

Blue Arch Homecare Limited

Blue Arch Homecare

Inspection report

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10 November 2020

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Blue Arch Homecare is a domiciliary care service. The service provides personal care to people living in their own homes. At the time of the inspection 38 people were using the service.

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. At the time of the inspection 38 people were receiving personal care.

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

Since our last inspection improvement had taken place to infection prevention controls (IPC), these now needed to be embedded into day to day practice. Appropriate Personal Protective Equipment (PPE) was made available and worn by staff.

Improvement had taken place to staff recruitment procedures, these now need to be embedded into day to day practice. There was enough staff to meet people's needs, people told us the staff who provided their care were consistent and knew them well.

The provider had implemented an electronic monitoring system to help with monitoring all aspects of the service. However, quality assurance checks were still not consistently being carried out in a timely manner, in order to ensure the care being delivered was safe and to a good standard.

Where the provider was responsible, people received their medicines safely and as prescribed by staff who had been trained and assessed as competent to administer medicines. The provider needs to complete regular medicine audits to check people consistently receive their medicines safely.

People told us they felt safe and confident with the care and support they received from staff. People were safeguarded from abuse and neglect by a staff team who were trained in safeguarding procedures.

Staff received relevant training to ensure that they had the required skills and experience to support people appropriately. Due to the COVID-19 face to face training had been postponed until January 2021, in the interim staff were completing on-line training.

Risk assessments had been completed to ensure people were supported to remain safe. There was clear guidance for staff on how to manage people's risks.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems supported this practice.

The provider and staff team were kind, caring and compassionate. People and their representatives told us that staff were kind to them and respected their dignity and their privacy.

Care records contained sufficient information about people's needs and routines. End of life care planning was provided, however at the time of the inspection the provider confirmed no people were on end of life care pathways.

The provider had implemented a quality assurance system to give people opportunities to feedback on the service they received. The provider had systems in place to encourage and respond to any complaints or compliments. People told us they were comfortable approaching the provider if they had a complaint.

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

Rating at the last inspection (and update)

This service was registered with us on 4 April 2019. A focused inspection took place in July 2020 (Report published on 20 August 2020) the service was not rated and had multiple breaches in the regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Why we inspected

This was a full comprehensive inspection to check the provider had followed their action plan and to confirm they now met the legal requirements. Enough improvement had been made at this inspection and the provider was no longer in breach of the regulations.

We have made a recommendation regarding good governance.

You can read the report from our last focused inspection, by selecting the 'all reports' link for Blue Arch Homecare on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we 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 always safe.
Details are in our safe findings below.

Requires Improvement ●

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 well-led.
Details are in our well-led findings below.

Good ●

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

Blue Arch Homecare

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector, two assistant inspectors and a Gujarati speaking interpreter.

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

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider / registered manager would be available to support the inspection.

The inspection activity started on 28 October 2020 and ended on 10 November 2020. We carried out the office visit on 28 October 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. Such as the provider action plan following the last inspection, and statutory notifications received from the provider. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with six people using the service, which included making individual calls via a chat room with an assistant inspector and an interpreter. We also spoke with five members of staff, including the care coordinator and the provider.

We reviewed a range of records. This included three people's care records and medication records. We looked at five staff recruitment files and other records in relation to staff, training and support. We also reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included training data and quality assurance records.

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 focused inspection this key question was not rated. This is the first comprehensive inspection for this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection the provider had failed to recruit staff safely. This was a breach of regulation 19 (Fit and Proper Persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of the regulations.

Staffing and recruitment

- The provider followed safe recruitment procedures to ensure people were protected from staff that may not be fit and safe to support them. Disclosure and barring service (DBS) security checks and references were obtained before new staff started delivering care. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.
- All the people we spoke with confirmed they had regular care staff attend their calls and when on leave, they were informed beforehand of which staff would be attending their calls. One person said, "The carers try hard to be on time, they always apologise if they are late, but sometimes with traffic it's unavoidable."

At our last inspection the provider had failed to manage the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of the regulations.

Preventing and controlling infection

- People were protected from the risk of infection. Most of the staff had received Infection Control and specific COVID-19 training, with the remainder of staff due to complete training by the end of November 2020. We were told staff used Protective Personal Equipment (PPE) in accordance with government guidance around COVID-19.
- One staff member told us, "We have done IPC and PPE training, we do our best to protect the clients." Another said, "We wash our hands, sanitise, put masks on. As soon as we are in people's houses, we clean [person's] hands with sanitiser to make sure all our hands are clean."
- All the staff we spoke with confirmed they were provided with sufficient supplies of PPE. One staff member said, "Everything is ok, we have gloves, masks and aprons, we pick them up from the office." The provider confirmed they had not encountered any problems in obtaining PPE supplies.

Using medicines safely

- The provider had improved systems to monitor and review how people received their medicines, however audits were still not completed in a timely way in order to give assurances staff were following the medicines

policy and procedures. The provider acknowledged this and gave assurances this would be rectified.

- People received support to take their medicines safely. Most people managed their own medication (with family member's support). Two people told us the staff supported them with medication and they did not have any complaints about how this support was provided.
- Staff confirmed most people needed minimal support to take their medicines and they only needed to prompt people to take their medicines. For example, people taking medicines to treat Parkinson's Disease. One staff member said, "We monitor and make a note to say the person has taken it [medicine] for example, someone with dementia may not remember to take it." Another staff member said, "I have one client we prompt, their [spouse] asks us to remind [person] to take it at meal times."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider now had systems in place to ensure risk assessments were current and accurate. We found known risks had been assessed and were regularly reviewed.
- People told us they felt confident that staff knew how to operate the equipment safely. Environmental risk assessments included information about the equipment used to keep people safe in their own homes, such as hoists.
- The provider had implemented an electronic care monitoring system to plan and review people's care plans and risk assessments. We found there was sufficient information and guidance available in people's care plans for staff to follow. For example, on how to manage the risks associated with health conditions, such as diabetes and the actions staff needed to take in response to any concerns.

Systems and processes to safeguard people from the risk of abuse

- At our last inspection we found improvements were required in recording safeguarding concerns and the outcomes of any investigations. At this inspection the provider now had systems in place to ensure people were not at risk of harm.
- People told us they felt safe when staff provided them with care and support.
- Discussions with staff demonstrated they had completed training in safeguarding and were knowledgeable at recognising when people were at risk of harm or felt unsafe, and they felt comfortable to report unsafe practice.
- A training programme was in place which included both e-learning and face to face training. However, due to the COVID-19 restrictions, one to one support with e-learning was taking longer to complete with staff and face to face training was now scheduled to re-commence in January 2021.

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.

This is the first comprehensive inspection for this newly registered service. This key question has been rated Good. This meant 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

- Assessments of people's needs were comprehensive, expected outcomes were identified and care and support was regularly reviewed.
- Staff were provided with information about people's needs and preferences to provide person centred care. One staff member said, "I read the care plans to learn about people's needs."
- The provider ensured they supported families and worked with stakeholders to assess people's needs and continue to meet them.

Staff support: induction, training, skills and experience

- People said they received care from staff members who they felt were skilled and experienced.
- Staff were complimentary of the training and support they received. Comprehensive checks of staff practice helped to ensure people received quality care. A staff member said, "I feel well trained to do my job, and I have completed all my induction training."
- Staff training had developed around individual needs with people. Staff confirmed they had also completed training to meet the specific needs of people using the service, such as, dementia, nutrition, percutaneous endoscopic gastrostomy (PEG) feeds, diabetes and stroke care.
- Staff confirmed they felt well supported by the provider. They told us they attended one to one supervision meetings to discuss their performance and any further support required. They also confirmed they attended team meetings with the provider to discuss the needs of the service. One staff member said, "We all work together as a team, there is good communication, I have nothing bad to say, we all do our jobs, attend all the calls."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were provided with the right support to eat and drink sufficient amounts. People had information in their care plans which detailed their food and drink preferences, cultural and health related needs.
- Some people said that carers would contact their GP if they were feeling unwell; however, others had family members who also managed their health appointments. They said the staff worked with other professionals to ensure they received timely support to meet their health needs.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People were encouraged to make decisions for themselves. There was a strong emphasis on involving them and enabling them to make choices wherever possible.
- People's mental capacity and ability to consent to care was now being assessed as part of initial care assessments. When people's capacity to make certain decisions changed staff completed relevant mental capacity assessments and best interest decisions.
- Staff knew the level of support people required and people confirmed that staff asked for their consent and gained their agreement before providing any care.

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.

This is the first comprehensive inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us the staff were very kind and caring, One person told us, "They [staff] are great, I look forward to them coming, they are kind and always have time for a chat." Another person said, "[Carer] is really kind, I would miss her if she didn't come, she is like a friend visiting."
- People confirmed they received care from staff that knew them well. The staff were mindful of people being at risk of experiencing loneliness due to COVID-19, social distancing and visiting restrictions. One staff member said, "If relatives can't come to see their loved ones, we make sure we spend more time with them, to make sure they are okay and safe. We observe, and feed back to relatives that can't be there, who normally would be."
- Comments from the staff demonstrated they cared for people with compassion. For example, one staff member said, "Some people are anxious, we sit with them, chat with them explain why we have to wear face masks (because of the virus), to help them understand. On the first visit, if the person doesn't know you, we sit away outside, and take the mask off so they can see your face. Once you visit regularly, people get used to you." Another staff member said, "I will ask if they have any worries or pain, general questions, I use a lot of observation."

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

- People and relatives were involved when care plans were written and reviewed. All the people we spoke with said the staff consulted and listened to them and acted on what they said. They told us staff provided their support at the agreed time. People said it is good to know what time the carers are coming.
- People were fully involved in making decisions about their care and support and staff had been able to meet people's specific communication needs by using their first language.
- At the time of inspection, no one using the service required the support of an advocate. The provider was aware of the need to support people to access advocacy services as and when required.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. All the people we spoke with confirmed this. One staff member said, "I make sure the door and curtains are closed to ensure people have privacy when receiving personal care."
- People were encouraged to be independent and do tasks for themselves which made them feel valued and useful. Staff told us they encouraged people to do what they could for themselves. One staff member spoke of how they supported a person to keep in telephone contact with a family member that lived abroad. Staff gave examples of taking time when assisting people to wash and dress, to ease any discomfort, and

enable people to be as independent as possible.

- People's confidentiality was maintained. One staff member gave an example of a person that was refusing meals. They said, "I contacted the office to check it was okay to contact the person's family to let family know."
- The service complied with data protection law. The information we saw about people was either kept in lockable cabinets in locked offices or on password protected computers. This meant people's private information was kept securely.

Is the service responsive?

Our findings

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

This is the first comprehensive inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care and support was personalised and tailored to their individual needs.
- There were comprehensive care plans in place. The care co-ordinator told us the care plan reflected the care and support the person wanted, along with detail about how they wished it to be provided to ensure that their preferences and routines were respected by the staff.
- People told us, because staff knew them so well, they understood their likes and dislikes.
- Some people we spoke with were unable to recall having discussed their care needs with the provider. Although, one person confirmed they had met with the provider to discuss their care needs, when their care package first started.
- Staff members knew the people they supported very well, and how they preferred to be cared for. They confirmed they kept in communication with family members regarding the care of people unable to communicate their needs. One staff member said, "I speak to people's family members if needed, I also read the care plans, they tell you a lot about what the person's needs."
- One person told us they had requested a staff member of a particular ethnic background to provide their care and this was met.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, recorded and highlighted in care plans, and shared appropriately amongst staff.
- Staff adjusted their own approach, depending on people's individual needs. One member of staff spoke of how they provided support for a person with limited verbal communication. They said, "I have got used to [person's] communication and what they are saying, before I used a pen and paper, it has given me a lot of experience."
- The provider employed a diverse staff team that spoke different languages. They matched the staff with individuals so people could effectively communicate in their first language.
- People said information about the service was available in a format which suited their needs. However, one person, said they had not been provided with written information in their first language. This was shared with the provider during the inspection, to address going forward.

Improving care quality in response to complaints or concerns

- People knew about the complaints systems and procedures in place and felt very comfortable to complain. One person said, "I know who to contact if I had any concerns." Another person said they had a query and contacted the office, and the care co-ordinator had helped them with their query.
- We saw evidence that complaints received were taken seriously, and used to help improve the service where possible, with appropriate actions and records in place.

End of life care and support

- End of life care was provided, although not required at the time of the inspection.
- The care co-ordinator told us they worked closely with other professionals, such as community nurses, when providing end of life care.
- Staff received training on providing end of life care. Those staff with experience in this area, were allocated to any end of life care packages.
- There was a section in people's care plans about their end of life wishes. The information generally stated people did not want to talk about this area.

Is the service well-led?

Our findings

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

At our last inspection the provider had failed to have systems and processes in place to monitor people's care and oversee the management of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice asking the provider to make changes within a defined time period. Enough improvement had been made at this inspection and the provider was no longer in breach of the regulation and had met their warning notice.

At the last focused inspection this key question was not rated. This is the first comprehensive inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider regularly worked alongside the care staff and had a good overview of people's needs. Since the last inspection the provider had reviewed the company policies and procedures and implemented quality monitoring systems.
- An additional electronic care management monitoring system had been implemented, which had driven improvements in some areas, however there continued to be a low level of staff engagement. The care co-ordinator told us individual staff training was now being offered to those staff who had not fully engaged to date, to ensure they had compliance with call monitoring.
- At the time of this inspection the provider confirmed they had not received any complaints or safeguarding concerns. Since the last inspection they had reviewed their safeguarding procedures to ensure they fulfilled the duty of candour responsibilities. The duty of candour requires providers to be open and transparent, to enable concerns and complaints to be raised freely, and outcomes of to be shared with people using the service, staff and regulators.
- Although we found all of these improvements were effective in providing oversight of the service we also highlighted some auditing was not completed as regularly as intended. For example, medication records and daily notes was not up to date with the providers own policy.
- This meant there was an increased risk that potential issues may not be addressed in a timely manner. The provider told us they had learnt from their previous attempt to keep up to date with this as it had not proved successful. They had now allocated these tasks to specific staff to ensure these were kept up to date.

We recommend the provider embeds more regular quality auditing to ensure they can identify where quality and/or safety may be compromised and to respond appropriately in a timely manner.

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

- People were encouraged to give their views about the service. This was in the form of informal conversations, quality review telephone calls and questionnaires. We saw one completed questionnaire that had been returned to the provider, which indicated the person was pleased with the care and support they received.
- People we spoke with were satisfied and happy with the care they received, and they did not want to change anything about their care. Staff recognised people's individuality and promoted this. This included respecting people's differing faiths. One staff member told us how they support a person with their rituals of cleanliness and prayer for their faith.
- People confirmed they had the contact details for the office and would ring them if they were unhappy with any aspect of the care. However, the people we spoke with through an interpreter said they had not been provided with the office contact details. This was brought to the attention of the provider for their attention going forward.

Continuous learning and improving care

- Since the last inspection, the provider had worked closely with the local authority to make improvements to the quality assurance systems and processes to monitor all aspects of the service. The provider recognised these now required embedding into practice.
- The provider had implemented a second call monitoring system, to help with the oversight of care calls, following the identification by the provider, that the currently used app by care staff, was not sufficient in ensuring care call compliance.
- There was a commitment to provide a person centred, quality-based service. The provider and staff team had a positive attitude towards developing the service. One staff member said, "If there are any problems, they need to be raised so we can learn from them."

Working in partnership with others; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had implemented a system to record the involvement of other health professionals in the care of people they supported. For example, the GP, district nurses and social workers. This would ensure improved communications to achieve the best possible outcomes for the people using the service.
- The provider was committed to providing good quality and personalised care to people. The provider was involved in day to day care provision. One person said, "I feel very lucky to have them."