Care Quality Commission

Bluewood Recruitment Ltd

Bluewood Leicester

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	Good
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 28, 29 and 30 September 2015 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care service and we needed to be sure that someone would be at the office.

Bluewood Leicester is a domiciliary care service providing care and support to people living in their own homes. The office is based in the city of Leicester and the service currently provides care and support to people living in Leicester, Leicestershire, Loughborough and Northamptonshire. At the time of our inspection there were 110 people using the service.

A registered manager was in post. 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 staff that supported them. Staff were trained in safeguarding (protecting

Summary of findings

people who used care services from abuse) procedures and were confident that if they had any concerns about people's safety, health or welfare they would know what to do.

People were supported by knowledgeable staff who understood people's individual and diverse needs and how to support them to keep them safe. Risk to people's health had been assessed and measures in place were detailed in the care plans for staff to refer to.

People told us that staff were well trained and knew how to support them effectively. Staff recruitment practices were robust and appropriate checks were carried out before people started work. Staff had a thorough induction and on-going training that equipped them to support people safely. Staff were supported regularly through supervisions and staff meetings and checks were carried out on their practices.

There were sufficient numbers of staff employed by the service to meet the needs of people. The service ensured the needs of people were met by staff with the knowledge, skills and matched with any known requirements such as individual preferences, cultural or diverse needs.

People were promoted to take their medicines by staff where people's assessed needs and care plan required this. People told us that staff supported them to liaise with health care professionals if there were any concerns about their health.

People made decisions about their care needs and support needs. People told us that staff sought consent before they were helped and that staff always respected their choices and decisions.

Staff supported some people with their meals and drinks. Staff were trained to prepare meals, which met people's nutritional and cultural dietary needs.

People told us that they were happy with the care and support received. People spoke positively about the staff, found them to be kind and caring and had developed positive relationships with them. People's privacy and dignity was maintained, their choice of lifestyle was respected and their independence was promoted.

Staff provided care and support that was focussed on the person's needs and took account of their preferences such as times, cultural and diverse needs. Staff employed by the service spoke a number of other languages reflective of the people living in the local community.

People told us they were aware of how to raise concern. They were confident that any concerns raised would be responded to by the registered manager and the provider.

People who used the service and relatives we spoke with told us that their views about the service was sought regularly. People told us that they were happy with how the service was managed.

The provider was activities involved and visited the service most days to check how the service was managed and assess the quality of care provided. There were systems in place to assess and monitor the service, which included checks on staff delivering care and support to people and review of people's care. We found some improvements were needed to the communication between the staff providing the care and support and the management team. When this was raised with the registered manager they assured us that they would improve the current communication and recording system to help develop better monitoring systems that would help the service to develop.

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 safe.

People told us they trusted the staff and felt safe using the service. Staff had an understanding of what abuse was and their responsibilities to act on concerns.

Risk people's health and wellbeing had been assessed and measures were in place to ensure staff supported people safely.

Safe staff recruitment procedures were followed and there were sufficient numbers of staff available to keep people safe and to meet their needs.

People were prompted by staff to take their medicines.

Good

Is the service effective?
The service was effective.

People were supported by staff who had the appropriate skills and knowledge to provide the care and understood the needs of people.

People's consent to care and treatment was sought. Staff had an understanding of the Mental Capacity Act 2005 and how it applied to people living in their own home.

People were provided with the support to ensure their dietary requirements were met.

People were supported to access health support and liaise with the health care professionals when needed.

Good

Is the service caring?
The service was caring.

People told us they were happy with the care and support they received and found staff were caring.

People were involved in the development and reviewing of their care plans and decisions made were recorded.

Good

Is the service responsive?
The service was responsive.

People's needs were assessed before receiving a service. Staff knew how to support people and took account of people's individual preferences in the delivery of care and support.

People felt confident to complaint and were confident that their concerns would be listened to and acted upon.

Good

Is the service well-led?
The service was well led.

A registered manager was in post. The registered manager and staff had a clear and consistent view as to the service they wished to provide, which focused on providing a quality care service.

Good

Summary of findings

Staff felt the management team were supported and there were systems in place to maintain their knowledge, skills and practices.

The provider had a system to assess and monitor the quality of the service provided, which took account of the views of people who used the service, their relatives and staff.

Bluewood Leicester

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.

This inspection took place on 28, 29 and 30 September 2015 and was unannounced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one 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. Our expert by experience for this inspection had experience of using health and social care services.

Before the inspection, we asked the provider to complete 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 had returned the PIR.

We looked at the information we held about the service, which included information of concern received and 'notifications'. Notifications are changes, events or incidents that the provider must tell us about. We also looked at other information sent to us from people who used the service, relatives of people who used the service and health and social care professionals.

We used a variety of methods to inspect the service. We spoke with eight people using the service and two relatives whose family member used the service. We also visited three people and spoke with them and their relatives. We also spoke with the registered manager, recruitment manager, quality assurance manager, in-house training manager, the clinical care co-ordinator, care manager and seven care staff.

We looked at the records of five people, which included their care plans, risk assessments and daily records. We also looked at the recruitment files of six members of staff, a range of policies and procedures and information relating to the quality assurance.

We asked the registered manager to send us additional information in relation to the updated procedures, staff meeting agenda and the updated risk assessments. This information was received in a timely manner.

Good

Is the service safe?

Our findings

All the people we spoke with who used the service and relatives of those who were unable to speak with us told us they felt safe with the staff and the care provided. One person who needed support through the night told us that staff carried out their duties to make sure people stayed safe and were helped when required. A young person described to us how the staff supported them to go shopping and be safe when using community services. This included making sure the person received the right change when they bought clothes. A relative told us that their family member would not allow staff to support them if they felt unsafe in anyway. They said, "[person's name] is very happy with the carers [staff] and very safe, I know."

The provider's safeguarding and whistleblowing policies advised staff what to do if they had any concerns about the welfare of the people who used the service. Staff were trained in safeguarding procedure as part of their induction. They received a staff handbook which also provided staff with guidance as to what action they should take if they suspected someone was at risk of harm or abuse. Staff were knowledgeable about their role and responsibilities in raising concerns with the management team and were confident that they would contact the local authority or the Care Quality Commission (CQC). One member of staff said, "If I saw anything like abuse I would report it to the office and CQC or the safeguarding team in the council."

The registered manager was aware of their role to report any concerns of abuse to the local authority. They told us that systems were in place whereby they checked that the measures in place to keep people safe were appropriate.

People told us that they were involved in the assessment and planning of their care. That helped to ensure people received the care they needed safely and understood the role of staff in supporting them.

People's care records kept in the office showed that assessments of risk had been completed. Those covered aspects of people's physical health, safety, environmental risks and any potential risks when out in the community. Risk assessments were initially completed within a month and thereafter annually unless people's needs changed. We found there was sufficient guidance for staff to follow to ensure risks were managed whilst respecting the person's independence with regards to how their personal care was to be provided. People we visited also had a copy of the care plan and risk assessments at home, which staff referred to.

Staff we spoke with were able to tell us how they supported people. They were provided with details of the support the person required before the first visit to ensure any special instructions were known, such as how to enter the person's home where a key safe was used. Staff told us that although looked after the same people they always read the care plan and notes made for the previous call to ensure there were no changes or any concerns about the person's health. This helped staff to promote a consistent approach to the care and support provided.

People's safety was supported by the provider's recruitment practices. Staff were recruited in the geographical areas where the service supported people to help promote better continuity of staff and consistent care. We looked at the staff recruitment records and found that the relevant checks had been completed. New staff worked alongside experienced staff before they worked unsupervised, to provide the care and support to people living in their own homes.

We found there were sufficient staff to meet the needs of people and help keep them safe. People we spoke with told us they had staff who visited regularly, were reliable. They knew to contact the service if staff did not visit or were late. One person told us that staff have never missed a call and always had the same set of staff. Another person said, "[staff's name] has been coming to us for a few years and she's brilliant; always on time and never late." A relative said, "[person's name] has four calls a day and needs two carers, there is a team of four or five carers that come regularly" and told us that they receive a copy staff rota so they know which staff were due to visit.

The provider told us that short calls were avoided to ensure people received quality care without being rushed. All the calls included minimum travel times between calls to make sure people received the amount of care that had been agreed in their care plan.

The service had teams of staff that covered specific geographical areas. The office staff who were responsible for planning the care calls took account of the needs of people, any known preferences such as female or male staff. This information was used to match the needs of

Good

Is the service safe?

people with the right staff that had the skills, competence and met the requirements of the person. A weekly rota was sent to all staff which detailed who they were to support and at what time. A copy of the rota was also sent to each person using the service so they knew which staff to expect.

Arrangements were in place to deal with staff absences or when staff could not make a visit. In the event a staff member was late, they would notify the office staff who would arrange for another member of staff to provide the care needed. The person waiting for the support would be informed so that they could be assured that staff would arrive by a certain time.

One person managed their own medicines and took them in the presence of staff to make sure the correct medicine was taken, as per the agreed care plan. They went on to say that staff would complete the records when the medicine was taken. Other people we visited managed their own medicines with the support of their relative.

Staff told us that their role in supporting people with their medicines was to remind them and record that this had been done in accordance with care plans. We looked at care records for one person whose support included to be reminded to take their medicines. The care plan contained information about their medicines and the role of staff in reminding them to take their medication. Records showed staff had signed to confirm that the person had been reminded to take their medicines.

The provider's medicine policy and procedure needed to be reviewed to ensure it was reflective the current regulation and the best practice guidance. We raised this with the registered manager, who updated the policy and procedure by the following day of our visit.

People we spoke with confirmed staff always wore protective clothing and washed their hands before and after they were supported with any personal care tasks and preparation of meals and drinks. Staff understood the importance of taking those steps to protect people from the risk of any infection and were provided with a sufficient supply of protective clothing such as gloves and aprons.

Good

Is the service effective?

Our findings

People who used the service and relatives we spoke with told us that they found staff were well-trained. One person said, "[Staff's name] knows exactly what to do and how to help me." Another said, "Carers know what to do with my needs and have been trained to use the equipment [to support a person who was unable to walk]. A third person told us that the staff that supported them were trained to use the hoist and had completed the national vocational training in health and social care.

A relative told us that a senior member of staff showed the regular staff how to support their family member who was cared for in bed and use the equipment correctly. The relative explained that they felt supported by the clinical care co-ordinator who had helped to ensure that appropriate referrals were made to the relevant health care professionals. The relative confirmed that specialist equipment had been ordered and was assured by the clinical care co-ordinator that staff would be trained to use the new equipment safely. That showed care had been planned to ensure the person's needs would be met effectively.

The provider had an in-house trainer whose role was to train and maintain staff's knowledge, skills and practices. Staff told us they were satisfied with the training they had received. The induction training for all staff included the provider's policies, procedures, practical training and included working alongside and experienced member of staff. Staff told us that the training had enabled them to meet the needs of people. The staff training matrix we looked at showed that staff had received comprehensive training, which was consistent with the information received from the staff and people we spoke with. The training topics covered included health and safety issues, recording and reporting of concerns and training specific to meet the needs of people who used the service. This supported the information we had received from the provider prior to our visit.

Staff told us that they received regular support through supervisions meetings with their care manager where they could discuss their work in relation to the support provided to people and any training needs identified. Staff told us that the 'spot checks' were helpful as it assured staff they were carrying out their duty correctly. One staff member said, "It's another check to make sure I'm doing everything properly and shows the client that checks are done on staff."

The provider ensured staff were kept up to date with new information or changes by sending information to staff with their weekly care rotas. Staff had small team meetings in the geographical areas they worked in, which meant they were able to discuss the needs of people who were supported by them. All the meeting minutes showed that only two topics were discussed regularly; staff's dress code and medicines management. We asked the registered manager about this and by our visit the following day a standard agenda was developed that covered other areas such as health and safety, updates from the provider and an opportunity for staff to give feedback.

The registered manager and staff we spoke with understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The staff training records we looked at confirmed this. Staff told us that the people they supported made their own decisions and that they always asked people if they were ready to be assisted.

People we spoke with told us that they had been involved in the planning of their care. One person told us, "[Staff's name] always asks me what if I'm ready to do whatever." During a visit the relative told us that even though their family member was not able to speak, staff always sought permission and waited for the person to respond using gestures, smiles and sounds made, which indicated they were happy to be supported. We heard this to be the case. The staff at this visit told us that there were times when the person did not want to be supported and they respected their wish and had informed the relative if the person continued to refuse the support.

The care records we looked at showed that the principals of the Mental Capacity Act 2005 (MCA) had not been used when assessing people's ability to make decisions. When we raised this with the registered manager they acknowledged the shortfall and assured us this would be addressed. By the following day of our visit a mental capacity assessment had been completed for a person who was unable to make decisions. The records also detailed the relevant people and health care professionals that

Good

Is the service effective?

would be involved in making any best interest decisions on behalf of the person who used the service. That meant people could be assured their decisions and legal rights would be respected.

People who had assistance with their meals spoke positively about the choices offered and how the meals were prepared and served. One person told us that staff prepared Asian meals when their relative was not at home. Care plans included information as to people's preferences and choices as to the meals and drinks prepared and any special crockery or cutlery to be used.

A relative we spoke with felt assured that the staff would help their family with meals if they were unable to do so. They told us that they had already discussed this with one of the care managers in relation to what help the person might need in the future.

Staff were trained in food and hygiene and were knowledgeable about preparing food and drink safely. A staff member told us the care plan had information about what the person liked to have for breakfast but would always ask what they wanted before it was prepared. The care record we looked at also included any known food allergies which helped to ensure people's health and wellbeing was maintained. Any equipment used by staff in people's homes was checked to ensure they were safe to be used, such as the microwave or the oven.

People told us that staff supported them to maintain their health and wellbeing. One person told us that care times were flexible to enable the person to attend health appointments. A relative said, "[Staff's name] done everything to help get the equipment for [person's name]." They went on to say that whenever the staff had any concerns about their family member's health they were told and if necessary were supported to seek medical advice.

Staff we spoke with were aware of people's health needs. Staff supported people to liaise with health care professionals when they became unwell by contacting the relevant health care professionals listed in the care plan such as the GP or the community nurse.

Good

Is the service caring?

Our findings

All the people who used the service and relatives we spoke with said staff were caring. Comments received included; "The carers are brilliant with my mum and really treat her well." Another said, "The staff are really lovely, very nice and helpful. I have ups and down and they are understanding" and "We've always had [staff's name] and she's wonderful; always on time and does everything we need her to do." A relative told us that staff maintained their family member's privacy and dignity when assisting them with their personal care needs.

People told us that they had developed good relationships with the staff, who understood their needs, preferences and goals. One person told us that they were introduced to the staff to make sure they were happy with the staff member and the training completed. People felt they received regular and consistent care from the same staff or team of staff, no matter how complex their needs were. One person told us that staff were interested in them, listened and valued their opinion.

People were provided with a copy of the service user guide. This document contained information about the service and what people could expect to receive along with how people's views would be sought and reporting concerns or making a complaint. The registered manager told us they had links with the local advocacy services and this information would be provided to people should they need support to make decisions or raise issues of concerns.

People told us that they were involved in the planning of their care. They told us that the care and support provided was reviewed as often as required until they were satisfied with the care and support provided. A relative told us that the service took care by providing female staff who were able to converse with their family member whose first language was not English. For example, staff were able to communicate with people in a range of local languages, including, Gujarati, Hindi and Punjabi amongst others. This enabled people to express their views and be actively involved in making decisions about their care and support because communication was made easier.

Staff told us they received information about the needs of people before the first visit. A copy of the care plan was kept in the person's home along with the daily records completed by the staff after each visit. Staff told us that they read the care plan and the daily records to make sure there were no changes to the care and support to be provided. We read the daily records which showed that the staff provided the care and support people needed in line with the agreed care plan.

Staff told us that they received training in the promotion of people's privacy and dignity and on equality and diversity. That helped staff to make sure they supported people in a respectful manner which took account of their diverse and cultural needs. Staff took care to meet people's needs in line with the agreed care plan. They gave examples of the steps taken to maintain a person's dignity when they were supported to maintain their personal hygiene, support with daily living tasks or social support to help maintain their independence. That was consistent with what people who used the service and relatives had told us.

Good

Is the service responsive?

Our findings

People who used the service and relatives we spoke with had been involved the development of the care plans and confirmed the support provided was as agreed. One person told us that they were supported in the community at a time that suited them. Another said, "Staff always make me laugh and feel like I want to get up and that I have a reason to live, living life to the fullest. If it weren't for the love and support I received I don't think I'd be ok. I'd be down and depressed." A third person told us that they asked to be supported by a team of all female staff because of the amount of care and support hours they needed. They found all the staff to be professional and said, "Staff are motivated and when they do the night shifts they don't fall asleep." That showed people felt they received care that was personalised to their needs and that they were confident that staff would be responsive to their needs.

We found the information from people's assessment of needs was used to develop the care plans. The care plans provided staff with information about the person, their needs, lifestyle choices, cultural needs and the preferred times to receive the support. The daily records completed by the regular staff showed the care provided was consistent with the person's care plan. We saw the people's care needs and support provided was reviewed regularly. This meant that people received care that was person centred and tailored care because staffing was consistent and the care plans provided staff with sufficient guidance and the care was reviewed regularly.

People who used the service and relatives knew how to contact the service if there were any concerns about the time of the call, or in case staff were late to arrive. A member of the management team managed the on-call service and had access to information should they need to call upon another member of staff to cover the call in an emergency. People told us that staff were on time and provided the support they needed without being rushed. One person told us that they had no concerns about signing staff's timesheet because they received the care and support they needed.

Staff told us they had regular people that they supported and would always be introduced to people before they started to provide the care and support. They told us that they always read people's care plan and the daily records to ensure they understood the needs of the person and how they wished to be supported. They had developed good relations and trust because they had regular people they supported. One member of staff told us the staff employed by the service have a lot of experience, have different language skills and cultural awareness which helps to match the needs of people with the right staff. Another staff said, "We ask people all the time if they are happy with the support. If anything changes we tell the office and they come out to do a review."

People told us that were provided with information about the service, which included how their views about the service would be sought and how to make a complaint. When we asked people about what they would do if they had any concerns about the service. One person said "I'm satisfied with Bluewood. If I've got any problems, I always ring them and they're there for me." Another person told us that any issues raised when the support first started was resolved quickly.

The complaints procedure was included in the service user guide, which had information about the range of services provided. The provider told us that they had not received any complaints. The Care Quality Commission had received information of concern prior our inspection with regards to staff training and the care provided. The information was considered as part of the inspection and we looked at the staff training records, checked people's care records and spoke with people who used the service about the quality of care provided by the staff. We found that staff had been trained appropriately, people told us they were satisfied with the care and support provided that met their needs safely.

Good

Is the service well-led?

Our findings

People who used the service and their relatives spoke positively about the staff that supported them and the management team. They found the service encouraged people to be involved in their care and share their views as to how the service provided could be improved. A relative told us that as a family they felt supported by the staff who helped them to liaise with health care professionals as their family needs had changed. They went on to say "I can call [staff's name] every week and she's very helpful because I don't know how we could have cared for [person's name] without them."

The service had a registered manager in post. The management team consisted of the care managers for geographical areas, in-house training manager, recruitment manager and quality assurance manager.

The registered manager was aware of their responsibilities to ensure people received safe and appropriate care and support in their own homes. They had an 'open door' policy, whereby they encouraged people who used the service and staff to share their views about the service and speak with the management team at any time.

The registered manager was aware of the new regulations. The provider's policies and procedures had been reviewed annually but when we checked those some were out of date. This was raised with the registered manager. By the following day of our visit the policies had been updated. The registered wrote to us after our visit and confirmed that all the procedures had been updated.

We asked people for their views about the quality of care and the management of the service. One person that they were impressed with how well the service was run. Another person told us that although they had only used the service for over a year, they felt the quality of care was 'very good' and could speak to staff at the office at any time. Similar comments were received from other people who used the service and the relatives we spoke with.

Staff we spoke with also had a clear and consistent understanding of the provider's vision, values and view about the quality of service provided. In that, the service provided should be safe and care to be provided by trained staff who understand and know how to look after people.

Staff we spoke with felt supported by the management team. They received information with their care rotas about any updates on training. Staff understood their roles, knew what was expected of them and all were motivated to providing a quality service. Staff providing care and support and the management staff in the office felt supported by the registered manager and the provider who was actively involved in the day to day management of the service.

There were regular staff meetings held, usually in small groups working in geographical area, which mainly focussed on the people they supported. The meeting minutes showed that staff did not discuss any other work related subjects nor had the opportunity to make any suggestions made as to how the service could be improved. There was no information provided to staff from the management team or update on any issues raised at the previous meeting. The registered manager also had weekly meetings with the staff management team but no record kept of what was discussed or actions needed to address any shortfalls. This showed that there was no system in place to ensure that the issues from the various staff meetings were reviewed by the management team and similarly did not demonstrate what action needed to be taken to address matters raised.

We asked the registered manager how they used the information from the various staff meetings to inform the weekly management meetings. The registered manager acknowledged was communication needed to be improved along with record keeping. They assured us that steps would be taken to standardise staff meeting agenda and also include relevant training topics to test staff's knowledge. Any issues raised at those meetings would be shared with them to be discussed at the management meetings and if necessary action would be taken.

The provider regularly sought the views of people who used the service and their relatives about the quality of care and support provided. People told us that they received regular visits or calls from the service to check whether they were happy with the care and support provided. One person found this to be helpful as any issues could be resolved including any changes to the call times so that they could attend a medical appointment.

The service sent satisfaction surveys to people every three months. The results of the last survey were positive and

Good

Is the service well-led?

indicated that people were happy with the care provided and that the staff were polite. The registered manager told us that any concerns or issue received in the surveys would be addressed promptly.

Staff told us that their manager regularly carried out 'spot checks' to make sure people received the care at the right time. Staff found these checks to be helpful as it assured them and the people who used the service that the service was proactive and took responsibility to ensure care provided was in accordance with the provider's values.

The spot check records we looked at only covered staff uniforms and medicines. There was no record of checks made on the equipment used by the staff, staff competency assessment or of any issues found. We raised this with the registered manager who assured us they would develop the spot check form that would help them to monitor and assess the quality of care more effectively. The daily records completed by staff after each visit had gaps between each visit. This practice increased the risk of someone else tampering or altering the records. When we raised this with the registered manager they took action immediately by informing all staff of the correct practice. They assured us that as the spot checks would include a check of the daily records.

On the following day of our visit the registered manager showed us the revised spot check form which now included check on equipment used, if applicable, observations and assessment of practices including wearing personal protective clothing and any issues to be addressed. That demonstrated that the registered manager was responsive and acted on information to improve the monitoring systems in place.

The service works in partnership with other organisations such as the local authority. For example, the in-house trainer was supported to develop the staff training module and had worked with health care professionals to improve the quality of training delivered to staff.