information.