

Bliss Support Ltd

Bliss Support

Inspection report

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24 January 2017

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

Bliss Support provides personal care for adults in their own homes. This includes people living with brain injury. There were nine people using the service for personal care at the time of our inspection.

This inspection took place on 17 and 24 January 2017. The service is run from an office in Hasland, Chesterfield and provides care to people in north Derbyshire. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure there was someone available. We spoke with three people at the agency's offices on the first day of the inspection. In addition, we also carried out telephone calls to a further three people using the service, one relative and five staff on 18 and 19 January 2017.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

There was a registered manager at the service. 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.

The leadership of the service was ineffective. The registered manager had not provided information as requested both before and after the inspection visit. Some records we requested were not available on

either day of the inspection visits. Systems to monitor the quality of the service were incomplete and disorganised and had not identified where improvements were required. The provider's website contained misleading information and did not ensure people could make an informed choice about using the service.

The provider's arrangements for staff recruitment and deployment were unsafe and did not ensure suitable people were employed. There were insufficient staff at times and some were working excessive hours.

Support for staff was insufficient due to infrequent training and a lack of induction and supervision.

People's assessment records were up to date but other aspects of their care records had not been updated and some people had not had their care reviewed for over two years. People were not consistently involved in reviews of their care.

Medicines were generally safely managed.

People were safeguarded from abuse because the provider had relevant guidance in place and staff were knowledgeable about the reporting procedure.

Staff understood their roles and responsibilities for people's care and safety needs and for reporting any related concerns.

The principles and requirements of the Mental Capacity Act (2005) were being met. People were supported by staff who knew them well. Staff were aware of promoting people's safety, whilst providing information to support people to make day-to-day decisions.

People received appropriate support to manage their meals and nutrition when required. This was done in a way that met with their needs and choices. People's health needs were met. Referrals to external health professionals were made in a timely manner.

People and their relatives told us the care staff were caring and kind and that their privacy and dignity was maintained when personal care was provided. They were supported to participate in leisure pursuits of their choice.

Complaints were managed satisfactorily.

We identified five breaches of Regulations. You can see what action we took at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Recruitment procedures did not ensure suitable staff were employed. Staff were not deployed according to the rotas and some were working excessive hours. Staff followed the guidance in people's risk assessments and care plans. Medicines were managed safely. People were safeguarded from abuse because staff knew what action to take if they suspected abuse was occurring.

Is the service effective?

Requires Improvement ●

The service was not effective.

Staff had not received training or support to provide them with the knowledge to meet people's individual needs. The provider had established people's capacity to make decisions and ensured they had given their consent to their care. People had access to other health care professionals when required. People had access to sufficient food and drink of their choice.

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

People were not routinely involved in planning their care. Staff promoted people's dignity and respect. People were supported by caring staff who supported family relationships. People's views and choices were listened to and respected by staff.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People did not always have the opportunity to contribute to reviews of their care and the provider had not always responded to requests for a review. People were supported to undertake activities of their choice. People knew how to make a complaint or suggestion.

Is the service well-led?

Inadequate 

The service was not well-led.

Systems in place to monitor the quality of the service were ineffective. The provider did not operate the service in an open and transparent manner. Staff were clear about their roles and responsibilities but did not receive sufficient support to carry out their role.

Bliss Support

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 17 and 24 January 2017. Both days were announced. The provider was given 48 hours notice for the first day and 24 hours notice for the second day. The inspection team was comprised of one inspector and one specialist adviser in governance. In addition, on the second day of the inspection, an inspection manager attended.

We looked at all of the key information we held about the service which included notifications. Notifications are changes, events or incidents that providers must tell us about.

We spoke with three people using the service at the agency's offices on 17 January 2017. We spoke with a further three people using the service and one relative by telephone following the first day of the inspection visit. We looked at five people's care and support plans. We reviewed other records relating to the support people received and how the service was managed. This included some of the provider's checks of the quality and safety of people's care and support, staff training and staff recruitment records. We spoke with ten staff, including the registered manager, service co-ordinator and care and support staff. We also spoke with four health and social care professionals by telephone following our visit.

Is the service safe?

Our findings

The provider was not ensuring suitable people were recruited to work with people using the agency. At our previous inspections in January 2015 and December 2015 we found staff recruitment records did not always contain all the information legally required. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We received action plans in June 2015 and July 2016 stating how the provider was addressing the issues. At this inspection we found the provider had not made sufficient improvements. We found there was no recruitment information available for one member staff. We asked the registered manager where this was and she told us the records were at another location. However, we found this was not the case and there were no staff recruitment records located at the identified location. Another member of staff had no references. We asked for these on the first day of the inspection but they could not be located. In another record, references were received after the person had commenced their employment. The provider's auditing system did not confirm that DBS checks were in place for all staff. The provider was not ensuring the staff they employed were suitable to work with people using the service.

This is a continued breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspections in January 2015 and December 2015, we found there was insufficient information available in people's records to ensure they were safe. We received an action plan in June 2015 and in July 2016 stating how the provider was addressing the issues. At this inspection we found the provider had made some improvements. For example, in one record we looked at there was now information on how to prevent skin damage when this was relevant to the person concerned. The records were dated December 2016 but there were no other reviews since our previous inspection in December 2015. In another person's record we saw risk assessments were signed as, 'all reviewed December 2016' but there was no indication of the outcome and whether or not there were any changes to the identified risk. We found there was another person where there was no care and support information available and no risk assessments where this would have been applicable. We asked the registered manager and senior care co-ordinator about this and they told us the person had recently started using the service and had refused a care plan. There was no documentation to support this. We received written information from an external professional confirming that the person had been receiving a service from Bliss Support since October 2016 and that the registered manager had attended a meeting in October 2016 to discuss the person's needs. The provider could not demonstrate that risks to people's health and safety were consistently assessed and reviewed, or that there was sufficient guidance for staff to mitigate risks identified.

Risks to people and staff were not mitigated. Accident records did not always demonstrate what action had been taken to fully safeguard the person and ensure staff could work safely. For example, we saw a record that indicated equipment was faulty. It stated that a repair had been requested but this had not been undertaken at the time of the inspection. There was no update regarding these instructions in the person's care and support plan and no guidance for staff on how to check the equipment and ensure safety whilst awaiting the repair. We therefore could not be sure that people were cared for safely following an accident.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most people we spoke with thought there were enough staff. However, one person told us, "I wish they'd get more staff. It's a big requirement."

Staff told us they had regular rotas and worked with the same people. We looked at staff rotas for 14 December 2016 – January 21 2017, which confirmed this. However, the rotas were inaccurate and showed staff were on shift when they were not. For example, on one rota for one person's care there were seven errors of this type and on another rota a staff member was shown as being on duty when they had not been at work for four weeks. Staff we spoke with confirmed the rota was incorrect.

Staff told us there were mostly enough staff to meet people's needs. However, they told us there were periods when they were working excessive hours, up to 78 hours per week. We asked the registered manager about this and they told us this was due to staff doing sleep in shifts and that these shifts did not count towards working hours. We saw one staff member who appeared unwell. They told us they could not be off work as there was no one available to cover their shift. There were insufficient staff to meet people's needs.

We also found that some information in people's care records gave conflicting information. For example, in one person's record there was different information in the moving and handling plan about the type of mobility aid used. In another part of the record, it was unclear who the care was to be provided to. It was also unsigned and not dated. This meant we could not be sure that people were receiving the correct, safe care.

We found there were discrepancies between one person's care record and their medicines administration record (MAR) chart. Medicines on the MAR chart were not recorded in the person's care record. We brought this to the attention of the registered manager who agreed to look into this.

People using the service who received assistance with medicines told us they were satisfied with how their medicines were managed. Staff told us they received training in medicine administration when they started their employment and that they had regular updates. Records confirmed this. We found that people were receiving their medicines as prescribed. We looked in detail at the medicines records for two people using the service. There were no gaps on the administration records and any reasons for people not having their medicines were recorded. People's medicines were managed safely.

People we spoke with confirmed they felt safe when being supported. One person told us "I feel safe," and another said "I feel safe with my carers."

Staff understood the procedures in to follow in the event of them either witnessing or suspecting the abuse of any person using the service. Staff also told us they received training for this and had access to the provider's policies and procedures for further guidance. They were able to describe what to do in the event of any abusive incident occurring. They knew which external agencies to contact if they felt the matter was not being referred to the appropriate authority. This meant that the provider was taking appropriate steps to safeguard people from harm and abuse.

Is the service effective?

Our findings

At our last inspections in January 2015 and December 2015 we found the service provided support to a number of people with brain injuries but that no training in this area had been provided. The provider's action plan received in July 2016 stated that training had been organised. We found this was not the case. Training records we saw and staff we spoke with confirmed no specialist training had occurred. We asked the manager about this but they were unable to give a reasonable explanation of why this had not occurred or why the information in their action plan was incorrect. There was, therefore, the potential for people not to have their specialist needs met.

Staff were not provided with the information, training and support they needed to perform their roles and responsibilities for people's care. Staff also told us that although they received the essential health and safety training, most of this was not recent. One member of staff described the organisation of training as, "Very lax". The most recent training undertaken was moving and handling and medicines awareness in September and December 2016. Records of other health and safety training such as fire safety and food safety showed it had not occurred since 2013 for half the 21 staff employed.

One staff member told us they had not received any induction on the commencement of their employment and had not received any supervision. There was also no evidence available to demonstrate that staff undertook the Care Certificate as part of their training. Another staff member told us they had not received any supervision recently. One person's record we saw showed us the last supervision they received was in October 2015. Five supervision records we saw were dated January 2017. However, these were incomplete and not signed by the staff member concerned. We therefore could not be sure the provider was ensuring that staff received the necessary guidance and support to meet people's needs.

These are breaches of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they were confident that staff were able to support them adequately. One person said, "They're [staff] very good," and another told us, "Staff are competent and know what they are doing."

People told us they were asked for their consent to the care agreed. One person told us, "They ask," before providing care.

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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People we spoke with and who received assistance with personal care were able to make their own decisions.

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. We checked whether the service was working within the principles of the MCA. The provider had not identified anyone who had personal care where their support was restricted in any way.

We spoke with staff about their understanding of the Mental Capacity Act 2005 (MCA). Staff had received training on the MCA and were able to tell us how they would assess people's capacity to make everyday decisions. Training records we saw showed most staff had undertaken training in the MCA. However, we saw four staff, including the registered manager, had not completed the training. People had their legal and human rights upheld.

People told us they were assisted to contact a doctor if necessary. One person said, "Staff would call the doctor if I am unwell." Another person told us staff assisted them to attend health appointments and told us, 'I'm confident that they [staff] understand how to provide support.'

Staff we spoke with were knowledgeable about the healthcare services people accessed. Healthcare appointment records were completed, which confirmed that people had access to a range of health professionals such as doctors, specialist nurse, opticians and chiropodists. External health professionals confirmed their advice was acted on. One described staff as, "Very professional." Another told us staff input was, "Very valuable and helpful." People's health needs were therefore met.

People using the service who were supported in their food choices had sufficient to eat and drink. One person said regarding their meals, "I'm happy with everything."

Staff we spoke with confirmed that they assisted with meals and that they tried to ensure that they were varied and nutritional. People's care plans had information about their individual needs, food likes, dislikes and preferences. Training records showed most staff were trained in handling food safely. People received the right support to maintain a balanced diet.

Is the service caring?

Our findings

People and their relatives were not consistently involved in their care planning. Some people we spoke with were aware of their care plan and told us they had a copy in their own home. One person told us, "I am involved in care planning and I am aware of the content of the care plan." However, others were not sure whether they had a care plan. One said, "I'm not sure if there is one." Records we saw did not confirm that people were consistently involved in planning their care. On two records we saw, there was no indication that the person had been involved in a discussion about their care and recently updated records had no evidence of people's involvement. Staff told us care plans were in place in every person's home. However, two staff told us that the records were not up to date. The provider was therefore not ensuring that people were consistently involved in their care planning.

People told us staff were caring and people were appreciative of their helpfulness and friendly attitudes. One person told us, "They're very good," another said, "Staff are like family," and a third said, "Staff are courteous and efficient."

External professionals praised the care provided and said staff were caring and compassionate. One told us, "They're a good bunch they speak respectfully to people," and described them as, "Very good." The provider was therefore ensuring the service and its staff were caring and compassionate.

People told us privacy and dignity was respected when receiving care and support. They told us they were treated with respect and approached in a kind and caring way. One person said, "They do it [care] okay," and confirmed their dignity was maintained. One relative said "We're quite happy with what they do."

All staff spoken with consistently showed they understood the importance of ensuring people's dignity in care. They were able to give examples of how they did this – closing curtains, approaching people quietly and covering people appropriately when they received personal care. One staff member told us, "[Person they supported] comes first." This showed us there was an understanding of the importance and awareness of upholding and respecting people's dignity. People's care was provided in a dignified manner.

People told us they were offered choices in their daily routines and that staff encouraged independence. One person said, "They help me with my computer." Staff were able to describe how they offered choices to people; for example, regarding what to wear and how they would like to spend their day. They told us they enabled people to undertake as much of their care as they were able, even though it could take more time. When people refused options, such as assistance with personal care that they wished to complete themselves, their choice was respected.

People were listened to and were comfortable with staff. One person told us, "Staff are really good. It's nice to see them for a chat." External professionals confirmed people were treated respectfully. People therefore received care and support from staff who were kind and that met their individual needs and preferences.

Is the service responsive?

Our findings

We received mixed feedback about people's involvement in reviewing their care plan. One person told us, "My care plan was last updated around 2 months ago." Another person said, "My care plan was reviewed a week ago and I was involved." However, a relative told us that they were struggling to get an appointment to discuss their care plan and it had not been reviewed. Two staff told us that the care plans of the people they supported had not been updated since 2014. Records we saw showed people's daily routines had not been reviewed in the last twelve months. We therefore could not be sure the provider reviewed people's care regularly.

People told us they received care that was personalised and responsive to their needs. They said staff attended at, and for the duration of, their agreed call times. One person told us, "Staff always arrive on time and they stay for the full time." Another person said, "I've not had any missed calls." However, a relative told us staff did not always stay for the full time. They said this depended on how their family member was feeling. They said they had asked for other tasks to be done in the time but this had not occurred. An external professional told us they were aware of issues with the management in relation to professional boundaries. They said their response to the person they were involved with had not always been conducted in a professional and confidential manner. This had made the person feel their individual preferences were not met.

Staff told us they tried to be responsive to people's needs. One staff member told us "I encourage [person they supported] to do as much as possible". People were supported to follow their interests wherever possible and take part in social activities of their choosing. We found people were supported to access community facilities such as leisure, sport and social venues as well as practical tasks such as shopping. One person told us that staff supported them in social activities such as going to a sports centre, the cinema and the pub.

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. The records we looked at identified individual needs, such as social support and increasing independence and included details about people's mental, physical and social needs. These were dated December 2016 but had not routinely involved people.

People told us they knew how to make a complaint and most were confident it would be dealt with in a courteous manner. Two people told us, said "I know how to complain but I've not needed to."

Complaints were mostly well managed. We reviewed complaints that the service had received and investigated. We found one complaint had been received and investigated and gave a written response to the complainant within the time scale specified. However, it was unclear from the record whether or not the complainant was satisfied with the outcome.

Is the service well-led?

Our findings

At our two previous inspections in January 2015 and December 2015 we found there were issues with communication from the service's offices, that staff recruitment records did not always contain all the information legally required and there had been no specialist training for staff to help them meet needs of people with brain injuries and other complex needs. The provider had sent action plans in June 2015 and July 2016 stating these issues had been addressed.

However, we found on this inspection in that these issues were still outstanding and had not been addressed as stated in the most recent action plan. No specialist training had been provided, recruitment records did not contain enough information to show staff were suitable to work with people using the service and there continued to be poor communication from the agency's office to staff and relatives. This meant the provider was not demonstrating good leadership and there was the potential for people's needs not to be met.

We found the provider's quality auditing system was ineffective. The information available was disorganised and incomplete. The manager told us there had been an external audit of their governance systems. We viewed this audit document. It consisted of an email suggesting various attachments should be read. The attachments were not with the document. Other documents that the registered manager described as audits, such as a list of people's equipment in use and training information, were not dated and there was no collation or analysis of the information. For example, staff training records showed some staff were out of date with essential health and safety training but there was no information on how this was to be addressed. We asked the registered manager about this. She showed us an action plan intended to demonstrate what improvements were being made. However, the action plan was unclear and when we asked for evidence of the actions, this was not available. For example, the evidence of staff requiring DBS checks being actioned was incomplete and indicated some staff DBS checks were therefore not in place.

We saw that some records, such as staff and care records, were audited by the service co-ordinator. However, we found these audits were not always effective as they had not identified some issues. For example, missing information had not been identified in staff recruitment records and errors on staff rotas had not been identified. We asked the registered manager about this but they were unable to explain why this had occurred. There was no timescale for audits and checks to be undertaken and no collation of results or analysis to establish what improvements were required.

The provider was not operating in an open and transparent manner. The action plans provided in response to previous inspections were not correct and we were provided with inaccurate information about the location of staff recruitment records and people's care records. The provider had not notified the Commission of important events and incidents affecting the service, as legally required. We had not received any notifications since our previous inspection in December 2015. The provider had not sent us information as requested prior to the inspection. The provider stated she had sent this but it was not received at CQC offices. We requested further information following the inspection visit but this was also not provided.

Several staff told us they were not satisfied with the management from the office. One described it as, "Shocking." They told us repeated requests for documents such as timesheets and wage slips were not forthcoming. They said they were always told these documents were in the post but they were not received by staff. We asked the manager about this but they were unable to explain why this had occurred. Some staff told us they felt the reason people were cared for properly was because the office staff and management were not involved. One staff member told us the care they were involved in ran, "Like clockwork," as they organised the rotas themselves. Some staff also told us that it was difficult to get answers from the office by phone. A relative also told us that they had difficulty getting a reply from the office and described the management as, "Terrible."

These were continued breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The service was last inspected on 15 December 2015 and rated as Requires Improvement. Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 states providers must ensure that their rating(s) are displayed conspicuously and legibly at each location delivering a regulated service and on their website (if they have one). The provider had not displayed their rating.

This is a breach of regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the provider's website. This contained misleading information about accreditation with local authorities and the provider was also using a logo that implied it was part of an accredited scheme when this was not the case. Using this logo without being part of the scheme is a criminal offence. This was reported to the relevant authority.

The provider obstructed the inspection process on the first day of the inspection by refusing access to people's care records without a justifiable reason. This is an offence under Section 63 of the Health and Social Care Act 2008. We were given access to these records on the second day of the inspection.

Some people using the service told us they thought the service was well managed. One person said, "It's well managed. Staff are friends not strangers," and another told us, "It's relatively well managed."

The provider asked for people's views of the service. They told us they spoke with people to ensure they were happy with the service they received and also undertook unannounced visits to review the quality of the service provided by staff. We saw some visits to service users had occurred in January 2017.

We also saw that there were opportunities for people to provide feedback about the service and possible improvements. We saw that a survey had been completed between November and January 2017. We saw five responses had been received from people using the service. They all indicated that people were satisfied with the service. However, we found there was no collation of results and no actions identified for improvement.

Staff told us they were unsure if they had completed any surveys. We saw there were eight staff surveys available from January 2017. However, these were all partially completed, were unsigned by the staff member and had been completed by the same hand on the same date. We therefore could not be sure they accurately represented staff views. There was no analysis of the information or identified actions for improvement.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People using the service were not protected from unsafe care associated with inadequate risk assessments and care planning.
Regulated activity	Regulation
Personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments The provider had not displayed their previous rating of 'requires improvement' on their website.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not receiving adequate training and support to ensure they could care for people safely.