Care Quality Commission

Bloomsbury Home Care Limited

Bloomsbury West Midlands

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 15 October 2015 and was announced. This was the first time we have inspected this service

The service provided domiciliary care to nine people in their own homes. There had not been a registered manager in place since April 2015 however we saw that a new manager was currently in the process of registering with the Commission. 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 told us that they felt the service kept them safe. Staff were aware of how to protect people from the risk of harm and how to raise these concerns when necessary. The provider managed risks to people in order to protect them from harm. The regional manager had plans to review people's risk assessments in the near future. After

Summary of findings

our inspection we were notified that the provider had produced a series of guidance for staff about how to manage the risks associated with people's specific conditions.

There were enough staff to keep people safe and to meet their needs. People confirmed that they were always supported by the number of staff identified as necessary in their care plans. The provider had established a resource of bank staff who were employed to provide occasional cover when regular staff are unavailable] who they could call upon to support people at short notice. Staff told us that they had undergone robust checks to ensure they could support people safely but this was not always evidenced by the provider.

People who required assistance to take their medication said they were happy with how they were supported. Staff were able to explain how they supported people to take their medication in line with their care plans.

Staff had the skills and knowledge they needed to meet people's care needs. Staff received regular observations of their practice and supervisions to ensure they remained competent to support people in line with their care plans and best practice.

People had been asked how they wanted to be supported and when necessary they had been supported by others who were close to them in order to help express their views. We saw that the provider had ensured people were supported in line with these wishes.

The provider had conducted assessments of people's capacity to make every day decisions.

People told us that staff supported them to eat and drink enough to stay well. Staff knew what people liked to eat. People had access to other health care professionals when necessary to maintain their health.

All the people we spoke with said that staff were caring and were happy to be supported by the service. People had developed positive relationships with the staff who supported them and spoke about them with affection. The service promoted people's privacy and dignity.

People told us the service would respond appropriately if their needs and views changed. We saw that records were updated to reflect their views. Records contained details of people's life histories and who they wanted to maintain relationships with so that staff could provide the support people wished.

The provider had systems in place to support people to express their views about the service and People were aware of the provider's complaints process. People felt their concerns were sorted out quickly without the need to resort to the formal process.

People we spoke with said they were pleased with how the service was managed and felt involved in directing how their care was developed.

A new regional manager had recently joined the service and was currently in the process of registering with the Commission. They understood the responsibilities of their role. The regional manager had clear views of the actions they wanted to take to improve the service and staff we spoke with were confident in their abilities to lead the service.

The provider had processes for monitoring and improving the quality of the care people received which included observational audits of how staff provided care to people in their own homes. When necessary they had taken action in order to improve the quality of the care provided by specific members of staff.

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. The provider managed risks to people in order to protect them from harm.

People told us that staff supported them to take their medication safely.

Good

Is the service effective?
The service was effective. Staff supported people to make safe decisions.

Staff had the skills and knowledge needed to meet people's specific care needs.

People were supported to eat and drink enough to maintain their well-being.

Good

Is the service caring?
The service was caring. People spoke affectionately about the staff who supported them.

Staff took time to sit with the people they supported and encourage social interaction. Staff had developed good relationships with the relatives of the people they supported.

Good

Is the service responsive?
The service was responsive. People were supported by staff who knew how they wanted to be supported.

The provider responded promptly to people's requests to change how their care was provided.

People were supported to express any concerns and when necessary, the provider took appropriate action.

Good

Is the service well-led?
The service was well led. There was a new manager in place who understood their responsibilities.

There was an effective system in place to monitor that people received their care they needed to remain well.

People expressed confidence in the management team and staff enjoyed working at the service.

Good

Bloomsbury West Midlands

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 15 October 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure the provider had care records available for review had we required them. 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 service.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This 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 and we took this into account when we made the judgements in this report. We also checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We reviewed information we received from a person who purchases packages of care from the service. We used this information to plan what areas we were going to focus on during our inspection.

During our inspection we spoke to the regional manager and two team leaders. We looked at records including five people's care plans, three staff files and staff training records to identify if staff had the necessary skills and knowledge to meet people's care needs. We looked at the provider's records for monitoring the quality of the service to see how they responded to issues raised.

After our visit we spoke with three people and the relatives of two other people. We spoke with two team leaders and one care assistant who supported the people who used the service. We also spoke to one care assistant who had recently finished working for the service.

Good

Is the service safe?

Our findings

All the people we spoke with said they felt the service kept them safe. Staff we spoke with were aware of how to protect people from the risk of harm and how to raise these concerns when necessary. Staff told us and records showed that they had received training in how to recognise and keep people safe from the risk of abuse.

The provider managed risks to people in order to protect them from harm. The team leaders had assessed people's needs when they joined the service and produced risk assessments about how they needed to be supported to be kept safe. Staff we spoke with were knowledgeable about the risks associated with people's specific conditions and could describe the actions they would take to protect people from harm. We noted however that although these assessments identified the risks presented by people's conditions they did not always provide details of how staff were to support people, so the risks were reduced. For example, an assessment for a person who wanted to maintain their independence but was at risk of falling did not indicate how staff were to support the person in order to minimise this risk. Another assessment identified that a person was at risk of becoming lost if they went outside but there was no guidance about how staff were to support the person if they wanted to go out. The regional manager told us they had recognised these omissions and had plans to review people's risk assessments in the near future.

There were enough staff to keep people safe and meet their needs. People confirmed that they were always supported by the number of staff identified as necessary in their care plans. A person told us, "If they are short staffed the supervisor steps in." People told us that they were supported by the same staff who would stay their allotted time. A member of staff told us they were not under pressure from the provider to hurry their calls and would often attend calls early, when requested, to have a cup of tea with the person they were supporting. The regional manager demonstrated that the number of staff employed was in response to the support needs of the people who used the service. The provider had established a resource of bank staff who they could call upon to support people at short notice when necessary to ensure people continued to be supported by the require number of staff to keep them safe.

A member of staff who had recently joined the service told us they had undergone a thorough recruitment process and felt supported in their new role. A team leader who was responsible for recruiting new care assistants told us, "I am very fussy. They have to be right." We looked at the records of four members of staff who had recently joined the service. These confirmed that the provider had conducted checks, such as identifying if applicants had criminal records, in order to ensure staff were suitable to support the people who used the service. We noted that the provider had no records of character references from applicant's previous employers. The regional manager said these were routinely obtained as part of the recruitment process and staff we spoke with confirmed this. The regional manager felt the references were stored in another of the provider's locations. We asked the regional manager to submit evidence that references had been obtained, however this was not received. Failure to conduct suitable checks could result in the service employing people who were not of good character.

Although most people who used the service did not require assistance from the service to take their medication, those who did so said they were happy with how they were supported. Staff we spoke with were able to explain how they supported people to take their medication in line with their care plans. We noted one incident when a member of staff took the appropriate action to prevent a person from receiving medication which was not prescribed to them. Staff recorded when they helped administer people's medicines and these were regularly checked by the regional manager. This helped ensure people's medicines were managed safely. Although care plans did not always include sufficient information about the risks presented by people's medications the provider's medication policy contained clear instructions of the actions staff were to take if they were concerned people had not taken their medications as prescribed. The regional manager told us they were currently reviewing care records to include this information.

Good

Is the service effective?

Our findings

All the people we spoke with said they were happy with the care they received. People told us that the service met their needs and supported their wellbeing.

Staff had the skills and knowledge to ensure people were supported in line with their care needs and best practice. A person who used the service told us, "The carer fully knows what she is doing." A member of staff said, "I have lots of training" We spoke with four members of staff who all said they received regular training and additional training as people's care needs changed. Records showed that staff had received advice and guidance from other health care professionals when necessary in order to support people's specific care needs. Some members of staff were key workers to people so they could provide guidance and advice to other staff about the person's specific care needs.

Two members of staff who had recently started working at the service said their induction had prepared them to fulfil their roles and responsibilities. A relative we spoke with told us, "What I like about them is when a new carer starts they shadow another carer." We saw that assessments had been completed to ensure they had demonstrated the skills needed to meet the needs of the people they were supporting. Staff told us they underwent regular observations and supervisions with team leaders in order to ensure they remained competent to support people in line with their care plans.

People had been offered the opportunity to express how they wanted to be supported. When necessary people had been supported by others who were close to them in order to help them express their views. We saw that the provider would change how people were supported in line with these wishes. On one occasion this involved the addition of a night call to a person to ensure they had a drink and got to bed safely. People told us that the staff who supported them were very approachable and had fed back their views when necessary. People's wishes were respected by staff.

The regional manager and staff we spoke with were knowledgeable of the requirements of the Mental Capacity Act 2005. One member of staff said they had approached a person's friend for evidence that they had the legal power of attorney to make decisions on behalf of the person who used the service. They told us they had not received this information and therefore continued to seek consent directly from the person about how they wanted their care to be provided.

All the people we spoke with said that staff would seek their consent to provide care. Two people we spoke with said they were happy for staff to include their relatives when discussing how they were to be supported and two team leaders we spoke with were clear about these arrangements. We saw that people were supported by people who were close to them to make decisions about their care and on occasions relatives and friends had signed their consent for people to receive care. The provider had conducted "orientation," assessments of people's capacity to make every day decisions. When assessments had identified that a person could lack mental capacity they did not contain information for staff about how to support the person in line with their rights when they chose to make a decision which put them at the risk of harm. However staff we spoke with could explain how they supported these people to express their views such as sitting with a person and speaking softly.

People told us that staff supported them to eat and drink enough to keep them well. Most people who used the service were supported by relatives or friends to make their own meals but they were regularly offered drinks when staff visited. Staff we spoke with could explain what people liked to eat and how they supported people to eat sufficient quantities. One member of staff told us, "They like their toast a certain way. I always make it like this so they will eat it." Another member of staff said they would always ensure a person they supported was left with a choice of drinks close to hand when they finished their call. This ensured that people were supported to eat and drink enough to maintain a healthy diet.

People told us and records showed that they had access to other health care professionals when necessary to maintain their health. We saw that when necessary other health care professionals had trained care staff in how to deliver the specific care plans they had developed. They had regular contact with the person who used the service and the care staff supporting them to ensure the plan was effective.

Good

Is the service caring?

Our findings

All the people we spoke with said that staff were caring and were happy to be supported by the service. People told us staff were considerate and respectful of their wishes and feelings. Comments included, “I have no problems with the carers," and “Yes, I am happy with the carers.”

People who used the service told us they had developed positive relationships with the staff who supported them and spoke about them with affection. A person who used the service told us, “We have a laugh together.” A relative told us, “My mother loves the girls who visit. They are very good with her.” Staff we spoke with could explain people’s specific needs and how they liked to be supported. A member of staff told us that they would often attend their calls early and stay late because they knew the person they were visiting liked to chat with them. Another member of staff told us that a person they supported would always offer to make them a drink and encourage them to sit down and take a break.

A member of staff told us how they continued to keep in contact with the relatives of a person who had used the service in the past. They said, “I’ve got to know them well. I want to check they are coping all right.”

The provider had a process to support people to be involved in developing their care plans and expressing how they wanted their care to be delivered. People who used the service told us that they regularly met with staff to ensure they were happy with their proposed care plans. One person told us, “They always ask if there is anything else they can do.” All the people we spoke with said that staff respected their choices and delivered care in line with their wishes. When necessary the provider had taken additional action, such as involving family members and other health care professionals, to speak up on people’s behalf. The provider sought out and respected people’s views about the care they received.

The service promoted people’s privacy and dignity. Staff we spoke with told us they would knock and introduce themselves before entering a person’s home and people who used the service confirmed this. We saw the provider had a dignity and respect policy and staff confirmed this was explained when they started working at the service and discussed at regular meetings.

Good

Is the service responsive?

Our findings

People who used the service told us that the service met their care needs and would respond appropriately if their needs and views changed. A person who used the service said, “If we need to change the times of visits they respond straight away.”

People told us that the provider responded according to their care needs and we saw that the service had responded promptly when people required additional calls. Staff we spoke with gave examples of additional tasks they would undertake to support people when their family members were unable to support them. These included cooking additional meals and helping people to administer their medications. A relative of a person who used the service told us, “They will go out for milk if mum runs out.”

A person who commissioned care packages from the service told us they had not received any information of concern about the service and considered it to be meeting the needs of the people it supported. We saw that the provider had taken action to support people to access mobility aids and respected people’s expressed desires to remain independent as much as possible. A member of staff told us about a person they support and said, “They are fiercely independent. Everything I do has to be around this.”

People told us and records confirmed that they were involved in reviewing their care plans. We saw that records were updated to reflect people’s views. They contained details of people’s life histories and who they wanted to maintain relationships with. Staff we spoke with were aware of people’s preferences and gave us examples of how they supported people in line with these wishes. One member of staff told us, “You adapt to their needs,” and “If anything changes, I will let the Team Leader know and their records are updated.”

The provider had systems in place to support people to express their views about the service. People told us that staff sought their opinions of the service and the provider had conducted a survey recently of people’s views. We noted that most feedback was complimentary about the service and saw evidence that the provider was currently involved in reviewing the feedback to identify if further action was required.

People we spoke with were aware of the provider’s complaints process and felt concerns were sorted out quickly without the need to resort to the formal process. One person told us that when they had raised a concern about the service, it had been resolved promptly.

Good

Is the service well-led?

Our findings

All the people we spoke with were happy to be supported by the service and pleased with how it was managed. A person told us, "The managers are very helpful. They are quick to put your mind at ease." another person said, "It is a very small service and we like that."

People told us they were encouraged to express their views about the service and felt involved in directing how their care was developed. The relative of a person who used the service told us, "My mother signs all the forms for herself." Staff we spoke to said the regional manager and director were approachable and supportive. One person told us, "I can speak to them any time." One member of staff however felt that the manager did not respond promptly to concerns raised by staff which could result in them, "festering" and generating ill will. The manager told us they were aware of these concerns and had arranged meetings with the staff in order for them to express their opinions.

A new regional manager had recently joined the service and was currently in the process of registering with the Commission. They understood the responsibilities of their role including informing the Care Quality Commission of specific events the provider is required, by law, to notify us about. However the regional manager failed however to send us additional information we had asked for during our inspection. They demonstrated that they had worked with other agencies when necessary to keep people safe.

The regional manager had clear views of the actions they wanted to take improve the service and staff we spoke with were confident in their abilities to lead the service. Although the regional manager often worked at the provider's other locations, staff we spoke with did not feel this was a disadvantage as they could always be contacted and would attend the office whenever necessary.

The service had a clear leadership structure which staff understood. Staff told us and we saw that they had regular supervisions and staff meetings. We saw that these meetings had included discussions about people's care needs and what support staff required in order to meet these needs. Staff we spoke with confirmed the regional manager would respond to concerns raised at these meetings such as the provision of additional training in people's specific conditions. A member of staff told us, "It is a good company to work for." Staff also told us they received regular calls from their team leader which ensured they were aware of any changes in people's conditions and gave them ready access to advice and guidance when necessary.

The provider had processes for monitoring and improving the quality of the care people received. People told us they were happy to express their views about the service to the staff who supported them. We noted that the provider had conducted a recent survey to capture people's views. Comments were positive about the service. The operations manager was able to explain how they were evaluating the responses to identify any actions which may be required and improvements they wanted to make to the next survey to increase its effectiveness. We saw that the provider conducted observational audits of how staff provided care to people in their homes and when necessary had taken action in order to improve the quality of the care provided by specific staff.

We looked at the care records for five people and saw that they had been regularly reviewed. However these reviews had been identified as ineffective by the new regional manager. They had identified and we saw that records did not always contain enough detail to enable staff to support people safely or ensure people were supported in line with the requirements of the Mental Capacity Act 2005. The regional manager was able to explain the actions they intended to take in order to address these concerns however they had not produced a plan of how these would be accomplished. This meant that it would be difficult for the provider to assess if tasks were prioritised or completed appropriately.

There were systems in place to monitor that people were getting their calls in line with their care plans. The regional manager monitored these and was able to demonstrate that missed or late calls would be quickly identified by the system if they occurred. The provider was intending to upgrade the monitoring system and issue all staff with mobile phones so they could monitor that staff had attended calls on time. People told us they had received calls in line with their care plans.