

CT Care Ltd

Blue Ribbon Care (Leicestershire and Rutland)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service: Blue Ribbon Care is a domiciliary care agency. It provides personal care to older adults and adults with learning disabilities living in their own homes.

People's experience of using this service: People told us they felt safe. However, on inspection we found that people had not consistently received safe care. Staff had received safeguarding training and recognised signs and symptoms of abuse and reported them, but safeguarding concerns had not been managed effectively to protect people from risk of avoidable harm.

People's needs were assessed and planned with them and their family when appropriate. However, quality monitoring systems had not consistently alerted the registered manager as to when routine reviews were due.

Internal policy and procedure documents had not been reviewed regularly in line with the services own criteria to ensure current best practice was being followed.

Systems were in place to ensure that people were protected by the prevention and control of infection.

Safe recruitment procedures were in place to ensure staff employed were suitable for their role. Staff received an induction prior to starting work and received on-going training to ensure they provided care based on current best practice when supporting people.

People were supported to access health appointments when required, including opticians and doctors.

People had maximum choice and control of their lives and staff supported them in the least restrictive way possible the policies and systems in the service supported this practice. The principles of the Mental Capacity Act (MCA) were followed.

People received care that was kind and caring. People were encouraged to make decisions about their care and their privacy and dignity were protected and promoted. People had developed positive relationships with staff.

Care plans were personalised and provided staff with guidance on how to support people and their choices were respected. Information could be made available in different formats to help people understand the care and support agreed.

Rating at last inspection: Good 12 May 2016

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service is rated requires improvement overall.

Enforcement: Since the last inspection we recognised that the provider had failed to notify us of incidents reportable to CQC via statutory notifications. This was a breach of regulation and we issued a fixed penalty. The provider accepted a fixed penalty and paid this in full.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any information of concern is received, we may inspect sooner.

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 effective?

The service was effective
Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring
Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive
Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led
Details are in our Well-Led findings below.

Requires Improvement ●

Blue Ribbon Care (Leicestershire and Rutland)

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: This inspection was carried out by one inspector.

Service and service type: This service is a domiciliary care agency. It provides personal care to older adults and adults with learning disabilities living in their own houses.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 18 December 2018 and ended on 19 December 2018. It included. We visited the office location on to see the manager and office staff; and to review care records and policies and procedures.

What we did: 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. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We

also contacted Healthwatch Leicestershire. Healthwatch is an independent consumer champion created to gather and represent the views of the public. Healthwatch plays a role at both national and local level and makes sure that the views of the public and people who use services are considered.

During the inspection we spoke with three people who used the service and one relative. We had discussions with five staff members including the registered manager, care manager and three care and support staff.

We looked at the care and medication records of three people who used the service. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safe guarding information and accidents and incident information

After the inspection we requested and received;

- Safeguarding policy
- Training Policy
- Health and Safety Policy
- Recruitment Policy
- Supervision and Appraisal policy

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

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.

Systems and processes

- Safeguarding systems were in place and staff understood their responsibilities as to how to keep people safe. There had been a failure by the registered manager to report and investigate safeguarding concerns appropriately, this put people at risk of the potential of ongoing harm.
- Safe staff recruitment processes were in place. New staff had an induction prior to starting work with people.

Learning lessons when things go wrong

- The registered manager had not investigated safeguarding concerns thoroughly or consistently to ensure people were safe. Following our inspection, we were given assurance that robust investigation and reporting procedures would be put in place. This will need to be embedded and continued in practice.

Assessing risk, safety monitoring and management

- People told us they felt safe, one relative told us, "[Relative] is always safe, the staff are experienced, I have no concerns."
- People were supported to be as independent as possible. Care plans identified risks.
- Risk assessments were completed before the service started and used in planning care.

Staffing levels

- There were enough staff to meet people's needs. We saw that staff received weekly rota's and there were no missed visits recorded. There was a 24 hour on call system in place to cover any sudden change to staff availability. One person told us, "There are plenty of staff, I haven't had any problems, 95% of the time I get the same person."
- We saw that the registered manager was actively recruiting staff to ensure numbers were maintained.

Using medicines safely

- Medicines were managed safely. Staff had received training with annual updates. Staff knew what to do and who to contact if things went wrong. Medicine charts were checked monthly by the registered manager and any shortfalls identified were addressed appropriately

Preventing and controlling infection

- Staff were given Protective Personal Equipment (PPE) and understood cross contamination, one staff member told us, "We are given PPE and we change it for clean gloves and aprons between tasks." Training had been provided and was updated regularly.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

- People's care and support was provided in line with relevant legislation and guidance. The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 in their own home must be made to the Court of Protection. No applications had been made to the Court of Protection because people were not being deprived of their liberty.
- People told us they were involved in decisions about their care. One relative told us, "While they [the care staff] are helping they explain things and are always asking is that alright?" People had signed their care plans to consent to care and were supported in the least restrictive way possible. A staff member commented that if someone refused support they would "respect that choice."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs were assessed and detailed in their care plans this included lifestyle choices and diet.
- Staff completed training in equality and diversity and had a good understanding of equality and diversity and how to support people.

Staff skills, knowledge and experience

- Staff received training to ensure they had the skills to do their job. There was a training schedule in place which ensured that staff training was refreshed on a regular basis.
- There was an induction process in place for new staff. One staff member told us, "The induction covered everything, it was very in depth and there were booklets to complete to check my competencies." Staff received a comprehensive handbook that included key policies and procedures to support them in their role.

Supporting people to eat and drink enough with choice in a balanced diet

- Peoples likes, and dislikes were recorded in their care plan. One person had been identified as having a reduced appetite, food and fluid charts were in place for staff to record the amount of food and fluid the person was consuming and a list of favourite foods were detailed in the care plan. We saw that staff had followed the care plan and intake of food was improving.
- Staff told us they had enough time on visits to support people to eat and drink if needed and time to chat and make meal times a sociable experience. One person told us that they liked to try new recipes and the

staff supported them with this.

Staff providing consistent, effective, timely care within and across organisations

- People told us that they have the same members of staff most of the time. Staff confirmed this and told us they can build good relationships with the people that they support.

Adapting service, to meet people's needs

- We saw that rotas were prepared on a weekly basis, this meant that they were easily adaptable to changes in people's needs or requests. Staff told us that if people's care needs increased extra staff could be deployed to ensure people were safe.
- Information was available to people in different formats if needed for example; large print or easy read.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to attend healthcare appointments. Staff had supported people with referral to other healthcare services such as opticians and medicine reviews. The registered manager was working in partnership with the district nurse team.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People were cared for by staff who were kind, caring and compassionate. One person said, "They [care staff] are really friendly, we look forward to them coming." A relative told us, "The staff are very caring, [Relative] loves every one of them." Staff told us they had time to talk and listen to people. One staff member told us, "I see the same clients, so I get to know them well and their routines and families."

Supporting people to express their views and be involved in making decisions about their care

- Care plans were reviewed monthly with people. Staff told us that the registered manager kept them informed of any changes. One staff member told us, "I always read the care plan on each visit just to quickly check for any changes."
- People told us they were involved in making decisions and that they were consulted on changes to their care rota.
- One person had been supported with making a complaint about a health care service this had achieved a positive outcome for the person.

Respecting and promoting people's privacy, dignity and independence

- We saw that staff understood the importance of confidentiality and that personal information was securely stored. Staff told us that personal information was not discussed outside of the service.
- People told us that they felt staff respected their privacy and dignity. A relative told us, "They are respectful of our personal things." One person said, "They help me to make sure my clothes are coordinated, it's important to me." Staff told us they maintain dignity for people during personal care. One staff member told us how they always ensured that doors were closed and that they gave people their own personal space while assisting them with personal care.
- We saw that people had been supported to go on holiday, access hobbies and activities and support local charities.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

How people's needs are met

End of life care and support

- The registered manager told us they did not currently provide any end of life care. However, if people who were using the service should need end of life care then they would continue to support them. The registered manager told us they would seek advice and work in partnership with health care professionals to ensure people's needs were met.
- Staff had received end of life care training and this was refreshed regularly.

Personalised care

- As part of the pre-admission process, people and their relatives were involved, ensuring that staff had insight into people's personal history, their individual preferences, interests and aspirations. From this information a tailored plan of care was developed.
- Care plans detailed the needs of each person and provided staff with guidance on how to support them in the best way. They described the individual support people needed to maintain their independence. One person had hobbies and specific activities that were very important to them. Care was carefully planned to incorporate this ensuring as much independence as possible. This person told us, "I am totally involved and included in planning my care."

Improving care quality in response to complaints or concerns

- The complaints procedure was detailed in a service user guide. People told us they were comfortable to raise concerns and confident they would be dealt with. One person we spoke to had made a complaint they told us, "My complaint was dealt with and resolved quickly by the manager."

Is the service well-led?

Our findings

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong; Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Improvements were required to the provider's understanding of the notifications required to be submitted to the Care Quality Commission (CQC). A notification is information about important events that the service is required to send to us by law, in a timely way. During the inspection we identified that the registered manager had failed to submit appropriate safeguarding notifications to the CQC. The registered manager confirmed they had misunderstood the regulations in this regard. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (part 4). CQC are considering their regulatory response to this.
- Policies and procedures had not been reviewed in line with company policy. We discussed this with the registered manager who agreed to review all policies and procedure to ensure they reflected current legislation and best practice. Following the inspection, the registered manager provided reassurance that this had been completed.
- Electronic systems were not always effective in alerting when people's routine reviews were due. We saw that several review dates had been missed. We discussed this with the registered manager who agreed to ensure that this would be investigated and resolved. Following our inspection, a systems error was detected which has now been rectified.
- We saw that records used in people's homes were collected regularly and audited to monitor the quality of the service.

Engaging and involving people using the service, the public and staff

- The provider and management team were friendly, visible and approachable. Staff felt comfortable and were made to feel welcome when visiting the office environment. One staff member told us, "We are involved in change including rotas and business changes you never feel in the dark or unsupported."
- There were regular staff meetings that the registered manager ensured were scheduled to give everyone the chance to attend and meeting minutes were circulated amongst staff. A weekly update was e-mailed to staff members to ensure information was shared and consistent.
- People were invited to complete surveys about the service they received, we looked at these during our inspection. They showed high levels of satisfaction from people using the service. One person told us, "I can't fault the service." A relative commented, "The manager is lovely, always available if needed, I would be confident problems would be dealt with promptly."
- People were encouraged and supported to access the community and we saw evidence of individual goals being achieved.

Continuous learning and improving care

- The registered manager was receptive to advice and suggestions as to how the service could be improved. Following our inspection action plans were put in place to address the areas for improvement we had identified. These will need to be embedded and continued in practice.

Working in partnership with others

- We saw that the registered manager had worked with an advocacy service and a solicitor to support and promote independence for people, this had achieved positive outcomes for people.
- The registered manager and care manager had worked closely with a charitable organisation that assists with improving living conditions for people, this had achieved a positive outcome.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The provider had failed to notify CQC of incidents that were reportable via statutory notifications.

The enforcement action we took:

We issued the provider with two fixed penalty notices which the provider has now paid.