

Bluewood Recruitment Ltd

Bluewood Leicester

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



Overall summary

This inspection took place over two days. We arrived on the 14 January and returned on the 15 January to complete our inspection.

At our last inspection carried out on 1 July 2014, the provider was not meeting the requirements of the law in relation to the care and welfare of the people who used the service. Following that inspection the provider sent us an action plan to tell us the improvements they were going to make.

During this inspection we looked to see if these improvements had been made. We found that they had.

Bluewood Leicester provides care and support to people living in their own homes. 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 requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

People who used the service told us that they felt safe with the support workers who supported them and their relatives agreed. They told us that they were happy with the care and support they received.

Support workers had received training on how to keep people safe and they knew what to look out for and what to do if they felt that someone was at risk of harm.

We found that not all of the risks associated with people's care and support had been properly identified or assessed, though this was addressed during our visit.

Checks had been carried out when new support workers had been employed. This was to check that they were suitable to work at the service. We did note that references held in some files, did not correspond with the referees provided in the support workers application form.

Support workers had been provided with an induction into the service and training was being updated annually. They told us that they felt supported by the management team and there was always someone available to talk too should they need any help or advice.

People who used the service and/or their relatives had been involved in deciding what care and support they needed and had been involved in the development of their plan of care. Not all of the plans of care seen were up to date or accurate, though this was addressed during our visit.

People told us that they received regular support workers who knew their care and support needs well.

People who used the service and their relatives were supported to make complaints about the service they received. They knew who to talk too and were confident that any concerns would be dealt with properly.

Systems were in place to monitor the service being provided, though these were not always effective in identifying shortfalls within records that were held.

People who used the service told us that it was well managed and that their feedback about the service was sought from a member of the management team.

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 not consistently safe

People told us that they felt safe with the support workers who supported them and support workers knew what to do if people were at risk of harm.

Risks associated with people's health and welfare had not always been assessed prior to their care commencing.

People were provided with regular support workers though rigorous recruitment procedures were not always followed.

Requires Improvement



Is the service effective?

The service was effective

Support workers had the skills and experience they needed to meet the needs of those in their care. They felt supported by the management team and were provided with supervisions and appraisals.

People's consent was obtained before their care and support was provided. For people requiring assistance at mealtimes, support workers had a good understanding of how to support them to have sufficient to eat and drink.

Good



Is the service caring?

The service was caring

People told us that the support workers were kind and caring and treated them with dignity and respect.

Support workers involved people in making decisions about their care on a daily basis. They knew the people they were supporting well and knew their personal preferences for daily living.

Good



Is the service responsive?

The service was responsive

People's needs were assessed either prior to, or on the day their care and support package started. People were asked about their personal preferences with regard to the care and support they received and this was included in their plan of care. Not everyone's plan of care was accurate.

People knew what to do if they had a concern of any kind. Concerns received had been dealt with appropriately.

Good



Is the service well-led?

The service was not consistently well led

Requires Improvement



Summary of findings

The service was appropriately managed and the people who used the service were given the opportunity to share their thoughts on the service. Systems were in place to monitor the service provided though these had not always been as rigorous as the management team had hoped.

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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 14 and 15 January 2014. The provider was given 48 hours notice because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available to assist us with our inspection.

The inspection team consisted of an 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.

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. Before our inspection, we reviewed the information included in the PIR along with information we held about

the service. We contacted the commissioners of the service to obtain their views about the care provided. The commissioners are the organisation that has funding responsibility for some people that used the service.

We reviewed a range of records about people's care and how the service was managed. This included five people's plans of care and associated documents including risk assessments. We also looked at five staff files including their recruitment and training records and the quality assurance audits that the registered manager completed.

We visited two people who were using the service. This was to check that they had up to date plans of care in place and to determine whether they were satisfied with the support they were receiving. We also had the opportunity to speak to a support worker who was attending one of the calls.

During our visit to the provider's office we were able to speak with members of the staff team. This included the registered manager, six members of the management team and two support workers. A further five support workers were also contacted by telephone.

After the inspection visit we called fifteen people who used the service and/or their relatives. This was to gather their views of the service being provided.

Is the service safe?

Our findings

People we spoke with told us they felt safe using the service and felt safe with the support workers who supported them. One person told us, “I am more than pleased with the service. I feel safe with them.” A relative told us, “She [their relative] feels safe with them, they put her at ease.”

Support workers were aware of how to keep people safe and they had been provided with training in safeguarding adults. They were able to explain the different types of abuse that they may find and they knew the signs to look out for and what to do if they found them. One support worker told us, “You know your clients and can see when changes in their behaviour occur and when something is wrong. I would report it to the office straight the way.”

The management team were aware of their responsibilities for protecting people from harm and knew the procedures to follow when a safeguarding concern was raised. This included referring it to the relevant safeguarding authorities and notifying the Care Quality Commission. At the time of our visit the contact details of the relevant authorities were not readily available. The registered manager told us that this information would be made available to everyone in the office.

We checked the records of five people who used the service. We found that general risk assessments had been completed when their care and support packages had commenced. These included an environmental risk assessment, a moving and handling risk assessment and a falls risk assessment. This enabled the provider to identify and act on, any risks presented to either the person who used the service or the support workers providing their support, within those areas.

We identified two records where risk assessments had not been carried out when specific risks to the person's health and welfare had been identified. These included for one person, the risk of choking, and for another person, the risks associated with epilepsy. This was immediately addressed by the registered manager. Risk assessments were drawn up and a copy was placed in each person's home. This meant the support workers supporting these

two people had the necessary information to help reduce the risks associated with these conditions. An appropriate recruitment process was in place to recruit new workers but this was not always being followed robustly.

A Disclosure and Barring Scheme (DBS) check had been carried out. A DBS check provides information as to whether someone is suitable to work with vulnerable people or not. The registered manager explained that new support workers were not able to work alone in the community until their DBS had been returned. Recruitment files confirmed this.

References had also been obtained however, when we checked the references for new support workers, we found that these did not always correspond with the names given as references on their application forms. The registered manager told us that a reference was always obtained from a person's previous employer, though this was found not to be the case. There was no recorded explanation as to why original references had not been obtained and there was no record of what relationship the new referee had with the applicant. This meant that although the registered manager had obtained references, they could not be sure that a robust recruitment process had been followed and that therefore people had the right character skills and experience for supporting people.

Staffing levels were being monitored on a weekly basis to ensure that there were enough support workers to cover the calls required. People who used the service told us support workers always turned up for their care call and changes to their care calls were accommodated where required. One person told us, “They have never missed a visit and have always accommodated any changes to times where it has been necessary.” Support workers told us they had received training in the management of medicines and the training records confirmed this. They told us they understood what they could and couldn't do with regards to medication including only assisting with medicines that were included on the person's Medication Administration Record (MAR) sheet. One support worker told us, “We can prompt, if it's in a blister pack we can deal with it.” Another told us, “We can prompt and assist but we can't put them in people's mouths. We then record on the MAR chart.”

We looked at the records for one person who was assisted with creams and lotions. The daily records showed that the support workers were applying these, however, the care plan did not instruct the support workers where to apply

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the creams or how often. This meant that the support workers did not have the necessary information to properly support this person and the person was at risk of having a cream or lotion inappropriately applied. The care plan was immediately amended to show what support was required.

Is the service effective?

Our findings

At our inspection in July 2014 we were concerned about support workers carrying out health related care tasks without the correct training. This included the testing of a person's blood sugar levels before prompting the person's medication.

At this inspection we found that the registered manager had immediately arranged suitable training for the support workers who were involved in carrying out this task. The community nurse had provided the training and the support workers had been assessed as competent to carry out the task. This meant that the appropriate monitoring of the person's blood sugar levels could be maintained.

People who used the service told us they felt that the support workers who supported them were good and appropriately trained. One person told us, "They [support workers] are all competent and trained. The carers give time and do not rush." Another explained, "The carers are skilled. Mostly the new carers are trained with the old ones."

Support workers told us they had received a period of induction when they first started working at the service though not all agreed that this was fully effective. One support worker told us, "I had an induction but I felt that it wasn't suitable as it was mostly watching videos." Another told us, "I found the induction educating and found that it explained things well." Another explained, "Truthfully? it was adequate, but they did offer more extensive training to those who had not done this work before." A fourth support worker told us, "I thought the induction was good, they explained the policies and procedures and explained what they expected of us."

The induction provided training sessions on subjects including, the safeguarding of adults, medicine management, food hygiene and moving and handling. The training manager explained that the training consisted of watching DVD's and then the completion of a questionnaire. Support workers were given relevant hand-outs and question and answer sessions provided them with added support.

The moving and handling training included a practical session. This provided support workers with the training required to use equipment associated with the safe handling of people. This included the use of a hoist, a slide sheet and a moving belt.

The registered manager explained that training was being refreshed on an annual basis to provide support workers with the most up to date information available. This was confirmed on checking the training records held and whilst speaking with support workers. One support worker told us, "I have recently refreshed my moving and handling, infection control, fire and palliative care training."

Support workers told us they felt supported by the registered manager and the management team. They explained they had received spot checks and supervisions and staff appraisals had taken place. These provided the support workers with the opportunities to improve work practices and provide effective care on an ongoing basis. One support worker told us, "We have spot checks to make sure you wear your uniform and that you record everything in the daily records." Another explained, "They [the management team] have an open door policy, you can just walk in which is really useful, they are very supportive."

People who used the service told us support workers obtained their consent before they supported them. One person explained, "They came to find out what help I needed and nothing is too much trouble." A relative told us, "The carer seeks her permission and keeps her informed, she respects and maintains her dignity when giving personal care. The carer speaks softly with her."

Support workers gave us examples of how they obtained people's consent before assisting them. One told us, "I always say good morning first and then I ask them what they want me to do for them."

Records checked confirmed that people's consent to their care and support had been obtained during the assessment process and they had agreed to the care and support plan that had been developed.

Support workers explained when they carried out a mealtime call, they supported people to have sufficient food and drink. This showed us the support workers knew the importance of making sure people were provided with the food and drink they required to keep them well. One support worker told us, "I try to give them a choice of food and I make sure they have a glass of water or juice next to them. I help them as much as possible with their meals and I report any changes [lack of appetite] to the office."

Is the service effective?

Records showed us that support workers acted when concerns were identified regarding people's health and welfare and they supported people to attend relevant appointments. This included contacting the management team when a person became unwell.

Is the service caring?

Our findings

People who used the service told us the support workers who looked after them were kind and caring and treated them with respect. One person told us, “The carer’s I have are lovely, the three I have now are smashing and nothing is too much trouble.” A relative told us, “The carers are on time and are kind and approachable. She [their relative] feels safe with them, the carers inform her what is going to happen and do not rush.”

We observed a support worker with a person who used the service. They supported them in a friendly and caring manner. We saw them having meaningful conversations with them and their relative. They had a very good understanding of the person’s needs and provided their support in a relaxed and cheerful manner.

Support workers understood the care and support needs of those they were supporting and they told us that any concerns would be reported to the management team straight the way. One support worker told us, “I report any changes [to a person’s wellbeing] to the office and the office deal with it.”

Support workers explained how they gave people choices on a daily basis and involved the people who used the

service in making decisions about their care. One support worker explained, “I always offer choices, it is whatever their wishes are, whether they want a shower that day, what they want to wear, and I give them a choice of food.” Another told us, “I give choices and make sure the care is person centred.”

Support workers gave us examples of how they maintained people’s privacy and dignity when supporting them. One explained, “I close the doors and the curtains and cover them up so that they are private.” Another told us, “I always ask them what they want and if they are on the commode or toilet, I close the doors, make sure they are covered and turn away if I need to stay in the room with them.”

We found people’s plans of care included their likes and dislikes and these showed the support workers how their needs should be met. For example one person’s plan of care referred to how they liked a light on, wear perfume and have their nails painted. This meant support workers could provide the person’s care and support in a way they preferred and knew what was important to each person. One support worker told us, “We read the care plan and ask them questions to get to know them.” Another explained, “We get to know their [people who used the service] interests and hobbies so that we can relate to them. “

Is the service responsive?

Our findings

At our last inspection carried out on 1 July 2014, the provider was not meeting the requirements of the law in relation to the care and welfare of the people who used the service. Following that inspection the provider sent us an action plan to tell us the improvements they were going to make.

During this inspection we looked to see if these improvements had been made. We found that they had.

People who used the service told us they and/or a family member had been involved in deciding what care and support they needed. One person told us, "They came to see me and we talked about the help I needed." A relative explained, "The care plan was made when [my relative] left the hospital."

The registered manager explained that whenever possible, people's care and support needs had been assessed prior to their care package starting. We were told that the exception to this rule was when a care package had been taken on in an emergency, such as a hospital discharge. In those instances we were told that the assessment would be completed on the day the care package was due to commence. Records seen confirmed this. From the assessment, a plan of care had been developed. This included the needs of the person and how they wanted their needs to be met. The plans of care also included information on the person's personal history, their likes and dislikes and preferences in daily living. This provided the support workers with the information they needed in order to provide personalised care.

Three of the five plans of care we checked were not up to date or accurate. Nor were all of them comprehensive. Two of the plans of care did not accurately reflect the number of calls the people were receiving. The third plan for a person who had four calls a day, did not show at what time their calls were to be carried out and what tasks should be

completed at which call. Although the regular support workers knew this information, others not known to the person would not. This meant that people were at risk of not receiving the individual care and support they needed.

We discussed this with the registered manager who acknowledged these shortfalls and immediately addressed them. The plans of care were updated and a new copy was placed in the people's homes.

People who used the service and their relatives told us that, on the whole, they received the care and support they required. They also told us they had continuity of staff to provide their care and support. Rotas seen confirmed this. One person told us, "I am definitely satisfied with the care I get. She [support worker] knows me inside out, you have to be able to trust them and feel comfortable with them and I do." A relative told us, "The carer is a Gujarati speaker and her regular carer (as requested in her initial assessment). She is on time and keeps us informed if she is not going to be on time. The carer is regular and gives full time without rushing. Some days she would stay late to help her as well."

People told us they knew who to contact if they had a complaint to make and the office contact details were included in the information held in people's homes. One person told us, "The service my mother receives is not bad. At times they missed the calls and this happened a few weeks ago. When I talked with the office they made a quick response and kept me informed about the decision and changes they made." Now the carers are on time, kind and approachable."

The registered manager told us no formal complaints had been received in the last twelve months, though informal ones had been received and appropriately dealt with. Records checked confirmed this. The records for one person who used the service showed us they had requested not to have a certain support worker to attend to their calls. Evidence was seen to confirm that that this request had been acted on.

Is the service well-led?

Our findings

People who used the service told us they felt the service was well managed and the management team were open and approachable. One person told us, “I do call the office sometimes and I do get a good response. Mostly I talk to [member of the management team]. I am satisfied with the support from the office and Bluewood.” A relative explained, “I can call them [the management team] any time and they contact me to see that we are happy with everything.”

People who used the service were given the opportunity to share their views and be involved in developing the service provided. This was through regular telephone contact and quarterly reviews. One person told us, “I have had no complaint and [member of the management team] from Bluewood calls and enquires about the service.” Comments in reviews checked included, “Happy with carers, more quicker at answering phone calls from the office.” Another comment read, “[Names of four support workers] these are all really good and take excellent care of my mother.”

Annual surveys were also used to gather the views of the people who used the service. One person explained, “The office staff are good and I do keep in touch and they ask for feedback through surveys.” At the time of our visit, although the results of the surveys were collated, they had not been relayed back to the people who had completed the survey. The registered manager told us that this would be done in the future. This meant that people would know that their comments and thoughts regarding the service had been taken seriously.

Support workers told us they felt supported by the registered manager and the management team and they felt able to speak to them if they had any concerns or suggestions of any kind. One support worker told us, “It is a good company to work for and there is always someone available to talk to if needed, I feel supported.” Another explained, “There is always someone there and the on call is always available. They take me seriously and I feel supported by them [the management team]. They listen to me and if I want them to come [to a person’s house because they are concerned] they will come.”

We discussed with the registered manager how support workers had been involved in how the service was run. They explained that small team meetings had been held. These meetings enabled the regular support workers of individuals to meet together. This gave them the opportunity to discuss any issues that they had regarding the person’s care and support and any general issues regarding the service. Records seen confirmed this.

We discussed a concern that had recently been shared with us regarding an out of area

care package. Concerns had been raised around the general care provided by support workers. The registered manager acknowledged that difficulties had arisen due to the care package not being local. Following the discontinuation of the care package a lessons learnt session had taken place and had identified the need for a better support network for support workers working out of the area. This showed us that systems were in place to continually improve the service being provided.

The registered manager explained that regular audits were carried out to monitor the service being provided. This included audits on the care files, daily records, timesheets and completed calls. It was evident that the monitoring of such records had failed to identify shortfalls within the care files. The registered manager acknowledged this and explained that recent changes to the management team had resulted in the care files not being monitored as rigorously as required. Although the registered manager was quick to address these shortfalls, it was evident that the monitoring systems had not been effective in identifying these issues. This meant that people may not have been protected from the risk of inappropriate or unsafe care because of ineffective monitoring of the service.

Support workers spoke positively and showed a good understanding and commitment to the provider’s overall values of the service provided. One support worker explained, “We work to ensure that service users [people who use the service] are comfortable in their own homes, safe and secure and knowing that they have as much support as possible.”