

## Bluebells Homecare Limited

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### Inspection report

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### Ratings

#### Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



### Overall summary

This inspection took place on 26 November 2015 and was announced. The provider was given 48 hours' notice because the location provides a small domiciliary care service and we needed to be sure that someone would be in the office. The service provided domiciliary care and support to people living in the Castle Donnington area and surrounding towns and villages. At the time of our inspection there were 20 people using the service.

The service had a registered manager. 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 told us they felt safe with the support workers who looked after them and their relatives agreed. Support workers knew what to look out for and the procedure to follow, if they felt that someone was at risk of harm.

# Summary of findings

Risks associated with people's care and support had been assessed prior to their care package starting. This was so the support workers could provide care and support in the safest possible way.

There was a recruitment process in place though this was not always followed robustly. Suitable references for new staff had not always been obtained in a timely manner. The registered manager assured us that these would be obtained for all new staff in the future.

Support workers had been provided with an induction into the service and regular training was being completed. Support workers we spoke with felt supported by the registered manager and they told us there was always someone available to speak with should they need any help or advice.

People using the service and their relatives had been involved in deciding what care and support they needed and had been involved in the development of their plan of care.

People's consent was obtained before their care and support was provided and support workers we spoke with understood the principles of the Mental Capacity Act 2005 (MCA).

Support workers were aware of what they could and couldn't do with regards to medicines and only supported people with medicines that were included in their medication administration record.

People told us that the support workers who supported them were kind and caring. They told us that they always turned up and always stayed their allocated amount of time.

People using the service and their relatives knew what to do if they were unhappy with the service they received. They knew who to speak with and were confident that any concerns would be dealt with properly.

There were systems in place to monitor the quality of service being provided and people were asked for their opinion of the service on a regular basis.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

People were provided with regular support workers though robust recruitment procedures were not always followed.

People using Bluebells Homecare told us they felt safe with the support workers who supported them.

Risks to both the people using the service and the support workers providing the care and support had been assessed to ensure risks were minimised.

**Requires improvement**



### Is the service effective?

The service was effective.

Support workers had the skills and knowledge they needed to meet the needs of those they were supporting.

People's consent was obtained before their care and support was provided and support workers we spoke with understood the principles of the Mental Capacity Act 2005 (MCA).

Support workers felt supported by the management team and were provided with opportunities to meet with them to discuss their roles within the service.

**Good**



### Is the service caring?

The service was caring.

People told us the support workers who looked after them were kind and caring and treated them with respect.

Support workers ensured that people were offered choices on a daily basis and involved them in making decisions about their care.

Support workers knew the people they were supporting and knew their personal preferences for daily living.

**Good**



### Is the service responsive?

The service was responsive.

People using the service had been involved in deciding what care and support they needed.

People were asked about their personal preferences with regard to the care and support they received and this was included in their plan of care.

People knew what to do if they had a concern of any kind and were confident that any issue would be handled appropriately.

**Good**



# Summary of findings

## Is the service well-led?

The service was well led.

Monitoring systems were in place to check the quality of the service being provided.

People were visited regularly to ensure that they were happy with the service they received.

People were given the opportunity to provide their opinions about how the service was run.

Good



# Bluebells Homecare 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 was 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.

This inspection took place on 26 November and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available to assist us with our inspection.

The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 the information included in the PIR along with information we held about the service.

We reviewed a range of records about people's care and how the service was managed. This included three people's plans of care and associated documents including risk assessments. We also looked at three staff files including their recruitment and training records and the quality assurance audits that the registered manager completed.

We visited two people who were using the service. This was to check that people had up to date plans of care in place and to determine whether they were satisfied with the support they were receiving.

During our visit to the provider's office we were able to speak with members of the staff team. This included the registered manager and the senior care worker.

After the inspection visit we telephoned eight people who were using the service and four relatives. This was to gather their views of the service being provided. Three support workers were also contacted by telephone following our visit.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe using the service and felt safe with the support workers who helped them. One person told us, “I do feel safe with all of them.” Another person explained, “I feel very safe with them, and they are trustworthy, yes.”

Staff were aware of how to keep people safe and they had been provided with training in the safeguarding of adults. Support workers we spoke with knew the different types of abuse that they may find and they knew the signs to look out for. They told us that any concerns would be brought to the registered manager or senior carer’s attention and they were confident that these would be dealt with appropriately. One support worker told us, “I would report any concern straight away, the manager and senior are available twenty four - seven.”

The registered manager was aware of their responsibilities for protecting people from harm and knew the procedures to follow when a safeguarding concern was raised. This included referring it to the relevant safeguarding authorities and notifying the Care Quality Commission (CQC). We did note that on one occasion, although a safeguarding concern had been identified and reported to the police, the registered manager had overlooked the referral to the safeguarding team and CQC. This was immediately remedied with the referral being made.

Risk assessments had been completed when people’s care and support packages had commenced. These included a health and safety risk assessment and a moving and handling risk assessment. Risk assessments had also been carried out on the environment in which the care and support was to be provided. The completion of these documents provided the registered manager with the opportunity to identify and act on, any risks presented to either the person who used the service or the support workers providing their support.

The registered manager regularly checked the equipment used in people’s homes to safeguard both the people using the service and the support workers.

An appropriate recruitment process was in place to recruit new support workers though this had not always been followed robustly. The registered manager explained that they always carried out a Disclosure and Barring Scheme (DBS) check prior to anyone commencing work at the

service and the person would not be able to work alone in the community until their DBS had been returned. (A DBS check provides information as to whether someone is suitable to work with vulnerable people or not.) The recruitment files we checked confirmed this. We did note that suitable references had not always been obtained prior to people commencing work. The registered manager assured us that they would obtain the necessary references for all new members of staff commencing work in the future.

Staffing levels were being monitored on a daily basis to ensure that there were enough support workers to cover the calls required. People using the service told us support workers always turned up for their care call but sometimes the support workers seemed a little rushed. One person told us, “They don’t rush me, but they do seem rushed off their feet sometimes. I pick up on these things, and I do feel sorry for them sometimes.” Another person explained, “I don’t think they’ve got enough staff, sometimes they’re very rushed, they don’t rush me though.” A third person told us, “I have never felt rushed, they’ve always had time for me.”

Support workers told us that they had received training in the management of medicines and the training records confirmed this. They told us they understood what they could and couldn’t do with regards to medicines. This included only assisting with medicines and creams that were recorded on the person’s medication administration record (MAR) sheet. One support worker told us, “I follow the MAR sheet, we can only deal with what’s on the MAR sheet, if I had any concerns I would text the duty phone, there’s always someone to ask.” One of the people using the service told us, “I have short-term memory loss so they [support workers] deal with my tablets. They’re very good, they don’t forget and they write it all in the book.”

We looked at the records for one person who was assisted with creams. The MAR sheet showed us what creams should be applied and it stated ‘to be applied as directed by [person using the service].’ We discussed this with the registered manager who agreed that the support workers would be better supported if the actual times that the creams were to be applied were also included on the documentation. They confirmed this would be implemented.

## Is the service safe?

A business continuity plan had been drawn up and the registered manager was in the process of developing this further to include specific actions to take in the event of an emergency occurring. This would then support the continued safety and well being of people.

# Is the service effective?

## Our findings

People told us that the support workers who looked after them knew them well and had the skills needed to look after them appropriately. A relative told us, “My [relative] has a core team of three regular ladies, including the owner/manager and a senior carer, who visit. They understand [relative] condition, their needs, and how we like things done. They are responsive to [relative] needs on the day, and are able to adapt the care given accordingly. It all works very well indeed.”

Support workers told us they had received a period of induction when they first started working at the service and a two day training course at a local college had been provided. One support worker explained, “I have done just about everything, both at college and on line training as well, there are about 10 courses on line.” Another support worker told us, “I had an induction and training in moving and handling and safeguarding, I have found it very helpful.” This provided staff with the knowledge and skills to provide support in a safe and appropriate way.

New support workers had been provided with the opportunity to shadow experienced support workers enabling them to learn the role they were required to carry out. One support worker told us, “I was able to work with other people to learn the ropes.” A relative explained, “In my opinion ‘shadowing’ could be extended for some staff who might need more support in their initial training.”

Each support worker had been issued with a terms and conditions of service and a copy of the service’s staff handbook had also been provided. This included information about the service and its policies and procedures. This ensured that the support worker was aware of the expectations that the service had of them and that they worked in line with best practice.

Support workers told us that they felt supported by the registered manager and the senior support worker. They explained that spot checks had been carried out and that supervisions and staff meetings had also taken place. These provided the support workers with the opportunities to improve work practices and provide effective care on an ongoing basis. One support worker told us, “The manager is always available and approachable.” Another explained, “I feel very much supported, the manager and the senior are always available should we need them.”

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 make 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive a person of their liberty must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. No applications had been made to the Court of Protection. The registered manager understood their responsibility around the MCA. They explained that if a person lacked the ability to make a decision about their care and support, a best interest decision would be made with people who knew them well. The registered manager told us that at the time of our inspection, there was no one receiving care from the service who lacked capacity to make decisions about their care.

Support workers we spoke with had an understanding of the MCA and their responsibilities within this. One support worker told us, “It is making sure that people can make decisions for themselves and when they can’t, supporting them to make decisions.”

Support workers gave examples of how they obtained people’s consent before providing their care and support. One explained, I always ask people’s consent and never do anything that they don’t want me to do. Another explained, “I provide people with choices every day and always make sure I get people’s consent before helping them.”

People we spoke with told us that the support workers who visited them checked with them first to see that they agreed to receive support. One person told us, “They always ask me if I am happy for them to help me and they let me do what I can as I don’t want to lose my independence.”

The records we checked confirmed that people’s consent to their care and support had been obtained during the assessment process and they had agreed to the care and support plan that had been developed.

## Is the service effective?

Support workers supported people to have sufficient food and drink when they carried out a mealtime call. This showed us that they knew the importance of making sure people were provided with the food and drink they needed to keep them well. The registered manager, with the advice of a dietician, had also supported one of the people using the service to devise a four weekly menu to assist with their

specific dietary requirements. This showed us that they took people's health and welfare seriously and worked with people to keep them in good health. One person using the service told us, "Their cooking is quite good [support workers]. They do really good meals for me. I have a special diet, and they are very clued-up about what I can and can't have. They look after all that very well indeed."

# Is the service caring?

## Our findings

People told us the support workers who looked after them were kind and caring. One person told us, “They [support workers] treat me with great respect, and are so kind to me. I never feel rushed, and I’ve never had any problems with any of them. We treat each other with mutual respect, I think.” A relative explained, “I came back early yesterday, and heard my husband and the carer giggling together. It was so nice for me to hear, they treat him so well, I once overheard my husband telling one of them, “You’re all so lovely I do love you coming in.” I’m so glad he’s happy with them.”

Support workers understood the care and support needs of those they were supporting. Records showed that when people’s healthcare needs deteriorated the workers took the appropriate actions. This included for one person, calling the duty on call when someone wasn’t well which resulted in a GP being called. A relative told us, “Despite my [relative] deteriorating health, they always feels listened to. Staff are very aware of [relative] future end-of-life wishes, it has all been discussed with great kindness and sensitivity, and documented in the records.”

Support workers explained how they gave people choices and involved them in making decisions about their care. One support worker explained, “We always provide choices, whether it is what to wear or what people want to eat at mealtimes.” Another explained, “I always offer them [people using the service] the choice of whether they want me to do something or whether they want to do it for themselves.”

People we spoke with told us they had been involved in making decisions about their care and support. They felt listened to and felt that their points of view were acted upon.

Support workers gave us examples of how they maintained people’s privacy and dignity when supporting them. One explained, “I always make sure the curtains are closed and I cover people with a towel when I’m assisting with personal care.” Another told us, “I always ask if they are happy for me to be in the room.”

We found that people’s plans of care included their likes and dislikes and these showed the support workers how their needs should be met. For example one person’s plan of care stated, ‘[person using the service] doesn’t like their tea too strong and likes one sugar.’ Another person’s plan of care stated, ‘Likes a cup of tea and two slices of toast with lots of butter for breakfast.’ This meant that support workers could provide people’s care and support in a way they preferred. One support worker told us, “I always read the care plan so that I know what they like and what they prefer.”

Details of advocacy services were included in the service’s statement of purpose, a document given to everyone using the service. The registered manager explained that people would be supported to access these services if and when required. People were also supported to maintain social networks and social activities that they enjoyed.

# Is the service responsive?

## Our findings

People using the service told us that they and their family member had been involved in deciding what care and support they needed. One person explained, “My granddaughter was here when they came to do the assessment to make sure I got the help I needed.” A relative told us, “They first visited on Boxing Day last year just to meet us! Then they came back the next day to do an assessment, which was thorough, and gave us great confidence in them. They have been very responsive to [their relative] deteriorating health over the last year. They understand that everything takes a long time, and they never rush [their relative].”

The registered manager explained that people’s care and support needs were always assessed prior to their care package starting. People’s records confirmed this. They explained that this was so that they could satisfy themselves that the person’s needs could be properly met by the support workers working for the service. From the initial assessment, a plan of care had been developed. This included the needs of the person and how they wanted their needs to be met.

People’s plans of care included their individual preferences with regard to how they wanted the support workers to support them. They included people’s likes and dislikes and how they wished to be supported on a daily basis. This information enabled the support workers to provide the care and support that people needed in a person centred way.

The registered manager explained that they visited the people using the service on a monthly basis. This was to review their plans of care and make sure that they

remained happy with the care and support they received. People using the service confirmed this. One person told us, “[The registered manager] comes to see me all the time.”

People using the service told us that they received the care and support they needed. They told us that they received the same support workers to provide their care and support and these support workers knew their needs very well. Daily records and rotas showed us that each person using the service received care and support from a core group of support workers. This provided people with continuity of care. One person told us, “They know what they’re doing [support workers] because the same five carers come.” Another person explained, “In almost a year, we have only had eight staff visit – continuity of care has been so important for us. They know where everything is for a start, and it makes life so much easier.”

People told us they knew who to contact if they had a concern of any kind and the office contact details were included in the information held in people’s homes. One person told us, “The manager is lovely. What’s more, we have the telephone number so that we can get her anytime which is comforting.” A relative told us, “Initially we had a couple of staff who we felt always ‘knew best’ and could be a bit patronising. We raised the issue with the registered manager. She was more than happy, telling us she could change things around, and now they don’t come to my [relative] anymore.”

A complaints procedure was in place and had been followed when a formal complaint had been received. The registered manager had received no complaints in the last 12 months.

# Is the service well-led?

## Our findings

People using the service told us they felt the service was well managed and the management team were open and approachable. One person told us, “I’m very satisfied, they’re reliable, respectful, caring – there’s nothing I would change about it at all. I’d thoroughly recommend them.” A relative told us, “I can’t fault them, we couldn’t be happier with mum’s care.”

Professionals involved with the service shared their thoughts on the service and the management of it. One professional told us, “Bluebells were excellent in their care provision, promptness and professionalism. They built up an excellent rapport with [person using the service and their family], gaining their confidence and meeting their care needs well. [Registered Manager] is very good at reporting any issues and liaises well with the professionals involved.”

The registered manager and senior support worker visited the people using the service on a regular basis. This provided them with the opportunity to discuss any issues that they may have and reassured the management team that the people using the service were satisfied with the service they received. Formal reviews of people’s care and support were also being carried out on a monthly, three monthly and six monthly basis. This involved the reviewing of the documentation held in the person’s home to ensure that it remained up to date and accurate.

People we spoke with confirmed that they were visited regularly by the registered manager. One person told us, “My care is regularly reviewed, these appointments give us an opportunity to express our views about our care.” Another explained, “[Registered manager] is a very visible and hands-on manager, they pop in from time to time, and checks everything’s ok.”

The registered manager explained that regular audits were carried out to monitor the service being provided. This included the auditing of care files, medication records and daily records.

Timesheets and completed calls had also been audited to ensure that support workers had fulfilled their duties appropriately.

We looked at the daily records that support workers were required to complete. These showed us the tasks that had been completed at each visit, the times the support workers arrived and left the visit, the duration of the visit and the support workers who attended. The daily records showed us that the people using the service had received the visits they had agreed to and at the agreed times.

People had been given the opportunity to share their views and be involved in developing the service. The registered manager carried out regular visits to the people using the service and annual surveys for both the people using the service and their relatives had been completed. A comment in one of the relative surveys read, “We are absolutely delighted with the care mum has received to date and have no worries or issues at all.” The registered manager explained that the results of this year’s survey would be collated and made available to everyone involved with the service.

Support workers told us that they felt supported by the management team and they felt able to speak to them if they had any issues or suggestions of any kind. One support worker told us, “We have staff meetings where we can discuss things, we can also talk to the manager and we know she listens.” Another told us, “The manager works with us she is very approachable and always available.”

The provider’s aims and objectives of the service had been shared with everyone involved. These were included in the service’s statement of purpose and service user guide, documents that were given to people on commencement of their care and support packages. Support workers we spoke with showed a good understanding and commitment to the provider’s overall values of the service and philosophy of care. One support worker explained, “We treat people with respect and respect their wishes, we know them well and keep them safe.” Another told us, “We treat people with respect and ensure that they are happy. We help people to make decisions about their care.”