

Blessing Agencies Ltd

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Inspection report

Unit 1
465C Hornsey Road
London
N19 4DR

Tel: 02075619340
Website: www.blessingagencies.co.uk

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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?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an inspection of Blessing Agencies on 14 June 2016. This was an announced inspection where we gave the provider four days notice because we needed to ensure someone would be available to speak with us.

Blessing Agencies is a domiciliary care service providing personal care to people in their own home. At the time of our inspection there was one person who received personal care from the agency. This was the first inspection of the service since it was registered with the Care Quality Commission (CQC) in April 2014.

The service had a registered manager in place. 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.

Risk assessments were not updated to reflect the person's current needs and did not take into consideration their health needs. When a risk was identified it did not provide clear guidance to staff on the actions they needed to take to mitigate risks in protecting the person such as with falls and skin integrity. The care plan we looked at was not completed in full.

The person was protected from abuse. The relative we spoke to told us they were happy with the support received from the service. Staff were able to describe the different types of abuse and knew who to report abuse to within the organisation. One member of staff did not know how to whistleblow. Whistleblowing is when someone who works for an employer raises a concern about a potential risk of harm to people who use the service or outside organisation such as the CQC.

Assessments were not being completed in accordance to the Mental Capacity Act 2005 (MCA). Staff had not been trained in MCA. One staff member was unable to tell us the principles of the MCA.

Staff told us they were supported by the management team. However, formal one to one supervisions and appraisals had not been carried out with staff members.

We did not see documentary evidence that audits were being carried out on the person's care records and staff files which would include checks on care plans, risk assessments and supervision that would have helped identify the issues we found during the inspection.

Checks had not been undertaken to ensure staff were suitable for the role as we did not see evidence that references had been requested prior to staff commencing their employment. The person receiving personal care was supported by suitably qualified and experienced staff.

The relative we spoke to told us that staff communicated well with the person. However, the person's ability

to communicate was not recorded in their care plans.

Spot checks were being carried out and views about the service were being obtained from the relative. However, spot checks and the relative's views were not being recorded so that the information could be used to make continuous improvements to the service.

There were sufficient numbers of staff available to meet the person's needs.

There was a formal complaints procedure with response times. The relative we spoke to was aware of how to make complaints and staff knew how to respond to complaints in accordance with the service's complaint policy.

The person was supported to maintain good health.

The person was encouraged to be independent and their privacy and dignity was maintained.

We identified seven breaches of regulations relating to risk assessment, pre-employment checks, supervision, consent, person centred care, quality assurance and record keeping. You can see what action we have asked the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe.

Risk assessments were not updated to reflect the person's current circumstances and health needs.

The person was protected by staff who understood how to identify abuse and who to report to within the organisation. One staff we spoke to was unaware on who they could report to outside the organisation such as the CQC or the local authority.

Checks had not been undertaken to ensure staff were suitable for the role as we did not see evidence that references had been requested before staff were employed.

There were sufficient numbers of staff available to meet the person's needs.

Requires Improvement ●

Is the service effective?

Some parts of the service were not effective.

The person's rights was not being consistently upheld in line with the Mental Capacity Act 2005 (MCA). Staff had not been trained in MCA and one staff member was unable to explain the principles of the MCA.

Supervision was not being carried out with staff.

Staff members had the skills and knowledge to meet the person's support needs.

Requires Improvement ●

Is the service caring?

The service was caring.

There were positive relationships between staff and the person using the service. Staff treated the person with respect and dignity.

The person had privacy and staff encouraged independence.

Good ●

Staff had a good knowledge and understanding of the person's background and support needs.

Is the service responsive?

Some aspects of the service were not responsive.

The care plan was not completed in full.

The person participated in activities.

There was a complaint system in place. The relative we spoke to knew how to make a complaint and staff were able to tell us how they would respond to complaints.

Requires Improvement ●

Is the service well-led?

Some aspects of the service were not well-led.

Spot checks were not being recorded and relative's views of the service were not being recorded so that the information could be used to make improvements to the service.

Quality assurance systems were not in place to make continuous improvements

Staff meetings were not being recorded.

Staff were supported by management.

Requires Improvement ●

Blessing Agencies Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 was carried out on 14 June 2016 and was announced. The inspection was undertaken by a single inspector.

Before the inspection we reviewed relevant information that we had about the provider including any notifications of safeguarding or incidents affecting people's safety and wellbeing.

During the inspection we looked at one care plan. We reviewed three staff files and looked at documents linked to the day to day running of the agency including a range of policies and procedures. We also looked at other documents held at the service such as risk assessments, training records and the staff rota. We also spoke with the registered manager.

After the inspection we spoke with one relative and two staff members.

Is the service safe?

Our findings

The relative we spoke with told us that their family member was safe when receiving personal care from the service and had no concerns. The relative told us, "[The person] is happy with them [staff]." Despite these positive comments we found that some aspects of the service were not safe.

Staff were aware of the risks to people around moving and handling, how to respond to escalating health concerns and minimise the risk of falls. However, we found risk assessments had not been carried out specific to the person's needs. A falls risk assessment had been completed using a scoring methodology to determine the risk levels. However, we found the total score had not been recorded and the risk level had not been identified. The registered manager told us the person had a history of falls and suffered from a number of health condition which led to them having difficulty in mobilising. We did not see evidence that a falls prevention assessment had been carried out to reduce the risk of falls specific to the person.

There was a skin integrity assessment to determine if the person was at risk of skin complications. We found that this had not been completed. The registered manager told us that the person did not have any skin complications but did have a pressure sore previously. This was not recorded on the risk assessment. Without current and accurate assessments of skin integrity, it would be difficult for the service to determine the type of care and treatment needed to prevent serious skin complications.

We found the environmental and lone working risk assessment had not been completed to ensure the safety of the staff that provided personal care and the person receiving care.

Records showed the person had specific health concerns. Risk assessments were not completed to demonstrate the appropriate management of these risks in order to minimise them leading to serious health complications.

The above issues related to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found full pre-employment checks had not been carried out when employing staff. Records showed the service collected proof of identity, criminal record checks and information about the experience and skills of the staff. However, we did not find evidence that references had been obtained for staff prior to being employed by the service to ensure staff were of good character. The registered manager sent us a reference for one staff member after the inspection. However, the reference did not include the date it was completed. The registered manager told us that references had been requested for the remaining staff but were not received. Records of the reference requests had not been kept in staff files and further requests had not been made. Therefore there was a risk of inappropriate staff being employed by the agency.

The above issues related to a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff and the registered manager were aware of their responsibilities in relation to safeguarding people. Staff had undertaken training in understanding and preventing abuse. The staff we spoke with were able to explain what abuse is and who to report abuse to within the organisation. One staff member we spoke to did not understand how to whistle blow and did not know they could report to outside organisations such as the Care Quality Commission (CQC) and the local authority.

To support safeguarding training there were clear procedures and guidance available for staff to refer to. This provided appropriate explanations of the steps staff would need to follow should an allegation be made or concern witnessed. The provider also had a clear whistle blowing (reporting bad practice) procedure. This detailed to staff what constituted bad practice and what to do if this was witnessed or suspected. However, we observed the safeguarding and whistle blowing policy was not displayed in the provider's office but was stored in a computer therefore staff were not able to have easy access to these policies when required.

The relative we spoke with told us that staff were reliable and had no concerns on staff punctuality and the support they received was what they expected. They told us that staff phoned them if they were running late and there had been no missed appointments. Comment's from the relative included, "They [staff] call us to let us know they will be late" and "they turn up on time." The registered manager told us that they had introduced a system for staff to alert them if they were going to be late or not able to come into work. This enabled alternative arrangements to be quickly made to ensure that the required support could be provided. The staffing rota confirmed that staff were always available to deliver personal care in the person's home and if the staff member was off from duty then there was appropriate cover. This meant that people did not go without the care and support they needed.

The registered manager told us that the service did not support the person with medicines. This was confirmed by the relatives we spoke to. There was a comprehensive medicines policy in place, should the service be required to support people with medicines in the future.

Is the service effective?

Our findings

The relative we spoke with told us that staff members were skilled and knowledgeable, commenting, "I am very pleased with them [staff], they know what they are doing." Despite these positive comments we found that some aspects of the service were not effective.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA.

Training in the Mental Capacity Act 2005 (MCA) had not been provided and one of the staff we spoke to was not able to explain the principles of the MCA. We found the assessments did not follow the MCA principles evidencing decisions that was taken was in the persons best interests.

Staff told us they always asked for consent before providing care and treatment. One comment included, "I have to respect the service user, I have to ask permission. Always I get permission from them [the person]." The relative we spoke to confirmed that staff asked for consent before proceeding with care or treatment.

The home had a section within the care plan that covered the persons mental state and best interest decisions. This section was blank. We noted the section did not cover the elements of capacity, namely can the person understand, retain, and weigh the information, and make a decision on the information. We fed this back to the registered manager who assured us improvements will be made.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we spoke to staff, they told us they were supported by the management team, one staff member told us, "[Registered manager] is supportive." The provider's supervision policy showed that formal supervisions and appraisals should be carried out with staff regularly. We did not see evidence that formal one to one supervisions and appraisals had taken place. The registered manager told us that supervision and appraisals had not been carried out with staff. Supervisions are important to monitor staff performance and identify any development needs. The process supports both the provider and staff member to form an objective view of the staff members past performance, as well as encourage better performance in the future and address any concerns.

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

The staff we spoke with told us that they received induction training when they started working at the service. Staff confirmed that the induction training was useful which included opportunities to shadow a more experienced member of staff and look at care plans. This made sure staff had the basic knowledge needed to begin work.

Three members of staff were employed by the agency. One staff member was undertaking a placement as part of their course in health and social care. Two staff were undertaking training in Health and Social Care diploma level 3. Staff had also been enrolled to undertake additional training that covered areas such as moving and handling, infection control, dementia and person centred care. The registered manager told us that staff had partially completed this training programme and would need to complete the full training programme to generate a certificate. We saw evidence that the registered manager had completed the training programme. The registered manager also supported staff when required with delivering personal care. Although staff were being trained, when we spoke to staff, we found that one staff member was unable to explain to us that they could report abuse to outside organisations and was unable to explain the principles of the MCA.

The registered manager told us that the person did not need support with food and was supported by their family members. The relative we spoke to confirmed this. The relative told us although this was limited, support was provided with meals by staff when required and they had no concerns with the support during these times.

The care plan we looked at listed details of health professionals such as GP and also included the person's current health condition. Staff were able to tell us how to identify if the person was not well such as looking at their body language, communication, behaviour and response and refer them to a health professional if required. One staff member told us, "I will see how they [the person] communicate and their behaviour. I will call the person in charge if they [the person] is not well, if it is serious I will call ambulance immediately." The relative we spoke with told us that staff were able to identify if their family member was not well and had done so previously and raised this with them. The registered manager told us that people required limited support with health appointments as they were supported by their family members and the relative confirmed this.

Is the service caring?

Our findings

The relative we spoke with told us that staff were caring and treated their family member with respect. Comment's from the relative included, "They [staff] are very caring." The staff members we talked with spoke fondly of the person they supported and told us they had built positive relationships with people by spending time and talking to them regularly. The relative confirmed that staff had good relationships with their family member. The relative told us, "They [staff] have a good relationship." A staff member told us, "I build good relationship with [the person] by effectively communicating and understanding what customer needs. I always be presentable and approachable."

The relative we spoke with confirmed staff had a thorough knowledge of their family members support needs. Staff we spoke to were able to describe in detail the needs of the person they supported. Staff told us that they were able to read the person's assessments, support plans and risk assessments. This helped staff to gain an understanding of the needs of the person using the service and how best to support them.

The relative told us that the staff understood how to meet their family member's needs and provided a personalised service that promoted their dignity, privacy and independence. Staff told us they always encouraged people to do as much as they could to promote independence. The relative confirmed this and commented, "They [staff] do try to make [the person] do things but it is very limited on what [the person] can do by [themselves]."

The staff we spoke with understood that personal information about the person should not be shared with others and told us that when providing particular support or treatment in the person's home, it was not done in front of people that would negatively impact on their dignity. One staff member told us, "Before you go to someone's door, you have to knock on their door. When giving personal care you have to close the door and make sure no one comes in." The relative we spoke with told us, "When they support my [the person], they shut the door. They are very discreet." The relative told us that staff respected the person's privacy and would always knock and wait for permission before entering the home.

The service had an equality and diversity policy. The staff member we spoke with told us that they treated people equally. The relative we spoke with confirmed this and had no concerns about staff approach. Cultural and religious beliefs were discussed with the person and their family members. Their preferences were recorded in the care plan.

The relative we spoke with told us that staff communicated well and took the time to make sure that they were involved in their care. They felt that staff explained clearly before going ahead and carrying out any care tasks. The relative told us, "They greet [the person]. They speak to [the person], they make conversations. [The person] eyes light up when [the person] see's staff. They [staff] are really good." The registered manager told us that the person had difficulty communicating however; we noted that the person's ability to communicate and how staff should communicate with them were not recorded in the person's care plan to identify the types of approach staff should use to communicate when providing personal care. We fed this back to the registered manager who assured us that an assessment would be

carried out with the person's family and this would be recorded and communicated to staff members.

Is the service responsive?

Our findings

We asked the relative we spoke to if they found the service provided by Blessing Agencies to be responsive to their needs. The relative spoken with confirmed the service was responsive and that staff were attentive to their family member's needs. Comment's included, "[The person] responds to them [staff]. They helped my [relative] understand the use of a machine. Even though the Occupational Therapist had explained this to us, they [staff] supported my [relative] with this."

The care plan we looked at had a personal profile that included next of kin details, GP details, access to home and key holders. There was a 'Life Story' section for the person providing information on the person's health condition. This helped staff to understand the person's current state of health that would enable them to provide a personalised service. There was a daily log, which consisted of daily activities and support needs for the person. These daily logs provided staff with information so they could respond to people positively and in accordance with their needs.

Records showed that the care plan was not completed in full. There was a 'Memory Difficulties' section, which was completed listing the person's current difficulties. However, the area that listed 'Coping mechanism that help' for each of the difficulty had not been recorded. This meant that staff did not have guidance on how to respond if the person was at difficulty. The 'Social activities that are important to me' had not been completed. It was important that the section was completed to identify the person's preferences and interests that would further help develop positive relationships and to provide personalised care.

Care plans for managing and supporting the person with specific health conditions such as the behaviours and limitations caused by dementia, were not recorded therefore staff did not have the information from which they could deliver personalised care.

This was a breach of Regulations 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us that the person was assessed before being offered a service in order to ensure the service could cater for their needs. The registered manager told us they speak to people and their relatives in detail about their condition and needs in order to ensure people get the right support and if the service could provide the required support. This was recorded on their care plan to ensure that people could be supported according to their needs and preferences.

Staff told us they were allocated sufficient time to provide person centred care. The registered manager told us that they always provided staff time to provide person centred care and also build good relationships with the people they supported. Staff we spoke with confirmed this. One staff member commented, "I do have enough time to help my client." The relative we spoke to confirmed this and told us that staff were not rushed and were able to enjoy spending time with the person and stayed for long periods if required. The relative told us, "[The person] enjoys them [staff] coming. They [staff] spend time with him."

There was a daily visit sheet, which recorded key information about the person's daily routines such as behaviours and the support provided by staff. The registered manager and staff we spoke with told us that the daily visit sheets were used to ensure, that between shifts, important and relevant information was communicated between staff during handovers.

The relative we spoke with told us the service was responsive in accommodating their particular routines and lifestyle. Where appropriate staff supported with activities. The relative commented, "They [staff] give [the person] a ball and help with small exercises." This meant the service ensured the person's involvement in activities which was important to them.

Records showed no complaints had been made by people or their family members. The relative we spoke with told us that they did not have any complaints about the service and felt they could raise concerns if they needed to. When we spoke with the staff on how they would manage complaints, they told us that they would record the complaint and inform the manager and deal with the complaint as much as possible.

Is the service well-led?

Our findings

We asked the relative we spoke to if they found the service provided by Blessing Agencies to be well led. The relative that we spoke with confirmed they were happy with the way the service was managed. Comments from the relative included, "They [Blessing Agencies] are very good. Better than the ones we had before. I would recommend them." Staff told us they enjoyed working for the service and morale was high. One staff member told us, "I am enjoying the job" and another staff commented, "I am enjoying it [job]."

We did not see documentary evidence that audits were being carried out on the person's care plan and staff files, which included checks on documents such as risk assessments and supervision that would have helped identify the issues we found during the inspection and ensure high quality care was being delivered at all times.

The registered manager told us that spot checks were carried out on staff. Both relative and staff we spoke with confirmed this. There was no documentary evidence detailing these spot checks. Keeping records of spot checks is important to keep track of the number of checks undertaken and help identify areas of improvements or best practise that could be used in staff supervision and appraisals.

We found the care plan records was not accurate and up to date as the risk assessments and support plans had not been completed in full in order to ensure staff had the relevant information to provide high quality care at all times. Character references relating to staff employed by the service had not been recorded to evidence that references had been requested as implied by the registered manager.

The registered manager told us that views were sought from the relative about the service and the relatives confirmed this. However, we did not find evidence that showed the relatives views had been recorded to highlight areas of best practice or improvement and used to make continuous improvements to the service, if required.

The registered manager told us that staff meeting were being carried out. However, we did not find records that showed minutes of the staff meetings. The registered manager told us that the meetings were not recorded. It is important to record the minutes of the staff meeting to ensure there is a record of what was discussed which could be used to follow up on the next meeting. Also meeting minutes should be accessible to staff that may have missed the meeting to ensure that any learning could be noted or they are kept informed of any important updates to the service.

This was a breach of regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

People and staff benefited from a culture which was open, inclusive and supportive. Staff were motivated and told us that the management of the service was good. One staff member said, "[registered manager] is fine." Another member of staff told us, "She [registered manager] is very good."

The staff and relative we spoke with had no concerns about the management and leadership of the service. They expressed the view that the registered manager was very approachable and always listened to their views and concerns. Those who had dealings with the registered manager also described her as approachable and supportive. The relative told us, "She [registered manager] is very approachable. She always has time when you call, even on a Sunday." The registered manager understood the specific needs of the person using the service and had built up a positive relationship with them and their family members.

The relative spoke positively about the management of the home. The relative told us, "She [registered manager] is always one the ball. Staff know her. She is very good."

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Assessments of the needs and preferences for care and treatment were not carried out in full for people that used the service. Regulation 9(3)(a)
Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent A staff member was not familiar with the principles and codes of conduct associated with the Mental Capacity act 2005. Care and treatment was not always provided with the consent of the relevant person as the registered person was not always acting in accordance with the Mental Capacity Act 2005. Regulation 11(1)(3)
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service provider was not providing care in a safe way as they were not doing all that was reasonably practicable to mitigate risks to service users Regulation 12 (1)(2)(a)(b)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance

The service provider was not assessing, monitoring and improving the quality and safety of the services provided in the carrying on of the regulated activity. Regulation 17(1)(2)(a)

The service provider was not maintaining securely an accurate and complete record in respect of the person receiving personal care and was not maintaining records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity. Regulation 17(1)(2)(c)(d)

Regulated activity	Regulation
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Personal care	
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Regulated activity	Regulation
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	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
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	Recruitment procedures were not operated effectively to ensure that persons employed were of good character. Regulation 19(2)(a)
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Regulated activity	Regulation
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Personal care	
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Regulated activity	Regulation
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	Regulation 18 HSCA RA Regulations 2014 Staffing
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	The service provider had not ensured that all staff received supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. Regulation 18(2)(a)
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