

Blue Sapphire Care Limited

# Blue Sapphire Care Limited

## Inspection report

Suite 6, Market House  
25 Market Square  
Leighton Buzzard  
Bedfordshire  
LU7 1EU

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Tel: 01525853481

Website: [www.bluesapphirecareltd.co.uk](http://www.bluesapphirecareltd.co.uk)

## 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 26 July 2016 and was announced, because we needed to make sure there was someone at the provider's offices. We last inspected this service in January 2014 and found that the provider was meeting the legal requirements in the areas we looked at.

Blue Sapphire Care Limited is a community based service in Leighton Buzzard, providing care to people in their own homes. There were fifty-two people using the service at the time of our inspection.

The service had a registered manager in post. 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 were safe using the service because staff were trained in safeguarding and they knew how to keep people safe from avoidable harm. There was enough staff to safely meet people's needs however, people's care visits had been arranged in a way that did not allow staff any travel time from one person's home to the next. People had individualised risk assessments in place that gave guidance to staff on keeping them safe and their medicines were managed appropriately, where required. The provider had policies and procedures in place for the safe recruitment of new staff although checks of reference from previous staffs' employers needed to be more robust.

The service was effective because staff were knowledgeable about people's care needs and were trained to meet these needs. The requirements of the Mental Capacity Act 2005 were met and where required, people were supported with the preparation of food and drinks.

People were able to express their views and be actively involved in making decisions about their care. Staff were caring, friendly and approachable. They were also respectful of people's dignity and privacy.

The service was responsive to people's needs which had been identified prior to them starting to use the service, and were reviewed regularly. People were supported in a personalised way and they all had individualised care plans in place.

The service was also well-led. There was a registered manager in post who was a director of the provider company. They supported staff to take part in the development of the service and carried out regular audits and surveys to monitor the quality of the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff were trained in safeguarding people and they knew how to keep people safe from avoidable harm.

There were enough staff to safely meet people's needs however, people's care visits had been arranged in a way that did not allow staff any travel time from one person's home to the next.

People had individualised risk assessments in place that gave guidance to staff on keeping them safe.

People's medicines were managed appropriately.

There were robust policies and procedures in place for the safe recruitment of staff.

### Is the service effective?

Good ●

The service was effective.

Staff were knowledgeable about people's care needs and were trained to meet these needs.

The requirements of the Mental Capacity Act 2005 were met.

Where required, people were supported with the preparation of food and drinks.

### Is the service caring?

Good ●

The service was caring.

Staff were caring, friendly and approachable.

People were able to express their views and be actively involved in making decisions about their care.

Staff were respectful of people's dignity and privacy.

### Is the service responsive?

Good ●

The service was responsive.

People's care needs were identified prior to them starting to use the service.

People were supported in a personalised way and they all had individualised care plans in place.

The provider had an effective system for handling complaints.

### **Is the service well-led?**

**Good** ●

The service was well-led.

There was a registered manager in post.

Staff took part in the development of the service.

The provider carried out regular audits and surveys to monitor the quality of the service.

# Blue Sapphire Care Limited

## **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 26 July 2016 when we visited the provider's office. We gave the provider 48 hours' notice of our inspection because we needed to be sure that there would be someone in the office when we arrived. The inspection was carried out by one inspector and an expert by experience who contacted people who used the service by telephone to gather their feedback about the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed the information we held about the service such as notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. We also spoke with the local authority's contracts monitoring team who carried out regular audits of services, to gather feedback.

During the inspection, we spoke with five people and five relatives of people who used the service to gain their feedback about the quality of care provided. We also spoke with three members of the care staff, the deputy manager who is one of the directors and one other director. We could not speak to the registered manager because they were on holiday.

We reviewed the care records and risk assessments for five people who used the service, and five staff recruitment, training and supervision records. We also reviewed information on how the quality of the service was monitored and how complaints were managed.

# Is the service safe?

## Our findings

People we spoke with told us that they felt safe using the service. One person said, "All is absolutely fine, staff look after me. They arrive at [time] and stay for the time they are supposed to. Also I have regular carers who are females. I would say Blue Sapphire is one hundred percent okay." Another person told us, "I'm very happy because carers are here at [time] in the morning and [time] at night for half an hour. I have regular carers so I know who is coming in when." One other person added that they felt safe because staff used their 'key safe codes' properly to access their homes if they were not able to open the door for them. Relatives' views were similar to those of the people who used the service. One relative told us, "I have no complaints at all. My [Relative] feels completely safe with the staff, there are no concern there. Their shifts fit in with our requirements and the staff stay the right amount of time." Another relative said, "My [relative] feels a hundred percent safe with the staff." The staff we spoke with echoed the comments of people and their relatives. One member of staff told us, "People are safe using this service. I care for nine people and have never had any complaints. When [People] call the office the phone is answered straightaway and they can speak to the provider."

The provider had an up to date safeguarding policy that gave guidance to the staff on how to identify and report concerns they had about people's safety. Staff were trained and they demonstrated a good understanding of different types of abuse, and the signs that could indicate that someone could be at risk of possible harm. They were able to tell us which external organisations they could report concerns to. A member of staff told us, "We have all done our safeguarding training. I did mine on [date]. I will report any concerns to the managers. If I'm not happy with how they've handled my concerns I would contact the safeguarding team and the CQC to get further advice." In addition the provider had a whistleblowing policy that provided a way in which staff could report concerns within their workplace without fear of the consequences of doing so. A member of staff told us, "I will be happy to whistle blow if I felt something was not right."

Risks posed to people by the care and support they received had been assessed, and personalised risk management plans put in place to minimise potential risks to people. For example, one person had risk assessments to manage risks associated with their mobility, personal care and home environment. The control measures for each of the identified risks were detailed in order for the staff to know how to support people in a way that minimised risks. We saw that people or their relatives had been involved in developing and reviewing their risk assessments, which had been reviewed annually or when people's needs had changed. Staff told us they had access to these risk assessments which were in people's homes as well as the office.

The provider had a recruitment policy in place to support the recruitment of new staff. We reviewed the recruitment records for five members of staff and found that the necessary pre-employment checks had been carried out. These included checking the employee's identity, employment history, qualifications and experience. They also carried out health check to ensure potential staff were fit for the role for which they were considered. Disclosure and Barring Service (DBS) checks were also completed. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed. Although

references had been obtained some were not robust enough because there was no evidence such as a company stamp, to show that they had been provided by previous employers. We raised this with the provider and they assured us that steps would be taken to address this.

There was mixed feedback about the staffing levels. People and their relatives had the view that there were enough staff to safely meet people's needs but some staff stated that the service was short staffed. Everybody however agreed that people's care visits were always covered and there were never any missed visits. A person we spoke with told us, "Yes, there is enough staff, they have never missed a visit." A relative said, "Staff arrive on time and we have had no missed visits." A member of staff added, "At the moment we are a bit short of staff, this means a few extra care calls here and there but we are not rushed." The provider generated a report from their care visits monitoring system which confirmed there were no missed visits for the three months prior to our inspection. A review of the staff roster for the same three month period confirmed that care visits had been appropriately staffed. The staff roster also confirmed that people received care from a regular group of staff, which they had told us about. However, we found that care visits had been arranged back to back allowing the staff no travel time from one care visit to another. For example, if one person's half an hour care visit ended at 1:30pm the staff were rostered to be at the next person's home at the same 1:30pm.

One of the directors told us that staff travel time was built into people's care times and formed part of the agreed contract between the provider and the people they supported. This meant that if a person was for example scheduled to receive 30 minutes of care from 1pm to 1:30pm, the staff would care for them from 1pm till 1:25pm and then leave for their next call. The people we spoke with were not concerned about this. The provider and members of staff told us that this was not a problem because the people to whom they were allocated to provide support to lived in the same locality. This eliminated the need for long delays between one visit and another. A member of staff told us, "We don't have to travel a lot because we only cover the local area so we are not rushed at all."

Most people told us that they took responsibility for their own or their relative's medicines. A person who was supported by staff to take their medicines told us, "I have my medicines given to me by the staff. They are competent in doing so and they keep good records." We looked at five people's medicine administration records (MAR) and found that they had been completed correctly with no unexplained gaps. These were also audited by the management team on a monthly basis to ensure all medicines had been accounted for and administered correctly. Staff told us that they had received training in safe administration of medicines and a review of the service's training records confirmed this.

## Is the service effective?

### Our findings

People and their relatives told us that the service was effective because staff were well trained and understood people's needs. One person said, "I have up to [number] care visits a week, the staff know me and they have never let me down. I need help getting dressed in the mornings and they know all that." Another person told us, "Staff are competent. They get me up in the morning because I have a shower and they make the bed. They also put me to bed in the evenings." A relative we spoke with told us, "I would describe the carers as very good and they treat my [Relative] with dignity and respect." Another relative said, "The carers know what kind of support my [Relative] needs." One other relative added, "I believe my [Relative] is very happy with her carers, they check on her and do what they are supposed to." Staff also told us that the care and support they provided to people was effective. One member of staff said, "The care is effective, all the [staff] are very good. Some have been doing the job for a long time and everybody knows what they've got to do."

Staff told us they had received an induction when they started working for the provider. One member of staff said, "We all get an induction which last for a few weeks. Mine was for two weeks. We [work with] experienced staff who will take us round to meet [people we support] and show us how they are cared for. We read all the care plans and do all of the mandatory training before we support people." One of the directors echoed the views of this member of staff. They said, "All new staff get an induction. They come into the office for the day where they are given a 'care worker's' guide to read. One of the managers then sits with them and goes through this with them and the care plans telling them everything they need to know. They then [work] with more experienced staff for two weeks or more depending on how long they needed. All the mandatory training is done at this time as well." We reviewed staffs' personnel records which confirmed staff had been inducted at the start of their employment to the service.

Staff had also been trained in a range of subjects relevant to their roles. A relative told us, "Staff are perfectly fine with the hoist as they've had the training for it." Staff told us that the training offered to them by the provider helped them carry out their roles effectively. A member of staff said, "I have been doing this type of work since I was [number] years old so the training gets me up to scratch." Another member of staff told us, "I did the seven mandatory training which include; safeguarding people, moving and handling, health and safety, fire, food hygiene, infection control and medicines. I also did the specialist training which are; dementia awareness, first aid, choice, dignity and diversity, tissue viability, person centred care, end of life care and diabetes. All new staff have to do the care certificate." One of the company directors told us, "We have an in-house trainer who looks after training for us. Training is mainly done online and staff are given the policy that relates to the training course once they have completed the training. Each of the training courses is accompanied by a set of question to test staffs' knowledge. Staff must score eighty percent before they are signed off. If they don't, [the in-house trainer] meets with them for a face to face session." We reviewed the service's training records which showed that staff training was up to date.

Staff told us that they had supervision meetings with the management team as a way of supporting them in their roles. However, staffs' views on the frequency of supervision meetings differed with some saying they took place every six months and others saying they took place yearly. One member of staff said to us, "Yes, I



have a one to one [supervision] meeting with [Name] every six months. I find supervisions useful because if there are concerns you can talk them through. Another member of staff said, "We have [supervision] once a year but we come in once a week and can talk to any of the managers. They ask how we are and how the [people] were." One other member of staff said, "Yes, I have supervision every six months." The staff records we looked at showed that supervision meetings were carried out on a six monthly basis.

Most of the people who used the service were able to consent to their care and support. However, some people's health needs meant that they did not have capacity to make decisions about aspects of their care. Where required, their relatives and social care professionals were involved in ensuring that any decisions to provide support were in the person's best interest, in line with the requirements of the Mental Capacity Act 2005 (MCA). The 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.

Some of the people who used the service were supported by staff to have regular food and drinks. Although for the majority of people, staff mainly warmed and served ready-made meals, they cooked for others. A person we spoke with told us, "Staff make my breakfast and evening meals for me. I have no complaints." A relative said, "There was a time when both my parents weren't well, I had additional calls put in where staff would make sure [they] had a hot meal such as soup and bread because my parents weren't up to cooking. And they'd also like a cup of tea so staff would make sure that everything was within reach before they left." A member of staff added, "We support some people with preparing their meals. They decide what it is they want and we get it ready for them."

People or their relatives managed their own access to health services such as GPs, dentists, or to attend hospital appointments. However, there was information in people's care records to provide guidance to staff on how to ensure that people had the right support and treatment if they became unwell. A relative we spoke with told us, "Carers contacted me yesterday as [Relative's] leg was inflamed because of poor circulation and ulcers. They will always notice if something is not right."

## Is the service caring?

### Our findings

People and their relatives told us that the staff were caring, friendly and approachable. One person said, "Blue Sapphire is a very good service provider, they are friendly. I would recommend them to others in need." Another person told us, "I'm very pleased with Blue Sapphire. I've had this care company since I came out of hospital so it's been [number] years now. Everyone is approachable." A relative said, "We are totally happy with the arrangement as it is. I think they are perfect and I'm very pleased we were introduced to Blue Sapphire in the first place." Another relative told us, "My [Relative] is so confident with the staff. I'll be honest with you we wouldn't even dream of going anywhere or change anything. The company make us feel human. I'm very comfortable we have female carers for my [Relative] and the communication is great.

A member of staff we spoke with said, "We are definitely a caring service, we are a smaller company and everybody cares about making people happy. We listen to them and make sure we care for them in the way they want." Another member of staff told us, "We know the people we support very well. We support the same [people] week in week out which enables continuity for everybody."

People and told us that they were able to express their views and be actively involved in making decisions about their care. One person said, "I take part in meetings about my care and I can speak to managers about it at any time because they're on the other end of the phone or they will ring me back, the communication between us is very good." A review of people's care records showed evidence of theirs' or their relatives involvement in their care.

People and their relatives told us that staff supported them to maintain their independence as much as possible. One person said, "They do exactly what it is I ask them because I am in charge." A relative told, "They encourage [Relative] to do as much as they can for [themselves] to maintain independence."

Staff also protected people's privacy and dignity. A person we spoke with told us, "Staff respect us very much so we are totally happy with the arrangement with Blue Sapphire as it is." A relative said, "I would describe the carers as very good and they treat my [Relative] with dignity and respect." Staff told us that they protected people's privacy and dignity, for example by making sure that personal care was provided in private. One member of staff said, "We make sure we put a towel over them during personal care and talk to them about how we are going to support them. We make sure their care is not discussed with anyone who does not need to know." A review of the staffs' training records also showed that they had received training on 'choice, dignity and diversity. We saw that people's care records had been stored securely to maintain confidentiality.

People had been provided with a 'service user guide' when they started using the service. This gave them information about the service, including the complaints procedure. Some of the people's relatives or social workers acted as their advocates to ensure that they understood the information given to them and that they received the care they needed. The provider also worked closely with the local authority to ensure that people's care needs were being met.

## Is the service responsive?

### Our findings

People and their relatives told us that the service was responsive to people's health and care needs. A person we spoke with told us, "I'm very pleased with Blue Sapphire, the carers give me whatever help I want." A relative of a person who used the service told us, "They always keep me up to date with how [Relative] is and if they're not happy about [Relative's] well-being or she doesn't seem quite herself I am contacted straight away via telephone. Also they have come in and done some extra shifts because [Relative] was not very well. They are so accommodating with additional support."

The provider had carried out assessments of people's needs before they started using the service. People's needs assessment records covered areas such as their history, their healthcare needs and medicines, their interests and hobbies, their care needs around mobility, communication, nutrition, personal care and relationships. These assessments identified the level of care people needed and were reviewed annually or sooner if required. People's needs assessments formed the basis by which their care plans were developed.

People and their relatives told us they were involved in the planning and review of their care. One person said, "I take part in every meeting about my care." A relative told us, "I am involved in my [relative's] care planning and reviews. Also I am always here when the staff call in." Another relative told us, "Yes I'm involved in making decisions about changes to my [Relative's] care plan and Blue Sapphire reviews are once a year. I can ring the manager or office in between if I feel [Relative] needs more care." We found that people had individualised care plans in place that took account of their background, their preferences, wishes and choices. Care plans also included information on people's identified needs, their goals or objectives, and clear instructions for staff on how best to support people. Care plans were kept up to date with any changes recorded as they occurred. Copies of these care plans were kept in the provider's office as well as in people's homes where they could be accessed by staff to ensure care was delivered in the chosen and correct way.

The provider had a complaints procedure so that people knew how to raise any complaints they might have about the service. All the people we spoke with told us they knew who to raise complaints with and that they did not have a complaint to make. A person we spoke with said, "We have no concerns or complaints." Another person said, "If I have a complaint, which I haven't, I would just mention it to the manager." A relative told us, "We know how to raise a concern. I will call the office and talk to the manager and that will be dealt with. Everybody is very nice and approachable." Another relative said, "We've had a problems in the past where [Relative] has not liked a particular carer, not for any specific reason but she just said I don't like that one very much. I rang Blue Sapphire and then that member of staff hasn't been sent again." One of the directors of the service told us, "If people ring up to make complaints, one of the managers will go out to their home if the issue cannot be dealt with over the phone. We aim to address all complaints within two weeks." We reviewed the records of complaints that had been made and found that they were resolved to the complainants' satisfaction.

## Is the service well-led?

### Our findings

The service had a registered manager in post. They were one of the directors of the provider company and were supported by two other directors. Together they provided direct leadership to the care staff.

The registered manager was on leave at the time of our inspection. People who used the service and their relatives were complimentary in their comments about the registered manager. One person said, "The lady in charge comes out to see me every so often. We discuss a lot of care issues and politics. I would say [they] are a hundred percent okay." A relative told us, "The company is run well and in our opinion we are very happy with the service provided. They go above and beyond." Another relative said, "I don't get any problems with the manager. If I need something extra or out of the ordinary, it's never a problem."

The staff were equally complimentary about the registered manager and the provider. One member of staff said, "The managers are very good I like them. You can talk to them about anything they are approachable." Another member of staff told us, "This is a very well-managed company. The managers are very good, any problems are sorted out straight away." One other member of staff added, "I think the managers are marvellous. They have been carers themselves so they know how things work. You've got to be in it to win it. I honestly cannot fault them. They have the knowledge about care, they are fair, flexible and you can talk to them about anything. We are lucky to work here."

Staff took part in the development of the service by attending team meetings where they could collectively discuss issues that affected the service and ways in which the service could be improved. There was no set frequency of when team meetings were to be held. A member of staff told us, "We have meetings when need be but there is no set pattern as to when we have them. We come into the office every week and can speak to the managers at any time."

The provider had a quality assurance system in place and quality audits were carried out on a regular basis. These quality audits focussed on areas such as people's medicines, on a monthly basis and their care plans also on a monthly basis. One of the directors told us that 'spot checks' of staff working in people's home were also carried out on an eight weekly basis. The provider also carried out annual satisfaction survey to gain feedback from people and their relatives about the quality of the service. The last survey was carried out in February 2016 and the responses from people and their relatives were all positive, with comments such as; "From my point of view no improvements are necessary," having been made.

The provider kept a record of compliments that were made about the service, staff and the care that they provided to people. We reviewed records of compliments and found one that read, "Dear all at Blue Sapphire, I hope you realise what a huge difference you make to so many people's lives. You have all been incredibly amazing. Thank you from the bottom of our hearts [Names]." Another one read, "To all you wonderful carers, we can't thank you enough for all your excellent care and thoughtfulness you have shown to [Relative] over the last few years. We could not manage without you. We wish you all the very best for the future."