

Bluewood Recruitment Ltd

Bluewood Healthcare

Inspection report

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11 December 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Bluewood Healthcare is a domiciliary care agency, providing personal care to people in their own homes. At the time of inspection, 152 people were receiving personal care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

People and family members were highly complementary of the support and care they received and told us they would recommend the service to others. A family member told us, "I have nothing but praise for all the carers do, I can't find fault with anything. I have the utmost confidence with everyone, from the manager to all the carers, brilliant service."

Systems and processes were in place to support people's safety. People's needs, including their safety were assessed and monitored. People were supported by staff who had been recruited consistent with the provider's policy. There were sufficient staff to meet people's needs. People and family members spoke of the reliability of the service, and the consistency of staff who provided their care. People received the support they required with their medicines. Staff worked consistently within the providers policy and procedure for infection prevention and control.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People and family members spoke of the kind and caring approach of staff and of their involvement in decisions about their care. People and their family members were involved in the development and reviewing of their care and support package.

People received good quality care outcomes, supported by the commitment of all staff to deliver person centred care, giving consideration to equality characteristics, and the individual needs and preferences of people.

The provider's systems and processes monitored the quality of the service. People's views and that of family members and staff were sought through surveys, which were analysed and used to identify where improvements were needed. A range of audits were undertaken to monitor the quality of care provided. Staff were supported through ongoing monitoring and effective communication, which included regular staff meetings to support the delivery of good quality care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 29 September 2022).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bluewood Healthcare on our website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service effective?</p> <p>The service was effective.</p> <p>Details are in our effective findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

Bluewood Healthcare

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 3 inspectors and 2 Experts 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

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 11 December 2023 and ended on 14 December 2023. We visited the location's office on 11 December 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service and 21 family members about their experience of the care provided. We spoke with the registered manager, the quality manager and a care co-ordinator when we visited the office. We spoke with 8 health care assistants and 1 care co-ordinator by telephone.

We reviewed a range of records. This included 8 people's care records. We looked at 4 staff files in relation to recruitment. A variety of records relating to the management of the service, including quality monitoring, minutes of meetings, policies and procedures, audit outcomes and the staff training matrix.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People were protected from risks associated with the care. Improvements had been made to information contained within people's care records. This meant staff had clear guidance to enable them to provide safe care.

Potential risks were assessed and kept under review to promote people's independence and safety.

- People or their representative were involved in any decisions to minimise potential risk. For example, by identifying any equipment, and how it was to be used safely to support people with their mobility.

- Environmental risks linked to people's homes were considered as part of the assessment process. For example, potential trip hazards. To further support people's safety, key information was recorded within people's records. For example, the location of gas and water valves should these need to be accessed by staff in an emergency.

- Staff undertook training in key areas to promote people's safety, health and well-being, which was regularly updated to ensure they had the appropriate knowledge. For example, fire awareness, in the use of equipment to move people safely, first aid and food safety awareness.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from abuse. Safeguarding referrals were made to the appropriate organisations in a timely manner, consistent with local safeguarding protocols.

- People told us they felt safe, many said this was due to the positive relationships they had developed with staff. A person told us, "I'm very happy with the service because I always get the same lady. If one [staff] leaves I get introduced to a new member of staff. I feel safe because I get to know them, and them me."

- Staff had been trained in safeguarding procedures and knew what action to take to protect people from harm and abuse. Staff were aware who to report concerns to, both internally and to external organisations and were aware of the whistleblowing policy.

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Staffing and recruitment

- Staff were recruited safely and there were enough staff to meet people's needs.
- People told us the service was reliable, and that they were supported by a consistent staff team, who were rarely late. A person told us, "I get regular carers. They [staff] arrive when they should and let me know if there running late, even if it's a few minutes."
- An electronic monitoring system was used, which enabled staff to electronically record their arrival and departure time at people's homes. Office based staff monitored the system, and acted where staff were running late between care calls.
- Staff were recruited in line with the provider's policy. Staff records included all required information, to evidence their suitability to work with people, which included a Disclosure and Barring Service check (DBS). The DBS assists employers to make safe recruitment decisions by ensuring the suitability of individuals to care for people.

Using medicines safely

- People received their medicines as prescribed. Systems and processes for recording the administration of some medicines were not in line with guidance. We shared the good practice guidance with the registered manager, who told us they would make the necessary changes.
- People's needs around medicine were considered as part of the assessment process. People were encouraged to maintain independent in managing their own medicine, and in some instances had support from a family member. A person told us, "They [staff] give me my medication in the morning correctly."
- Staff had undertaken training in medicine administration and had their competency regularly assessed.

Preventing and controlling infection

- Systems and processes were in place to protect people from the risk of cross infection.
- Staff had received training about infection prevention measures, which included the use of personal protective equipment (PPE), such as gloves and aprons.
- People told us staff wore PPE. A person said, "Staff wear aprons, gloves and masks."

Learning lessons when things go wrong

- Processes were in place for the reporting and following up of accidents or incidents. The registered manager had oversight of all incidents, and recorded the action taken so as lessons could be learnt, to reduce further reoccurrence of similar incidents.
- In response to lessons learnt changes were made to some practices. For example, by improving documentation to evidence why staff had stayed longer than the additional agreed time at a person's home for a care call. This enabled the provider to identify and evidence why people may require additional commissioned hours to meet their needs.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At a previous inspection we rated this key question requires. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff training had been extended to include topics related to people's health needs, such as dementia and epilepsy. This meant staff had the skills, knowledge and experience to deliver effective care and support. A family member told us, "The staff are highly educated and constantly have refresher courses."
- Staff upon commencement of their role were supported with an induction package and training which included the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff told us they had undertaken extensive training, including training in topics to meet people's specific needs, and were encouraged to study for vocational qualifications in care.
- Assessment of staff competency had been expanded to include moving and handling and using equipment. Staff training was delivered to small teams of staff, who used the equipment, and experienced first hand what it was like to be moved with a hoist. This provided staff with greater insight as to people's experiences.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they commenced using the service to ensure their needs could be met. Assessments included consideration of protected characteristics as defined under the Equality Act, to ensure there was no discrimination and the service was able to meet a person's assessed needs.
- People told us they had a copy of their care plan, which was regularly reviewed with them. A person said, "We did a care plan and I have a copy, and it gets reviewed."
- Equality characteristics were considered as part of planning people's care. People were asked if they had a preference for the gender of staff who provided their personal care.
- Staff told us people's care plans were accurate and contained sufficient detail to enable them to provide the support and care people needed.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs were assessed and met.
- People's individual needs around nutrition formed part of their care plan, which reflected people's religious and cultural beliefs.
- People's care records contained personalised information as to people's likes for food and drink and included key information to ensure people had sufficient amounts to drink and eat. For example, by stating staff needed to ensure drinks were placed within reach of people, who could not independently make drinks for themselves.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's records provided information as to people's health care needs and known health conditions. This enabled staff to better understand people's needs and the impact this had on the person's day to day life so staff could provide the appropriate support and care.
- People spoke positively about how staff consulted with health care professionals and kept them informed of any concerns. A family member told us, "I contacted the office as the carer said [relative] was very down and we have been worried about their mental health. Someone from the mental health team are going today to see them at home, they're very responsive to any concerns."
- Information identifying health care professionals involved in people's care, and their contact details were contained within people's records. For example, their doctor, district nurse and specialist teams including the Home Enteral Nutrition (HEN) team.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's capacity to make informed decisions were considered consistent with the provider's policy.
- People's records included the names of others, including family members, who were involved in decisions relating to care.
- People told us they, and in some instances their relatives were involved in decisions about their care. A person told us, "I am happy with everything about my care, my carers are so lovely nothing is a trouble to any of them. The carers do all I ask them too, and they don't rush me at all, they are all lovely people."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People's experience of communication with the provider's office had improved. People, and family members spoke positively about the management of the service. They told us any queries were quickly responded to by the registered manager and office based staff. A family member told us, "If I call the office they always pick up and are very helpful."
- The registered manager and staff provided person centred care, which achieved good outcomes for people, supported by care co-ordinators who were contactable 24 hours a day.
- People's comments, and that of family members were consistently positive about the quality of care. People told us they were supported by a consistent team of staff, who were kind and caring, and whose care had had a positive impact on them. A person told us, "I have nothing but praise for the carers, they do everything I asked them to. I feel safe at all times and I have been shown nothing but respect and kindness from all the staff."
- Family member spoke positively of the support their relatives in accessing the community and taking part in activities of interest. These included visits to the library, local park and playing board games at home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of the duty of candour. If mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action.
- The registered manager understood information sharing requirements and has sent notifications to the Care Quality Commission as required by law

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems and processes were in place to monitor the quality of the care provided, which were effectively used to drive improvement.
- Audits were undertaken covering a range of areas, including care records, medicine records, accidents, incidents, concerns, complaints, and topics related to staff recruitment and training.
- Staff spoke positively of the managerial support they received, which included regular supervisions, support with their development and training and out of hours support provided through the on call duty system for evenings and weekends.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Systems and processes were in place to seek and receive feedback about the quality of care people received, this was part of the provider's commitment to continuous development and improvement of the service.
- People's views, and that of family members were sought through surveys and quality monitoring telephone calls. Information gathered from surveys was analysed, and a report produced detailing the outcome of the consultation, along with any actions to be taken in response to people's views. A copy of the report was shared with those using the service. A person said, "I fill in a questionnaire regularly and get phone calls checking I am happy with everything."
- The cultural diversity of both people and staff was mixed, this provided for a small number of people difficulties in making their needs understood, whilst for others it meant staff could speak with them in their first language. A family member told us, "My [relative] speaks another language as well as English and the staff do too, so it really is all very good."
- The provider sought feedback from staff through surveys and meetings. The outcome of the surveys showed staff felt safe to challenge and share ideas, and referred to effective communication between people using the service, family members, care staff, office based staff and the management team, which supported them in the delivery of good quality care.

Working in partnership with others

- The registered manager and management team recognised the value of working collaboratively with other agencies to achieve good outcomes for people.
- The registered manager and management team liaised with local commissioners where required with regards to people's care and support, which included where people's needs had changed.