

Blessing's Care Ltd

Blessing's Care Ltd

Domiciliary Care

Inspection report

18 Clifton Moor
Oakhill
Milton Keynes
Buckinghamshire
MK5 6FZ

Tel: 08006890764

Website: www.blessingscare.com

Date of inspection visit:

18 July 2018

24 July 2018

25 July 2018

Date of publication:

11 September 2018

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 18, 24 and 25 July 2018 and was announced.

This service 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 and younger adults and people with disabilities.

Not everyone using Blessing's Care Ltd Domiciliary Care receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

People were protected from the risk of harm. Staff had been trained in safeguarding people and understood how to report any concerns of abuse. Risks to people's safety were assessed to ensure preventative action was taken to reduce the risk of harm to people.

People were supported with their medicines in a safe way. People's nutritional needs were met and they were supported with their health care needs when required. The service worked with other organisations to ensure that people received coordinated care and support.

People were protected by safe recruitment procedures to ensure staff were suitable to work in care services. There were enough staff to meet people's needs. Staff received training for their role and ongoing support and supervision 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. The provider, manager and staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and gained people's consent before they were supported.

People were involved all aspects of their care. People's care plans information available about people's preferences, daily routines and diverse cultural needs. Staff had a good understanding of people's needs and preferences and worked flexibly to ensure they were met.

People and their relatives were happy with staff who provided their personal care and had developed positive trusting relationships. People were treated with dignity and respect, and their rights to privacy were upheld.

People, relatives and staff were encouraged to provide feedback about the service and this was used to drive continuous improvement. People and relatives all spoke positively about the staff team and how the service was managed. The provider had a process in place which ensured people could raise any complaints or concerns.

The registered manager and staff team were committed to following the vision and values of the service in providing good quality care. The registered manager was aware of their legal responsibilities and provided effective leadership and support to staff. Quality assurance systems were used to monitor and assess the quality of the service to drive continuous improvement. The provider worked in partnership with other agencies to meet people's needs.

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.

Staff were trained in safeguarding and people were protected from abuse and avoidable harm.

Risks associated with people's needs were assessed and managed safely. People were supported with their medicines safely.

Staff were recruited safely and there were enough staff to provide care and support to people.

Staff understood their roles and responsibilities in relation to infection control and hygiene.

Accident and incidents were responded to appropriately and lessons were learnt to mitigate the risks of further incidents.

Is the service effective?

Good ●

The service was effective.

People's needs were assessed and care plans developed to ensure they received the support they needed. People were supported to maintain their nutrition, health and well-being where required.

People received support from a staff team that had the necessary training, skills and knowledge. Systems were in place to provide staff with on-going support.

People made daily choices and decisions. Staff sought people's consent and understood people's rights. Capacity assessments were used to identify the level of support people needed to make decisions.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff that were caring, friendly and kind. People were supported to make decisions about how they wanted their care and support provided. People were treated with dignity and respect, and staff ensured their privacy was maintained.

People's views about the service were sought to review the service and drive improvements.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed. The care plans were person centred and provided staff with clear guidance on how people wanted their care and support to be delivered. Staff respected people's diverse cultural needs, wishes and views.

Systems were in place to respond to any complaints. People were confident that any concerns raised would be dealt with appropriately.

Is the service well-led?

Good ●

The service was well led.

The registered manager understood their role and responsibilities.

The registered manager provided strong leadership and the staff team worked together to provide high quality care.

Quality assurance system were used to continually monitor all aspects of the service.

Blessing's Care Ltd

Domiciliary Care

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 18, 24 and 25 July 2018 and was announced.

We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the registered manager would be available.

The inspection started on 18 July and ended on 25 July 2018. It included making telephone calls to people using the service, relatives and staff. We visited the office location on 24 July 2018 to see the registered manager and review care records and policies and procedures.

The inspection visit was carried out by one inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information we held about the service. This included statutory notifications regarding important events which the provider must tell us about. We contacted commissioners and no information of concern was received about the provider.

During the inspection we spoke with one person using the service and two relatives. We spoke with four care staff, the deputy manager and the registered manager.

We reviewed the care records in relation to two people using the service, two staff recruitment files and

records of staff training. We also reviewed records in relation to the providers oversight and quality monitoring of the service such as, feedback from people using the service. Quality audits, announced home visits, unannounced staff spot checks, complaints, compliments and the providers policies and procedures.

Is the service safe?

Our findings

The systems processes and practices safeguarded people from abuse. People told us they felt safe with the care provided and staff who supported them. One person said, "I felt safe with this company right from day one." A relative said, "I know the staff providing care to [Name of person] have their well-being and safety at the forefront of everything they do, I have every confidence in the staff."

The staff understood their responsibilities in relation to keeping people safe, and could describe what they would do if they suspected or witnessed any form of abuse. The registered manager knew how to report any safeguarding concerns and worked with the local safeguarding authorities in completing investigations when needed. The provider demonstrated lessons learned from safeguarding incidents, for example, in response to an incident of alleged financial abuse they had introduced an electronic monitoring system for recording all financial transactions.

Risks to people's safety was assessed and closely monitored. Risk assessments identified any specific risk to people's health and well-being and how people's care and support needed to be provided to minimise the risks to an acceptable level. The assessments covered risks, such as, falls, moving and handling, malnutrition and pressure area care. Records showed the risk assessments were regularly reviewed and when people's needs changed their care and support was altered to accommodate the changes. The staff confirmed they knew the procedure for responding to any accidents or incidents and records also confirmed this.

The provider protected people from being cared for by unsuitable staff, through carrying out appropriate staff recruitment checks. These included Disclosure and Barring Service (DBS) checks and obtaining professional and character references. Sufficient numbers of suitable staff were available to support people to stay safe and meet their needs. A relative said, "The staff usually arrive on time, if they are ever running a little late we always get a call to explain why. People that required the use of a hoist to transfer confirmed that two staff always attended to their mobility needs. The registered manager had recently introduced an electronic call monitoring system that closely monitored the call times when staff arrived and left people's homes. Staff confirmed they used a mobile app that used a bar code to identify the start and end times of the calls they made to people. One member of staff said, "The call system is really good, it even calculates the mileage I have used to get from client to client."

Where needed people received appropriate support to take their medicines. The medicines support plans identified the level of support people required to manage their medicines safely. Staff confirmed they received medicines training that included observations of their competency to ensure they correctly followed the medicines administration procedures. The staff knew the procedure for reporting any medication errors to ensure timely medical advice was received. The registered manager told us and records showed that medicine audits were carried out regularly. The medicine records viewed at the inspection confirmed that staff documented when people were supported with their medicines in a safe way.

People told us staff protected them from the risk of infection. A relative said, "The carers are very diligent at clearing away things when they have finished, they always leave things clean and tidy." They commented about one particular male carer that attended their relative, saying [Name of care] always looks so smart always wears a tie." The staff told us they received training on infection control procedures and records showed that infection control was assessed during unannounced spot check visits, to ensure staff were following the procedure and using personal protective equipment, such as disposable gloves and aprons when carrying out personal care tasks.

Is the service effective?

Our findings

The care, treatment and support people received promoted a good quality of life. People's needs were assessed prior to them using the service, and they received support from regular staff that had the right skills to provide their care and support. People using the service and their relatives told us they were fully involved in the pre- assessment process prior to taking up the service and their needs and personal choices had been taken into consideration and incorporated into their support plans. The registered manager explained that people's care records were in the process of being transferred onto an electronic recording system. They told us they had consulted verbally and by letter with all people using the service and their relatives to alleviate any worries of concerns people may have. The new system once embedded would enable people using the service and their representatives to use a unique password to log into the system, to access their care records and provide online feedback.

People told us that staff understood their needs and had the right knowledge and skills to support them. All the staff spoken with confirmed the training they received was very good. They told us the induction training they were provided with covered areas such as, moving and handling, food hygiene, nutrition, first aid, medicines administration and infection control. One member of staff said, "This is a lovely care service to work for; the training is very good; they [managers] know what they are doing they are very experienced." Another member of staff said, "When I first started working for the agency I worked alongside (shadowed) an experienced member of staff for two weeks. I had six weeks of training, during which I had competency assessments carried out to check I was equipped to start providing care for people on my own."

The registered manager told us staff had received specific training to meet the needs of some of the people they supported. For example, some people used percutaneous endoscopic gastrostomy (PEG) feeding systems, due to being unable to take food and fluids orally. This training had been provided by a registered nurse and the registered manager confirmed that further dates had were planned for more staff to complete this training. The staff told us and the training records confirmed they had completed a range of training in areas such as, person centred care, health and safety, infection control and nutrition and the training was based around current legislation and best practice guidance.

Systems were in place to ensure staff received effective support. All staff commented they felt supported by the registered manager and the deputy manager, that they kept in regular contact with them and were always available out of hours. One member of staff said, "The communication is perfect, I have the managers numbers on speed dial, they always respond immediately." Staff told us they had regular supervision meetings with the managers, to discuss their work and any further support or training needed.

People received support to eat and drink enough to maintain a balanced diet and stay healthy. Records showed that people's dietary needs were assessed and any allergies, food intolerances were recorded within their support plans. We also saw that information was available to guide staff on meeting the needs of people with swallowing difficulties that were on soft diets and required their drinks thickened to prevent choking and aspiration. The staff were very knowledgeable of the food and drink likes and dislikes, of the people they supported.

People were supported to live healthier lives and were supported to maintain good health. People and their relatives and staff confirmed the staff worked closely with other healthcare professionals. We saw records of communications with the GP, district nurse, dieticians and occupational therapy services within people's support plans and the advice from the healthcare professionals was incorporated into the support plans and closely followed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 some 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 with the MCA principles. No applications had been made to the Court of Protection. Assessments of people's needs took account their capacity to consent to their care and treatment. The registered manager and staff team understood their responsibility around MCA. People using the service and relatives confirmed that staff sought people's consent, offered choices and respected their decisions.

Is the service caring?

Our findings

People were treated with kindness, respect and compassion, and had developed positive relationships with staff. One relative said, "The staff are lovely in every way, they are very polite and gentle." Another relative said, "The staff are very friendly, [Name of person] has dementia, very forgetful, and will say nobody has been there all day. The staff suggested using a laminated board to record their visits so she has an aid memoir. Its little touches like that, which provide reassurance and make all the difference."

People and relatives told us they were involved in making decisions about their care. A relative said, "We are very involved in making decisions about [Name of person's] care, we have a folder here with all the details regarding how they want their care provided." The registered manager understood when people may need additional independent support from an advocate, but at the time of the inspection all people were supported by family members. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

The staff knew people's individual preferences and interests, which showed they understood people well. We saw people's support plans included background information about their wishes and preferences. This helped staff to ensure they provided person centred care that supported and respected people's individual needs. The staff understood the importance of promoting equality and diversity, respecting people's religious beliefs and their personal preferences and choices.

People were treated with dignity and their privacy respected by staff who provided personal care. Relatives confirmed that staff always ensure personal care was provided in private, with doors closed and curtains drawn. The staff also gave examples of how they promoted and respected people's dignity and privacy, such as calling people by their preferred name, and ensuring personal care was always carried out in private.

Staff understood the need to keep people's information confidential and that information was only shared with other social and healthcare professionals on a need to know basis. We saw that people's care records were stored securely and electronic records were password protected.

Is the service responsive?

Our findings

People's support plans reflected their physical, mental, emotional and social needs, including their personal history, individual preferences, interests and aspirations, and they were understood by staff. Staff confirmed they had time to familiarise themselves with the individual needs of the person through reading the support plans before providing their care and support. They also confirmed that people's changing needs were communicated well to them, one member of staff said, "Because this is a small care agency, the communication between the staff and the management is brilliant. The managers are very hands on and in touch with people's changing needs."

The support plans included information about people's communication needs and what type of support people needed to communicate effectively. For example, people with hearing and sight loss, people with limited speech and people with dementia that needed staff to give time and space to communicate with them. In discussions with the staff it was evident they knew how each person they cared for communicated their needs. This demonstrated the provider was complying with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

People and their relatives told us they felt they had regular opportunities to feedback their views about the care they received. Records showed the registered manager carried out home visits and telephone surveys to seek feedback from people using the service and their relatives.

People and their relatives were confident any concerns they had would be listened to, taken seriously and appropriately addressed. One person said, "The manager is very conscientious I have not had any occasion to complain, but if I did I have no hesitation in believing [Name of registered manager] would take immediate action." Staff told us that should any complaints be raised directly with them they would immediately bring them to the attention of the registered manager. No complaints had been raised with the registered manager, that required a formal response to be made. However, in the event of any formal complaints being made systems and processes were in place to ensure complaints were handled appropriately.

Systems were in place to support people at the end of their lives. Records within people's care plans demonstrated that people had the opportunity to express their wishes and decisions about their end of life care.

Is the service well-led?

Our findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and their relatives told us they had confidence in the management and the service was managed well. One relative said, "We get on extremely well with the managers and the staff, they are always willing to go the extra mile." The registered manager, the deputy manager and staff team understood their roles and responsibilities and put people at the heart of the service. Staff felt the service was well organised, the managers provided good leadership and were committed to driving improvement in providing a high-quality care service.

People said the registered manager and deputy manager engaged and involved people and relatives in all decision making. We saw people had completed quality assurance surveys and the feedback received was very positive. The registered manager was open and transparent in sharing information and communicating with people, relatives and relevant others. They told us they planned to do a presentation for students studying Health and Social Care at Milton Keynes College, to talk about community care services and the benefits of taking up apprenticeships with community care services. The registered manager and deputy manager also attended care manager forums to network with other managers to keep up to date with current good practice and changes in legislation.

The staff spoke positively about the management of the service, saying they felt valued and well supported. One member of staff said, "Working for a small care agency like this is very rewarding, it truly has that personal touch, I absolutely love my job."

We saw records of quality assurance checks that were used to continually monitor all aspects of the service. These included unannounced spot checks, satisfaction surveys, and scheduled reviews of people's care records. They had kept CQC informed of significant events and incidents as required to be notified by law.