

The You Trust

Dorset Blue Care

Inspection report

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Date of inspection visit:
29 June 2017
13 September 2017
14 September 2017

Date of publication:
11 October 2017

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection visit took place on 29 June 2017 and the 13 and 14 September 2017. Dorset Blue Care is registered to provide personal care to people living in their own homes. At the time of our inspection in June 2017 the service provided personal care and support for 23 people. When we visited in September 2017 they were providing personal care to 12 people.

At our last inspection in March 2017 we took enforcement action and told the provider to make improvements to staffing, safe care and treatment and governance. We also asked them to tell us how they would improve the processes that protected people from abuse. They wrote and told us they would make immediate changes. We undertook this focussed inspection to check they had followed their plan and to confirm they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the "all reports" link for Dorset Blue Care on our website at www.cqc.org.uk.

The service did not have a registered manager at the time of our inspection. 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. A senior manager working in the service had made enquiries about adding this location to their current registration but this had not taken place.

The provider had reconsidered the quality audit systems in place. Following quality audit checks there had been improvements in care planning and risk assessments. People's care records gave staff the guidance they needed to support people safely. Minor improvements identified at the June 2017 inspection had been introduced by the September visit date.

At this inspection we found that there had been improvements with regard to the reviewing of people's individual care records and risk assessments. One person's records evidenced that staff knew how to meet their needs but some improvements in the written guidance to staff were required. The manager acknowledged this and made arrangements to update at the time.

The provider had reviewed its staffing levels and established that 'zero hour' contracts and a IT application had been some of the causes of people having missed visits. As a result of this review staff were offered permanent contracts so that the provider could be clear about the amount of staff available to meet their commitments. The IT application that had caused miss communication between field workers and office staff had been disabled. This meant that field workers could no longer enter onto the IT system they could not attend a visit (thinking that the system informed office staff of this) and would have to contact the office staff directly allowing office staff to organise another worker to attend to the visit. This meant a reduction in missed visits reducing the risks people faced.

Staff felt involved in service developments and identified managers as approachable and responsive. People and relatives also felt able to talk with senior staff about any concerns and were confident that actions would be taken.

People were supported by staff who understood the risks they faced and knew how to identify and report abuse. Where concerns had been identified these had been responded to appropriately.

People received their medicines safely. Staff understood the need to balance safety with people's wishes and independence and this was reflected in their guidance and practice.

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. There had been improvements in the service. People were supported by staff who understood the risks they faced and knew how to identify and report potential harm appropriately.

People received their medicines safely.

People's individual and support needs had been risk assessed enabling staff to provide a safe service.

The service had identified areas for improvement with regards to its visit allocation system leading to a safer system which minimised the opportunity for missed visits to vulnerable people.

Is the service well-led?

Requires Improvement ●

The service was well led. The provider had made improvements to the quality assurance systems in place. This had enabled them to identify actions necessary to improve the quality and safety of the service people received.

People, relatives and staff held the service in high esteem and felt part of developments made.

There was not a registered manager employed which is required as a condition of registration.

Dorset Blue 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.

We undertook an announced inspection of Dorset Blue care on 29 June 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our March 2017 inspection had been made. We inspected the service against two of the five key questions we ask about services: is the service Safe and Well led? This is because the service was not meeting some legal requirements. We undertook a further visit on 13 September 2017 and made calls to staff and people on 14 September 2017. We undertook this visit because we needed to gather further information to be confident about our judgements.

The inspection team was initially made up of one inspector. A further two inspectors undertook the second part of the inspection.

Before the inspection visits we reviewed information we held about the service. This included notifications the service had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We looked at management information in relation to the running of the service. These were in the form of records relating to people's individual care plans and the auditing of the quality of care provided. We also spoke with a representative of the local authority's monitoring team. We had not requested that the provider complete a Provider Information Return (PIR) prior to this inspection. A PIR is a form that asks the provider to give some key information about the service, what the provider does well and what improvements they plan to make. We were able to gather this information during our visits.

During our inspection visit in June 2017 we spoke with three members of staff and the registered manager. We also looked at records relating to six people's care, and reviewed records relating to the running of the service such as care records, incident and accident records and quality assurance records. Following the inspection we telephoned six people who received a service and asked them their views of the support they received from Dorset Blue Care. When we visited in September we spoke with two relatives and a person

who used the service, two members of care staff and two managers. We also looked at records relating to four people's care, two staff files, policies and procedures, meeting minutes and quality assurance documentation.

Is the service safe?

Our findings

At the previous inspection on 24 and 27 March 2017 we found that staff were not deployed safely to meet people's needs and some calls to people had been cancelled and some had been missed. This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We further found that some people's care records and associated risk assessments failed to give staff sufficient guidance to mitigate these risks. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We told the provider to make improvements in these areas within four weeks. We also found that safeguarding concerns had not always been addressed appropriately. There was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider what they would do to address this. They wrote to us and explained how they would address this immediately.

At this inspection we found that the planned improvements had been made.

There were enough care staff to meet people's needs. All of the people we spoke with told us they had received all of the scheduled visits within the time the agency had told them they would. One person told us that one visit had been rearranged, due to sickness of the carer, but they had been told in advance and alternative arrangements agreed with them.

We spoke with staff and management about how they had improved in this area to reduce the incidences of missed visits. We were told by the registered manager that there had been a communications issue brought about by the use of an IT application. This was found to have allowed carers to cancel visits thinking that the system would update the office support staff as to the cancelled visit. However this was not the case and office staff were unaware that carers had altered their planned visits. We were told that this had been resolved by disabling the application so that any proposed cancelled visits needed to be discussed with office support staff, prior to the visit, enabling the provider to ensure people had the visits they required.

People were supported by staff who understood the risks they faced. The risks people faced were acknowledged and plans were in place to reduce these risks. We found that a number of the risk assessments had been updated following our March inspection. For example, two of the care records had identified that the individual had diabetes. We found that staff had clear guidance about how to support the individual in relation to diabetes, the risks that they faced and how to safely support them.

In one person's care records it was recorded that they suffered from mental health issues. Whilst the care plans to support this person with this particular need were not as developed as they could be, the day to day recording clearly demonstrated that staff knew how to support this person at times of distress. We spoke with the registered manager about our observation who agreed that improvements could be made to the guidance for staff and arranged for an update to be made immediately.

People received their medicines safely. People and relatives we spoke with were happy with the support they received. New systems were being put in place following an audit of medicines administration. A staff

member explained this and commented on improvements: "We had medication training, on line and (senior staff name) also went through everything with us. We have new MAR (Medicine Administration Records) charts and there are new care plans for medicines being introduced. Prescribed creams are recorded on the MAR and in the daily care notes. Any new medicine is put on the alert sheet, this is a lot better. Body maps are better now". Another member of staff described how they knew when and when medicine should be given and highlighted how they ensure the timing of medicines was correct. As part of the introduction of new systems staff had completed a self-evaluation related to their skills and confidence with medicine administration and this had been discussed in supervision sessions. A more detailed check on competency was being introduced. Records indicated that people received their medicines as prescribed and we saw examples of staff following up concerns about medicines appropriately with health professionals. This meant people took medicines in a way that suited them, kept them safe and promoted their independence.

People were protected from abuse. Staff understood how to identify potential abuse and were confident in reporting any concerns. They told us they had received additional training and did not have any current concerns. A staff member told us: "After last inspection we had safeguarding training online and spoke about it in a team meeting. (Senior staff name) went through the procedure with us, what forms to use and what things to look out for." Where potential issues had been identified they had been appropriately discussed with safeguarding professionals and this was recorded. People and relatives told us that they felt safe with staff.

Is the service well-led?

Our findings

At the previous inspection on 24 and 27 March 2017 we found that the provider did not have effective systems and processes in place to ensure that people received good quality and safe care service. This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We told the provider to make improvements within 6 weeks.

At this inspection we found that improvements had been made.

The service did not have a registered manager at the time of our inspection. The last registered manager left in December 2016. 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. A senior manager working in the service had made enquiries about adding this location to their current registration but this had not taken place. There had been some confusion regarding the status of this manager. We requested that this was addressed immediately. A senior member of staff from the You Trust assured us it would be.

There was a system in place to review and audit people's care records to ensure they received good quality care and support. The registered manager made us aware that they had very recently employed another experienced worker to join the office team to look at reviewing and auditing care records, at the time of the inspection they were still in an induction phase.

In June 2017, we looked at people's care records and spoke with staff and management about how they had improved the oversight and quality of the service. The care records evidenced that they had been reviewed since the last inspection and improvements made when required. This included updates to issues such as support needs in relation to medicines and updating of risk assessments. We looked at all of the daily recording made by carers. These evidenced how people's needs were being met and how staff supported people with any emerging needs. We asked office staff how they included these emerging needs into care plans and how this information was captured. The office staff spoke to us about a recording system where calls into the office by people and carers were documented, such as requests for a change in visit times. The office staff informed us that using these logs, they updated care plans or carried out a full review depending on the information received. This enabled management to be responsive to the changing needs of the people it supported.

When we visited in June 2017 we found that whilst daily records completed in people's homes by staff were returned to the office on a monthly basis, these were not consistently reviewed. This meant that management did not effectively use the information from these records to improve the service for people. The manager accepted our observations and told us that the system would be reviewed and all daily recording would be reviewed at the time it came in to the office and any issues addressed without undue delay. When we visited in September 2017 we saw that these records were being reviewed and action taken to ensure the service people received was improved.

We spoke with senior staff about how they ensured a good quality of service was being provided. They discussed how an audit of medicines had led to a piece of development work to improve the systems and processes in operation. We heard about how this had improved the service from staff. When we visited in June 2017, they showed us the provider's quality assurance checklists that had been completed in May 2017. These covered many areas of the service provided such as care plan reviews and staff support systems. However the checklists were not bespoke for a domiciliary care service and were designed to audit residential care settings. We spoke with the manager about this as the audit did not prompt them to consider issues such as spot checks on carer's interaction with people in the community. The manager advised that they completed spot checks, but there was no oversight of this activity by way of audit. They agreed to bring this to the attention of the provider and devise an updated quality assurance checklist that supported on going improvement. When we visited in September 2017 we saw that these spot checks had been added to the quality assurance checklist.

Before our June 2017 visit, the provider had taken action to ensure it could provide staff to support people at the required times. The manager told us about changing some of the staff contracts by stopping the use of 'zero hours' contracts. This had led to some staff stopping working for the service but had allowed for the service to plan the visits to people more effectively ensuring continuity of care. When we visited in September further changes to the oversight of the service had been made to reflect the needs of the service. This included the introduction of three monthly reviews including people's satisfaction and the care they were receiving. The first of these had been undertaken and changes to the persons care were identified and action taken.

Staff were encouraged to contribute to the development of the service and staff meeting minutes reflected this with evidence of regular discussions related to practice issues, organisational issues and values. People and relatives spoke highly of the organisation. They told us improvements were evident in the timing of their visits and the interactions they had with staff. One relative told us "They are on time; staff are lovely, bright and cheerful people". Relatives and staff all commented that they could raise any issues with senior staff and they were confident that they would be heard. One person described their satisfaction with how a concern they had raised had been addressed.

There was a clear vision for the service and the managers we spoke with shared a common understanding about the challenges and next steps for the service. There was a service development plan in place that reflected improvements made and on-going work. The local authority acknowledged the progress made and told us that they were kept up to date with developments.

The provider organisation, The You Trust, was visible within the service. The area manager was spending time each week in the service and they explained they would be attending the next staff meeting with the chief executive of The You Trust.