

Bluelight Healthcare Recruitment Limited

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Inspection report

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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

About the service

Bluelight Healthcare Recruitment Limited is a domiciliary care agency providing support with personal care to five people living in their own homes at the time of the inspection.

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

Medicines were checked by the registered manager but these checks were not recorded. Care plans and assessments did not cover needs related to equality and diversity issues. Spot checks carried out by senior staff were not recorded. We made recommendations about these three issues.

Systems were in place to protect people from abuse. Risk assessments had been carried out that included information about supporting people in a safe way. There were enough staff to meet people's needs and staff were punctual. Checks were carried out on prospective staff to test their suitability. Steps had been taken to reduce the risk of the spread of infection. There were procedures established for responding to accidents and incidents.

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. Assessments were carried out of people's needs prior to the provision of care to ensure the service could meet those needs. Where people were supported with meal preparation they were able to make choices about what they ate and drank. Staff received training and support to help them in their role. The service worked with other agencies to meet people's health care needs.

People were treated with dignity and respect and staff understood how to promote people's independence. Systems were in place to protect people's right to confidentiality.

Care plans were in place which set out how to support people in a personalised manner. People had control and choice over the care they received. The service met people's communication needs. People knew how to make a complaint and complaints received had been dealt with appropriately. The service worked with other agencies to help support people with end of life care.

People and staff spoke positively about the registered manager and leadership team. Systems were in place for monitoring the service to promote improvements, some of which included seeking the views of people who used the service.

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 6 February 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on our current methodology of inspection scheduling.

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 safe.

Details are in our safe findings below.

Good ●

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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

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 two working days' 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

We reviewed the information we already held about this service. This included details of its registration, any notifications of serious incidents the provider had sent us and feedback we had received from the commissioning local authority. 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 three members of staff including the registered manager, managing director and the operations manager. We reviewed a range of records. This included three people's care records and medicine records. We looked at four 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

The day after the site visit we spoke by phone with a person who used the service, a relative of a person who used the service, and two care assistants.

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.

Using medicines safely

- The service supported people to take their medicines. A policy was in place which provided guidance on the administration of medicines to staff. Medicine administration record [MAR] charts were maintained, and staff signed these after each administration so there was a clear audit trail of medicines administered.
- People told us they were happy with the support they got with their medicines. One person said, "They always ask if I need any PRN [as required medicines] and they always do it on time. They never forget because they know I have a bad memory."
- We checked completed MAR charts and found them to be up to date. The registered manager told us they also checked completed charts, but did not record this.

We recommend any checks or audits of medicine records carried out by the provider are recorded to verify the checks took place and were effective in promoting safe practice.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse. The service had a safeguarding adult's policy. This made clear the provider had to report any allegations of abuse to the Care Quality Commission [CQC] and the local authority. However, the policy stated allegations should be reported to the local authority where the office location was based rather than where the person who may have been abused lived. The registered manager was aware of the correct procedure to follow and told us they would amend the policy accordingly.
- Safeguarding issues had been raised with the service by the local authority and records showed the service had dealt with these in line with their policy.
- Staff had undertaken training about safeguarding adults and were aware of their responsibility to report any allegations of abuse to their line manager. One staff member said, "If one of the service users was abused I need to report that to my manager, if nothing is done, I need to report it higher, to CQC."

Assessing risk, safety monitoring and management

- Risk assessments were in place. These covered risks associated with physical health, moving and handling, the person's home environment and behaviours that challenged the service.
- Assessments included information about how to mitigate and reduce the risks people faced. Staff were aware of risks and how to work with people in a safe way.
- People and relatives told us they felt safe using the service. A relative said, "They are very careful of [person's] left side where they have the pain. They are exceptionally gentle with them. They always tell them what they are going to do."

Staffing and recruitment

- There were enough staff to meet people's needs. The managing director told us there had not been any missed calls and staff punctuality was generally very good. People confirmed this was the case. A relative described punctuality as, "Very, very good."
- The managing director told us that as they only had a small number of people using the service, they were able to monitor staff punctuality and attendance through direct communication with people. They said that they planned to introduce an electronic form of monitoring if the service grew.
- Checks were carried out on prospective staff to test their suitability to work in the care sector. Records showed these included criminal record checks, proof of identification, the right to work in the UK and employment references.

Preventing and controlling infection

- The service had a policy in place on infection control which covered good practice with regard to hand washing and the use of protective clothing such as gloves and aprons.
- The local authority had raised concerns with CQC that on two occasions staff had arrived to support a person with personal care without any gloves or aprons. We discussed this with the registered manager who confirmed that at the beginning of a care package for one person there had been a failure to supply protective clothing to the staff. They said this was now resolved and all staff had access to a supply of gloves and aprons. People and staff we spoke with confirmed this. One member of staff said, "They provide the necessary equipment for you."

Learning lessons when things go wrong

- The service first began providing support with personal care to people on 28 May 2019. The registered manager told us that since then there had not been any significant incidents or accidents. There was a policy in place on this which stated that any incidents or accidents should be recorded and reviewed to see how the chances of a re-occurrence could be reduced.

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

- Assessments were carried out with people before the provision of care. The purpose of these was to determine what the person's needs were and if the service could meet those needs. Records showed they covered needs associated with personal care, nutrition, medicines, physical health, cognition and moving and handling.
- The registered manager told us people and their relatives, where appropriate, were involved in carrying out assessments. People confirmed this. One relative said, "My sister and I were here when [registered manager] first came, we had a good discussion about what we wanted."

Staff support: induction, training, skills and experience

- Staff were supported to develop knowledge and skills to help them in their role. New staff undertook an induction training programme on commencing work at the service. This included shadowing experienced staff to learn how to support individuals. A member of staff told us, "I spent about three or four days shadowing."
- The registered manager told us that any staff recruited who were new to care would be expected to complete the Care Certificate, which is a training programme for staff new to working in the care sector. Other training provided included first aid, food hygiene, safeguarding adults and moving and handling.
- People told us staff had a good understanding of their needs and the support they provided was effective. One person said, "I give them 10 out of 10, they are absolutely wonderful."

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

- Some people were supported with meal preparation. Where this was the case it was detailed in their care plans.
- Staff and people who used the service told us that where staff prepared meals for people, they were able to choose what they ate. A staff member said, "You read the care plan to see what they like and ask them what they want." A person told us, "They help me cook, but I have the choice of what I eat."

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

- The service worked with other agencies to promote people's health and wellbeing. This included district nurses and occupational therapists.
- Care plans included contact details of people's next of kin and GPs so staff were able to contact them if required. Staff were knowledgeable about what action to take in case of an emergency.

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.

- The registered manager told us all of the people using the service at the time of inspection had the capacity to make decisions for themselves. This was documented in people's care plans.
- Staff understood the importance of people consenting to their care and told us they always asked people in advance before providing care for them. One staff member said, "You ask for their consent, if they agree, you can do it [provide support]." People had signed consent forms to say they agreed with care being provided in line with their assessed needs as set out in their care plans.

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 told us they were treated well by staff, one person said, "I love it, they are understanding." A relative told us, "They are more like friends, [person] looks forward to them coming."
- The registered manager said they sought to provide people with the same regular care staff, so people could build up relationships with staff. People confirmed this and told us where there was an enforced change of staff they were told in advance about this. One person said, "If I have a new one they are really good, they shadow one of the regular staff, so I don't have an unknown person in my house."
- The registered manager told us they sought to meet people's needs in relation to equality and diversity. For example, providing people with carers who shared their religion and giving people the chance to choose the gender of care staff. However, assessments and care plans did not cover needs related to equality and diversity, such as people's religion, sexual orientation or ethnicity. We discussed this with the registered manager who told us they would do this in future.

We recommend that the provider considers advice from a reputable source regarding the assessment of people's equality and diversity needs.

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

- People were able to express their views and be involved in making decisions about their care. People and relatives told us they were involved in the assessment process and were able to include what was important to them in care plans.
- Staff told us they supported people to make choices and people confirmed this was the case. For example, a person who received 24-hour support told us it was their choice what time they went to bed and got up in the morning, adding that the day before we spoke with them they went to bed at 3am as they were playing a game until that time.

Respecting and promoting people's privacy, dignity and independence

- Staff had a good understanding of how to support people in a way that promoted their privacy, dignity and independence. A member of staff explained how they did this when providing support with personal care. They said, "You need to close the curtains, so people can't see what you are doing. You need to cover them with a towel before you wash them." Another staff member said, "First thing is finding out what they can do for themselves, what their ability is, and what we should assist with. Seek consent from the person, check what they want, respect their wishes."
- People and relatives confirmed that privacy and independence were promoted. One person said, "I feel they help me, and I have independence with the help I get. They ask first, they encourage me to do things

myself, but if I struggle, they help." The same person replied, "Oh god yes" when asked if staff treated them respectfully.

- The service had a policy on confidentiality that made clear staff were not permitted to share information about people unless authorised to do so. Confidential records at the service were stored on password protected electronic devices and in locked cabinets which helped to promote people's confidentiality.

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

- Care plans were in place for people. These set out people's needs in a personalised manner based around the individual. A person told us how their care was person centred, telling us, "We had quite a few meetings [about the care plan]. [Registered manager] talked to me about what was important. They got people [care staff] who like pets and music because that's what I like."
- Plans covered needs related to communication, personal care, moving and handling and eating and drinking. Daily records were maintained so it was possible to monitor that care was provided in line with people's assessed needs. A relative said, "They write down every day in the folder and we check it."
- Some plans were not wholly accurate. Two people used specialised medical equipment to manage their medical conditions. The care plans said staff were to provide support with these, but the registered manager said in fact this was done by the district nursing service. They said they would amend the plans to make sure they were accurate.

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.

- The registered manager told us all people using the service understood spoken and written English. The care plan for one person said at times their speech became slurred due to their medical condition, and they used an electronic device to help them communicate. A relative told us that although their relative spoke excellent English, they had a different first language, and a member of staff also spoke this language.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place. This included timescales for responding to any complaints received and details of who people could complain to if they were not satisfied with the response from the service. Records showed complaints had been dealt with in line with the procedure.
- People we spoke with told us they had not had to make a complaint, but felt confident if they did, it would be dealt with. One person said, "I would go to [registered manager] because they would try and resolve it. I have two other phone numbers if [registered manager] is away."
- Records were maintained of compliments received. For example, a relative had written to say the service was, "Very caring and supportive. Best of all, [person] is building up confidence and trust. They have been able to do all the things they love again, like cooking."

End of life care and support

- Where people were supported at the end of life stages of care, this was done in conjunction with other care agencies. The registered manager told us all people using the service had relatives who were involved in their care and they took responsibility for planning any after death arrangements.

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.

Working in partnership with others; Continuous learning and improving care

- The service worked with other agencies to help develop practice and gain relevant knowledge and skills. They were affiliated to Skills for Care and were a member of a trade body that represents domiciliary care agencies in the UK.
- To promote continuous learning and improve care, both the managing director and registered manager told us they carried out spot checks at people's homes when staff were there. They said this was to monitor that support was provided appropriately. However, neither of them maintained records of these spot checks.

We recommend that provider and registered manager record spot checks to aide in their ability of monitoring staff performance and developing improvements.

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

- Staff and people who used the service told us there was a positive and open culture at the service and that this helped to achieve good outcomes for people. One person told us, "They are a legend [registered manager], they get me, they are always trying to base things around me. They put me first."
- Care plans were person centred, and people had been involved in developing them. This meant they covered what was important to the person.

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 told us there had not been any significant incidents or accidents since they commenced providing personal care. However, people and relatives told us they had confidence in the provider to take appropriate action if things went wrong.
- The registered manager was aware of their legal responsibilities as a registered person. They had submitted notifications to CQC in line with their responsibility to do so. The provider had employer's liability insurance cover in place as they were obliged to do so in law.

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

- The service had a registered manager in place and there were clear lines of accountability at the service. Staff knew who they were accountable to.

- Staff spoke positively about the registered manager and the rest of the leadership team. One staff member said of the registered manager, "They are approachable, they make sure things are in order." Another staff member said, "It's quite easy to talk with [registered manager], they are helpful."

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

- People and relatives told us they had regular contact with the registered manager. One person said, "[Registered manager] visits quite often."
- The service conducted surveys to seek the views of people on the running of the service. At the time of inspection, they had carried out one survey, and the registered manager said they planned to carry out further surveys every three months. We viewed the completed survey forms and found they contained positive feedback.