

Blyth Valley Disabled Forum Ltd

Blyth Valley Disabled Forum

Inspection report

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Date of inspection visit:

14 June 2021

15 June 2021

16 June 2021

18 June 2021

Date of publication:

02 July 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Blyth Valley Disabled Forum is a domiciliary care agency providing personal care to people living in their own homes. Services are provided to people with a wide range of needs, including people living with a dementia. At the time of the inspection there were 244 people receiving care and support, of which 204 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

People were protected from the risk of infection. Government guidance was being followed and staff understood how to safely put on, take off and dispose of Personal Protective Equipment (PPE). Risks had been identified and steps taken to minimise and manage those risks.

Medicines records were completed in full and staff had attended the required training to support them to administer medicines safely. Staff had completed updated training on infection prevention and control, and safeguarding.

New quality assurance systems and audits had been introduced to assess, monitor and where required, improve the quality and safety of the service. We have made a recommendation about fully embedding the system.

People told us they felt safe and were supported by a small group of staff who they generally knew well. Staff said they were well supported and found the management team to be approachable.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 25 January 2021)

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has

changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Blyth Valley Disabled Forum on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Blyth Valley Disabled Forum

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 completed by one inspector.

Service and service type

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

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 a short period notice of the inspection. This was because we needed consent from people to allow us to contact them and we requested some documentation prior to the office visit.

Inspection activity started on 14 June 2021 and ended on 18 June 2021. We visited the office location on 15 June 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We telephoned five people who used the service and three relatives to speak with them about their experience of the care provided. We spoke with the registered manager, the deputy manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also received feedback from eight care staff about their experiences.

We reviewed a range of records including five people's care and medicine records and one staff recruitment file. We also looked at a range of records relating to the management of the service, some of which were shared with us electronically. Feedback from the inspection was shared with the nominated individual, the registered manager and the deputy manager

After the inspection

We continued to review documentation the registered manager had shared with us.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At our last inspection the provider had failed to ensure systems and processes were in place to assess, control and prevent the spread of infection. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Improvements had been made to make sure people were protected from the risk of infection.
- Training specific to COVID-19 and the donning and doffing of Personal Protective Equipment (PPE) had been provided. Staff were able to describe current guidance and the safe and correct order in which to put on (donning) and take off (doffing) PPE.
- Policies and procedure in relation to infection prevention and control included the management of the COVID-19 virus. Contingency planning was also in place and referenced best practice guidance in relation to working safely during the pandemic.
- Quality assurance systems provided governance and oversight to minimise the risks of the impact of COVID-19 on people and staff.
- People and relatives told us staff always wore the correct PPE and changed it regularly when providing care and support.

Assessing risk, safety monitoring and management

At our last inspection steps had not been taken to mitigate risks to people leading to a potential hazard to their health and well-being. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks had been assessed and actions were in place to support staff to minimise and manage those risks.
- Risk assessments were specific to the person. Where possible people had been involved in writing their assessments and agreeing how the persons needs should be met.

Using medicines safely

At our last inspection oversight of medicine training, and medicine recording had not been maintained. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Medicines were administered safely.
- All staff had attended medicine administration refresher training.
- Care plans were in place to support staff with decision making and safe administration.
- 'As required' medicines, for example pain relief were administered safely. Most people had capacity to make their own decision about when they needed this medicine.
- Medicine administration records (MARs) were clear and completed in full.
- People and relatives said their medicines were administered safely and they knew staff had attended the required training. One person said, "They help with my medicines, there are never any problems."

Systems and processes to safeguard people from the risk of abuse

- Safeguarding policies and procedures had been updated and staff were aware of the new procedures.
- Staff had attended safeguarding adults and safeguarding children training.
- People and relatives said they felt safe with the staff who supported them.

Learning lessons when things go wrong

- The registered manager and deputy manager spoke about their reflections on the last inspection. Comments included, "We realised we hadn't fully trained staff to keep themselves and others safe so this was a priority. We have also introduced new technology so communication and responsiveness is improved."
- The deputy manager also gave an example of adapting medicine records for one person due to the complexity of their prescription. A clear and simple process for recording had been introduced to minimise the risk of any errors.

Staffing and recruitment

- Safe recruitment processes were followed and there were enough staff to meet people's needs.
- People and relatives said they were generally supported by "a small pool of staff" who they knew well.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection systems to maintain quality and safety were not robust, potentially putting people at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- A new system for quality assurance and governance had been introduced since the last inspection to identify and act upon areas for improvement.
- Staff meetings and spot checks had been re-introduced to make sure staff understood their roles and responsibilities.
- Audits were identifying shortfalls and had improved practice in relation to IPC, risk management, training and medicines management.

We recommend the provider continue to review and embed the governance system to ensure continuous improvement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The deputy manager was very focused on the values of staff and making sure they were person-centred and inclusive. Staff said they felt very involved and supported by the management team.
- People and relatives said they had been involved in care planning. Comments included, "I can pick the phone up if something needs to change" and "They always ask if everything is alright or if anything needs to change."
- Everyone we spoke with told us the management team were approachable and open.

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

- Notifications of incidents had been appropriately submitted to CQC as required.

- The deputy manager explained duty of candour as, "Being open and honest, transparent, admitting to mistakes, providing an apology verbally and in writing. Providing appropriate reports and keeping in touch with complainant."

Working in partnership with others

- The management team had worked in partnership with the local authority and the local managers network to share ideas for improvement and development.
- Staff worked in partnership with health care professionals to make sure people received appropriate care and support.