

## BlueBelles Care Agency

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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 

#### Overall summary

This inspection took place on 8 October 2015 and was announced.

Bluebelles is a domiciliary care agency providing care for people living in their own homes. On the day of our inspection there were 10 people using the service.

There were two registered managers 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.

Staff protected people from harm and abuse and had received training to be able to identify and report concerns that they had. Risks relating to people's care had been identified and information was available to staff to inform them how to support people safely.

People were supported by staff who were caring and compassionate and who treated people with dignity and respect.

People were involved in planning their own care and staff understood how to support them. Staff encouraged people to be as independent as they could whilst remaining in their own home.

# Summary of findings

People were supported to make their own choices and decisions about their care and support. The provider encouraged people to raise any issues and people were confident that action would be taken by the management team.

Staff did not start work until appropriate checks had been made to make sure they were suitable to support people in their homes and keep them safe. Staff received induction and ongoing training in order for them to

provide care. Staff were supported by the management team and received regular feedback on performance. The managers were approachable and accessible to people and staff.

The provider completed regular quality checks to ensure that good standards of care were maintained. People's feedback was sought on a regular basis and any areas identified were acted upon.

# 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

People were kept safe by staff who recognised signs of potential abuse and who knew what action to take to protect them. People were supported by staff to take risks. The provider made sure that staff were recruited in a way that offered protection to people using the service.

Good



### Is the service effective?

The service was effective

People were supported by staff who understood their needs. Staff were appropriately trained and supported by the management team. People were encouraged to make decisions about their care and were supported to keep contact with healthcare professionals to keep them well.

Good



### Is the service caring?

The service was caring

People were supported with kindness and compassion. People's privacy and dignity was respected by the staff. People's choices were respected and promoted by staff.

Good



### Is the service responsive?

The service was responsive

Staff knew how to put their learning into practice in order to support people and were responsive to their changing needs. People knew how to make their views known and felt that they were listened to by the staff and provider.

Good



### Is the service well-led?

The service was well-led

The management team promoted an open culture amongst staff and made information available to them should they need to raise a concern. The management team regularly encouraged feedback from people receiving support. People thought that their views on how the service was run was valued.

Good



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## 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.

This inspection took place on 8 October 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 in.

The inspection team consisted of two inspectors.

Before our inspection we reviewed information we held about this service including statutory notifications the

provider had sent us. Notifications are reports that the provider is required to send us to inform us about important events that had happened at the service, such as accidents or allegations of abuse.

We spoke with the local authority about the service prior to the inspection for their views on the service. We used this information to help us plan our inspection of the home.

During the inspection we spoke with two people receiving support, four relatives, the registered managers and five care staff.

As part of the inspection we viewed three staff records including details of recruitment, three care plans, risk assessments, reports gathered by the provider about their quality checks and details about complaints.

# Is the service safe?

## Our findings

One person said, “I feel really safe when they are here, it is always reassuring to know that they will always come again later”. One relative told us that they know who to contact if they ever had a concern as they had received a pack of information containing relevant details.

Staff knew what to do if they suspected abuse. One staff member told us if they ever suspected anything, “I would immediately write down what I had seen or thought and pass these to my manager”. Staff told us that they had a full pack of information that contained contact numbers including the local authority, health contacts and the police. Staff told us that they had completed safeguarding training and they knew what to do if ever they needed to make use of the whistle blowing policy. The provider had systems in place to identify potential abuse and to respond appropriately.

Risks to people’s safety and wellbeing had been assessed and were monitored regularly. Staff understood the risks associated with people’s care and understood how to keep people safe whilst ensuring they were not restricting them. Staff told us that people were encouraged to do as much as they can for themselves even if this involves the person deciding to take reasonable risks.

One relative told us, “They [staff] always seem confident when using the hoist, it never seems to worry [relative] when it is used”. The registered manager told us when equipment is required they source training for all staff in its

safe use. We saw records of staff training for safe use of equipment. The registered manager told us, “Staff must be safe to use any piece of equipment so that they can assist anyone receiving support”. Staff knew how to report faulty pieces of equipment. We saw maintenance records for equipment and action taken to fix any reported failures.

One person told us, “They [staff] are always on time and you could set your clock by them”. The registered manager said that the time and amount of staff who provided support to each person was set by the local authority who paid for the care provided. The registered manager would assess the person’s personal needs and negotiates with the local authority any changes to the care provided to ensure sufficient staff are available. Staff told us that they had to provide references, and that checks were made before they started their employment to make sure that they were safe to work with people. The registered manager showed us details of pre-employment checks that they did along with their assessments of suitability for each staff member.

The registered manager told us they do not administer medication but they prompt people where needed. Staff told us that they will always prompt someone to take their medication. If the person does not feel like taking it one day they will make a note and if this becomes regular they will pass on any concerns to the registered manager. The registered manager told us that when such a concern is passed to them they will always talk to the person. If the person wanted the registered manager would contact the relevant medical professional.

# Is the service effective?

## Our findings

People told us staff always talk to them when supporting them and that they were, “Very professional”. Staff told us they had a 12 week induction training programme. As part of this induction they met all the people they would be supporting. They worked with other members of staff until they were fully confident to provide care and support. A staff member said, “I have never gone in to support anyone that I have not met”. They told us the induction had given them confidence to provide care. One staff member told us that to begin with they were nervous about supporting someone with end of life care. They told us that after completing the training, and with the support of the registered manager, their confidence and knowledge increased. The staff member said, “Any feelings of nerves went away, I realised I already had the skills and that people will often let me know what they want or need”. Staff had appropriate skills which were supported by ongoing training and by the registered manager.

Staff told us that they received regular one-on-one support sessions with the registered manager. Staff told us that they were able to use these sessions to discuss any work related issues that they wish and to seek guidance and support. They found these sessions beneficial. Staff were able to carry out their role as they had effective support where they can discuss matters relating to their work and develop skills to provide better care.

One relative said, “They are very adaptable and will often suggest an alternative if [relative] does not want to do something”. The registered manager told us they assessed people’s ability to consent to care and to make decisions at the start of their involvement and at any review. Where support was needed for a person who was unable to make decisions independently, the process was clearly documented to guide staff.

One staff member told us they always check that people had enough to eat and drink when they visit. Staff ensured that people had access to food and drink during the times that they were not visiting. Staff told us that as they consistently see the same person they were able to notice subtle changes including any weight loss or gain. Staff told us that they report any issues to the registered manager. Staff understood people’s needs and preferences and were adaptable to changes.

One staff member said, “I noticed that [person] was not themselves, we phoned the GP and they received treatment. When you get to know someone you can spot these changes”. The registered manager told us that they had links with the local medical practice, district nurses and occupational therapy services. The registered manager told us that they encouraged staff to make the contact as they were often with the person and can assist the person express any concern. We were shown records of contacts with community services and any recommendations made.

# Is the service caring?

## Our findings

One person told us that they met with the registered manager at the start of receiving support and was asked what they wanted rather than being told what they could provide. One person said, “This really mattered as I felt like a person and not a burden”. Another person told us, “They [staff] are wonderful, they will do anything for you” and, “We have been going through a lot recently as a family, they always come in jolly and cheer me up, and it is so nice to have friendly people in your life”.

One relative said, “They are excellent, they always go over and above and we have a close working relationship with them. They give me the confidence so that I can go about my day without worrying about [relative]”. Another relative told us that “Bluebells is not some anonymous large provider it is the personal touch which they do that makes life so much easier”. One person told us that they know every staff member that has ever supported them. The registered manager told us that all new staff members were taken around and introduced to everyone who receives support, so that in case of sickness or annual leave the person knows who the staff member was.

The registered manager told us that they encourage the staff to always talk to the people they were supporting and to build a rapport with them. They said, where possible, they always kept the same staff member supporting the

same person so that they feel comfortable when allowing staff into their home. People told us that staff always gave them choice in what they want to do that day. If they wanted or needed something that was different, they felt able to ask. One person told us that, “They will always adapt to what you want”. One staff member said, “We will always strike up a conversation, we are all from the local area and a lot of us have common ground and interests that we can talk to people about. We always try and see the same person as it builds rapport and trust which helps someone to feel at ease”.

One person told us that they can always get in touch and talk to someone from Bluebellies if needed and that “it is so reassuring that there is always someone at the end of the phone in case you need them”.

One relative said, “[relative] is a very private person and they struggled with someone coming into their home”. They told us that staff respected their privacy and worked with them so that they eventually became accepting of the care offered. Staff told us that they respect the dignity of people as it is often difficult to accept that at some point you may need some help. A staff member told us, “Just because you were going into someone’s home does not mean that you had to do everything. The person is still capable of so much and so you must promote this as much as possible to maintain their dignity and so that they do not lose any skills”.

# Is the service responsive?

## Our findings

People told us that they were fully involved in the planning of their care and that they were regularly involved in their care reviews. One person said, “They [staff] help me to plan my day so that I know that I am not going to miss anything”. Another person said, “They [staff] always help me with my appointments and make sure that I get to where I need to be”. One person told us when Bluebelles first came to see them they [staff] took their time to “really get to know me; they never do anything I do not want and always adapt if a need anything different”.

People received information which contained Bluebelles contact numbers so that they could contact them at any time, including out of hours. Staff told us that they all had information that they carry with them at all times with contact numbers and what to do if ever they found themselves in an emergency. One relative told us that they needed care in an emergency. They said, “The registered manager came out straight away and saw [relative]. Although it was an emergency they spent time getting to know [relative] and completed the necessary assessments, and did it so nicely”.

People received care which was personalised to their needs and adapted to any changes by having open communication with people who receive support. The registered manager showed us personalised care and support plans. The views and wishes of people receiving support were captured in these plans.

One relative told us, “I have never had a complaint; if I ever had an issue I have full confidence that they will resolve it efficiently”. Staff told us how they would respond to any complaint or concern that someone may raise with them. One staff member told us, “Firstly I would always ask if there was anything that I could do to help them with their concern; I would document it and pass to the registered manager immediately”.

One person said, “I regularly see [registered manager] and plan what I need”. The registered manager told us that they see every person they support once a week. As part of these visits they discuss the support they receive and if there were any changes needed. One relative told us, “If there is ever any changes to support I can talk to [registered manager] and they will arrange the changes needed”.

The registered manager showed us their record of compliments, complaints and comments. People were able to share their experiences with the registered manager and felt comfortable to raise any concerns with them. Any issues raised were responded to and the registered manager had effective systems in place. One relative told us about a concern involving their family member. They said, “I was so grateful that they were able to help us out and they [staff] let us know what had happened straight away”.



# Is the service well-led?

## Our findings

People told us that they knew who the registered manager was and that they had regular contact with them. One relative told us that they met with the registered manager before any support started and said they, “Really got to know [relative]”. A relative told us, “I can contact the registered manager at any point and feel confident that any issue or concern will be resolved quickly and efficiently”.

People we spoke with told us that they were regularly asked to provide feedback on the support that they receive and were confident that their opinions were listened to and acted on. One relative said, “There are open and honest conversations between us and we can talk about anything”.

The provider promoted a positive and open culture where people were at the centre of the service that they provided. People and relatives were able to express their views and were confident they would be listened to.

Staff told us that they were in regular contact with the registered manager. They were able to go to them at any time day or night and they would always be there for them. One staff member told us, “We are such a small group of staff that we can pop in whenever we want. We are supported when out and about with people and managers are there to always assist us and not stuck in the office”. One staff member told us, “When supporting someone the registered manager will regularly assist as well and can share practical suggestions on how to do something or how to adapt, it is very helpful”. Another staff member told us, “The managers are brilliant, they know what is going on and are constantly checking the quality of care and feeding back to us”. The registered manager was aware of the day to day culture within the service and encouraged open and honest communication with staff to maintain quality in the care provided.

The registered manager told us that they were a small family run provider and did not want to become so large that they were restricted from going out and meeting with people. They said they wanted to keep the person at the heart of everything that they do. The registered manager told us that they supported their staff with one-on-one support and with yearly performance reviews in order to maintain quality and to develop staff. Staff that we spoke with told us that they receive regular team meetings and that they use these meetings to contribute towards changes or suggest any areas that they feel need developing. We were shown copies of team meeting minutes which discussed matters relevant to people receiving support and any training needs for staff. One staff member told us that they had recently received a text message from the registered manager passing on a compliment. They said, “You don’t come into work expecting compliments but it is so nice when someone appreciates what you do”.

One relative told us that they had recently completed a quality check which asked them about the quality of care that their relative received. The registered manager showed us copies of these checks and the actions that they had identified as a result of this feedback. They had met with the person and their family and agreed changes to their support package. We saw that this meeting was documented and the changes to the support included in the care plan. One relative told us, “I thought the care provided would fail because [relative] was so resistant. However; we spoke with [registered manager] and adapted the care provided and it is now working”.

The registered manager showed us their completed and planned training and how they then pass on what they learn to staff at staff meetings and in the one-on-one support sessions. A staff member said, “I always know what they [registered manager] expects me to do, if I am ever unsure they will help and show me”.