

Blue Arch Homecare Limited

Blue Arch Homecare

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Blue Arch Homecare Limited is a domiciliary care service providing personal care to people living in their own homes. At the time of our inspection sixty people were receiving personal care.

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

The provider did not have robust systems in place to ensure people were protected from avoidable harm. Risks to people's health and safety were not always assessed and managed. Investigations into incidents and accidents were not always analysed to learn lessons and prevent future occurrences.

Staff were not always recruited safely or in line with current legislation.

Staff training was not in line with mandatory training for care staff. Not all staff had completed a comprehensive induction and probation periods were not in place.

Staff felt supported by the provider, however formal supervisions and staff appraisals we're not consistently taking place to ensure staff were supported.

Improvements were required with regards to infection control, as the feedback from people was poor in relation to the prevention and control of infection.

Improvements were required in relation to medicines management to ensure this was safe and people received their prescribed medication.

The provider did not have effective systems in place to monitor the quality of the service they provided or to drive improvements where needed. The lack of managerial oversight had impacted on people, staff and the quality of care provided. Improvements were not always made when things went wrong.

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; however, the policies and systems in the service did not support this practice.

Some feedback confirmed people were happy with the care and service they received from Blue Arch Homecare Limited. Other feedback confirmed there were concerns about the infection control practices and communication, when regular carers changed.

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

Rating at last inspection

This service was registered with us on 04/04/2019 and has not been inspected. .

Why we inspected

We received concerns in relation to a safeguarding incident. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We have found evidence that the provider needs to make improvements. We have not rated this inspection, as a comprehensive inspection is required of the service, covering all the domains, before a rating can be given. Please see the safe and well-led sections of this full report.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to the safe care and treatment of people, in particular regarding various gaps and inconsistencies in the risk assessment documentation and the safe administration of medicines. We found a breach of regulation regarding effective governance arrangements. We also found a breach of regulation regarding the employment of fit and proper persons.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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.

Inspected but not rated

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Inspected but not rated

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.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

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

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 1 July 2020 and ended on 6 July 2020. We visited the office location on 2 July 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 five people who used the service and six relatives about their experience of the care provided. We spoke with six members of staff including the provider/registered manager, care co-ordinator and care workers.

We reviewed a range of records. This included two people's care records and medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, staff rota's and we spoke with four care staff.

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 inspected, but not rated.

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.

Staffing and recruitment

- The provider did not follow robust recruitment procedures. A review of recruitment files for four out of five, staff identified a variety of gaps. These included a lack of verified references, employment history, gaps on application forms and no documented rationale for recruitment decisions or descriptions for people's suitability for roles.
- People were placed at potential risk as recruitment processes and procedures were not followed. Staff had been recruited without appropriate pre-employment checks, induction and probation periods being carried out.

The provider had failed to ensure staff were recruited safely which put people at risk of receiving care from staff who were not suitable to work with vulnerable people. This was a breach of Regulation 19 (1), (2) (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during the inspection. They confirmed that one carer was no longer delivering care and would be supported to complete all the necessary training, before a decision would be taken to continue their employment. The provider was already making improvements with their recruitment processes. They had taken on guidance from the local authority and were completing an action plan, to ensure improvements were implemented swiftly.

- People and relatives told us that people received care when they needed it and staff were on time, normally. A person told us, "[The carers] are always on time. Always a good person as a cover if it is someone's day off." One relative told us, "[The carers], stay for the full length, but mainly because the call takes the full call length."

Systems and processes to safeguard people from the risk of abuse

- The provider had not put measures in place to reduce the chance of recurrence following a number of recent safeguarding incidents. This left people at risk of harm. However, following a recent local authority quality visit, the provider had completed internal safeguarding investigations for each of the reported incidents, which included a detailed interview with a staff member involved.
- The provider had a training log in place, which showed staff had completed safeguarding training to ensure they were able to spot the signs of abuse; however, staff were not able to tell inspectors how they

safeguarded people in their daily work or where the safeguarding policy was kept for Blue Arch Homecare.

- Four members of staff could not confirm they had completed safeguarding training with Blue Arch Homecare or knew what was meant by the term 'whistleblowing'. This meant that staff may not speak up when there were areas of concern.

Assessing risk, safety monitoring and management

- The provider had no systems in place to ensure risk assessments were current and accurate, and we found not all known risks had been assessed. The provider told inspectors, staff were still in the process of checking the current care plans and risk assessments were up to date for each person receiving support. However, inspectors found there was a variety of gaps and inconsistencies.
- Risks associated health condition, were not fully assessed. There was insufficient information and guidance in the risk support plans for staff to follow. This meant there was an increased risk of people receiving unsafe care.
- One person's care plan did not mention their diabetes, and there was no guidance for staff to recognise the signs, symptoms or treatments, in relation to a Hyperglycaemia or Hypoglycaemia state, both of which are dangerous conditions for someone with diabetes.
- One person's care plan identified them to be unsteady on their feet, a hazard of losing balance and at risk of falling. However, there was insufficient guidance for staff about how to manage these known risks.
- Staff relied upon their knowledge of people and communication with the provider to ensure they knew what to do to manage risks to people's safety and welfare.
- The inspectors noted that the provider had good environmental assessments in place for people and staff, including detailed information about equipment, to keep people safe in their own homes.

Preventing and controlling infection

- The provider failed to prevent and control the potential spread of infection, by failing to provide staff with adequate infection control training during the Covid-19 pandemic and ensuring staff adhered to Personal Protective Equipment (PPE) guidelines, for social care staff, delivering care in people's homes.
- People receiving care from Blue Arch Homecare, shared concerns to CQC during telephone calls, that staff had not always worn the appropriate PPE in their homes during care calls. Exposing them and themselves to risk, during the Covid pandemic.
- One relative told an inspector, staff attended care calls, "Only wearing gloves, sometimes wears a scarf and one-time, a mask. No aprons." Another relative told us, "The [carers wear], "Gloves, yes, apron and mask only occasionally. Sometimes it is a different person and they always wear a mask. The regular person it is only occasionally that [they] wear a mask."

Using medicines safely

- The provider had insufficient systems in place to monitor and review how people received their medicines. Audits of people's medication were not always completed by staff in a timely way and did not always identify where improvements were required. At the time of the inspection, the provider had not completed audits on people's medicines for three months. This time period corresponded with the Covid-19 pandemic.
- The provider lacked adequate oversight of the staff's medication competencies, as medications competencies were not being completed.
- The provider had a training log in place, which showed staff had completed medication training to ensure they were knowledgeable and safe, in the administration and the managing of medication; however not all staff members confirmed they had received training. During the inspection, the provider told us they had identified some improved medication training for their staff, to ensure they were competent to support people with their medicines.

Learning lessons when things go wrong

- The provider had limited systems in place to review all aspects of the service. These needed to be strengthened so lessons could be learned in event something went wrong.
- There was no evidence within people's records or management records, that an analysis of falls, accidents or incidents, had been undertaken by the provider, to identify a potential theme or trend, in order to promote people's safety.
- There was no overall analysis of the information gathered from reviews by staff, which would help to drive forward improvements. The system in place to try and improve the quality of the service had failed to do so effectively.

The provider failed to ensure they were doing all that was reasonably practicable to mitigate risks to people, this constituted to be a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded during the inspection. They confirmed that all risk assessments would be reviewed within, three weeks after the date of inspection.

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 inspected, but not rated.

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

- The provider regularly delivered care to people and had a good overview of people's needs. However, this impacted on their ability to maintain oversight of whether care met the regulatory requirements. They had not identified the significant shortfalls in records and systems.
- There were no effective quality assurance systems in place to review care records, medication records, staff files, training records, daily records or gather feedback about the service. This meant the provider was not checking that care was delivered as planned and identifying any issues with quality performance to address these.
- The provider did not have effective oversight of staff performance. For example, quality assurance processes did not identify how staff should escalate concerns to the office staff or provider.
- The provider had not ensured that processes, such as mental capacity assessments, were being carried out by staff, as part of the care planning process. No documentation was seen by inspectors, in the two care records. The provider informed inspectors that no one lacked capacity with whom they delivered personal care to.
- The provider commissioned policies from an external company, however the complaints policy did not relate to actual practice by staff. The policy stated that all verbal or written concerns would be recorded and responded to, and that trends would be reviewed. There was no evidence of this. We found a complaint dated June 2020 and the provider confirmed this had not been recorded or responded to in line with their policy.

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's governance systems failed to ensure that staff complied with the duty of candour responsibilities. Following a safeguarding incident in June 2020. Staff did not communicate the incident to the next of kin.

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

- The provider had insufficient systems in place to obtain and act on feedback of people, staff and other persons involved in people's care.

- Inspectors were told by the provider that feedback was gained verbally or in person where possible by Blue Arch Homecare, however this was not always evidenced and did not ensure all parties were given enough opportunities to provide their feedback. This system was not effective.
- A relative told inspectors they were not always informed by the office staff, if a different carer was being sent to the care call.

The provider failed to have effective quality assurance systems in place, this constituted to a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded during the inspection. They confirmed they had reduced the hours they were providing care to people and had delegated a number of quality assurance tasks to the staff in the office, along with a new electronic monitoring system, which would lead to improved oversight of the service as a whole.

Continuous learning and improving care

- At the time of the inspection, the provider and staff team had started to work through a quality improvement action plan, from the local authority following a recent quality visit. Inspectors had seen improvements had started with regards to the content of staff files and care/risk assessments.
- The care co-ordinator told inspectors, they were awaiting a follow up visit from the local authority for feedback on the improvements completed to date, before continuing their efforts.
- The provider had introduced 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.

Working in partnership with others

- The provider did not always ensure that a record was kept by staff, of any other involvement with health professionals for the people they supported.
- The provider spoke with inspectors about their involvement with district nurses and social workers, however inspectors discussed the importance, to ensure all communications with other professionals was recorded, to ensure the best possible outcomes for the people they care for.

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

- The provider was committed to providing good quality and personalised care to people. The provider was involved in day to day care provision.
- A person told inspectors, there were happy with the service as, "Carers sit and talk with me. They help me forget what I'm going through".
- Relatives and staff told inspectors that the provider and office staff were in regular communication with them and shared learning accordingly.