

Bloomsbury Home Care Limited

Bloomsbury Home Care

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	

Overall summary

The inspection took place on 28 July 2015. Bloomsbury Homecare is a domiciliary care agency providing care and support to older people in their own homes. At the time of our inspection there were 40 people using the service.

The service did not have a registered manager at the time of our inspection. 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. The registered manager had recently left and there was a new operations manager in post who was not yet registered with CQC.

People were safe because staff understood their responsibilities in managing risk and identifying abuse. People received safe care that met their assessed needs.

There were enough staff who had been recruited safely and who had the skills and knowledge to provide care and support in ways that people preferred.

Summary of findings

The provider had systems in place to support people to take their prescribed medicines safely.

Staff had the skills to recognise when people needed support with their health needs and supported people to access health care professionals.

People were treated with kindness and respect by staff who knew them well.

People were supported to maintain relationships with friends and family so that they were not socially isolated.

There was an open culture and the provider encouraged and supported staff to provide care that was centred on the individual.

The provider had systems in place to check the quality of the service and take the views and concerns of people and their relatives into account to make improvements to the service.

Summary of findings

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.

Staff knew how to protect people from abuse or poor practice in order to keep them safe. There were processes in place to listen to and address people's concerns.

There were enough staff who had been recruited safely and who had the skills to provide people with safe care.

Staff followed correct procedures for supporting people with their medicines so that people received their medicines safely and as prescribed.

Good



Is the service effective?

The service was effective.

Staff received the support and training they needed to provide them with the information to carry out their responsibilities effectively.

People's health, social and nutritional needs were met by staff who understood how they preferred to receive care and support.

Where a person lacked capacity there were correct processes in place so that decisions could be made in the person's best interests.

People were supported to access healthcare professionals when needed.

Good



Is the service caring?

The service was caring.

Staff treated people well and were kind and caring in the way they provided care and support.

Staff treated people with respect, were attentive to people's needs and maintained their privacy and dignity.

People were involved in making decisions about their care and the support they received.

Good



Is the service responsive?

The service was responsive.

People received care and support that met their assessed needs and any changes in their needs or wishes were acted upon.

People's choices were respected and their preferences were taken into account by staff providing care and support.

There were processes in place to deal with people's concerns or complaints and to use the information to improve the service.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

The service had an open culture. The management team demonstrated a commitment to providing a service that put people at the centre of what they do.

Staff were valued and they received the support and guidance needed to provide good care and support.

There were systems in place to obtain people's views and to use their feedback to make improvements to the service.

Bloomsbury Home Care

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 was planned to check 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.

The inspection took place on 28 July 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available. The inspection team consisted of 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. The Expert by Experience had a wide experience of interviewing people and listening to their experiences. The inspector carried out a visit to the service and the Expert by Experience carried out telephone interviews on 6 and 7 August 2015 with people who used the service, relatives and members of staff.

Before the inspection we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service including safeguarding alerts and information received from people who used the service.

On the day of the inspection we spoke with the Chief Executive and the Operations Manager at the agency's office and we also spoke with two members of staff. Following the inspection visit we spoke with three relatives, four people who used the service, the partner of one person and an additional two members of staff.

We looked at three people's care records and examined information relating to the management of the service such as health and safety records, personnel and recruitment records, quality monitoring audits and information about complaints.

Is the service safe?

Our findings

People who used the agency told us that they felt safe. One person said, "I feel safe, they are all nice girls who know what they are doing." Other people told us, "I feel absolutely safe and rely on them completely." and "I feel safe now that I know them. They support me very well. I cannot praise the company highly enough."

Relatives told us they felt their family members were in safe hands. They said, "We feel safe with the carers coming into [our family member's] home." and "Staff always lock up when they leave [my family member's] home." Relatives were confident that the care provided for their family member was safe and this gave them peace of mind. They said, "I know that I can go away and my [family member] will be looked after and safe in their care".

Staff confirmed that they had received training in safeguarding and staff were able to demonstrate that they understood about different types of abuse and would recognise signs that may indicate someone was being abused. They told us that there were body map charts in people's care files that they would complete if they noticed any marks or bruising when they were providing personal care. Members of staff told us, "We got a lot of support on what to look out for." and, "There are policies in place about safeguarding and I would phone the manager if I thought anything was wrong."

People's care records contained clear risk assessments to guide staff on measures that needed to be taken to minimise risk. For example, one person's care plan identified that they had a history of falls and gave specific information about the support staff should provide to help the person and reduce the possibility of falling. There were risk assessments in place identifying environmental risks in people's homes so that staff could avoid risk of accidents or harm and could support people safely.

There were sufficient staff employed to keep people safe. People who used the service and their relatives told us that there were enough staff to provide for their care needs. One

person told us, "The girls are really good and carry out all the tasks for me. There are enough staff to meet my needs and they are great." A relative said, "There are sufficient staff to meet the needs of [my family member] and they know what they are doing." Senior staff explained that where possible people were supported by a regular staff team so that the care and support provided was consistent.

There were clear processes in place that were followed so that staff were recruited safely. Records confirmed that applicants completed an application form that included their employment history and any gaps in employment were explored. Senior staff explained that staff had a face to face interview and this included some written tests as well as discussing hypothetical scenarios.

If an applicant was suitable, checks were carried out to ensure the person was not barred from working with people who required care and support. People were not permitted to start before appropriate references had been received and all other checks were complete. When new members of staff commenced work, as part of their induction programme they were taken out to meet people and then spent two weeks shadowing established staff. A recently recruited member of staff told us, "I have had an induction and safeguarding training."

There were arrangements in place to support people with medicines when this was necessary. A member of staff said, "When I give medication I complete the chart which says what has been given and at what time." Team leaders monitored people's medicines records as part of the supervision processes to check whether people were receiving their medicines correctly as set out in their care plan.

Staff were provided with the equipment they needed to avoid the risk of infection when carrying out personal care tasks. Senior staff explained that personal protective equipment such as gloves and aprons was sent directly to the home addresses of team leaders. They distributed it to care staff and always had a stock so that staff did not run out.

Is the service effective?

Our findings

People told us that staff understood how to meet their needs. One person said, “They meet all my needs, they seem to be well trained and there are enough of them for me.” Another person said, “There are sufficient staff for my needs and they are knowledgeable about my condition.” Relatives also told us that staff had the skills and knowledge to meet people’s needs. One relative said, “They have enough staff to meet [my family member’s needs] and know what they are doing. They have the correct training to be able to deal with [my family member].”

Staff demonstrated a good understanding of people’s care and support needs and gave examples of the different care and support individuals required. One staff member told us, “I look at the care plans and provide the necessary care. Food and fluid charts have been implemented now which are completed after each visit.” We saw that staff were provided with relevant training so that they had the information they needed to understand people’s care needs. One member of staff told us they had received specific training about conditions such as Huntington’s disease and supporting people who received nutrition through a gastric feeding tube.

Personnel files confirmed that staff received face to face supervisions every three months. Records confirmed that supervisions identified any training needs, any areas of concern were discussed and targets were identified for the following three months. Staff also had a yearly appraisal of how they carried out their role.

Senior staff explained that they also observed staff as they provided care and support. These observations included checks on whether the member of staff was using personal protective equipment and if their name badge was displayed. The supervisors monitored the support record sheets, including medicine administration record sheets, to check if they were completed appropriately. At least one observation was carried out by senior staff every week. We saw that they also commented on the member of staff’s approach, such as whether they were helpful and friendly.

People who used the service and their relatives told us they were happy that they received good care and it was delivered consistently. A relative said, “There are a core

team of care staff who look after [our family member], they are on time, never rushed.” One person told us they had different carers but they were satisfied with the standard of care.

Where people did not have the capacity to make a particular decision about day to day issues, there was guidance on how decisions should be made in people’s best interests. Staff had training in and understood their responsibilities under the Mental Capacity Act (MCA) 2005. Staff understood that people’s consent for care and treatment should always be sought.

Staff told us they sought people’s consent before providing care. People confirmed that staff consulted with them and asked for consent before they provided care and support. One person said, “I have the same core team of carers who always ask consent before carrying out personal tasks.” A relative told us, “Staff ask for consent before carrying out tasks for [our family member].”

People said that staff from the agency supported them with their nutritional needs. One person said, “I am very satisfied and the agency staff meet my needs. They give me choices on how my meal is to be given.” A relative told us, “The care staff give [our family member] choice of what is happening and also what food [they] wish to eat.”

A relative told us that, although staff did not always ring if they were running late, they still made sure they stayed for the correct time and did not try to rush. They said, “We have a double up and we are very satisfied with the care [our family member] receives from the carers. Even if they are running late all tasks are completed for each visit.”

People’s health needs were recorded in their plans of care and staff understood the support people needed with individual conditions. One person said, “The carers are good at liaising with the doctor and nurses who come into my home.” The partner of a person said, “The carers ask me if I need to contact other health professionals about [my partner’s] condition. We have a care plan and I was involved in it and it is reviewed on an ongoing basis. I have not suggested any changes to the plan.”

Daily records confirmed that staff had taken appropriate steps when they noted that a person was unwell. These included informing the person’s family and accessing input from the medical professionals. When a course of

Is the service effective?

treatment was prescribed, it was clearly recorded and staff supported the person appropriately. Staff were able to give us specific examples of actions they had taken to support people when they noticed they were unwell.

Is the service caring?

Our findings

People were complimentary about how staff approached their role describing them as obliging, caring and helpful. One person told us, “The carers are really friendly and know my likes and dislikes.” and another said, “The carers are excellent. They are all very friendly and talk to me during the visits.”

Relatives and partners also praised staff attitude and their approach when communicating with people who used the service and their relatives. The partner of one person said, “They are friendly but professional they talk to us both. They know [my partner’s] likes and dislikes. We have been with them some time now.” A relative told us, “We are very satisfied with the standard of care and the care staff are nothing but helpful.”

A person who completed a questionnaire as part of the provider’s quality monitoring process stated, “The service has improved a lot in recent months and you have managed to keep the staff who are friendly and helpful.”

All the people we spoke with confirmed that staff treated them with respect and always maintained their dignity when providing personal care. One person said, “They treat me with dignity and respect at all times and they are

cheerful.” Another person said, “They talk to me and treat me with dignity and respect when doing personal things for me.” Relatives and partners also told us staff always treated people with dignity and respect. A relative said, “They treat [my family member] with dignity and respect when carrying out personal tasks.”

People who completed questionnaires stated they were always treated with kindness as well as with dignity and respect. One person said, “I cannot speak highly enough of them.”

Relatives said that staff tried to encourage their family members to maintain their independence where possible. One relative said, “They help to support [my family member’s] independence.” and “They make sure that there is a flask of coffee or tea to have between visits.”

Senior staff demonstrated how important it was to treat people well and they said that staff understood what was expected of them when they visited people in their home.

We saw from daily records that staff made every effort to provide quality experiences as people approached the end of their life. There were examples such as a visit to the theatre and other specific wishes that staff supported a person to enjoy.

Is the service responsive?

Our findings

People and their relatives were involved in the assessment and care planning processes. One relative told us, “The carers work with health professionals who come into [our family member’s] home, mainly about the exercises they have to do. The care plan is used daily. We were all involved in the compilation of it and there have been no changes made to it.” Another relative said, “The agency liaises with other services for us. We have a care plan which was reviewed recently. Changes would be made to this if we asked.”

We saw that a comprehensive assessment was carried out before the agency provided a service to an individual. We saw that assessments covered what the person could do, whether they had any specific needs around communication and what emotional and family support was in place. Daily records were well written by care staff and contained a good level of detail about the care that had been provided and any issues that other members of staff needed to be aware of.

The partner of one person told us that they were satisfied with the care and would not keep the agency on if they did not receive the correct care. They said, “They meet our needs and [my partner] is given a choice about personal care. They come on time and are not rushed when carrying out the tasks. If they’re late they will ring and will stay the correct amount of time.”

People told us that staff were not task orientated and spent time with them. One person said, “Staff nearly always turn

up on time and are never rushed. They do not leave early and sometimes stay late for a chat.” Another person told us, “They are usually on time and don’t rush. They will stay with me if I am ill.”

People’s care plans set out detailed information of what care and support was required at each visit. There was a clear record of what support staff were required to provide and what the person was able or preferred to do for themselves. The information to guide staff was centred on what the person preferred. There was very specific information about the person’s likes, dislikes and preferences. Staff were expected to provide more than task orientated care and people’s emotional needs were to be taken into account. For example, one care plan recorded that the person, “really enjoys a good natter.”

The management team explained that they wrote to everyone who used the service to ensure that they understood how to make a complaint and who they should complain to if they had any concerns. People who completed surveys confirmed that they had never had to complain.

People told us they knew how to make a complaint and were confident that if they needed to raise an issue that it would be dealt with. One person said, “I know how to complain. I don’t know the manager but my [relative] does all the phoning for me.” and “I have no complaints.” A relative told us, “We know how to complain but have not had the need to.” Another relative said, “If I have any complaints I would go straight to the manager and the carer who has become a friend after [a number of] years caring for [my family member].”

Is the service well-led?

Our findings

The agency had a clear management structure in place. The registered manager had recently left the service and a new operations manager was in place. The operations manager was becoming familiar with the service and was supported through the process by the chief executive who took an active role in running the service. Although the operations manager had only been in post for a short time, they demonstrated a good understanding and knowledge of the people who received care and support from the service as well as the staff teams.

People and their relatives praised the way the agency was run. One person told us, "They are a good team from the top down." A relative said, "We know the manager and the office are very helpful. They are very nice people who are doing very well." One person's partner told us, "The agency has improved over the last few years."

People felt that the management team and staff listened to their views. One person said, "The manager contacts me regularly and the office are very helpful if I ring. I would 100% recommend the service to others. They go out of their way to get my shopping and prescriptions." A person told us, "The supervisor comes around regularly and I have completed a survey but I don't know when." The provider distributed surveys yearly as part of their processes for monitoring the quality of the service they provided. We saw the latest completed questionnaires which were sent out in November 2014. People made positive comments about how the service they received was managed. One person recorded, "The team leader visits to discuss my support regularly."

Staff also made complimentary comments about the support they received from the provider and the

management team. Members of staff told us, "I am supported quite well by the manager." and "The company is fair and open and complaints would be listened to. We are well led." Staff also told us they felt valued and that they were listened to by the management team.

Staff told us that they had team meetings and this was confirmed by the records we looked at. These meetings gave staff the opportunity to discuss people's care and support needs and to bring up any concerns. The team leader shared specific examples of some issues that were discussed at team meetings.

The chief executive and care manager demonstrated that they had systems in place to identify where improvements were needed. They told us they listened to people's feedback and looked at ways they could make improvements. Although there were no significant complaints, they took minor concerns seriously, acted on them promptly and used them to improve the service. Staff were able to give us specific examples of how they had responded to minor concerns.

There were quality assurance systems to identify whether staff were following procedures and to make improvements were necessary. Checks and audits were carried out on people's care records including their medicines records. Where any issues were identified action was taken to make changes so that they could improve the service.

People's care records were well maintained and contained a good standard of information. The team leaders were able to demonstrate that records were reviewed, assessed and updated when people's needs changed. Copies of people's care plans were kept safely in the agency's office. People could be confident that information held by the service about them was confidential.