

Blakehill Healthcare Limited

Blakehill Healthcare

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Blakehill is a domiciliary care service providing personal care to 29 people at the time of the inspection.

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

We found concerns in relation to recruitment. Full information about staff was not always documented at the recruitment stage to enable safe decisions to be made. It is a requirement of legislation to collect a full employment history for staff, but this was not complete in the sample of recruitment files we checked. This combined with staff including very limited information in their application forms made it very difficult to assess staff's suitability for the role.

People were positive about their experiences of using the service. They told us they felt safe with staff and that if they had concerns, they could raise them with the manager. People told us that usually if staff were running late, someone from the office would let them know this was the case. The manager was in the process of carrying out care reviews with people so that they had opportunity to be involved in planning their care.

People told us staff used appropriate PPE and disposed of it safely. Spot checks were carried out to ensure staff were carrying out their roles safely. The service worked with the local authority to investigate concerns when necessary.

There were systems in place to monitor the safety and quality of the service provided. This included computer systems that helped the manager monitor that care calls were taking place as planned. The system alerted the manager at any time when staff had not logged in to a call, in order for this to be checked.

There was a plan for the service to move in to providing care in supported living services and senior staff had been recruited with a view to supporting this process.

Rating at last inspection

The last rating for this service was Good (published 31 August 2018). The rating has changed to requires improvement as a result of concerns found at this inspection.

Why we inspected

The inspection was prompted in part due to concerns received as part of the safeguarding processes and

whistleblowing. These concerns related to staffing levels and recruitment, infection control procedures and leadership of the service. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe section of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not safe in all areas. We found a breach of regulation in relation to recruitment.

Requires Improvement ●

Is the service well-led?

Improvements were required in relation to the monitoring and auditing systems to ensure they fully effective.

Requires Improvement ●

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Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check on specific concerns we had about staffing, recruitment and leadership.

Inspection team

The inspection was carried out by one Inspector and an Expert 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 houses and flats.

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. Another manager had been recruited and was in the process of registering with the Care Quality Commission. The long term aim for this manager was to work from another registered office developing the supported living aspect of the provision. These plans were temporarily on hold due to working within the confines of the pandemic.

Notice of inspection

We gave a short period notice of the inspection in order to discuss safety arrangements and to obtain contact details of people using the service.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We received feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and newly recruited manager. We viewed a range of records

including five recruitment files, staff spot check records and meeting minutes.

After the inspection

We spoke with seven people who use the service and five further family members. We spoke with four members of staff.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection, we rated the service Requires Improvement.

Staffing and recruitment

- People were positive about their experiences with staff. If there had been any concerns, these had been reported and resolved. Comments included; "We feel safe with the carers although we feel more confident with the regular lady as opposed to the man", "Two carers at a time hoist my relative; they are very good and do it safely." And "I feel my relative is safe when being hoisted with the gantry hoist; she is looked after very well and they make her as comfortable as possible."
- Recruitment practices were not robust enough to ensure that staff employed by the service were safe and suitable. The application form for applicants asked for full education and work history. Gathering a full work history is a requirement of regulation. In one staff member's file, we saw only one previous job was listed for care agency that the person stated no longer existed. No other work history was provided. The manager told us this had been discussed with the staff member at interview but there was no documentary evidence of this. There was no risk assessment in place to show that the provider had considered the risks involved of employing a person with no previous work history or work based references.
- On another application form, we saw that an applicant gave very limited details about their work history and references. This made it difficult to verify and assess their suitability. There was no documented evidence that this had been fully explored or assessed.
- As part of the recruitment process, applicants were asked to answer questions about medicines. In one case, the applicant answered in such a way that showed they had not understood the information. There was no evidence that this had been discussed with the person or explored in further detail. The registered manager told us this would have been addressed through the training and induction programme and since the applicant had been employed they were satisfied with their medicines competency. However, there was no documented evidence to show that information gathered at recruitment was being used robustly to inform safe decision making.

This was a breach of regulation 19(3) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- DBS (Disclosure and Barring Service) checks were carried out on applicants as required by regulation.
- The registered manager told us that staff competencies and skills were checked through the recruitment and induction process. If there were any concerns about staff, they would not progress to full employment
- The registered manager told us they had sufficient staff currently to meet the needs of their care packages. There had been no missed visits in the last six months directly related to insufficient staffing numbers.
- People told us that, there were occasions when staff were running late but this wasn't a significant issue and they were usually informed when this was the case. They said; "Sometimes they are late if someone is sick. They stay the full amount of time.", "They are usually on time and the office phone if they are running

late." And "Sometimes their arrival time is a bit different to what it should be, for example 6:15 pm instead of 7:00 to be put to bed. I think they stay the full time as they have to check in and out on their phone."

- Staff comments included; "Sometimes I do double up. Sometimes the traffic affects our runs, but all runs are done. There is always enough staff unless someone is ill". A double up call is when two members of staff are required to meet a person's support needs.

Systems and processes to safeguard people from the risk of abuse

- We saw that when concerns were reported about a person's care, these were investigated thoroughly. The provider worked with the local safeguarding teams to ensure people were safe. For one person, we saw the investigation notes along with safeguarding meeting minutes documenting the concern had been concluded satisfactorily.

- We saw evidence that spot checks were being undertaken. Spot checks are unannounced visits undertaken by senior staff to ensure that care staff are carrying out care safely and as expected. We saw that these checks were identifying occasional issues in how care was being delivered. For example, on one form, it identified an issue around how medicines were being administered. On another occasion, a concern was identified in relation to PPE. We discussed with the manager how these issues were followed up with staff and they told us the issue would be discussed verbally with the member of staff concerned. There wasn't always clear documentary evidence to demonstrate that this had occurred, for example on supervision record forms. We fed this back to the manager who told us they would address this in future.

Preventing and controlling infection

- The manager reported having good supplies of PPE, this was evident in the office.

- We saw that staff compliance with PPE was monitored through spot checks of staff working in the field. Correct use of PPE was also discussed during supervision.

- People were positive about infection control measures. Comments included; "They always wear face mask, gloves and aprons; they are put in the bin afterwards.", "They always wear face mask, gloves and aprons." And "The carers "wear face mask, gloves and aprons as soon as they arrive and dispose of them in a bag."

- Staff confirmed they had training in relation to PPE and infection control and were given the supplies they needed.

Using medicines safely

- People were supported safely with their medicines. Staff received training to support them in administering medicines safely.

- Staff competencies in administering medicines were checked through spot checks and supervision.

- Medicine administration was recorded on electronic records and these were checked regularly by senior staff. The system sent live alerts to a manager, if a member of staff hadn't recorded on the system that they had administered medicines as prescribed.

- The registered manager told us they had good communication systems with families and other healthcare professionals to ensure that the information they held about people's medicines was correct and up to date on the electronic systems.

- Staff commented; "Yes I have received Medication training. We used to sign mar chart but now we sign on BIRDIE (name of system used). I always check name, date of birth, the name of medicine, dose and how much I should give. I check and count the tablets left. I sign once I have given the medicine." And "All information is clear and on the system. We log on and the information is there. Yes it's clear".

Assessing risk, safety monitoring and management

- People's risk assessments were completed on an individual basis. These were in the process of being reviewed by the registered manager.
- We saw examples of completed assessments. These were stored on the electronic records system so they were fully accessible to staff. Printed copies were available for people also if needed.
- Individual risks relating to Covid had been assessed for both people using the service and staff.

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 the last inspection this key question was rated as Good. At this inspection the key question was rated as Requires Improvement.

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

- The provider was honest and responsive when we discussed our concerns about the breach of regulation relating to recruitment. Immediately after the inspection they told us about the steps they had taken in response to these findings. This included better systems to record the information they gathered during the recruitment process. Senior staff also completed safer recruitment training to support improvement in this area.
- Monthly checks on the service were carried out to identify any areas requiring attention or improvement. We saw that this checked, for example, whether there had been any medication errors, whether notifications to CQC had been made as necessary and whether care documentation was up to date. The last audit had led to an action plan to arrange for service user surveys to be sent out. However, the monitoring systems had not identified any concerns with recruitment.

We recommend the provider reviews the monitoring and auditing systems to ensure they are fully effective and cover all areas of regulation.

- The service worked with the local authority when there were concerns raised about an individual's care. We saw examples of investigations that had taken place, with meeting minutes documenting that a satisfactory conclusion had been reached.
- There were computer systems in place to help monitor the safety of the service. Staff used this system to log in and out of call visits. If a member of staff failed to arrive or was running late, an alert was sent to senior staff's phone so that action could be taken. An electronic system was used for recording notes about each care visit. This system gave staff information about each person's care needs.
- Staff gave positive feedback about the electronic systems used to record people's care. Comments included; "It's all on the Birdie system. It's easy to use" and "All information is clear and on the system. We log on and the information is there. Yes its clear".
- A new manager had been recruited with a view to developing the service in to providing care in supported living settings. These plans had been put on hold at the time of the inspection due to the service being involved with organisational safeguarding (this is when the safeguarding authority are working within an organisation due to concerns about their service as a whole), and due to the limitations of working during the pandemic. However, this remained a long term plan for the service and a new office had been registered to facilitate this. There was a new deputy manager due to start with the service in January 2021.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they discussed their care with the manager and changes were made as necessary. Comments included; "Changes have been made to the care plan throughout the year as necessary, for example the amount of daily calls was increased. It was discussed with me." And "The manager came to talk with me and gave me a written care plan."
- People felt comfortable about approaching senior staff to discuss any concerns or issues. Comments included; "I got through to the office straight away when someone was late." And "We have spoken to the office about my relative being put to bed at 6:15 which is too early but the time returns to earlier again; the later is the better."
- We saw evidence that care reviews were taking place with people using the service. This was an opportunity to discuss the care package with person to review whether any changes or improvements were needed. The manager told us that since starting with the company, they were in the process of carrying out care reviews with everyone using the service and were currently part way through this process. This helped ensure that people receiving care were included in decision making and that care met their expectations.
- The manager told us they were planning to issue questionnaires shortly, to gather people's views about the service. This would help ensure people's voices were heard and included in future decision making for the service.
- Staff told us they felt well supported and listened to and could raise concerns if they had them. Comments included; "If I need anything, they listen. They immediately act. Where we need extra support, we have an out of hours number and there is a care coordinator". And "I am happy and am treated well as an employee".
- Staff confirmed there was an out of hours system that worked well and was answered when needed. Staff told us, "We have an on-call system. It is always answered".

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Full information about a person's employment history was not always documented in order to support safe recruitment decision making. Regulation 19(3) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.