WP Care Ltd

Blue Ribbon Community Care in South West London

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Blue Ribbon Community Care in South West London is a domiciliary care agency. This service provides personal care to people living in their own houses and flats. It provides a service to older adults, some of whom have dementia, physical disability and sensory impartment. At the time of inspection 23 people were receiving support from this service.

This inspection was carried out on 18 and 23 April 2018 and was announced. We gave the provider 48 hours' notice of the inspection because we needed to be sure that someone would be in when we come to inspect the service.

At the last inspection on 11 December 2015 the service was rated GOOD. At this inspection we rated the service Requires Improvement, with Requires Improvement in the key questions safe, effective, responsive and well-led.

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.

We identified breaches of regulation during the inspection. You can see the action we have told the provider to take with regard to the breaches at the back of the full version of this report.

Risk assessments had not always addressed the support people required to minimise risks. Information was missing on the assistance people needed to meet their individual needs safely.

Staff had not completed appropriate training to gain the required knowledge and skills to support people effectively.

There were no quality assurance processes in place to monitor improvements required to ensure people's safety. Although people were supported in relation to their medicines, we found that medicine administration sheets were not completed correctly.

Care records were not always fully completed and information about people's health conditions was missing. We have made a recommendation about this.

Staff worked in conjunction with relatives and healthcare professionals to assist people to take their medicines as prescribed. However, people's medicines were not signed for appropriately by the staff team. We have made a recommendation about this.

People told us that staff stayed for the full duration of their shifts as required. However, they had not arrived

on time to support them as necessary.

People told us they were well cared for by the Blue Ribbon Community Care in South West London which made them feel safe. Systems were in place to monitor any safeguarding investigations reported and actions were taken to protect people as necessary. Pre-employment checks were undertaken to ensure staff's suitability for the role. Systems were in place and people had information on how to complain if necessary.

Staff approached the management team for support and advice at any time they required it. Staff had information and followed the service's processes to get to know people before they started supporting them. People had assistance to do on-line food shopping which gave them more options of what food they wanted to buy. Staff were in-contact with healthcare professionals where people needed support to meet their health needs. Processes were in place to support people to make their own decisions where possible as required by the Mental Capacity Act (MCA) 2005.

Staff were patient and attended to people with care. People had their individual needs respected and staff helped them to make choices as necessary. Staff encouraged people to engage and undertake activities for themselves which increased their independence.

Staff responded to people's care needs based on their preferences and how they wanted to be supported on the day. People and their relatives were involved in developing the care plans and had to consent to them before they were finalised. People were encouraged to share their opinions and to provide feedback about the support they received. Staff worked in conjunction with healthcare professionals to support people at the end of their lives.

The management team was approachable and supportive when people and their relatives contacted them. There were good communication systems in place that enabled staff to share information efficiently. The management team worked together and shared responsibilities to monitor the staff team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not safe in some aspects.

Risk management plans lacked information on the assistance people required to carry out activities safely.

People had support to take their medicines as prescribed and at the time they required it, but staff had not always signed them as necessary.

Staff ensured that people were protected from potential harm and abuse. Staff undertook all the necessary checks before they started working with people.

Is the service effective?

Requires Improvement

The service was not effective in some aspects.

Staff were not always provided with refresher training courses to support them in their role.

Concerns were raised in relation to staff arriving on time to people's homes and staff's communication related to them being late for shifts.

Staff contacted the management team when they needed reassurance and support. Staff were provided with the service's policies and procedures to ensure consistency before they started working with people. People's dietary and healthcare needs were met by the provider.

Systems were in place to support people under the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People said that staff were friendly and caring. They felt safe in the presence of staff. Staff understood what was important to

people and helped them to make choices about their daily activities.

Staff enhanced people's skills to ensure they were independent as much as possible.

Is the service responsive?

Requires Improvement

The service was not responsive in some aspects.

Care plans lacked information on people's conditions which meant that information was missing to adhere to people's needs as necessary.

Staff were aware of what was important to people and how they wanted to be supported. People had a say in their care planning and signed their care plans to agree to the proposed support.

People shared their feedback with the management team and felt confident they would be listened to.

Is the service well-led?

Requires Improvement

The service was not well-led in some aspects.

There were no audits in place to monitor the services being delivered to people.

People told us the registered manger was approachable and available to speak with when needed.

Staff worked together to ensure good communication and information sharing practices at the service.

Blue Ribbon Community Care in South West London

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 and 23 April 2018. We gave the service 48 hours' notice of the inspection because it is a domiciliary care service and we needed to be sure that they would be in.

We carried out a comprehensive inspection of the service. The inspection was undertaken 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.

Before the inspection we reviewed information we held about the service. This included statutory notifications and a Provider Information Return (PIR). The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the safeguarding records we had for this service.

During the inspection we spoke with three people using the service and seven relatives. We also talked to the registered manager, client care manager and three staff members working for this service. We checked records related to the staff training, recruitment, medicines and the management of the service, including quality assurance audits. We also looked at the care records for four people and three staff files.

After the inspection we contacted health and social care professionals asking for their feedback about the service, but they did not respond.

Requires Improvement

Is the service safe?

Our findings

We found that the risk assessments carried out by the service did not always provide details on the actual risks to people. The template used had standard information on the 'existing measures in place' to prevent or limit risks to people's well-being. However, information was not always available on the actual risks to people as individuals. For example, a person was assessed at a medium risk for trips and falls, but there were no details on what the risks were and on the actual support the person required to stay safe. The client care manager told us this person used a mobility aid and was 'unsteady' at times which meant that these risks were not assessed appropriately. We also saw that risks to people were rated between low and high, but there were no information available on the likelihood and severity of the risks occurring to determine the level and impact of risks on people. This meant that risks to people were not assessed and recorded appropriately to ensure this information was available for staff as necessary.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us they felt safe being supported by the Blue Ribbon Community Care in South West London. A person said, "[Staff] take me for a walk in the garden and make sure I am safe." A relative told us, "Carers make sure the anti-slip mat is down and the towels are on the radiator getting warm, I would say [my relative] is quite safe." Another relative said, "If [staff] are worried about [my relative's] safety they would call me and let me know their concerns. I have confidence in [staff] to look after [the relative]."

There were processes in place for the staff team to follow which ensured that people were safe from potential harm and abuse. Staff were aware of the types of abuse they had to report to the registered manager to safeguard people as necessary. The registered manager told us they contacted a local authority to put a protection plan in place if they had any concerns about people's safety. This meant that the safeguarding concerns received were investigated and people's well-being was protected.

The provider ensured that staff were appropriately checked before they started working for the service which meant that people were supported safely. Records showed that staff were required to provide two references and undertake a criminal record check prior to their employment start date. Staff also had to attend an interview to determine if their skills and values were right for the job.

People had support to manage their medicines as necessary. A family member told us, "Carers give [my relative] medicines and one of the carers could tell me the side effects so I would know it." During the initial assessment process the registered manager had identified the assistance people required to take their medicines safely. Staff had access to information on how to support people with their medicines, for example if a person needed to be prompted to take their medicines at the right time and the right dose. Care plans had a list of the medicines people were taking which meant that this information was available for the staff team at any time if required.

However, we found that people's medicine administration records (MAR) were not always signed for when

either staff or relatives had administered medicines to people. We looked at MAR sheets for two people and both of them had medicines unsigned for after they were administered to people. One of the MAR sheets had a number of instances when the medicines were not signed for. The daily notes we looked at showed that the medicines were administered to people either by staff or relatives, but this was not reflected on the MAR sheets. The registered manager told us they had already discussed the record keeping issues with the staff team as necessary.

We recommend that the provider seek advice in line with the National Treatment of Clinical Excellence (NICE) guidelines on the recording of medicines to ensure that full and contemporaneous records are kept. We will check on the provider's progress at our next inspection.

Systems were in place for staff to record information about incidents taking place. Staff used an incident and accident form to share details about the accidents occurring. This ensured that actions were taken in good time as necessary. There were no incident s recorded by the service in 2018.

Requires Improvement

Is the service effective?

Our findings

Staff were not always appropriately trained for their role. The registered manager told us that staff were provided with internal and external training courses. The internal courses were facilitated by the registered manager. The service used a spread sheet to record the dates when staff had attended the courses and we found that some staff had not had a refresher training in safeguarding, medicines management and infection control since 2012. We discussed this with the registered manager who told us that staff were offered to attend a refresher course if there was a training course in place and staff had requested the management team to be booked on the courses if they felt they required to update their knowledge. The registered manager confirmed that there was no system in place to monitor the on-going learning and development needs of staff.

Two out of three staff we talked to had a very limited knowledge about the Mental Capacity Act 2005 (MCA). They couldn't tell us what the MCA was in relation to but when prompted they provided us with some examples of how they supported people to make decisions. We looked at the training spread sheet and there were no dates recoded for the MCA training for these staff members. Staff told us they were not sure if they had the MCA training. We also viewed a mental capacity assessment completed by the service which lacked information on how it was decided that the person had lacked capacity to make the specific decision. We asked the registered manager about it and were told that the person had dementia and this is why they lacked capacity. This raised some concerns about the registered manager's knowledge in relation to the MCA. The registered manager told us they were trained for carry out the mental capacity assessments by the managing director.

There was a risk that the staff team did not have the necessary knowledge and skills to support people safely. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were provided with the necessary information before they first started working with people. At the start of their employment staff were given a handbook to familiarise themselves with the service's policies and procedures and their role responsibilities. The registered manager told us they observed staff on the job and assessed their knowledge making sure they read and understood what was required of them in their post. Staff told us they had time allocated to shadow a more experienced staff member before they started working with people. This helped staff to get to know people and to provide person centred care for them.

People and their family members felt staff were equipped to carry out their duties. One person told us, "[Staff] are adequately trained, when they first started they were not good with my stockings, but now that I have the same carer, she is very good, she knows me you see." The family members' comments included, "We need two carers and there is always an experienced one who knows [my relative]", "For what [my relative] receives the staff seem to be well trained" and "I don't know what training [staff] have but they appear to have enough knowledge to look after [my relative]."

A system was used to monitor staff's attendance for their shifts. Staff were required to make a call at the

start and end of their visit in people's homes which was reflected on the electronic system accessed by the management team. This ensured that the management team had accurate information on the duration of staffs' shifts.

People told us they had the same staff to support them which ensured they were familiar with people's care needs. One person said, "[Staff] come every morning and I have the same carer." Another person told us, "I have the same carer every day and she is exceptionally good."

However, we had mixed responses in relation to staff arriving on time to people's homes. Some of the relatives we spoke to said that staff were regularly late for their shifts. Relatives' comments included, "We are waiting for carers to come, we never know what time", "The only issue I have with the service is the time keeping, and I tell [staff] I am not angry, but it could be better", "I do have concerns as [staff] do not arrive on time and [the relative] is left waiting for most of the morning" and "The only thing I am not happy about is that [staff] don't come at the same time each day. It works most of the time and it works well, but if [staff] are late twice for the day it all goes out of sync."

Some relatives also noted there was a communication issue in relation to letting people know if staff were running late. One family member said, "I think it's important to communicate and I understand the carer might be running late or held up, but they don't seem to let the office know, so the office can let me know and that is really frustrating." Another family member told us, "I have raised the communication issue and I was told there are transport problems or that the carers have not informed the office they were late, but it really is not good enough."

We discussed this with the registered manager who told us they gave staff a window of 30 minutes to arrive for their shifts. If a staff member was regularly late, the management team had talked to them about the importance of being punctual. A new staff member was allocated to ensure that a person received their support in good time, if the time keeping was an on-going issue.

Staff told us the management team had supported them to carry out their responsibilities as required. Staff approached the registered manager if they had any concerns and felt they were listened to and provided with advice in good time. An on-call system was used by staff during out of hours, which ensured that support on urgent matters was available for staff when they needed it. However, we found that staff had not received regular one-to-one support through supervision and appraisal meetings. We discussed this with the registered manager who informed us they carried out supervisions as and when needed and that they had a schedule in place to facilitate appraisals that were overdue.

People were receiving support to meet their nutritional needs. Staff supported people with their meal preparations based on their care needs. For example, one person required assistance to prepare vegetables for cooking and staff helped them to peel the vegetables so they could cook a meal for themselves independently. The service had introduced people to on-line grocery shopping and helped them to order products on line. The on-line shopping provided people with the flexibility of what food they wanted to buy and when they wanted to make the order.

People told us they received support to meet their health needs as necessary. People's relatives supported them to attend hospital appointments and any changes to their care needs were communicated to the staff team for making adjustments to the care plan as necessary. A family member said, "My [relative] is in and out of hospital quite often but when [the relative] is at home, [the relative's] needs are met; if it wasn't I would change the service." People said that staff were in contact with the healthcare professionals if they required support. One person told us, "[Staff] would call the doctor if I need them; I have a care alarm on my

wrist just in case." A relative said, "[Staff] have rung the district nurse for me and they make everything alright."

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. Systems were in place to support people if a concern was raised in relation to their ability to make a decision. The registered manager said they were provided with information on people's capacity during the initial assessment process. The service worked closely with the local authority if people's capacity changed and they required a mental capacity assessment to be carried out, followed by the best interests meeting where necessary. This meant that the service worked in partnership with the local authority to support people to make important decisions to them where necessary.

Good

Is the service caring?

Our findings

People said they were happy with the services provided by the Blue Ribbon Community Care in South West London and that staff attended to them with care. Comments included, "[Staff] are caring and helpful, I am happy with what they do", "[Staff] are very understanding and caring" and "I like [staff], they are helpful and very friendly, I don't have any trouble with them at all." A family member said, "The staff are very caring and they do their best I think." Another family member told us, "[Staff] are kind and caring from what I have seen and how they behave with my [relative], they take good care of [the relative]."

People told us that staff provided them with opportunities to make choices which gave them control over their lives. One person said, "[Staff] always ask me how I want things to be done, I tell them if they are not doing it right." Staff told us they gained information about peoples' preferences which helped them to support people in a way they wanted to be cared for. One staff member said, "I read care plans to understand what clients want and need. I talk to them on a daily basis to find out if they are having a good day or bad day and this helps me to understand what support they want." Another staff member told us, "I involve clients in making decisions; I talk to them and help them to make choices if they want to."

Staff were patient and had time to have conversations with people. One person said, "We have a chat about all sorts of things." Another person told us, "[Staff] do listen and chat with me and you know they are helpful like that." A family member said, "[Staff] always have a chat and laugh with [my relative], [my relative] is happy with them." Staff respected people's dignity and were flexible in the way they supported people. People's family members told us, "[Staff] wait patiently for [my relative] to go slowly up and down the stairs", "[Staff] do certainly respect [my relative's] privacy and dignity, they understand my [relative]" and "If there is anything that needs doing, even if it's beyond [staff's] remit they will do it. My [relative] had a talking clock that stopped working and one of the carers took it and fixed it."

Staff were aware of their responsibility to promote people's independence. One person said, "[Staff] do encourage me to be independent. I have a walking frame and they walk behind me sometimes just in case." Staff told us they assessed people's individual skills and encouraged them to lead on activities depending on their capabilities. One staff member said, "I promote clients' independence by involving them in activities where possible. I do not rush them and help them to do things independently if it's safe, for example to make a cup of tea for themselves." Another staff member told us, "I talk to my clients and find out what they can do for themselves. I take a bowl to the bed so the client can brush their teeth by themselves."

Requires Improvement

Is the service responsive?

Our findings

People's care plans were not always fully completed making sure that staff had access to all the necessary information about people's care and support needs. Some of the care plans we viewed had not held all the relevant information on people's conditions. For example, we found a record noting that a person had 'Type 2 Diabetes'. There was no other information available for staff to follow when supporting this person. Another record showed that a person had 'Dementia', but there were no details available on the stage of dementia and how this affected the person with their daily activities. There was a risk that important information on people's care needs was missed.

We recommend the provider reviews their care planning system to ensure that person-centred, specific information is included for staff on people's conditions.

People told us they had support to meet their care needs. Comments included, "Yes! Yes! they do know me because I get the same [staff member] and she knows all about me and knows what to do" and "[Staff] look after me, they cover me with a towel and make me warm and comfortable, they are very good." A family member said, "[The staff member] have been coming for two-three years now and they are very good and have got to know [the relative] very well." Relatives were involved in helping people to make decisions where necessary. One relative said, "We are involved in all the decisions made with the service, they are contacting us for our input." Another relative told us, "There is a care plan and I am involved with that."

People's care plans had information on how people wanted to be supported. Staff accessed records about people's preferences, including the assistance they wanted to receive with their personal care and food preparations. The service used a standard format for people's care plans and family members helped people to read their care plans if support was required, for example where a person had visual impartment. The registered manager told us they met with people to discuss their care plans making sure they understood and consented to the proposed support. Records showed that people had signed their care plans which meant they were in agreement with it. People told us they had a copy of their care plans in their homes which meant they had access to information about their care and support needs at any time as necessary.

People told us they provided feedback about the service so any concerns they had could be adressed as necessary. One person said, "I have been asked to give feedback and have completed a survey on line probably about three months ago." Another person told us, "Feedback, well I've done it once or twice, its every six months. They have also phoned and asked my opinion on carers." One other person said, "I think I filled out a form quite recently and overall I would say they are good". A family member said, "I am in regular contact with the office and they have asked for feedback on what I think of the care [the relative] gets, it's always been positive."

There were systems in place to monitor complaints received. People were provided with information on the complaints policy, which included contact details of who to contact if people wanted to make changes to the support provided. The management team were responsible for investigating the complaints received.

Records showed that actions were taken to protect a person's privacy where the concerns were raised in relation to sharing information safely. The registered manager told us they were proactive in dealing with issues arising and contacted people and their relatives immediately if any issues were communicated to them. Records showed there was only one complaint received by the service in 2017/2018.

The service provided end of life care for people. The registered manager told us they worked in conjunction with healthcare professionals to ensure that people had access to support they required, including social workers, community nurses and hospital staff. The service was involved in reassessing people's care needs making sure they put support in place to reflect the changing needs. Additional resources were requested if the staff team was no longer able to provide the necessary care, for example where a person required on-going support to ensure their safety. People's care plans had Do Not Resuscitate (DNR) forms in place should this be necessary. This information was used by the staff team to support people in respect of their wishes.

Requires Improvement

Is the service well-led?

Our findings

There were no systems and processes in place to monitor the quality of the services being provided for people. Quality assurance audits were not carried out to identify, review and make improvements required to ensure people's safety. Records showed that the 'Service user file audit' was last carried out in March 2015, and 'Personnel file audit' was last undertaken in July 2015. The registered manager told us they received support from the managing director to review systems, for example related to people's care records, but there was no formal audit carried out by the provider to assess, monitor and improve the safety and quality of the service that people received. Therefore, some of the processes we viewed had not been operated effectively. For example, the medicine administration record (MAR) sheets were not appropriately signed by the staff team; records were not always fully completed, including people's care plans and risk assessments.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People felt that the management team was available to talk to when they needed support. One person said, "I know the managers; two of them, and they are very friendly. I think the managers do care because they listen to what I have to say." Another person told us, "Actually it's a very good service, people at the office are very helpful and I have never had any trouble with them." People's relatives also found the managers responsive and helpful when they needed advice. Comments included, "The managers are very good, very helpful; one of them was willing to change the catheter when [the relative] had a urine infection, very good", "I know who the managers are, I am in contact with them often; they are friendly, approachable and always accommodating" and "I have met the managers and have spoken to them and they are excellent."

A leadership structure was in place for sharing responsibilities as necessary. Staff told us they knew who to approach for support and guidance. The client care manager provided cover and dealt with enquiries if the registered manager was not at the service. There were three team leaders to monitor and support staff in their role as necessary.

There were supportive relationships within the team. Staff told us the registered manager had the necessary skills to guide them and attended to their duties quickly where required. The comments included, "the manager is really good, she listens, gives time if needed and talks to me which is very useful", "the manager is ok, she cares about the staff, let know about the changes taking place at the service quickly if needed" and "It is a very good service. The manager is really helpful. I call and the manager helps me if I am not sure about something."

There were systems in place for staff to share information as necessary. Records showed that staff were required to fill in a daily log noting the activities they undertook at the time they visited people in their homes. This meant that the staff team had up-to-date information on people's progress and health needs as required.

Systems were in place to share information with other agencies as necessary. The service worked in partnership with local authorities and clinical commissioning groups when people were first referred to the service. Records showed that the agencies involved had provided the service with initial information on the support a person required. After that the registered manager had met with the person and their relatives to ensure that all information about the person's individual care needs was captured and to determine if the service was able to offer the support they required. If the service was suitable for them, the management team ensured that the support provided to the person was in line with their choices.

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 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems in place to assess, monitor and improve the quality and safety of the service people received; to assess, monitor and mitigate risks; and did not maintain accurate and complete records in respect of each service user. Regulation 17(1) and (2)(a), (b) and (c)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider did not ensure that staff received appropriate training as necessary to enable them to perform their duties. Regulation 18(2)(a)