

Blue Arch Homecare Limited

Blue Arch Homecare

Inspection report

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Date of inspection visit:
29 September 2022

Date of publication:
09 November 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Blue Arch Homecare is a domiciliary care agency, providing personal care to people in their own homes. At the time of inspection, 43 people were receiving personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found.

The person we spoke with and most relatives we spoke with were satisfied with the care that staff provided and with the management of the service, though two relatives were dissatisfied with some aspects of the service. This included some late calls and not having agreed call times. When we raised the issues of dissatisfaction with the registered manager, the issues were acted on swiftly.

Everyone we spoke with except two relatives, said safe care was provided. If they had any concerns, the registered manager would act on the issues raised and put measures in place to ensure safe care.

People were protected against abuse, neglect and discrimination. People had been largely protected against the risk of infection though the registered manager had to take action to ensure all staff wore full protective equipment.

Details of how to reduce risks to people's safety were included in people's care plans though one risk assessment lacked detail on encouraging a person to eat. Care plans reflected people's individual needs.

Safe recruitment practices were largely in place to ensure only suitable staff worked at the service, though staff references had not always come from relevant past care employers. Enough staff were employed to meet people's needs. Timely calls were mainly in place to provide personal care. Quality assurance systems were in place to try to ensure people were provided with a quality service though call times and care provided was not always checked.

The registered manager understood their responsibilities and worked in an open and transparent way.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

The inspection was prompted by concerns we received that safe care was not being provided to some people. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained requires improvement based on the findings of this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect. We will continue to monitor the service and will take further action if needed.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Blue Arch Homecare

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector supported by one 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post, who was also the provider of the service.

Notice of inspection

We gave the service two days' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection. We also gave time for the registered manager to send us inspection information, so we did not have to spend an extended amount of time in the office of the service.

Inspection activity started on 28 September 2022 and ended on 29 September.

What we did before the inspection

We reviewed information we had received about the service and we sought feedback from the local authority. The provider sent us a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection we spoke with one person who used the service about their experience of the care provided, and five relatives. We also spoke with three care staff members and the registered manager. We reviewed a range of records. This included three care records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

We continued to seek clarification from the registered manager to validate evidence found, which was sent to us. This included evidence from peoples' records and management responses to complaints.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained as requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People were not always protected from risks associated with their care and support.
- Risk assessments were in place for a range of issues including skin integrity, continence and manual handling. An assessment of a person's needs stated they needed encouragement to eat. The care plan contained information for the type of food needed for the person but not how to encourage the person to eat. We did not find evidence of harm as the person was recorded as regularly eating. However, the lack of information meant the person was at risk of not having their nutritional needs met. The registered manager took action when informed of this issue.
- The environmental risk assessment identified and managed risks in people's homes. However, it did not include an evacuation plan in case of fire or how to contact utility companies if there was a problem with damage or supply. The registered manager swiftly took action to include this information.
- The person and the relatives we spoke with said staff safely met the needs of people. One relative said, "Risks have been managed in terms of pressure area care as all [care workers] are very vigilant."
- Staff were able to tell us how they would ensure people's safety. For example, checking the water temperature before bathing, and ensuring a person had their belt secured when using the chairlift.

Staffing and recruitment

- Staff were in place to meet people's needs but staff were not always recruited safely.
- Recruitment systems for current staff showed evidence of good character and criminal records checks had been completed for all current staff. These checks help prevent unsuitable people from working with people who used the service. However, references for one staff member had not been sought from a previous care employer, which could have revealed issues of concern. The registered manager followed up this issue to obtain the reference.
- Care plans identified the number of staff required to deliver care safely.
- Sufficient staffing was always in place according to the person and relatives, apart from one relative who reported staff did not always arrive at agreed call times. Another relative said at times staff were late and there had been no phone call to alert them to the lateness. The registered manager took action to follow up these issues.

Preventing and controlling infection

- People were largely protected from the risk of infection.
- Everyone, except one relative told us staff wore personal protective equipment (PPE) during the COVID-19 pandemic. The registered manager followed up this issue with staff, to ensure all staff were aware they

needed to wear protective equipment to protect people from the risk of infection.

- Staff described relevant infection control measures in place to protect people. Management checked infection control measures were in place when carrying out spot checks on staff.
- Staff told us they had received training in infection control, including COVID-19 and donning and doffing of PPE. They said there was always enough PPE available to ensure people were protected from infection, and that the registered manager always ensured supplies were in place.

Learning lessons when things go wrong

- Lessons had been learnt when things had gone wrong.
- Processes were in place for the reporting and follow up of accidents or incidents.
- There was evidence of lessons learnt such as taking action when potential pressure sores were identified, and always informing people and relatives of staff changes.

Systems and processes to safeguard people from the risk of abuse:

- People were protected from the risk of abuse.
- People and relatives said that staff followed safe working practices and there was good protection from the risk of abuse.
- Staff demonstrated they understood how to safeguard people and were aware of reporting to the registered manager if abuse was suspected or alleged. They were confident the management would act if they had any concerns about people's safety.
- The registered manager was aware of the duty to report safeguarding concerns to the local authority safeguarding team.

Using medicines safely

- Medicines had been safely supplied to people.
- Records showed people had been supplied with their prescribed medicine by staff.
- People and relatives told us medicine had been provided by staff at the right time.
- The medicine policy supported people to receive their medicines in the way they preferred.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained as requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- Surveys from people were on the whole very positive. However, there was no analysis of surveys to identify trends and see if action needed to be taken. For example, when people recorded they were mostly satisfied with an aspect of the service, this had not been followed up to see how the service could be improved.
- Good outcomes had been successful for the majority of people and relatives we spoke with, though not all. We received concerns from a relative about call times and another relative about the office not contacting them when calls were late. When we informed the registered manager of these concerns they swiftly followed up these issues.
- Spot checks on staff took place to monitor whether staff were providing appropriate care and a positive approach to people. However, spot checks had not been frequent for some staff as one staff member had only one spot check in the past 12 months. The registered manager recognised this and stated that this frequency would increase.
- The registered manager aimed to promote a positive culture that was inclusive and empowering to achieve good outcomes for people. No one said that cultural or religious needs had not been met. Staff told us that management recognised their religious needs. They said their work patterns ensured they could celebrate important religious festivals.
- Staff said they were provided with good support from the registered manager. They said whenever they had an issue they were able to get in touch with management, who always responded with a positive reply. Staff told us they were thanked by management for the care they provided to people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their role and the needs of their staff team.
- Processes were in place to measure quality performance.
- Audits and checks had been carried out to check the service met people's needs. Audits did not check call times or whether the care provided was always consistent with care plans. We did not find evidence of harm as the person and relatives stated care was safe and staff met their needs. The registered manager followed this up and stated this would be carried out in the future.
- Staff understood their responsibilities, and who to report to if they had concerns and needed help.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The registered manager was aware of the duty of candour, that if mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action.
- The registered manager understood information sharing requirements, and knew that when concerns had been identified, appropriate notifications should be sent to the CQC as required by law, and to the local authority.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback was sought from people and relatives as questionnaires had been provided. This gave them the opportunity to suggest any changes or improvements. Issues identified where people or relative had been 'mostly satisfied' had not been acted on. The registered manager said this would be carried out in future.
- Staff meetings had been held to discuss the service. Relevant issues were discussed, which had included important issues such as training and people's care needs. Meetings had not been frequent. The registered manager intended to organise more frequent meetings.

Working in partnership with others

- The service worked in partnership with others.
- Care plans detailed the involvement of relatives and other health, social care professionals. For example, the registered manager had liaised with an occupational therapist to seek equipment to prevent a person having falls.