

CT Care Ltd

# Blue Ribbon Care (Leicestershire and Rutland)

## 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 ●

# Summary of findings

## Overall summary

This inspection took place on 19 April 2016 and was announced. The provider was given 72 hours' notice of our inspection because the location provided a small domiciliary care service and we needed to be sure that someone would be in the office. The service provided domiciliary care and support to people living in and around Market Harborough and surrounding villages. At the time of our inspection there were 45 people using the service.

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.

People told us they felt very safe with the staff team who supported them. Care workers had received training on how to keep people safe and they knew what to do if they felt that someone was at risk of harm. The management team were aware of their responsibilities for keeping people safe. This included referring any concerns to the local safeguarding team and the Care Quality Commission (CQC).

Risks associated with people's care and support had been assessed. This was so that any risks could be identified and minimised wherever possible. This enabled the care workers to provide care and support in the safest possible way.

There was a robust recruitment process in place and this had been followed when new members of staff had been employed. All the required checks had been carried out so that only suitable people worked for the service.

Care workers had been provided with an induction into the service and training relevant to their role had been provided. Care workers we spoke with felt supported by the management team and they told us there was always someone available to speak with should they need any help or advice.

People using the service had been visited prior to their care and support packages commencing. This was so that an assessment of their needs could be completed. From the assessment of need a care plan had been produced and this was agreed and signed by both the person using the service and a member of the management team.

People were always asked for their consent before their care and support was provided. Care workers had received training on the Mental Capacity Act 2005 (MCA) when they had first started working for at the service and care workers we spoke with understood and applied its principles.

Care workers knew their responsibilities with regards to people's medicines. They knew that they could only prompt medicines that were recorded on the medicine administration record and prompt medicines that

had been prepared by a pharmacist.

People using the service told us that the care workers who provided their care and support were caring. They told us that they were treated with respect and their dignity was maintained when personal care was provided.

People told us that they had regular carers who visited them. They told us that the care workers knew them well, they always turned up and stayed for the right amount of time. Nobody felt rushed by the care workers who supported them.

There was a complaints process in place and this had been followed when a concern had been raised with the management team. The people using the service knew what to do if they were unhappy about the service they received, though those we spoke with had no concerns.

People using the service had been provided with the opportunity to have a say on how the service was run. This was through the use of surveys and visits to people's homes. The staff team also had opportunities to share their thoughts of the service. This was through attending team meetings and individual meetings with a member of the management team. This showed us that the management team were interested in people's thoughts of the service.

There were systems in place to monitor the service being provided though these were not always formally recorded. The care manager acknowledged this and stated that a more formalised system would be adopted.

## 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.

People felt safe with the care workers who supported them.

People were provided with regular care workers and a robust recruitment process was followed when new care workers were employed.

Risks to both the people using the service and the care workers had been assessed in order to minimise any risks associated with people's care.

### Is the service effective?

Good ●

The service was effective.

New care workers had been provided with an induction into the service.

People using the service told us that the care workers who provided their care and support were appropriately trained to meet their needs.

Both the management team and the care workers we spoke with understood the principles of the Mental Capacity Act 2005 (MCA).

### Is the service caring?

Good ●

The service was caring.

People using the service told us that the care workers who supported them were caring and considerate.

Care workers made sure that people were offered choices on a daily basis and involved them in making decisions about their care.

People using the service told us that the care workers maintained their privacy when providing personal care and treated them in a dignified manner.

### Is the service responsive?

Good ●

The service was responsive.

People were always visited prior to their care and support package commencing and an assessment was carried to ensure that people's needs could be met.

Care plans were in place that reflected the care and support that people needed.

There was a complaints process in place and the people using the service knew what to do if they were unhappy with the care or support they received.

### **Is the service well-led?**

The service was well led.

People using the service told us that the service was well managed and the management team were open and approachable. Care workers we spoke with agreed.

Monitoring systems were in place to check the quality of the service being provided, though these were not always being formally recorded.

The people using the service and their care workers had been given opportunities to share their opinions of how the service was run.

**Good** ●

# Blue Ribbon Care (Leicestershire and Rutland)

## **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 was 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 19 April 2016 and was announced. The provider was given 72 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 was carried out by 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.

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.

We reviewed the information we held about the service. This included any notifications we had received. Notifications tell us about important events which the service is required to tell us by law. We also contacted a health care professional who commissioned care packages from the service.

During our visit to the provider's office we were able to speak with the registered manager, the care manager, the supervisor and three care workers.

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

team completed.

After the inspection visit we spoke with eight people who were using the service. 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 with the care workers from Blue Ribbon (Leicestershire and Rutland). One person told us, "Oh yes. Very safe. [Care worker] is a lovely girl." Another person said, "Yes. Certainly [feels safe]. We've had no problems in the three and a half years we have had them."

Care workers we spoke with were aware of their responsibilities for keeping people safe from harm. They had received training on the safeguarding of adults and they knew what to do if they felt a person was at risk. One care worker told us, "I would contact the office straight away." Another explained, "We know them [the people using the service] and their relatives so we would know if anything was wrong. I would go straight to [registered manager] she would sort it."

The registered manager and care manager knew their responsibilities to protect 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 (CQC).

Risk assessments had been completed prior to people's care and support packages commencing. These included a risk assessment on the environment in which people's care and support was to be carried out, an assessment on the risks involved with food preparation and an assessment on the risks associated with supporting people with their medicines. This meant that whenever possible, the risks associated with people's care and support had been identified, minimised and appropriately managed by the staff team.

We checked the recruitment files for three care workers and found that a robust recruitment process had been followed. Previous employment had been explored, references had been collected and a check with the Disclosure and Barring Service (DBS) had been carried out. (A DBS check provided information as to whether someone was suitable to work at this service.)

People we spoke with told us they received regular care workers and the rotas we saw confirmed this. On the day of our inspection, we found that the staffing levels were sufficient to meet the needs of the people using the service. People we spoke with agreed that there were enough care workers to meet their needs. One person told us, "It's absolutely perfect. I usually have the same person." Another person explained, "The timekeeping is very good. We usually get the same carers and get a rota in advance so we know who is coming."

The care manager completed a medicine risk assessment where people had been identified to need assistance with their medicines. Details gathered during this assessment had been included in the person's care plan. This provided the care workers with the information they needed in order to support the person safely and in line with the provider's medication policy.

Care workers understood what they could and could not do with regards to people's medicines. This included only assisting with medicines and creams that were recorded on the person's medication administration record (MAR) and only prompting from a dossett box. (A dossett box is used by pharmacists

to dispense people's medicines safely). One care worker told us, "We can only prompt and only if the medicine is in a dossett box." Another explained, "As long as it [the medicine] is on the MAR we can give it, if it isn't we can't. One of the people using the service told us, "It works very well. They give it [medicines] to me and watch me take it, then record it."

There were completed MAR's in two of the files we looked at. We found that these on the whole had been completed appropriately with only one missing signature identified. We did note that there had been a mix up with regard to the time of the day the care workers should apply one person's cream. However, this had been identified by the supervisor and quickly remedied.

The provider had a business continuity plan in place for emergencies or untoward events such as pandemic flu or adverse weather. This meant that the staff team had a plan to follow to enable them to continue to deliver a consistent service if these issues ever occurred.

## Is the service effective?

### Our findings

People we spoke with told us that the care workers who supported them knew their care and support needs well and were properly trained. One person told us, "They [care workers] are well trained and know what they are doing." Another person explained, "I'm perfectly satisfied (with the care workers). They are well trained."

Care workers we spoke with told us that they had received an induction when they had first started work at the service and training had also been provided. The staff training records confirmed this. One care worker told us, "I had an induction which was over three or four days and I had to complete work books which were marked by [the registered manager]." Another explained, "I had an induction over a few days and had all the training I needed as well." Two new care workers were undergoing the provider's induction programme on the day of our visit. The day prior to our visit they had completed moving and handling training and on the day of our visit they were completing training on 'standards of care' and 'medicines management'. This showed us that an appropriate induction process was in place.

The care workers we spoke with felt supported by the management team. They told us that there was always someone available for support or advice. One care worker told us, "I definitely feel supported; it is the best company I have worked for." Another explained, "I do feel supported, if there is anything I am unsure of I just ring the office, there is always someone available to talk with."

Care workers we spoke with told us that they met with a member of the management team on a regular basis. Unannounced spot checks on their work had also been carried out. This enabled the management team to check that the care worker was carrying out the care and support they were supposed to do. One care worker told us, "I have had spot checks; they check that we have our identification with us and they check the paperwork. They also ask the client if they are happy with the carer."

The Mental Capacity Act 2005 (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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. No applications had been made to the Court of Protection because no one required this. The registered manager and care manager understood their responsibility around the MCA. They explained that people using the service were presumed to have mental capacity to make their own decisions about their care and support unless there was evidence to the contrary. People's consent to the care and support they received was recorded in their

care plan and they had a signed service contract with the service. If a person did lack the ability to make a decision about their care and support, we were told that a best interest decision would be made with someone who knew them well. At the time of our inspection there was no one receiving care or support who lacked the capacity to make their own decisions.

Care workers we spoke with had an understanding of the MCA and their responsibilities within this. They had received training on this topic during their induction into the service. One care worker told us, "It's all about people being able to make decisions about their care."

The care workers we spoke with gave examples of how they gained people's consent before providing their care and support. One explained, "I always ask the question, 'are you happy for me to do this'." Another told us, "I always ask them [people using the service] if they need help from me and I let them do as much as they can for themselves."

People we spoke with told us that they had been involved in deciding what care and support they needed and confirmed that the staff team asked for their consent before they supported them. One person told us, "They ask me what help I need."

The provider had arrangements in place to provide the necessary support calls for people who required support with preparing their food and drink. Care workers had received training in food hygiene and they ensured that people had the required food and fluids to keep them well. One care worker told us, "I always ask what people prefer for lunch, I also check the fridge and I remember what they [people using the service] had the day before so as not to give them the same thing." One of the people using the service told us, "They make us meals (of our choosing) and we are happy with it." When we asked whether the care workers took care when they prepared people's meals another person explained, "Yes definitely. I've had no problems at all. They make nice sandwiches."

Care workers monitored people's health and wellbeing and when concerns about people's welfare had been identified, these had been reported to the office and acted on. For example when a care worker had found someone unwell they had called the office. A member of the management team advised them to call an ambulance and the person was taken to hospital. This showed us that people were supported to access the healthcare support they needed.

## Is the service caring?

### Our findings

People we spoke with told us that they were treated with respect and their dignity was maintained when personal care was provided. One person told us, "Yes they [care workers] are very good. I can't praise them enough." Another person explained, "Yes they do (treat me with dignity and respect). I strip in front of them but we laugh about it (and make it more comfortable)."

Care workers gave us examples of how they maintained people's privacy and dignity when they supported them. One care worker told us, "I make sure the door is closed and a dignity towel is used to cover people up. You support people how you would want to be supported yourself." Another told us, "When I provide personal care I always try to encourage the person to do as much as they can for themselves if they can, and I always make sure there is a towel covering them. For example a towel on their lap when I'm washing their top half."

People using the service told us that the care workers were kind and caring. One person told us, "Yes. They are very [kind and considerate], they are very nice ladies." Another told us, "'They certainly are. They come in and say 'how are you?' They are wonderful."

Care workers we spoke with knew the care and support needs of those they were supporting and they supported them in a caring and considerate way. One care worker explained, "Because we have regular calls we can build relationships with the clients and their families." One of the people using the service told us, "They [care workers] are friendly and easy to talk to."

The care workers knew people's likes and dislikes and preferences in daily living because they visited people on a regular basis. This information was also recorded in people's individual care plans. One care worker told us, "People's likes and dislikes are normally in the care plan but you soon get to know people and what they want. You remember how many sugars they have in their tea and how they like their meals served. It is the little things that are important and when you have regular calls this is what you get to know."

Care workers explained how they gave people choices and involved them in making decisions about their care. One care worker explained, "I always offer choices for example what they [people using the service] would like to wear or what they would like to eat, they then make their decision."

People using the service told us that staff listened to them and they felt they were provided with appropriate choices and therefore 'felt in control'. One person told us, "Yes. I am offered choices and she [care worker] will do extra things if I ask her."

The provider had a confidentiality policy in place. The care workers we spoke with understood their responsibilities for keeping information confidential and were reminded of the importance of this during staff meetings and staff supervision sessions.

## Is the service responsive?

### Our findings

People we spoke with told us that they had been involved in deciding what care and support they needed before their care package had started. One person told us, "When we moved here they came and did an assessment before the service started." Another person explained, "We were asked what we needed."

A health care professional told us, "They [the management team] gather important information from myself before arranging a personal visit to meet the service user [person using the service] and family prior to starting the package of care. This enables the service user to decide for themselves if they like what they see and is happy to have their support provided through Blue Ribbon Care."

The management team explained that people's care and support needs were always assessed prior to any care and support package commencing. The paperwork we looked at confirmed this. The care manager explained that a visit was always carried out at the person's own home and an initial assessment was completed. This was so that the person's support needs could be identified and the care manager could satisfy themselves that the person's needs could be met by the care workers working for the service.

People's care plans had been developed using details gathered from the initial assessment visit. The care plans we looked at included people's individual preferences with regard to how they wanted their care and support to be provided. They showed the reader their likes and dislikes, for example one care plan showed that the person liked cereal and banana and an egg at breakfast and mince and vegetables at lunchtime. The care plans were centred on the individual and included the tasks that the care workers were required to carry out at each visit. These included tasks such as checking the fridge for out of date food and for one person, sitting with them at meal times so that they ate their meal without getting distracted. All of this information enabled the care workers to provide the care and support that people needed and preferred.

The management team explained that people's care and support packages were regularly reviewed. An initial review was carried out after the first six weeks and then three monthly or six monthly reviews were carried out depending on the care and support package being provided. This was confirmed through the checking of records and on speaking with the people using the service. One person told us, "[Care manager] came and did this [reviewed their care plan]."

People we spoke with told us that they received the care and support they needed. They told us that they had regular care workers who visited them, they told us that the care workers arrived on time stayed the right amount of time and never missed a visit. One person told us, "It's absolutely perfect. I usually have the same person." Another person explained, "It's very good really. I have the same carers mostly and the timekeeping's fine."

There was a formal complaints process in place and the office contact details were included in the information held in people's homes. The people we spoke with knew who to contact if they had a complaint or concern of any kind. One person told us, "The service is very good and I know what to do if I was unhappy with it." Another person explained, "I know what to do if I am unhappy."

When a complaint had been received the formal complaints process had been followed. This included investigating the concerns raised, recording the outcome and responding to the complainant. The management team had handled complaints received in line with the provider's complaints procedure.

# Is the service well-led?

## Our findings

People we spoke with told us they felt that Blue Ribbon Care (Leicestershire and Rutland) was well managed and the management team were open and approachable. One person told us, "I can ring them up [the management team]. I have met them and they are approachable." Another person explained, "Yes. I've met [care manager]. She is very approachable."

A healthcare professional told us, "They have always been very professional when dealing with myself and the service users [people using the service]."

People using the service had been given the opportunity to share their views and be involved in developing the service. A member of the management team visited the people using the service every three or six months. This was to review their care plan and to make sure that they remained happy with the care and support they received. One person told us, "We have provided feedback." Another person told us, "I have been provided with opportunities to feedback on my experience of the service."

Annual surveys had also been used to gather people's views of the service they received. Once returned the information within the surveys had been collated and a report had been produced. We noted that the report had not been made available to the people using the service. The care manager told us that the results of this year's surveys, due to be sent out this month, would be made available for people's information. Comments received in the last surveys returned included, "This is a company that cares for its clients and staff." And, "All carers are very good." And "An extremely caring attitude and standard of work is excellent."

Care workers had been given opportunities to share their views about the service. This was through one to one supervision sessions and team meetings. Minutes of team meetings showed these were held regularly, usually every three months. The meetings were used as an opportunity to discuss with the care workers important areas of care practice, such as the importance of maintaining confidentiality and the provider's expectations of the staff team. One staff member told us, "Staff meetings are informative and a chance to discuss any issues."

Care workers were also encouraged to visit the office at any time to discuss and share their thoughts on the service being provided.

Care workers we spoke with told us they felt supported by the management team and they felt able to speak to them if they had any concerns or suggestions of any kind. One care worker told us, "It is like one big family. If we have any issues or anything we need help with, they [the management team] will help." Another care worker explained, "It is a brilliant company, we all get on really well and the managers are very supportive, there is always someone available to talk to."

We looked at the daily records that care workers were required to complete. These showed us the tasks that had been completed at each visit and the care workers who attended. They also showed the time of arrival and the time of departure from the call. This information is important because it demonstrates what time

the care workers were at the person's home. It also shows the duration of the care workers stay and that the people using the service had received the visits they had agreed to and at the agreed times.

The care manager explained that audits were carried out to monitor the service being provided though not all of these had been formally recorded. They told us that they looked at the daily records, the staff rotas and timesheets to check that the people using the service were getting the support they required. Incidents, accidents and complaints were monitored and daily records and medicine records were checked when they were returned to the office at the end of each month. This enabled the management team to check that the care workers were recording in line with the providers expectations.

The registered manager and the care manager were both aware of and understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people using the service.

Care workers spoke positively and showed a good understanding and commitment to the provider's overall values of the service provided. One care worker told us, "We are here to make life easier and safer for the people using the service and to support them to remain independent in their own home."