

Blakehill Healthcare Limited

Blakehill Healthcare

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

Blakehill Healthcare is a domiciliary care service, providing personal care to people living in and around Chippenham. At the time of our inspection, 22 people were receiving the regulated activity of personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Safeguarding was taken seriously and people felt safe whilst being supported. There were enough staff to support people safely and on time, unless for reasons such as traffic. Robust procedures were followed when recruiting new staff. Risks people faced had been assessed, and their medicines were safely managed. Systems were in place to prevent and control the risk of infection.

People's needs were assessed before they were offered a service. Staff received a range of training, although some people said more training in the use of a hoist was needed. Staff were well supported and there was an on call service, for any advice that was needed outside of office hours. People received support with meal preparation, as detailed in their care plan.

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.

People and their relatives were complimentary about the staff. They said they were kind, caring and respectful. People were encouraged to make decisions about their support and their rights to privacy, dignity and independence were promoted.

People were supported by staff who knew them well and attention was given to their communication needs. Each person had a care plan, although some of the information was limited in detail. People's daily records were also task orientated rather than being person-centred. People were happy with their support, and knew how to raise a concern if needed. The service was able to provide palliative care, although no one required this type of care at the time of the inspection.

The registered manager was passionate about the service and there was a positive culture. Staff had adopted this passion and were complimentary about the registered manager. Systems were in place to enable people, their relatives and staff to give their views about the service. Their feedback was taken seriously and used to improve the service. An auditing system was in place to monitor the safety and quality of the service.

We have made two recommendations about the clarity of information within people's care plans and additional staff training regarding the hoists people use.

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 16 October 2020¹ and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Blakehill Healthcare

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was so the registered manager could be available to support the inspection.

Inspection activity started on 13 April 2022 and ended on 04 May 2022. We visited the location's office on 14 April 2022.

What we did before the inspection

We reviewed information we had received about the service. 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 (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people who use the service and two relatives by telephone. We spoke with six members of staff and the registered manager. We reviewed a range of records. This included three people's care records. We looked at three 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 sought feedback from two professionals who had worked with the service.

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 of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to help protect people from the risk of harm.
- The registered manager took a pro-active approach to safeguarding. They were able to describe safeguarding concerns, which they had appropriately raised with the local authority.
- Staff had received recent training in safeguarding, and told us they would report any concerns to the registered manager or office staff. One staff member told us, "They expect you to consider safeguarding all the time. You need to keep aware of any signs and then report anything you are not happy with."
- People told us they felt safe when being supported by staff. One person said, "I feel perfectly safe with both the women and the male carers. They don't stand right over me, and they make feel at ease". A relative told us, "I feel my [relative] is safe with the carers. [Family member] never says they are unhappy with the staff and would tell me if they were".

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks people faced had been identified, with action taken to minimise harm.
- The care planning format in place highlighted potential risks, which were to be considered when providing a person's support. This included skin integrity, nutrition, falling, self-neglect and the person's environment.
- Risk assessments were up to date, and regularly reviewed. However, one assessment regarding the risk of a person choking, and another about a person's skin was limited in detail. The registered manager told us these assessments would be reviewed and addressed accordingly.
- The registered manager told us there had not been any accidents or incidents. They said if any occurred, they would be properly investigated and reported to the relevant agencies.
- There was a culture within the agency of wanting to get things right and to continuously improve and develop. The registered manager told us any incidents would be properly investigated, and any lessons learnt would be reflected upon with the staff team.

Staffing and recruitment

- There were enough staff to support people safely.
- The registered manager had taken advantage of a government sponsorship scheme and had successfully recruited staff from other countries such as Zimbabwe. This enabled greater capacity, so more care packages were being accepted.
- Staff said there were enough staff to support people safely. They said they usually worked long days, of about 10 hours, but this was their choice in order to get more days off at a time. One member of staff said they did not get paid for travel time, only the time whilst supporting people. The registered manager confirmed staff did not get paid for any gaps in their day. They said this was minimised by ensuring staff had

more work to fill the gaps.

- Staff told us in the event of any sickness, an additional member of staff would be asked to cover. They said those already working would not be asked to squeeze in any extra visits. This minimised disruption to people, and the risk of staff running late.
- People told us enough staff were available and they had not experienced any missed visits. They said staff generally arrived to support them on time, and stayed the full allocation. One person however said staff arrived a little early. Another person confirmed the office would call to let them know if staff were going to be late.
- Robust recruitment procedures were in place and being followed. The information showed the applicant's past employment and performance, their right to work in the UK and their suitability to work with vulnerable people.

Using medicines safely

- Systems were in place to ensure people received their medicines safely and in a way which met their needs.
- The agency used an electronic medicine administration system. Details of each medicine were clearly stated, and staff had appropriately completed the record to confirm the medicine had been taken. The system alerted the staff member and the office, if the record had not been completed. This minimised the risk of error.
- Information about the support people needed with their medicines, was detailed in their care plan. This included whether any medicines were time specific and what to do if a person repeatedly declined to take their medicines.
- Staff had received training in the safe administration of medicines and their competency had been assessed. Both the training and competency assessments were completed before the staff member supported people with their medicines.

Preventing and controlling infection

- Systems were in place to prevent and control the risk of infection and its transmission.
- Staff took part in testing for COVID-19 as per government guidance. This quickly identified any infection and enabled staff to self-isolate immediately, which minimised the risk of transmission.
- There were ample supplies of personal protective equipment (PPE), which staff could access as required. Spot checks ensured staff wore their PPE correctly.
- Staff had receiving training in infection prevention and control, including COVID-19.
- The provider had up to date policies regarding infection prevention and control and there was an infection lead. This enabled clear guidance to be disseminated to the staff team.

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

- People's needs were assessed before being offering a service.
- The agency requested the person's needs assessment, which had been compiled by the local authority. They then met the person and/or their family to discuss what was needed, including any preferences and expectations. One person confirmed this and said, "They came to see me and it was decided I needed just one visit a day in the morning."
- People's support was regularly reviewed to ensure it remained appropriate. Staff told us they always informed the office if the person needed more time for their visit. Additional time was then negotiated with the local authority.

Staff support: induction, training, skills and experience

- Staff received a range of training and supervision to help them work effectively.
- Staff had received recent training in moving people safely. However, three people and one relative told us they felt more training was required in this area. Such feedback included, "I think they only had a day's training on how to use the hoist. My [relative] has taught them how to use it" and, "I had to teach them the different colours of the hoist and how it works, as they don't seem to have much training." A social care professional confirmed more training in this area would be beneficial.

We recommend staff training in moving people safely is reviewed, to ensure staff are competent when using the equipment people have in their own homes.

- There was a training manager and a staff member who was qualified to give training in specific subjects. Staff training was online and there were also face to face sessions. More face to face training was planned, as restrictions related to COVID-19 eased.
- Staff received regular support and supervision, which they said was helpful. Staff told us when they were new to the country, they were helped to find accommodation, register with local health services and hire one of the agency's cars to undertake their role.
- There was an on call system for staff to gain advice, out of office hours. Staff said this worked well, and good advice was always given. One staff member said, "The office help a lot with information." Another staff member said, "Help and advice is just a phone call away. You can call anytime and there is always someone available."

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

- People received support with their meals, as part of their care package if required.

- People were encouraged to choose what they wanted to eat and drink. Staff prepared food and drink for the person to have later, if required. Any concerns about a person not eating was reported to the office staff and addressed accordingly.
- Staff told us some meals were cooked 'from scratch' whilst others were microwaved meals or snacks, such as sandwiches. One person told us, "They make me toast and a hot drink in the morning. In the afternoon, when they come between 4-5, they turn the oven on and put a readymade meal in for me."
- Details of any support needed and individual preferences were detailed in people's care plans. Staff documented what food they prepared for people. This included one person choosing to have bread, eggs, bacon and tomato for breakfast, and liver sandwiches for tea.

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

- People's health care needs and any support required, were detailed in their care plans. The information contained contact details of the person's GP and any other involved professionals.
- People told us staff were observant and noticed any signs of ill health. One person told us, "The carers noticed I had a mark on my back and told my [relative]. It wasn't anything but it's good to know that they notice things". Another person said, "I have had a carer who asked if I felt okay, as they said that I didn't look as well as usual."
- Staff told us they contacted the office if there were any concerns about a person's wellbeing. Staff said the office staff would then contact the person's family or their GP if appropriate or organise further monitoring.
- A social care professional confirmed staff were good at recognising, monitoring and reporting any ill health people experienced. They said, "Staff's eyes are on it for me, they are very obliging and discreet."

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 MCA 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.

- People had consented to their plan of care and the support they received. One person told us, "They are respectful and don't try to convince me to do anything I can't or don't want to do like having a wash when it's a male carer."
- Staff told us they always asked people for their consent before providing support. This included if they were happy to have a bath or shower, or if they wanted a topical cream applied to their skin. One staff member told us, "One person was not looking well, but they didn't give me consent to call the GP. We made sure we rang later to see how they were."
- Records showed staff had completed training in MCA. Staff told us they would inform the registered manager or office staff if they had any concerns about a person's capacity.

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 were well treated and their individual rights were promoted.
- People told us they were well supported and treated with respect. One person told us, "They are kind and organised and treat me politely". Another person said, "They do treat me with respect, as they listen to me and respect my decisions". Two people told us they were learning about Zimbabwe through talking to staff, as some staff originated from there.
- Systems such as staff training and checks on staff performance were in place to help ensure people were well supported. The registered manager told us they had a great staff team, who were full of energy. They said the team was multi-cultural, which gave a diverse set of skills and experience.
- Staff told us they enjoyed their role, particularly as they could make a difference to people's lives. They said they enjoyed getting to know people, and building trusting, positive relationships. One staff member told us, "I like to make people's support relevant and important to them."

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

- People's wishes, preferences and choices regarding their support, were detailed in their support plans.
- Staff told us they always encouraged people to make decisions about their care. One staff member told us, "We are always guided by what the person wants, so we always ask what they want us to do."
- People told us they were able to express their views and make decisions. One person told us, "They listen to me and respect my decisions."

Respecting and promoting people's privacy, dignity and independence

- The registered manager told us people's rights and basic values were key to everything. They said this included all interactions with people, and their support.
- People told us their privacy and dignity was promoted, but some had not been asked about being supported by a male staff member. One person told us, "I don't have a strip wash if it's a male carer as I wouldn't feel comfortable. I think it's a generational thing, but I do get on well with the male carers." Another person told us, "I phoned up the office to say I wasn't happy that men had been coming, and they said they were short-staffed for women. They did sort of apologise."
- Staff were clear when talking about people's rights. This included enabling people to remain as independent as possible. One staff member told us, "People's rights are always promoted. It's also things like, only talking about people to those who need to know."
- Records showed staff had received training in Dignity, Privacy and Respect Awareness.

Maintaining privacy and dignity was also identified in people's care plans, as a reminder to staff whilst supporting people.

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

- Each person had a plan of care, which was developed from their initial assessment. The plan covered a comprehensive range of topics, but some areas lacked clarity. For example there were statements such as, 'Please support [person] in maintaining a high standard of nutritional health,' 'pain during movement' and 'monitor for any sign of depression or loneliness.' Records showed people's medical conditions such as Dementia and Dysphasia, but there was little information about how these impacted on the person.
- Daily logs showed any care interventions the person was supported with. Staff also recorded when they arrived at the person's property and when they left. This showed staff generally arrived on time and stayed the whole duration. However, these records were task orientated and contained limited information about the person's wellbeing

We recommend the provider considers the level of detail and clarity within people's care plans and the daily records.

- People and their relatives were complimentary about the service. Specific comments were, "Very professional and caring company who always look smart and smell nice," and "I would recommend Blakehill for the friendship. The carers are good for a laugh, and they give excellent care."
- Another social care professional told us, "The care is very good and thorough. Staff go above and beyond and nothing is too much trouble. They do the little extras like taking the bins out. Staff's eyes are definitely on it for me. They are obliging and also very discreet."
- Staff alternated between the people they supported every two weeks. This ensured all staff were aware of everyone's needs and people had consistency with their support.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service met the AIS.
- People's communication needs were detailed in their support plan. This included any equipment used, and the need to speak clearly and directly to the person, to aid hearing.
- Information was available in various formats to meet people's communication needs. This included large font. One staff member told us they would always read something to a person if it made it easier for them.

Improving care quality in response to complaints or concerns

- There was a positive approach to complaints and clear processes were in place to address any concerns raised.
- People and their relatives knew how to raise a concern if they were not happy with the service. One relative told us, "[Family member] wouldn't have a man attend her care needs. I phoned up and since then she has only had female carers"
- The registered manager told us there had been one formal complaint, which related to a cultural difference. This was investigated, and the staff member involved understood, apologised and learnt from the situation.

End of life care and support

- The service was able to provide palliative care if needed, but no one required this at the time of the inspection.
- People's wishes regarding their end of life care, including resuscitation and admission to hospital, were detailed in their care plans.
- Records showed staff had received recent training in end of life care.
- The registered manager told us staff would work alongside involved health care professionals, when supporting a person at the end of their life.

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.

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

- The registered manager was passionate about the service and the support people received. They said they wanted to achieve way more than expected and make a difference to people's lives.
- The registered manager told us they wanted the service to slowly grow, and expand to more specialised areas such as clinical care and supporting children.
- Staff adopted the registered manager's passion and were complimentary about them. One staff member told us, "She's one of the best. She gives guidance when I need it and is quick to listen and make suggestions. She cares a lot." Another staff member said, "She's very driven and likes things to be done straight away and done perfectly. No mistakes. She motivates me, as she says, 'you can do it.'"
- Staff told us when the agency started supporting a new person, they were always asked how the visit went. One staff member said, "With new people, we are always asked how we got on. We share any learning about the visit, so it can be made better."

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 was aware of their responsibility under the duty of candour.
- All staff were encouraged to be open and honest and report any errors or anything that had not worked well. This was then discussed, with ongoing learning as appropriate.
- The registered manager confirmed they did not want anything to go wrong, but if it did, they would openly discuss the shortfall and apologise. They said they would want to learn from the event and implement any measures to minimise a reoccurrence.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager told us they ran a tight ship and expected 100% from each staff member. They said they expected things to be done well, with no mistakes.
- Formal discussions took place with all new staff at regular intervals. Other staff received formal supervision and spots checks of their performance. These checks were unannounced, and enabled staff to receive feedback about their practice.
- An auditing programme was in place. This involved weekly, monthly and three-monthly checks of practice such as medicine management and care records.
- There was an electronic care planning system, which enabled staff to have access to people's care needs

at any time. Staff confirmed this was really useful as it ensured they were up to date with the care interventions required.

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

- The registered manager told us people, relatives and staff were encouraged to be involved and give feedback about the service. This was through surveys, telephone calls or more formal reviews. However, none of the people we spoke with said they had been asked for any feedback.
- People new to the service were contacted at regular intervals, to ensure their support was going well. Any adjustments were made if requested.
- The registered manager and office staff had regular contact with staff who provided people's support. This promoted an open culture of sharing ideas and enhancing morale.

Working in partnership with others

- The registered manager and staff worked alongside various health and social care professionals. This included GPs, community nurses, commissioning and brokerage.
- The provider has another registered location, based in Bristol. Regular contact took place between the two, to enable advice, support and sharing of ideas and best practice.
- One person told us a member of staff visited them with an occupational therapist, when they first started using the service. The registered manager confirmed joint visits with health professionals were undertaken as required.
- A health and social care professional told us they worked with the agency well. They said staff were always good at reporting back to them about a person. They said staff were knowledgeable, and feedback they received from people, was always complimentary.