

Bluelight Healthcare Recruitment Limited

# Bluelight Healthcare Recruitment Limited

## Inspection report

Unit 271, C E M E Campus  
Marsh Way  
Rainham  
RM13 8EU

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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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

### About the service

Bluelight Healthcare Recruitment Limited provides domiciliary care to people in their own homes. 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. At the time of this inspection there were 10 people using the domiciliary service.

The service is also a supported living service which is registered to provide personal care. At the time of the inspection, they were supporting one person who had a learning disability and was receiving personal care. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. This enabled people who used the service to live as full a life as possible and achieve the best possible outcomes.

### Right Support

Staff had a good knowledge of people they supported and respected their privacy and dignity. They promoted people's independence. Confidentiality of people's personal information was maintained. People's care needs were documented so staff could provide personalised care and support. Staff monitored people's health and wellbeing and sought advice or guidance from healthcare professional as needed. People who required support with meals were provided with food and drinks which met their nutritional needs.

### Right Care

People's needs had been assessed before they started using the service. The assessment covered areas of the person's physical, social, psychological and cultural needs. Risks associated with people's care and support had been assessed and there was guidance in place to keep them safe. People were supported by staff that had received appropriate training and support to do their jobs and meet people's needs. 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 in the service supported this practice. Where people did not have the capacity to consent, the staff acted in accordance with legal requirements. People were supported to maintain good health and to maintain relationships with friends

and relatives.

#### Right culture

The provider had safeguarding policies and procedures in relation to safeguarding people. Staff understood what abuse was and the actions to take if a person using the service was being abused. There were sufficient staff to meet people's needs and recruitment processes were safe. People were protected from the risks associated with the spread of infection. There was an open and inclusive culture in the service, with staff, people, relatives and other external professionals encouraged to help improve the service provided to people. There was an effective system in place to monitor the quality of the service and identify shortfalls. The provider worked with a number of health and social care professionals to ensure people's needs were met.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 18 May 2020 and this is the first inspection. The last rating for the service at the previous premises was good, (report published on 25 September 2019).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service and because the service had not been previously rated.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Bluelight Healthcare Recruitment 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. 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was completed by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

This service also provides care and support to people living in a supported living setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service. We used all this information to plan our inspection.

### During the inspection

We reviewed a range of records. This included three people's care records, three staff files, training records, staff supervision records and satisfaction surveys. We also looked at audits and a variety of records relating to the management of the service, including policies and procedures. We spoke with the registered manager who facilitated the inspection. We also spoke briefly with the director and two members of the office staff.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two people who used the service and two relatives to obtain their views of the service. We also contacted three members of staff to ask them questions about their roles and to confirm information we had received about them during our inspection. We also sought feedback from an external professional in health and social care about working with the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had procedures in place to inform staff of how to protect people from abuse and avoidable harm. People told us they felt safe using the service. One person said, "I do feel safe when the carers are here."
- Records showed and staff confirmed they had undertaken training to support their knowledge and understanding of how to keep people safe.
- Staff knew the procedure to follow if they identified any concerns or if any information of concern was disclosed to them. They understood their responsibilities to protect people from harm. One member of staff told us, "I will report any kind abuse to my line manager."
- Relatives told us they were aware of whom to speak to if they were worried about people's safety. One relative said, "My [family member] will tell me if anything is wrong, I have no concerns."
- The registered manager knew of their responsibilities to protect people from abuse. It was evident from discussion with them that they understood what constituted abuse and knew how they could escalate any concerns that they might have.
- The provider had a whistleblowing procedure in place. Staff understood how to whistle-blow and knew how to raise concerns about any unsafe practice.

Assessing risk, safety monitoring and management

- Risks to people were assessed by the registered manager and management plans were in place where risks were identified. This included environmental risks and any risks in relation to the health and support needs of the person.
- The risk assessment included the level of risk as well as action needed to minimise the risks where possible. For example, one care plan detailed the risk for one person in relation to their behaviour and what action staff needed to take. This helped to ensure the person concerned remained safe.
- Risk assessments were reviewed regularly to ensure they were accurate. This meant staff had clear guidelines to enable people to take risks as part of everyday life safely.
- Staff were encouraged to report any new risks they had identified to the office staff so that appropriate action could be taken to ensure the safety of people as well as staff.

Staffing and recruitment

- The provider had an effective recruitment procedure to ensure staff had the appropriate skills and experience for the role.
- Staff recruitment files contained checks that the provider had carried out on the suitability of potential staff before employing them. The checks included the required professional references, application form,

criminal record check, identification, terms and conditions of employment and right to work in the United Kingdom.

- The service provided enough staff to ensure people were given safe care at all times. People and their relatives told us the same staff or group of staff supported them. One person told us, "I have the same carers that come to see me." This helped with consistency and continuity of care as staff were aware of the needs of people they were caring for.

#### Using medicines safely

- The provider had suitable arrangements for the management of medicines. There was a clear medicines policy for staff to follow.
- People were supported to take their medicines by staff who were trained to do so safely.
- Each person had a medicines administration record (MAR) where they documented when a person had taken their medicines. MAR records were audited to ensure people had received their medicines as prescribed.

#### Preventing and controlling infection

- The provider had policies and procedures regarding the prevention and control of infection and they kept the staff up to date with relevant national guidance.
- Staff received regular supplies of personal protective equipment (PPE) such as gloves, masks, and aprons to protect the spread of infection.
- People and their relatives told us the staff wore their PPE as and when required. One person told us, "The carer would wear their mask, gloves and apron when helping with personal care."
- Staff had received training in infection control and they were regularly tested for COVID-19. They had been informed by the registered manager of the action they would have to take if they were to test positive.

#### Learning lessons when things go wrong

- The provider had a system in place to record and monitor accidents and incidents. The registered manager reviewed the records to identify any action needed to prevent a potential recurrence.
- There was evidence that learning from incidents took place and appropriate changes were implemented. For example, there was an incident which involved a member of staff and one person using the service. This was dealt with appropriately by the registered manager.



# 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 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

- The registered manager carried out a detailed assessment of people's needs before they started receiving care and support. The assessment included assessing the person's mobility, capacity to consent and ability to undertake tasks such as personal care and assisting with administration of their medicines.
- One person told us, "[Registered manager] came to see at the hospital and spoke to me about the agency and what help I needed before the carers started to come."
- The registered manager also contacted other health and social care professionals involved in people's care and support, to make sure they had the most up to date information on the person.
- People and their relatives confirmed to us they had been involved the assessment process. This helped to ensure staff had the information they needed to meet people's needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had the knowledge and skills required to meet their needs.
- People and their relatives commented positively about the care and support provided by staff. Comments included, "The carers know what they are doing," and "I am happy with the way the carers look after me." One relative said, "The staff are very helpful, I don't know what I would have done without them."
- Staff completed training in a number of key areas to ensure they were competent in their roles. This included moving and handling, health and safety, infection control, medicine management, person centred care, the Mental Capacity Act (2005), equality and diversity, information governance and safeguarding. We saw certificates on the staff files to confirm that staff had attended a number of training sessions.
- Staff felt the training they received was good and helped them to meet people's needs. One staff member told us, "The training is very good."
- New staff undertook an induction before providing support to people. This covered a number of areas including training and familiarising themselves with some policies and procedures.
- Before staff worked on their own, they spent time shadowing experienced staff and getting to know the person they would be supporting. One person told us, "When I had a new carer, they came to do some shadowing visits first."
- Staff received regular one to one supervision to discuss their role and development needs. One staff member said, "I have regular supervisions with my line manager, the last one was three weeks ago."

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

- People who required support with meals were provided with food and drinks which met their nutritional needs.

- People's needs in relation to support with eating and drinking had been assessed and recorded. Staff knew what people liked to eat, including likes and dislikes. One member of staff told us, "[Person] likes to eat fish and chips." If people were able, staff encouraged them to cook their meals and helped them accordingly.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager worked well with other health and social care professionals to support people using the service.
- People's health care needs were monitored and met as referrals were made to the appropriate health care professionals when needed.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager and staff understood the importance of people having the right to make their own decisions. They were familiar with the processes and principles of the MCA.
- Staff received training on the MCA and there were policies and procedures for them to follow.
- People told us staff always asked them for their consent before providing care and support to them. One person said, "The carers always check with me before they do thing".

# 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 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 and their relatives commented positively about the service and the staff. One person said, "The carers are very good, I am happy with them, everything is fine." People told us staff treated them with respect and were kind and caring to them. Staff had developed a positive caring relationship with people who used the service.
- Staff had a good knowledge of people's beliefs and cultural needs and ensured these were met. They had received training in equality and diversity.
- People were treated equally regardless of their abilities, their background or their lifestyle. Where people had any cultural or religious needs, these were recorded to ensure staff were aware of them. One member of staff told us, "Some people have different beliefs and I respect this."
- The management team was committed to challenge any form of discrimination they encountered.

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

- People were involved, where able, in decisions about their care which helped them to retain choice and control over how their care and support was delivered. Where people were not able to do so, their relatives were involved. One person told us, "Everything was discussed with me, how I wanted things done and what I wanted to happen."
- Relatives told us they were always kept informed of changes in the well-being of their loved ones. For example, if a person needed further support due to the change in their care needs.
- People were encouraged to exercise their choice in areas such as how they wanted to spend their day, what they liked to eat or what activities they wanted to take part in. One person told us, "I go out when I want to."
- Records showed that people were involved in making decisions about their care and support. They had signed their records indicating their involvement and approval.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect by staff and had their privacy and dignity respected. Staff told us they always checked with people before providing personal care to them. They told us how they would maintain a person's privacy and dignity when assisting them with personal care for example, closing curtains and doors.
- People were helped by the staff to maintain their independence wherever possible. For example, people were encouraged to do things for themselves where they were able to do so. One person told us, "I can shave myself; I have an electric shaver." Another person said, "The carers encourage me to brush my hair and teeth."

- We noted people's independence levels were recorded in their care plans so staff knew where they needed assistance.
- The provider had a confidentiality policy in place. This confirmed people's information was treated confidentially.
- Staff were aware to ensure any discussion relating to information of people, took place in an appropriate venue, for example not in a place where others, who were not entitled to know, could hear about it. They knew they should seek the person's consent first before any information was shared.

# Is the service responsive?

## Our findings

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

This is the first 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 received care and support that was personalised and responsive to their individual needs.
- Care plans had appropriate information about people's preferences for their support and contained guidance for staff on how to support people safely. This helped to ensure staff had the information they needed to meet people's needs.
- Feedback from people and relatives about the care and support provided by staff was positive. One person told us, "The carers are very good."
- Care plans were kept under review to ensure staff continued to meet people's changing needs. Staff were kept up to date with people's individual needs during daily calls from the management team to ensure people were supported with their needs in the way they had chosen.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were recorded in their care plans so staff knew how to communicate with them. For example, one care plan mentioned that staff should give clear instructions to the person and use simple language due to the communication needs of that person.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's social and emotional needs were taken into account. People told us they could pursue their interests and hobbies, for example staff took them out for shopping trips.
- Staff supported people to keep in touch with their relatives and encouraged them to remain active and do things they enjoyed. This meant people were supported to avoid social isolation.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place and this provided information to people and their relatives about how to make a complaint. People and relatives told us that if they had any concerns about the service, they would tell staff. One person told us "If I have any concerns, I will speak with [registered manager] or contact the office."
- The provider had a system to record any complaints or concerns received. This included the details of the

concern, actions taken and the outcome.

- The registered manager took account of complaints and comments to improve the service.
- We noted the provider had received several compliments from relatives about the service and staff. One relative wrote, "Thank you for your brilliant service/support and help you were a god send to our family."

#### End of life care and support

- The registered manager informed that they were not supporting anyone who required end of life care at the time of our inspection.
- Staff had received training in end of life care. This helped to ensure they had the knowledge and skills needed to deliver quality care to people nearing the end of their lives.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- People and relatives told us that the service was good and that they could speak with the registered manager as and when they wanted. They also mentioned that the management team were approachable and included them in discussions about the care and support being provided. One person told us, "I am happy with the agency and can contact the manager at any time."
- The registered manager was available on the telephone for people, relatives and staff to discuss any issues they might have. This ensured that that people who used the service were well supported and received good care.
- Staff told us the registered manager and office staff were very supportive and listened to their views or concerns. One member of staff said, "The manager is very approachable, I can talk to them and also have their mobile number if I need to contact them."

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 registered manager was aware of their responsibility to inform CQC of events and incidents that happen within the service or when people received care and support from staff.
- Staff were kept informed about matters that affected the service through daily contact via a digital messenger application.

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

- Staff had a good understanding of the ethos of the service and were clear about their responsibilities. They understood their roles and told us they were supported by the management team.
- Records showed that there were regular staff meetings. The minutes of these meetings showed that issues were discussed to improve the quality of care that people received and also any issues staff wanted to discuss for example, their duty rota.
- Staff had access to a range of policies and procedures to guide them in their roles.

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

- There were systems in place for people and their relatives to give feedback on the quality of the service being provided.

- The registered manager acknowledged and addressed any areas of improvement if needed.
- A member of the management team contacted people by telephone and also completed face to face visits on a regular basis to see if people were happy with the care and support they were receiving.
- One person told us, "[Registered manager] came to see me but I can't remember when, but we do keep in touch."

#### Continuous learning and improving care

- The management team undertook regular audits to monitor the quality of the service they provided. This included staff training, health and safety, and medicines management.
- There were systems in place to monitor care visits and processes to help make sure visits were met. This was monitored by a dedicated staff in the office and this helped to ensure staff provided care and support to people to the required standard and were arriving and leaving people's homes at the agreed times.

#### Working in partnership with others

- The provider had links with the wider community in order to help ensure a joined up approach to people's support.
- The registered manager kept themselves up to date with best practice on health and social care. They recognised the importance of developing close ongoing professional relationship with individual professionals.