

Blakehill Healthcare Limited

Blakehill Healthcare

Inspection report

Unit 16, Apex Court
Woodlands, Bradley Stoke
Bristol
BS32 4JT

Tel: 07949240085
Website: www.blakehillhealthcare.co.uk

Date of inspection visit:
07 August 2018

Date of publication:
31 August 2018

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

The inspection took place on 7 August 2018 and was an announced inspection. This was the first inspection of the service at its current location. The service was previously run from a different location within South Gloucestershire.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. The service predominantly provides care to people at the end of their lives. At the time of our inspection, 12 people were receiving care.

There was a registered manager in place, although they were due to go on long term planned leave at the time of our inspection. Plans were in place to cover the registered manager's absence.

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.

People were very positive about the care they received from Blakehill. Comments included, "They look after me really, really well", "wouldn't change them for the world" and "very happy with them". It was evident that strong positive relationships had been built between people and the staff that supported them.

People's care was reviewed regularly to ensure that it continued to meet their needs. Nobody we spoke with had cause to complain but told us they would feel able to if necessary.

People received a safe service. There were systems in place to monitor that calls were taking place as planned. People confirmed that staff always attended as expected. There were occasional difficulties with staff running late but people told us they were always informed if this was the case. We discussed with the registered manager how some more detail in their care documents around medicines would be helpful to further reduce the risks of errors occurring. However overall systems for administering medicines were safe.

Staff were all positive about their training and support and received regular supervision. This helped the registered manager monitor their performance and development needs. Staff received specific training in end of life care to enable them meet the needs of people they supported.

The service was well-led. Staff felt well supported and people receiving care were all positive about the service received. There were systems in place to monitor that the quality and safety of the service.

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.

Systems for monitoring calls had improved.

People were supported safely with their medicines.

There were sufficient numbers of staff to meet the demands of care packages.

Is the service effective?

Good ●

The service was effective.

Staff received good training and support to help them carry out their roles.

The service worked with healthcare professionals to ensure people's needs were met effectively.

People were supported nutritionally when this was part of their agreed care package.

Is the service caring?

Good ●

The service was Good.

People gave positive feedback about the care they received.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was Good.

People received care that met their needs.

People felt able to make complaints and raise concerns if they needed to.

Is the service well-led?

Good ●

The service was Good.

There was a registered manager in place, supported by other senior staff.

There were systems in place to monitor the quality and safety of the service.

Blakehill Healthcare

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 7 August 2018 and was announced. We have the service 48 hours' notice because the service provides care to people in their own homes and we needed to ensure there would be someone available in the office to support the inspection.

The inspection was carried out by one Inspector. Prior to the inspection we reviewed all information available to us. This included the Provider Information Return (PIR). This is a form completed annually by the provider to record important information about the service, what they are doing well and areas they want to improve. We also reviewed notifications. Notifications are information about specific events that the provider is required to send us by law.

As part of the inspection we spoke with two people using the service and five relatives. We received feedback from eight members of staff as well as the registered manager and operations manager. We reviewed care records for three people and looked at other records relating to the running of the service. This included MAR charts, audits and complaints.

Is the service safe?

Our findings

People who used the service were safe. People reported strong positive relationships with staff. There were enough staff to meet the demands of the current care packages in place. However, the registered manager told us they were looking to recruit to enable them to expand their business. A care coordinator was employed to support the registered manager in completing rotas and ensuring care took place as per people's contracts.

When new staff were recruited, background checks were undertaken to minimise the risk of unsuitable staff being employed. Checks included a Disclosure and Barring Service (DBS) check. This identified people who are barred from working with vulnerable adults and lists any convictions a person has. Photographic ID was kept and references from previous employers were sought.

People had risk assessments in place. These described the risks involved in people's care and the measures in place to support them. For example, where a person was at risk of skin breakdown, the measure in place included applying creams and supporting the person to reposition. For some aspects of people's care a template risk assessment was used and the parts that were relevant ticked to show that they applied to the person concerned. This meant the document contained a lot of information that wasn't necessary; we discussed with the registered manager how there might be better ways of presenting the information so that the risks were more immediately clear.

Some people were supported with their medicines. There was brief information contained in the person's care notes about this; however, we discussed with the registered manager how it would be useful to have some more detailed instructions about the specific support people needed. This could help reduce the risk of errors occurring. The administration of medicines was recorded on a Medicine Administration Record (MAR). We reviewed a sample of these and found some occasions when prescribed medicines had not been signed for. On checking the dates, the registered manager was able to confirm the reasons for staff not signing for the medicine. For example, there were dates when a person had been in hospital. The registered manager was aware that there should have been information recorded on the MAR to reflect the reason for not administering. They were in the process of addressing the issue with staff. The registered manager told us that one person who was supported by the agency in the past had used eye drops and staff had been provided with particular training around this.

Staff were trained in and understood their responsibility to safeguard people from abuse. We discussed some issues of a safeguarding nature that had been shared with us previously. These concerns had been investigated thoroughly by the registered manager and the safeguarding team in the local authority were satisfied with their response.

There were processes in place to protect people from the risk of cross infection. Staff had access to personal protective equipment such as aprons and gloves. The registered manager told us there were keyworkers amongst the staff team who were responsible for ensuring there were enough supplies on their particular round of calls.

Is the service effective?

Our findings

The service was effective. Staff received good training and support to enable them to carry out their roles effectively. There was a senior member of staff with the appropriate qualifications to support staff in developing their moving and handling skills. We saw that staff had access to a dedicated training room. This was fully equipped to enable staff to gain the practical skills they needed to carry out their role. Comments from staff included; 'Moving and Handling is also part of the training, I was really satisfied with the way it was demonstrated.'

Staff also confirmed they'd received end of life training and told us 'I am especially appreciative of the end of life training I received as this enables me to carry out my duties effectively. This has also improved my provision of care especially with regards to personal care as extra care is needed when moving and providing care for end of life patients.' And 'I receive mandatory training which includes end of life care'.

People using the service and their relatives were all satisfied with skills and training of the care staff that supported them and had no concerns about their ability to do their jobs.

Staff received training in the Mental Capacity Act 2005 (MCA). This is legislation that protects the rights of people who are unable to make decisions independently. The registered manager told us that currently they weren't supporting anyone for whom there were concerns about their mental capacity.

Staff also confirmed they received regular supervision at around three monthly intervals. This was flexible according to the needs of staff. Staff told us, 'We do regular supervision with the manager, it is every 3 months.' And 'I do have regular supervision for a minimum of every three months with my manager.' We also saw evidence that 'spot checks' were undertaken, whereby a senior member of staff observed staff carrying out care duties. This was also an opportunity for people to feedback about the care they received. In one record of such a visit, we saw that an issue of concern about a member of staff had been recorded. The registered manager confirmed that this had been discussed with the member of staff in supervision. This showed how the service was monitored and action taken when necessary to keep people safe.

Staff worked with other health and social care professionals to meet people's needs. The registered manager told us they had established close links with the local hospice to support them in providing good care to people at the end of their lives. We noted that staff worked with community nursing teams to monitor the condition of people's skin. For example, where people were at risk of skin breakdown, staff used a tool to record the condition of people's skin. This would help them identify issues early and alert the nurse or GP.

People's nutritional needs were recorded in their care documents. It was stated for example, when a person was at risk of dehydration and staff were instructed to encourage the person to drink plenty of fluids. For another person, we saw that the person required particular utensils in order for them to eat independently.

Is the service caring?

Our findings

The service was caring. It was evident that strong supportive relationships had been built between people and care staff. People told us they were very happy with the care that they and their relatives received. Comments included, "They look after me really really well", "wouldn't change them for the world" and "very happy with them". People told us staff completed all the tasks they were supposed to during their care visits, and if they finished before the allocated time, staff asked if there was anything else they could do for the person before they left.

People told us that care staff treated them and their homes with respect, for example by knocking on the door and introducing themselves when they arrived. One person commented "they treat me with the utmost respect". People were asked if they had a preference for the gender of the care staff that supported them and if so this was recorded in their support plan.

People's independence was encouraged as far as possible. For example, it was noted in people's care plans where they were able to carry out parts of their own care routines. We also read that one person was able to eat independently with specialised cutlery.

Is the service responsive?

Our findings

People confirmed that staff understood their needs and preferences well and followed their care plans. People told us that communication was good. There were evidently some issues with call times because traffic in the areas where people lived could be variable and at times heavy. However, everyone we spoke with confirmed that they had a call if staff were running late and this meant they didn't worry.

There was a large screen on display in the office showing the calls that were due to take place. Staff logged in using their phones when they arrived at a call and logged out again at the end. This enabled staff in the office to monitor that calls were taking place as planned. During our visit we observed senior staff calling staff to check where they were, if for example they hadn't logged in as planned. The system used to monitor calls enabled the service to regularly audit how many calls, if any were missed.

There was an 'on call' system in place for staff to seek support outside of office hours. A senior member of staff took these calls to advise staff if they had any problems.

People confirmed that the agency were in contact with them regularly to check they were happy with the service provided and that it continued to meet their needs. When a person was new to the service a senior member of staff visited them for an initial assessment to discuss their needs and draw up a care plan. The initial assessment covered a range of people's needs including for example their mobility, continence needs, medication and skin condition,

Some people had particular health needs that required careful monitoring. For example, we read about one person who had a catheter in place. The care plan identified that staff should monitor that it was flowing freely and report to the community nurses if they had any concerns.

Nobody we spoke with had ever had any concerns or complaints but confirmed that they would feel able to raise concerns with a member of staff in the office, if they did. We reviewed any complaints that had been made to the service and saw that they had been taken seriously. The complainant had received a clear response, with the service acknowledging when things hadn't gone well. The complaints process reflected an open and transparent approach to managing people's concerns.

The registered manager told us their current focus was on providing end of life care and their care packages were commissioned by Continuing Health Care (CHC). The service worked closely with St Peter's hospice to provide people with good care at this stage in their life. The registered manager told us they had built good relationships with the hospice and could discuss any issues with them.

Is the service well-led?

Our findings

The service was well-led. There was a registered manager in place supported by other senior staff. People knew the names of senior staff and told us they often called or visited to check on their care package and to ensure it was meeting their needs. One person commented " (name of registered manager) rings up every so often and wants to know if I'm happy".

Staff were positive about working for the organisation. Comments included, "I feel privileged working at Blakehill as we are taught to care for all our clients as they were our own. We work as a team and update each other on any changes or important information regularly.", "I'm satisfied working with Blakehill. We work as a team. What I like about them is if you got problem with your job you got someone to help you." And "Blakehill is still a small company and this makes it possible to seek supervision on a regular basis which might not be possible with larger companies. If I have any issues I can approach management and vice versa."

The registered manager told us they attended 'Care and Support West' meetings every few months. Care and Support West is a representative body for providers of health and social care. This was an opportunity to keep up to date with developments in the care sector and to share knowledge and good practice with other care providers.

There were systems in place for monitoring the quality and safety of the service provided. Monthly checks for example took place for example on date from the calls monitoring system. A care plan audit took place every three months and this reviewed for example whether all risk assessments were in place. A survey had taken place in May/June 2018 and we saw that the results of this were positive. Comments recorded on the survey included 'I have found Blakehill Healthcare an excellent help to both me and my husband' and 'I would recommend them to anyone who may need their help'.

The registered manager understood their responsibility to make notifications as required by law. We did however discuss one notification where there had been a delay in sending it to the commission. This was because another agency had asked them not to notify us immediately. The law requires that we are notified of certain events 'without delay' and therefore other agency involvement shouldn't prevent notifications being made. The registered manager noted this for future reference.