Blueboard Care Services Ltd

Church Elm Lane

Inspection report

131 Church Elm Lane
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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

Summary of findings

Overall summary

We carried out an announced inspection of Church Elm Lane on 29 November 2017. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It primarily provides personal care to older adults. At the time of the inspection, the service supported four people with personal care. This was the first inspection of the service since they registered with the Care Quality Commission (CQC).

The service had a registered manager. 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 legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the service is managed.

Risks had been identified and information had been included on how to mitigate risks to ensure people received safe care. Staff were aware of how to identify abuse and knew who to report abuse to, both within the organisation and outside the organisation. Medicines were managed safely. Medicine records were completed accurately. Staff had been trained with medicines. Pre-employment checks had been carried out to ensure staff were fit and suitable to provide care and support to people safely. Staff told us they had time to provide person centred care and had enough staff to support people. There were systems in place to reduce the risk and spread of infection. Staff had been trained on infection control and were provided with personal protection equipment to ensure risks of infection were minimised when supporting people.

Staff had received training required to perform their roles effectively. People were cared for by staff who felt supported. Spot checks had been carried out to observe staff performance to ensure people received the required care and support. Staff had been trained on the Mental Capacity Act 2005 and knew the principles of the act. Assessments had been carried out using the MCA principles. People's care and support needs were assessed regularly for effective outcomes. The service worked with health professionals if there were concerns about people's health. Staff could identify the signs people gave when they were not feeling well and knew who to report to.

People had a positive relationship with staff. People and relatives told us that staff were caring. People's privacy and dignity were respected by staff. People were involved with making decisions about their care.

Care plans were person centred and detailed people's preferences, interests and support needs. People and relatives knew how to make complaints and staff were aware of how to manage complaints.

Staff told us the culture within the service was open and transparent and told us the service was well-led. People, relatives and staff were positive about the registered manager. People's feedback was sought from surveys and reviews meetings.

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.

Risks had been identified and information included on how to mitigate risks when supporting people.

Staff were aware of safeguarding procedures and knew how to identify and report abuse.

Systems were in place to monitor staff attendance and punctuality.

Medicines were being managed safely.

There were systems in place to reduce the risk and spread of infection.

Is the service effective?

Good

The service was effective.

People's needs and choices were being assessed effectively to achieve effective outcomes.

Staff had the knowledge, training and skills to care for people effectively.

Staff felt supported in their role.

Staff knew when people were unwell and who to report this to.

Is the service caring?

Good

The service was caring.

People had a positive relationship with staff.

People's privacy and dignity was respected.

People were involved with making decisions of the care and support they received.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred and included information on how to support people.

Staff had a good understanding of people's needs and preferences.

Staff knew how to manage complaints and people were confident with raising concerns if required.

Is the service well-led?

Good

The service was well-led.

Quality assurance systems were in place for continuous improvements to be made.

Staff told us the service was well-led and were positive about the management.

People's feedback was obtained through surveys and spot check meetings.

Church Elm Lane

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 29 November 2017 and was announced. We gave the provider notice as we wanted to ensure that someone would be available to support us with the inspection. The inspection was undertaken by one inspector.

Before the inspection we reviewed relevant information that we had about the provider. We also received a provider information return (PIR) from the service. A PIR 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. We made contact with social and health professionals that the service worked with to obtain feedback about the service. We also spoke to one person that used the service and one relative of another person who used the service.

During the inspection we reviewed documents and records that related to people's care and the management of the service. We reviewed four people's care plans, which included risk assessments and five staff files which included pre-employment checks. We looked at other documents held at the service such as medicine, training and quality assurance records. We also spoke to the registered manager and a care staff member.

After the inspection we spoke to one member of staff.

Good

Is the service safe?

Our findings

The person and relative we spoke with told us people were safe. A person told us, "Yes absolutely, I ask for the same lady [staff member] and she is trustworthy and kind." A relative told us, "[Person] felt very safe." A health and social care professional we contacted told us, "Personally, I do not have concern with the service."

Assessments were carried out with people to identify risks. Risk assessments that had been completed provided information and guidance for staff on how to keep people safe and were regularly reviewed and updated. There were risk assessments with falls, abuse, moving and handling and risks around people's homes. Risks had been identified and assessments included the risk, risk levels and strategies to mitigate the risks.

Staff and the registered manager were aware of their responsibilities in relation to safeguarding people. Staff were able to explain what abuse is and who to report abuse to. They also understood how to whistle blow and knew they could report to outside organisations such as the Care Quality Commission (CQC) and the police. One staff member told us, "Abuse can be any number of things such as finance, emotional, verbal. Vulnerable people are more likely to be abused; such as if it was physical abuse then there would be bruises. If I see any signs of abuse I would report to [registered manager] and the CQC." Records showed that staff had been trained in safeguarding people.

We found that there were no recorded incidents. The registered manager told us that there had been no incidents since people started using the service. The person and relative we spoke with told us that they had not experienced any incidents. The registered manager and staff were aware on what to do if accidents or incidents occur. There was an incidents form in place that could be used to record them. In addition, the registered manager told us that if incidents were to occur, then this would be analysed and used to learn from lessons to ensure the risk of re-occurrence was minimised.

Pre-employment checks were carried out to ensure staff that were recruited were suitable to provide care and support to people safely. Staff confirmed that these checks had been carried out. One staff member told us, "No, I was not allowed to work before all these checks were done." We checked five staff records. All the staff were recently recruited as the service was in the process of expanding to support more people. Relevant pre-employment checks such as criminal record checks, references and proof of the person's identity had been carried out as part of the recruitment process.

None of the staff we spoke with had concerns with staffing levels. They told us that they were not rushed in their duties and had time to provide person centred care and support to people when needed. The person and relative we spoke with did not raise concerns with missed visits or punctuality. A relative told us, "Yes, they always came and on time as well." A staff member told us, "I have never had any missed visits. If I am late for any reason, I will let the client and my manager know." During the inspection, records showed that staff had to complete attendance logs evidencing the time they arrived and left. This was also signed by people or their relatives to confirm attendance of staff. The logs were then reviewed by the registered

manager to keep track of staff attendance and punctuality. Rotas were sent to staff a week in advance so that staff were aware of who they would be supporting. The manager told us that as a result of the service growing, they had acquired a digital system to monitor staff attendance and punctuality. The system notified if a staff member had logged on to a call. If not, the registered manager could call the staff member to find out the reason behind this. In addition the system also allowed the service to send rotas to staff.

Medicines were completed accurately on people's Medicines Administration Records (MAR). The service supported one person with medicines. Records showed that the person had declined medicines for a number of days and the registered manager had made contact with the person's GP about this and had arranged a review of the person's medicines. Staff confirmed that they were confident with managing medicines. Staff had received competency assessments in medicines to check their understanding in this area. Medicines were audited by the registered manager as part of spot checks and audits.

There were systems in place to reduce the risk and spread of infection. Staff had been trained on infection control. A relative told us, "They bought gloves and aprons. They always had uniforms on." We asked staff how they minimised the risk of infection and cross contamination. They told us they were supplied with personal protective equipment (PPE) such as gloves, aprons and sanitisers when supporting a person. Staff told us they disposed of PPE in a separate bag when completing personal care. They also washed their hands thoroughly. Guidance was provided to staff on how to reduce the spread of infections. For example, on one care plan, information stated that staff should always wash their hands before supporting people.

Good

Is the service effective?

Our findings

People told us staff were skilled, knowledgeable and able to provide care and support. A person told us, "Absolutely, she [staff member] knows what she has to do, she is good." A relative told us, "They seemed to know what they were doing."

A staff member told us, "I enjoyed all the training. [Registered manager] introduced me to clients. I shadowed for a week before I was confident I could work by myself." Records showed new staff that had started employment had received an induction. The induction involved looking at care plans and shadowing experienced members of staff. Records showed that new staff members received introductory training that was required for them to perform their roles effectively and in accordance with the Care Certificate standards. The Care Certificate is a set of standards that health and social care workers stick to in their daily working life. The training included infection control, health and safety, basic life support, medicines and safeguarding. Staff had also received specific training in dementia and epilepsy. The registered manager also supported people with personal care and had received the relevant training needed to care for people effectively. The registered manager was also a registered nurse, which also requires their Continuous Professional Development (CPD) to be maintained in nursing. CPD refers to the process of tracking and documenting the skills, knowledge and experience gained.

The registered manager told us that supervisions had not been carried out as staff had been recruited recently due to the service taking more people on. Prior to this the registered manager supported a limited number of people. There was a supervision policy in place stating supervisions should be held every three months. The registered manager told us that supervision would be held with staff within this period. Records showed that spot checks had been carried out and the findings were communicated to staff. Staff told us that they were supported in their role. A staff member told us, "I am supported. [Registered manager] is very approachable."

We checked if the provider followed the principles of the Mental Capacity Act 2005 (MCA). The 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.

The registered manager and staff had been trained on MCA and were able to tell us the principles of the MCA and the best interest decision process. A staff member told us, "Someone that cannot make decisions on their own care. So someone may have to make these decisions for them through a MCA assessment. If a decision has to be made, then it has to be in the best interest of the client and with their family members, if possible." Records showed that assessments had been carried out using the MCA principles and a decision had been made on people's behalf, where it was identified people did not have capacity to make specific decisions. Family members had been included on the best interest decision making process.

Staff asked people for consent before doing anything. A staff member told us, "I will let them know what I am

doing." A person told us, "She [staff member] asks me for consent on what she will do." A relative told us, "They told [person] what they were doing."

The registered manager told us that the service did not support people with meals. Staff, people and relatives we spoke with confirmed this. There was information on people's care plans about people likes and dislikes with food, dietary requirements and if any support was required. The registered manager told us this was included should people require support with meals in the future.

People's GP details and any community professionals involved in their care had been recorded in their care plans. A person told us, "If I am not well, I know they would be there, they are good actually." Records showed that the registered manager had worked with a community GP for one person who refused medicines. Staff had awareness of when people did not feel well. A staff member gave us an example of when they knew a person was not well and told us, "[Person] had quite a bad cough, so I raised this with their mother. She asked me to ring the GP for them and I got an appointment on the same day. I found out it was an infection and the client was on antibiotics to help with this." This meant that people were being supported to ensure they were in the best of health.

Pre-assessments had been completed prior to people receiving support and care from the service. These enabled the service to identify people's daily living activities and the support that people required, which allowed the service to determine if they could support people effectively. Using this information, care plans were developed. The service assessed people's needs and choices through regular reviews. Records showed that at the time of our inspection, there were no changes to people's needs. The registered manager told us if there were any changes, the care plans would be updated and these changes would be communicated to staff. We saw evidence that new technology had been obtained to monitor staff attendance and punctuality to ensure people received the required care and support. This meant that people's needs and choices were being assessed effectively to achieve effective outcomes.

Good

Is the service caring?

Our findings

People told us staff were caring. One person told us, "She [staff member] is kind, she is good. My last lady [staff member] was very good. They seem to have nice staff." A relative told us, "They were very friendly and caring."

Staff had positive relationships with people. A staff member told us, "I would find out about the [person] through spending some time getting to know them. I will speak to people on how I would like to be spoken to myself." A relative told us, "They had a good relationship with [person]. I was very happy with them."

Where possible, people had been included in making decisions about how best to support them. Care plans had been signed by people to evidence that people agreed with the contents of the care and support they received from the service. Independence was encouraged and records showed, where possible, that staff should encourage people to support themselves. Staff told us they supported people to make choices in their day-to-day lives with personal hygiene and care. A staff member told us, "When supporting [person], I always ask if [person] wanted to do something by themselves, so we would do it together rather than me doing it for [person]." A person told us, "At the moment, I can support myself but if I need help, I know I can ask."

Staff ensured people's privacy and dignity were respected. A person told us, "Yes, that is something I wanted [respect with privacy and dignity], I do not want too much intrusion. They are very good with that." Records that staff had been trained in privacy & dignity. Staff told us that when providing particular support or treatment, it was done in private. A staff member told us, "When giving personal care such as washing, I would cover them up and respect their wishes" Staff told us that they would always knock on people's doors before entering. A staff member told us, "Yes, always I would knock on their doors before I go inside, it is their home."

Staff gave us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity. We saw that confidential information such as people's care plans and medicines records were stored securely.

People were protected from discrimination. A staff member told us, "I treat people exactly the same." Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally. People's religious and cultural beliefs were recorded on their care plan. The person and relative we spoke with confirmed that they were treated equally and had no concerns about the way staff approached them.

Good

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. The person and relative we spoke with told us that staff were responsive. A person told us, "She [staff member] will do anything that I ask of her within limitations."

Each person had an individual care plan, which contained information about the support they needed from staff. There was also contact numbers for people to contact the registered manager outside of office hours. One staff member told us, "Care plans are useful. They always let me know what I should be doing." There was a personal profile, which included people's date of birth, religion, nationality and their previous occupation. Care plans detailed the support people would require to ensure people received person centred care. Care plans were individualised and included details of people's family members and details of health and social care professionals. In one person's care plan, information included that they preferred to wake up between 7am to 8am and enjoyed having a shower and disliked taking baths. Another care plan, information included that a person liked their bedroom door to be open with the lights on when they slept and the number of pillows they preferred. These plans provided staff with information so they could respond to people positively and in accordance with their needs. Care plans were up to date and had been reviewed regularly.

There were daily records, which recorded information about people's daily routines and the support provided by staff. Staff told us that the information was used to communicate with each other between shifts on the overall care people received and if a particular person should be closely monitored. This meant that staff could summarise the care needs of the people on each shift and respond to any changing or immediate needs.

Organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS) by law. The aim of the AIS is to make sure that people that receive care have information made available to them that they can access and understand. The information will tell them how to keep themselves safe and how to report any issues of concern or raise a complaint. Care plans included how people communicated. For one person, information included that the staff should use body language and objects to communicate with the person. Staff we spoke did not know what AIS was in full but told us they looked at people's care plans on how to communicate with people and how to make information accessible. The person and relative we spoke had no concerns on how staff communicated with them.

Records showed that no formal complaints had been received by the service. A person told us, "I have got their number but I do not have any complaints." People and relatives told us they had no concerns but knew how to make complaints and were confident this would be addressed. There was a complaints policy in place. The registered manager and staff were aware of how to manage complaints. A staff member told us, "All complaints will be written down and then taken to [registered manager] to look into."

Records showed a compliment had been received by a social care professional for one person that the

service supported, 'This is just to let you know, how much I appreciate working with you. You have shown a lot of professionalism. I am not sure what would have happened to [person] without your support. I know any other agency would have walked away considering how difficult it has been to engage with [person]. You showed [person] respect regardless of person's behaviour.'

Good

Is the service well-led?

Our findings

The person and relative we spoke with were positive about the registered manager and the service. One person told us, "I find that they are really good, I am really happy with them. [Registered manager] is very efficient and good at doing her job." A relative told us, "They were very professional. [Registered manager] seemed to know what she was talking about. I was very impressed."

Staff told us that they enjoyed working for the service. One staff member told us, "I enjoy the care aspect. Knowing that I can make a difference to people's lives." Another staff member told us, "Yes, I do enjoy it."

Staff told us that they were supported in their role, the service was well-led and there was an open culture, where they could raise concerns and felt this would be addressed promptly. We observed the relationship between staff and the registered manager to be professional and respectful. One staff member told us, "I have worked in a few other care sectors but I was not able to develop but [registered manager] has been good with that." Another staff member told us, "She is a very good manager."

We have not received notifications or safeguarding about the service. . A notification is information about important events which the provider is required to tell us about by law. The registered manager was aware of their regulatory responsibilities and knew about notifications and when to send notifications such as on safeguarding, serious injuries or incidents.

The service has been accredited with the Contractor Health & Safety Assessment Scheme, which meant that the service was compliant with basic Health and Safety legislations.

The registered manager told us as that they were in the process of assessing more people to support. Records showed that the service was preparing for this as staff had already been recruited. Pre-employment checks had been carried out and a digital staff monitoring system had been purchased to monitor staff attendance and punctuality.

There were systems in place for quality assurance. Records showed that the registered manager had carried out audits against the CQC Key Lines of Enquiry on providing care that is Safe, Effective, Caring, Responsive and Well-Led. The registered manager also carried out spot checks on staff and provided feedback to staff on the outcome of these checks. Spot checks included checking staff punctuality, uniform, communication and service delivery.

People's feedback was sought through surveys and spot check meetings. Surveys included questions on the service delivery, decision making, staff approach, medicines and complaints. The results were positive. Comments from one survey included, 'Your service is good. No complaints about service received.' Records showed the registered manager also carried out a spot check with people to receive feedback on the service they have been receiving so far. The registered manager told us that as they supported a limited number of people and the feedback had been positive so far, the results had not been analysed. However, they told us that as the service expanded, feedback would be analysed from people to ensure there was a culture of

continuous improvement and people always received high quality care. This meant that people's views were sought to make improvements to the quality of the care and support they received.