Bluewood Recruitment Ltd

Bluewood Healthcare

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?	Requires Improvement

Summary of findings

Overall summary

Bluewood Leicester is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older people, younger adults and children. The provider had changed the name of the location but had not applied to change their registration. Following our inspection visit the registration for this location was changed to Bluewood Healthcare. At the time of our inspection the registered manager informed us that there were a total of 120 people receiving care from the service.

At our last inspection in September 2015 we rated the service overall as 'Good'.

At this inspection we rated the service overall as 'Good'.

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 continued to receive safe care. Staff recruitment processes were followed and ensured that people were protected from being cared for by unsuitable staff. There were enough staff to provide care and support to people to meet their needs safely. Staff were trained in procedures to support and to protect people from abuse.

People continued to be protected from avoidable risks. A range of risks assessments were completed and preventative action was taken to reduce the risk of harm to people. Where people required support with their medicines, staff had been trained in the safe handling of medicine, which was supported by a policy and procedure. People were supported to maintain good health and nutrition.

People continued to receive effective care and support. Staff received induction and ongoing training for their role and understood their responsibilities to work effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People continued to receive good care. They had developed positive relationship with the staff who understood their needs. Staff were kind, caring and treated people with dignity and respect.

People continued to receive care and support that was responsive to their individual needs. Care plans were personalised and provided staff with clear guidance as to how people wished to be supported. Following our inspection visit care plans were updated to include people's diverse, cultural and lifestyles choices and support required to access the wider community. Care plans and relevant information was made available in accessible formats to help people understand the care and support agreed. Staff worked in a flexible way

which promoted continuity of care so that they could meet people's needs in a person centred way.

People knew how to raise a concern or to make a complaint. The provider had a complaint policy and procedure and complaints received were investigated.

The provider and registered manager had not consistently met the regulatory responsibilities. They had not provided us with the key information about the service when required, which we took into account when making judgement about the service. The registered manager had not fully understood and met all the legal requirements with regards to their registration. This included accessing relevant support to maintain their knowledge as to changes in legislation and best practice. Following our inspection visit the registered manager took the necessary steps to ensure the service was registered correctly and assured us they would access training.

The registered manager ensured the management team provided people and staff with the support they needed. Effective systems were in place to monitor and improve the quality of the service provided through a range of audits and views sought from people and their relatives. We have made a recommendation as to staff's involvement to influence the development of the service.

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 remains safe.	**Good**
Is the service effective? The service remains effective.	**Good**
Is the service caring? The service remains caring.	**Good**
Is the service responsive? The service remains responsive.	**Good**
Is the service well-led? The service was not consistently well led. The provider and registered manager had not maintained their legal requirements with regards to their registration and kept their knowledge up to date. Despite people and staff not being aware of the registered manager they felt supported by the care co-ordinators. We have made a recommendation as to the sharing information and involvement of staff in the service development. There were clear visions and values at the service which staff promoted in how they supported people. Systems were in place to ensure the service learnt from events such as accidents and incidents, whistle-blowing and investigations.	**Requires Improvement**

Bluewood Healthcare

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 checked 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 22, 23 and 24 November 2017 and was announced. The provider was given 48 hours' notice because the location provides a personal care service and we needed to be sure that someone would be in.

The inspection team consisted of one inspector and two 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 experts for this inspection had experience of the care of people receiving a domiciliary service in their own homes.

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. They did not return a PIR and we took this into account when we made the judgements in this report.

We reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We contacted commissioners for social care, responsible for funding some of the people that used the service and Healthwatch Leicester and asked for their views. This was used to inform our inspection judgements.

We used a variety of methods to inspect the service. Our experts by experience spoke with nine people who used the service and 21 relatives on the telephone. During our visit we spoke to 11 staff which included two clinical care co-ordinators, six care staff, two of the company directors and the registered manager. We

spoke with an external trainer who was delivering training to a group of care staff.

We looked at records relating to all aspects of the service and reviewed the care records of eight people and five staff recruitment files and training records. We also reviewed records relating to the management, complaints and quality assurance of the service.

Good

Is the service safe?

Our findings

People told us they felt safe with the staff that supported them. One person told us they had regular staff team that were familiar to them; they arrived on time and provided the support they needed. Another person told us that they had a personal alarm which they wore at all times so that they could call for help if they fell. They told us that the staff made sure the personal alarm was working and worn before they left. A third person said, "With security [staff] are very good with closing the doors [securely when they leave]." A relative said, "Yes, [my relative] is safe. The same [staff] comes every day, once a day in the morning for 30 minutes and speaks Gujarati [as English was not their first language]."

The provider had a clear safeguarding procedure and staff were knowledgeable about the steps to take if they were concerned. Where any issues around safeguarding had been raised the registered manager had taken the appropriate steps. For example, a staff member had been re-trained and their competency was assessed to ensure they were able to move people safely.

Risks to people had been assessed and reviewed regularly. These covered a variety of subjects including, moving and handling, falls, fire safety and risks such as tripping hazard within the home environment. One person told us staff used the key safe to let themselves into the house. This is a secure method of externally storing the keys to a person's property. This helped to ensure people's safety within their homes whilst enabling staff access to the person's home.

Care plans included clear instructions for staff as to how many staff were needed to provide support to individuals and what equipment was needed. Staff had received training in health and safety and to use equipment required in the delivery of care. Staff knew to check for any potential tripping hazards and that equipment used in the delivery of care was safe. Staff were able to describe to us how they provided the care and support people needed to keep them safe. This showed staff were confident to provide support people needed.

The office premises were secure and well maintained. Business continuity plan was reviewed and provided guidance to follow in the event of an emergency. A meeting room was available for confidential meetings and a training room equipped with moving and handling equipment and information.

Incidents affecting people's health and safety were documented including the actions staff took to keep people safe. Staff understood their responsibility to report concerns to the office. One staff member described the action they took when they found a person had fallen before they arrived. To prevent further risk of falls the care co-ordinator had reviewed the risk assessment and updated the care plan as the person required a walking frame to move around.

Safe recruitment procedures were followed that ensured staff were suitable for their role. A recently recruited member of staff told us that they had to complete a police check and their two employment references were sought before they started work at the service. We saw staff records contained the required documentation such as police checks, references and proof of identity.

We found staffing levels were responsive to people's individual needs. Staff worked in small teams and the rota's were planned in advance. People told us they had regular staff who were reliable and knew them well. They said, "[Staff member] use to be late but they've bucked up. I've got a good team now." "The morning staff member is familiar from the old company and the evening staff member stayed with us. One [staff member] has come consistently for a year. The night staff member has been coming for two years so I've got familiar faces." This showed that people received continuity of care that ensured their needs were met.

For people who needed support to take their medicines, information had been included in their plan of care. A person said, "I don't forget because the carer says to me 'have you remembered your meds'?" A relative raised concerns that their family member was not always supported with their medicines. When we shared the concerns with the care co-ordinator they acted quickly. They investigated the concerns and with the involvement of the relative put measures in place to ensure the family member had the support they needed to manage their medicines.

Records showed that staff documented that they had reminded and observed the person had taken their medicines. A staff member told us they were trained to support someone with their medicines. They said, "I would remind them and give the pill box to him. I write down that I'd seen him take the medicines and put the pill box away before I leave."

People confirmed they were protected from risks to their health and wellbeing because staff followed the infection control procedures. People said, "They all wear uniforms, and they use gloves and aprons" and "They also put on shoe covers."

Staff were aware of and followed the infection control procedures. They all had ample supply and access to protective clothing such as gloves, aprons, shoe covers and antibacterial gels. A staff member said, "I wash my hands and put on my gloves and an apron. It protects the person and me." Training records showed that in infection control was covered during induction and updated annually. Staff practices were checked during the unannounced spot checks to ensure infection control procedures were followed.

Staff understood their responsibilities for raising concerns around safety and reporting any issues to the management. From our discussion with one of the care co-ordinator and the registered manager there was a focus on how to improve people's safety. Evidence was seen that lessons had been learnt when things went wrong. For example the provider had invested in an electronic home call monitoring system to ensure staff arrived on time to support people. This had reduced a number of concerns and complaints about staff being late.

Good

Is the service effective?

Our findings

People's care and support needs had been assessed before the package of care commenced.
A relative had been involved in the assessment process and found the care co-ordinator had listened to them and provided a team of care staff that met their family member's needs.

Care records we looked at were comprehensive. People with differing diverse cultural and lifestyle needs and their preferences as to the staff gender and language skills was documented. Where health care professionals were involved to meet people's needs, their role and contact details had been documented. This helped to assure people that they had the right staff with the skills required to support them effectively. The registered manager told us that the service focused on the care of older people and could support young people and children. At the time of our visit the service did not support any children.

People told us they felt the staff team were appropriately trained to meet their care and support needs. A person said "They [staff] are well trained." They told us that a new staff member was being trained and worked alongside an experienced member of staff. They added, "[Care co-ordinator] comes out to do spot checks; she makes sure everyone is doing their jobs." A relative told us that staff used equipment correctly and reminded their family member to use the handrails where needed.

Staff received training that had equipped them with the skills needed to support people. Some staff had completed a professional qualification in health and social care. A newest member of staff said, "The induction training has been good. I shadowed an experienced carer which helped me to get to know the person and learn how they wanted me to help them." Another staff member told us they were trained and their competency assessed to support a person with a catheter.

Training records showed that staff received a range of topics. These related to health and safety, using equipment and reporting procedures in the event of an accident or emergency. The training room was fully equipped with moving and handling equipment and information. During our visit a group of staff were being trained by an external trainer in safeguarding procedures. They told us they delivered training to existing and new staff as required.

There were systems in place to provide staff with on-going support, supervision and an annual appraisal of their work. A staff member said, "I get the support from my care coordinator whenever I need it. If there's anything that bothers me I tell her and she will let me know if I need training updates."

One person told us that their relative prepared the main meals and said, "I'll tell [staff] what I want in my sandwich." A relative said, "We do the meals but the carers always leave [a glass of] water on the table." Another relative told us that their family member struggled to eat the food that had been heated. When we shared this with the care coordinator they arranged to speak with the relative to see how this could be improved.

The staff team supported people to have sufficient food and drink when they carried out a mealtime call.

They knew the importance of making sure people were provided with the food and drink they needed to keep them well. Care plans included people's food preferences, health and cultural dietary needs and the level of support needed.

People told us that their relatives managed their medical appointments. One person told us that the call times were changed so that they could attend medical appointments. The provision of a flexible service meant that people were able to manage their ongoing health care needs.

Staff 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. Care plans included instructions provided by healthcare professionals to meet specific health needs. For example, how to prepare thickened drinks to prevent the risk of choking and where any ongoing healthcare needs were met by the community nurse. A staff member said, "[Person's name] catheter was blocked I called the office, and then called [district nurse team]. I stayed there until someone came out." This showed that staff worked with other healthcare professionals to provide effective care.

People's care and support were provided in line with relevant legislation and guidance. The Mental Capacity Act (MCA) 2005 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.

Management and staff had completed MCA training and understood its principles. The care coordinator explained that if a person lacked the ability to make a decision about their care and support, a best interest decision would be made with someone who knew them well and when necessary, with the relevant professional's involvement. Applications had been made to the Court of Protection. Despite care records not reflecting the best interest decisions made the staff member who supported this person confirmed that they provided the support that had been agreed. Following our visit the care coordinator sent us evidence that showed that the assessment and the care plan had been updated to reflect the decisions made, the support required to meet the person's needs and how often this would be reviewed.

People were encouraged to make decisions about their care and their day to day routines and preferences. Staff had a good understanding of people's rights and confirmed consent was always sought. A staff member explained they always sought people's consent before providing any care or support. The people we spoke with agreed with what they told us. A staff member explained, "I tell them how I can help and get their consent." Records showed that staff respected people's choices and decisions including when they declined support.

Good

Is the service caring?

Our findings

People told us the staff team were kind and caring and treated them with respect. One person told us they had a good relationship with his carer and felt they were kind and respectful. People said, "Personal care; they do it well" and "Always polite, in the evening they always have a little chat; we're getting on really well."

Relatives spoken with felt the staff were caring and considerate. A relative said, "This morning [carer] seemed very competent helping dad with his chair lift; she was very attentive and very polite." Another relative said, "[Staff named] seems to motivate him to do things like moving around to improve circulation."

Information about the service was given to people when their package of care was assessed. It informed people that they would not be discriminated under the Equality Act, on the basis of their gender, race, religion and lifestyle choices, amongst others. The service had recruited staff from the same cultural background as people who used the service. For some people it meant that they were able to communicate with staff in their first language which was not English and that their diverse culture and lifestyle was understood and respected.

Care plans showed that people and their relatives, where appropriate were involved in the development and review of their care plans. A staff member described the gestures or body language a person used to communicate their responses and wishes. Care plan described the non-verbal prompts and what they meant, which helped staff to respond and support the person appropriately.

Records showed that a relative had been involved in a best interest decision-making process. However, there was no advocacy information available for people if they needed support to make decisions, or if they felt they were being discriminated. This was raised this with the registered manager. They identified the relevant advocacy services and ensured the updated the information was sent to everyone who used the service.

People confirmed their privacy and dignity were promoted when being assisted with personal care. One person said, "Oh they are kind. We talk and have discussions. Privacy and dignity is all done respectfully. They make sure I'm already with the way they do things." Another person said, "[Staff] comes in and gets me ready for the day, he knows the number for the key safe; he's excellent. He's so regular and totally reliable. He gives me a decent wash gets me out of bed" and added that they had a lot in common that they talked about.

Relatives said, "For privacy and dignity they use a towel to keep him covered when they wash and dress him and that keeps him warm as well" and "[Staff] is kind to [my relative] and caring and consistent. Overall, I'm fine with things and we're happy with [staff] at the moment."

Staff were trained in the promotion of people's dignity and privacy. They gave examples of how they preserved people's dignity when supporting them. A staff member said, "I always make sure the room is warm and close the curtains and the door. I use two towels one to dry them and the other used to cover

them and to stay warm." The language and descriptions used in the care records were referred to in a dignified and respectful manner.

A staff member said, "It's important that we [carers] make a difference even if it's just walking with them to the kitchen to make a sandwich." This showed the person independence was promoted.

A confidentiality policy was in place and the staff we spoke with understood their responsibilities for keeping people's personal information confidential. People's files were kept secure in filing cabinets and computers were password protected. Information about people was shared on a need to know basis. The certificate to evidence the service complied with the Data Protection Act had expired. The registered manager submitted a renewal request when they realised.

Good

Is the service responsive?

Our findings

People told us they were provided with information about the service before the package of care commenced. This included the aims and objectives of the service, an explanation of the assessment process and details of what the person could expect from the service.

The service ensured people had access to the information they needed in a way they could understand it such a large print or electronic amongst other formats, to comply with the Accessible Information Standard. This is a framework and a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. It requires services to identify, record, and meet the information and communication support needs of people with a disability or sensory loss.

The assessment and care planning process considered people's communication needs, values, beliefs, hobbies and interests along with their goals for the future. Care plans we saw were person centred, identified people's background, preferences and how they wished to be supported. These were regularly reviewed and when people's needs changed their care plans were amended. For example, records showed when care staff reported that a person was mobility had deteriorated the care co-ordinator along with the health care professional carried out a further assessment. As a result the package of care had been increased and the care plan updated to ensure staff knew how to support them.

People told us that they received care that met their needs. One person told us that they were involved in the development of the care plan and said, "It's a really good care plan now, much better than the last [company]." A relative said, "[my relative] wanted a female carer. [Staff] speaks Gujarati and understands her; help support her to put a sari on. That's helpful!"

People told us staff knew them well. Staff were able to describe people's background and knew what care and support they needed. One staff member said, "I speak the same language as my clients, they speak freely about the help they want. I also understand and respect their culture, that makes sure that I'm meeting all their needs."

A staff member was aware that social isolation and loneliness is known to have a detrimental effect on people's health and wellbeing. Part of the package of care for someone included promoting their independence with daily living tasks and to access the wider community, which for this person meant they could watch local sporting events and go to the pub.

People and their relatives knew how to make a complaint if they needed and were confident that their concerns would be carefully considered. People and their families knew that they could contact the care coordinators who would address any concerns that they had. One person said, "We have no complaints. Everything is done as [my relative] asks." We also received a few concerns from people who used the service and relatives. These were referred to the registered manager and the care co-ordinator to address. Following our inspection, they told us that the concerns had been addressed.

There was information about how to complain although there were no details who people could contact for support and what they should do if they remained unhappy with the outcome of their complaint. We raised this with the registered manager and they updated the complaint procedure with the contact details of local advocacy services and the Local Government Ombudsman.

Records showed complaints had been handled appropriately, investigated and actions taken for example, replaced a care staff when concerns were raised about their conduct. When required complaints about the service had been referred to the local authority and safeguarding teams. This showed us that complaints were taken seriously and the service was open and transparent in handling complaints and action taken to improve the quality of care people received.

Some staff had received training on end of life and palliative care and a policy was in place. A staff member explained how they had supported someone at the end of their life and worked closely with health care professionals. Care records showed that people had the opportunity to discuss their last wishes and when required an advance care plan was put in place.

Requires Improvement

Is the service well-led?

Our findings

We found the provider had not understood and met all the legal requirements of their registration. Prior to our inspection visit we asked the provider to complete and return the Provider Information Return (PIR) with key information about the service, what the service does well and the improvements planned. The PIR was not returned. The company directors present during our inspection and the registered manager were unable to provide an explanation about the non-return of the PIR but were keen to provide information about the service.

We found the contact details for the service had been changed. However, the provider had not notified us of the change. We also found the paperwork such as the information leaflets and literature about the service, people's care records, staff recruitment documentation and the provider's policies and procedures referred to Bluewood Healthcare, which differed to the registration with Care Quality Commission (CQC), which was Bluewood Leicester. The provider had not submitted the relevant notification to ensure their registration was correct. When we raised this with the registered manager they took action.

We found from our discussion with the registered manager that they had not kept their knowledge up to date as to the changes to legislation and best practice. They were not aware of our new assessment framework published in October 2017, which is used to make judgements about health and social care services and relevant Acts which protected people who used the service. Following our discussion the registered manager assured us that they would take steps to maintain their knowledge as to the changes in social care and best practice. We will continue to monitor this.

After our inspection visit the provider had submitted the relevant registration application and the registration for the location was changed to Bluewood Healthcare and the contact details updated. We will continue to monitor the service as it is the registered manager and provider's responsibility to ensure that they meet the legal responsibilities. We also received an update from the care coordinator, who confirmed that the assessment documentation and care plans had been updated to include people's diverse lifestyles choices and details about the relevant people who would be involved in making best interest decisions.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the service and on their website.

There were quality assurance systems in place and programme of audits that assessed all aspects of the service and any shortfalls found were addressed. These were undertaken by the care coordinators and any issues were managed by the registered manager. A system was in place to ensure staff understood their role, aware of the policies and procedures in place. Staff practices was observed and their knowledge assessed through the unannounced spot checks and feedback from people helped to ensure people were satisfied with the quality of service provided.

The registered manager and staff we spoke with had a clear and consistent vision about the service people should expect to receive. A staff member said, "The aim is to provide the best care we can; respect people's choices, rights and help them to be safe and independent as possible." From our discussion with staff and review of people's records, we saw that people had made choices in their everyday life and were involved in activities in the local community. For example a staff member supported a person to access the wider community, go shopping, have a meal in pubs and joined in various social activities; this meant the person was in control of their life.

People's views about the quality of care were sought formally through surveys and individually through care reviews. The latest survey results from September 2017 were positive about the quality of care people received. Records showed that individual issues had been addressed, such as change of call times and to have regular care staff.

A system was in place to train and supervise staff and records we viewed confirmed this. One staff member said, "If I have an issue I'd tell my coordinator and I know she would deal with it. I would whistle-blow if nothing was done." Regular management team meetings held focused on strategic aspects, business objectives including targets and productivity. However care staff told us their meetings focused on people who they supported. Meeting minutes showed that staff provided consistency and continuity of care but no other information had been shared or discussed with the staff as to the service development or raised any issues or ideas.

We asked the registered manager how they ensured that staff were informed about any developments within the service. They said, "It's a logistical task to hold staff meetings here [in the office]." They went on to say that when required the care coordinators would share information with the staff team. The example given related to the introduction and roll-out of the new electronic call monitoring system and that they addressed specific issues where required. We recommended that the provider reviews how they ensure staff were kept informed, involved in the development of the service and given the opportunity to raise issues and idea.

We asked people for the views about the management of the service. The majority of people and relatives we spoke did not know who the registered manager was. The names that were quoted to us referred to the care coordinators, who regularly visited or contacted them. Their comments included, "I feel the manager does a good job. I mostly talk to [care coordinators named]" and "The office managers are approachable and they are sound. They are quite nice to be fair." When we asked someone if they would recommend this service, they said, "It depends what they wanted if for, but I think I would [recommend the service], they have certainly covered everything I want."

The registered manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to CQC and had systems in place to do so should they arise. Records showed incidents were reported to the relevant authorities, investigated and where required action was taken to prevent further risks. The registered manager analysed the incidents to help identify any trends, so that action could be taken to drive improvements. As a result the provider had invested in the home electronic home call monitoring system that has reduced the number of late and missed calls. This meant that people received the care they needed at a time that had been agreed.

The local authority commissioners monitored and evaluated the service provided to ensure the service met the contractual requirement. They told us that the registered manager was responsive and addressed issues in a timely and effective manner.