

Blue Tree Care Limited

Blue Tree Care Limited

Inspection report

156 Grange Avenue
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Tel: 01616330704

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12 April 2019

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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

About the service:

Blue Tree Care Limited provides personal care within people's homes and when they access the community.

People's experience of using this service:

At the last inspection we found that Blue Tree Care Limited required improvement and we identified breaches of three of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to the safe management of medicines, lack of detail in care plans and lack of an auditing system to monitor the quality of the service.

At this inspection we found that the service had improved and was meeting all the required regulations.

Medicines were managed safely in line with recent and best practice.

Care plans were person-centred and contained pertinent information.

A number of quality audits were in place to ensure and improve the quality of care.

Relatives and staff were complimentary of the service. People, relatives and staff were asked for feedback on their experience of the service through surveys and telephone calls.

Staff were professional and competent. Staff felt supported, listened to and able to contribute to the running of the service.

Relatives said the service was safe. Staff demonstrated a good awareness of each person's safety and how to minimise risks for them.

Staffing levels were good. Relatives told us that people received consistent support from the same carers.

Staff were recruited safely and the appropriate pre-employment checks were in place.

Staff were given an induction and training suitable to their job role. Staff were assessed for their competency which helped to ensure they were safe to work with people.

Staff told us they were given time to get to know people as part of their induction. Relatives felt this was good practice as staff got to know the people they were supporting on a personal level.

People's calls were on time or staff called if they were going to be late.

The service worked in line with the Mental Capacity Act 2005 and staff had a clear understanding of how to

support people with fluctuating capacity and giving support with decision making.

Feedback from relatives and staff was that the service was well-led. They told us the management team was always available to speak with.

People told us they would feel confident to raise any complaints they might have.

Rating at last inspection: The service was last rated as requires improvement (12 April 2018)

Why we inspected:

This was a planned inspection based on the last inspection rating.

Follow up:

Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for services rated good.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Blue Tree Care Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one adult social care inspector.

Service and service type:

Blue Tree Care Limited is a domiciliary care agency. It provides personal care to people living in their own homes. Four people were using the service at the time of our inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because we needed to be sure that staff would be in the office to support the inspection.

We visited the office location on 12 April 2019 to see the registered manager and deputy manager; and to review care records and policies and procedures. We also made calls to relatives on this date.

What we did:

Prior to the inspection, we reviewed all the information we held about the service including notifications received by CQC. A notification is information about important events which the service is required to tell us by law.

During our inspection people using the service were not available to speak with, however we spoke with three of their relatives and four members of care staff. We also spoke with the registered manager and the

deputy manager. We also spoke with one health and social care professional who had worked with the service.

We reviewed a range of records. This included care records, information relating to staff recruitment and supervision and the training records for all staff. We also reviewed records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

- Risk assessments relating to medicines were carried out where people needed support from staff.
- Medicines were stored securely in people's homes when this was necessary.
- People's independence to manage their own medicines was maintained if safe to do so. Any change to this was done with people's full consent.
- Records showed that medication was administered as prescribed and MARS were audited by the registered manager monthly to help ensure medicines were given safely.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt people were safe. Comments included; "Staff always lock up properly" and "I feel safer knowing staff are keeping an eye on things, I can go on holiday and have peace of mind."
- Staff told us that they had effective safeguarding training and could explain the safeguarding processes in detail.
- Staff were confident that action would be taken if they raised any concerns relating to potential abuse. One member of staff said, "I know that any concerns would be investigated immediately."
- The provider had effective safeguarding and whistleblowing systems and policies in place.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management

- The potential risks to each person's health, safety and welfare had been identified.
- Risk assessments were carried out in several areas. For example; nutrition, mobility and the environment. The risk level and actions to reduce the risk were clearly documented.
- Risks to people were regularly reviewed and safely managed.

Preventing and controlling infection

- Staff had completed infection control training.
- Random monthly spot check visits were completed by the manager to ensure care staff followed the infection control procedures and used personal protective equipment (PPE) when carrying out personal care, food preparation and handling.
- Staff told us they had access to PPE.

Learning lessons when things go wrong

- The provider showed us a copy of the accident form that staff would complete in the event of any injury, significant incidents or near misses. We saw this prompted staff to consider any 'lessons learned'.

- There had been no recorded incidents and accidents since the last inspection but the registered manager told us that incidents would be regularly audited to check for trends or patterns, to mitigate further risks.

Staffing and recruitment

- The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers.
- There were enough care staff to meet the needs of people and to deliver the service safely.
- All staff had completed induction training in line with the providers policies and had competency checks to ensure they understood the training provided.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before the service began to provide support. This included their physical, social and emotional support needs.
- Staff confirmed they received information about people new to the service and were always introduced to the person by a manager before they delivered care. The registered manager and staff were confident that any needs associated with people's protected characteristics would be met.
- Care was planned and delivered in line with people's individual assessments, which were reviewed regularly or when needs changed.
- Staff applied learning effectively in line with best practice, which led to effective outcomes for people and supported them to achieve a good quality of life.

Staff working together to provide consistent, effective, timely care

- Relatives and staff told us that there was continuity of care. People had visits from regular staff. A health and social care professional told us, "Many families have complimented the support from Blue Tree care. There is stability in staffing without a high turnover."
- Care plans were regularly updated and audited by managers to ensure that changes in need were documented.
- Staff communicated effectively with each other. Staff told us the methods they used to communicate included text and through a messaging application.
- Relatives told us; "I can't fault the staff, it's a very consistent service" and "There have been no late or missed calls and we always have the same staff that know [relative] well. I'm very happy with the service."

Staff support: induction, training, skills and experience

- Staff received training, support and induction to enable them to meet people's needs. Training was provided internally by the registered manager.
- One staff member we spoke with told us they felt they had received appropriate training to meet the needs of the people they were supporting, they said, "The training prepared me well for my role. [Registered manager] is keen to make sure we have the right knowledge to care for people properly."
- Relatives felt staff were competent and told us they had confidence in all the staff. One relative said, "All the carers seem very competent and I am satisfied they know how to do things properly."

Supporting people to live healthier lives, access healthcare services and support

- When people needed referring to other health care professionals such as GP's or district nurses, staff understood their responsibility to ensure they passed the information on to relatives

and managers. Alternatively, staff assisted the person to call for support themselves.

- Relatives told us that staff effectively identified any health concerns and ensured the correct professional was contacted as necessary.

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

- People were supported appropriately with eating and drinking.
- We saw people's preferences and requirements were recorded within people's files.
- Where required staff monitored and recorded how much and what a person drank. This information was then used to ensure appropriate healthcare was sought if needed.
- People's risk assessments considered whether there were any risks in relation to eating and drinking.

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 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.
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- We saw that care files contained details about people's capacity to make decisions.
- Care plans were developed with people and their relatives. People had agreed with the content and had signed to receive care and treatment where possible.
- Staff ensured people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Staff told us that if they had any concerns about decision making they would pass this on to the management team.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Relatives told us staff were very caring. One person told us, "[Relative] is really attached to the carers, they have become like an extended family." Another said, "The girls are very kind, reliable and have never let us down."
- Staff told us they used care plans to find out about people, get to know the person and build positive relations with them. One staff member said, "Care plans contain all the information I need to care for someone without going overboard with information."
- Staff were respectful when speaking about people and were considerate of the equality and diversity needs of people including protected characteristics. Staff actively considered people's cultural or religious preferences.
- All new staff received training in equality, diversity and inclusion as part of their induction and shadowed a more experienced member of staff until they were assessed as competent to work independently.

Supporting people to express their views and be involved in making decisions about their care

- People confirmed care staff listened to them, involved them in decisions and respected their views.
- Care plans were reviewed regularly and as and when a person's needs changed. The person and relatives were involved in reviews of their care plan if this was required. A relative told us, "Any changes to the care package have been made with my agreement."
- None of the people who used the service at the time of our inspection had an advocate. The provider explained they would share information about local advocacy organisations with anyone who they felt may benefit from independent support with decision making.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who were attentive, kind and caring. Staff had a good understanding of people's needs and wishes. Staff ensured people's privacy and dignity. A relative told us, "Staff are always considerate of [Relative's] needs and the rights of privacy."
- Consideration to privacy and dignity was embedded throughout each care plan we saw.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The provider developed a care plan for each person, which contained sections about different aspects of their care. Care plans were very detailed, for example, one person's plan explained exactly how they preferred to be supported with personal care and what they preferred to do for themselves.
- Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. One relative told us, "Because it's always the same carers who see [relative] daily they notice if [relative] is not well and let us know. Staff also know exactly how we like things done."
- Care plans included people's personal information, people's routines and support needs. They were up to date and reviews took place regularly with people.
- People's ability to communicate was recorded in their care plans, to help ensure their communication needs were met.
- Where it was part of someone's support plan, staff supported people to access activities and facilities in the community. Staff supported one person to go shopping, to a local cafe and visit the local park.
- Care files contained information on people's life history. This provided a platform to support genuine engagement with people.
- The service was proactive in ensuring that they complied with Accessible Information Standards. These are standards introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. The service could adapt information to meet people's needs. For example, information about the service could be produced in large print or in various languages.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints management system in place. No formal complaints had been raised since the last inspection.
- A complaints register was in place that included details of the complaint and action taken, which would provide oversight to the management team.
- Staff were aware of how to manage complaints. They told us that the management team took complaints seriously and this would be reviewed and investigated.
- People and relatives told us they knew how to raise complaints. A relative told us, "It is easy to get hold of [registered manager] if there is an issue to discuss. I know they would do their best to sort things out."

End of life care and support

- The service did not currently support anyone coming to the end of their lives. However, the registered manager had recently trained in end of life care and could provide specialist training for staff as required.

- All care plans contained detailed people's and relative's wishes about end of life care.
- The service could provide appropriate support to families in line with their cultural needs. For example, a representative from the local mosque had trained staff to care for people after death in line with specific rituals and principles.
- A health and social care professional told us, "Blue Tree Care is reliable and the staff provide excellent holistic support to a wide range of our clients. They go beyond their duty to support vulnerable users particularly at end of life. The staff are competent and professional in their approach."

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
- There was a positive culture where staff and management took pride in the care and support that they provided. A relative said, "The management team are approachable and go out of their way to help. The registered manager came out one night to assist when an air mattress was faulty and sorted the issue out."
- The management team worked well together to ensure the day to day running of the service, clear contingencies were in place to cover absences. Managers would provide cover themselves rather than miss a call.
- People's confidential information was held securely at the office base.
- The registered manager was aware of their responsibility to report events to the CQC by the submission of statutory notifications.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The management team had clear values and vision for the service. The mission of the service was to 'foster an atmosphere of care and support with service users which both enables and encourages them to live as full, interesting and independent a lifestyle as possible.' These values were shared by care staff. One care staff member told us, "I love my job, I love helping people, it is amazing to see what an impact we can make on people's lives."
- Staff were positive about their workplace and complimentary about the support they received from the management team.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff were seen to be engaged and involved. Staff groups met frequently and the management team met with staff regularly to support them in their role. A staff member told us, "I can always pop into the office for support. It is an open environment and I'm always welcomed. We have coffee mornings and I have regular supervision sessions too."
- The registered manager told us how important it was to have meaningful relationships with people's families. They said, "We involve families as much as possible with consent from people. We always work

closely with families to provide a good service to meet people's needs, it is really important to us to get things right."

- The service engaged with the local food bank to give support to their community.

Continuous learning and improving care

- Visits were carried out on people's homes by the management team which enabled them to obtain feedback from people and check the environment, equipment's, medicine management and safety.