

Bliss Support Ltd

# Bliss Support

## Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



### Overall summary

We carried out this inspection on 07 January 2015 and 14 January 2015.

There was a registered manager at the service at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Bliss Support Services is a domiciliary care agency providing personal care to people in their own homes, mostly in the Chesterfield and South Sheffield area. The office is located in Hasland, Chesterfield. It provides service to older people and people with living with brain injuries and physical disabilities. There were 38 people using the service at the time of our inspection.

At our previous inspection visit in June 2014 we found that people's care and welfare needs were not fully met and the management of medication was not satisfactory.

# Summary of findings

Support for staff was lacking and systems for monitoring the quality of the service did not ensure people's welfare needs were met. The provider sent us an action plan outlining how they would make improvements. We found all these areas had improved. People's care records and medication records had improved and the provider had established a quality monitoring system. However, further improvements were required.

Since our previous inspection visit in June 2014 we had received information of concern that alleged the agency did not address issues raised. We found that some issues had not been addressed properly and there had been poor communication from office staff in response to issues raised.

We received information that staff were not suitably trained. We found the provider had not arranged specialist training for staff to ensure people's individual needs were met.

People using the service were protected from abuse because the provider had taken steps to minimise the risk of abuse. Decisions related to people's care were taken in consultation with people using the service, their representative and other healthcare professionals, which

ensured their rights were protected. We found the service was not aware of recent court judgments about the Deprivation of Liberty Safeguards (DoLS), which meant there was the potential for people's rights to be restricted.

There were enough staff available to meet people's individual needs and ensure their independence.

Staff received health and safety training but had not received specialist training related to the needs of the people receiving support. Staff were supported through regular supervision and staff meetings.

Most people told us they enjoyed using the service and received the right support. Their relatives told us that staff were caring and reliable. People were supported to take part in community activities of their choice.

The registered manager at the agency was familiar with needs of the people using the service and staff felt supported by the management team. The agency had started to develop social events for people using the service that had been well received. Regular staff and service user meetings were held to ensure people were involved and could have their say in the running of the service.

Complaints were not always well managed and communication with the office had not always been consistent or resolved issues satisfactorily.

# 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?

This service was not consistently safe.

Staff recruitment procedures were not comprehensive enough to ensure suitable people were always employed.

Some care records had insufficient information for staff to provide safe care.

People using the service and their relatives told us they felt safe and they had no concerns. Staff were aware of what steps they would take to protect people.

There were sufficient staff to ensure people's needs were met.

We found medicines were administered as prescribed and were stored safely.

**Requires Improvement**



### Is the service effective?

The service was not always effective.

Staff had not completed relevant training to enable them to care for people effectively.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We found the service was not aware of recent court judgments, which meant there was the potential for people's rights to be restricted.

Staff provided support so that people received a balanced diet.

**Requires Improvement**



### Is the service caring?

The service was caring.

We saw that people were treated with kindness and compassion when we observed staff interacting with people using the service.

People who used the service and their families that we spoke with told us they were happy with the care and support they received from Bliss Support Services.

Care plans were written to ensure they met individual needs and staff were aware of people's choices, likes and dislikes and enabled people to maintain their independence.

**Good**



### Is the service responsive?

The service was not consistently responsive.

People using the service were enabled to lead active social lives that were individual to their needs and maintain links with the community.

People using the service were able to go to visit family and friends or receive visitors.

**Requires Improvement**



# Summary of findings

People were encouraged to express their views and concerns but complaints were not always well managed and some people did not receive appropriate communication from office staff.

## Is the service well-led?

The service was not consistently well-led.

Most people using the service, relatives and staff thought the service was well run but there had been issues with communication from the office. There had been no specialist training arranged for staff to enable them to meet people's individual needs.

There was an open culture at the service and staff told us they would not hesitate to raise any concerns and felt that any concerns would be dealt with appropriately.

A number of audits were carried out to monitor the service, which included health and safety audits and audits of care records.

**Requires Improvement**



# Bliss Support

## Detailed findings

### Background to this inspection

This inspection took place on 07 January 2015 and 14 January 2015. 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, and to provide a rating for the service under the Care Act 2014. The inspection was announced with 48 hours' notice. This meant the provider and staff knew we would be visiting the agency's office before we arrived.

We spoke with sixteen people who used the service or their relatives, six staff and the management team. We spoke with two social workers and the Local Authority contracts monitoring officer.

We looked at five people's care records. We looked at a range of other records relating to the care people received. This included some of the provider's checks of the quality and safety of people's care; staff training and recruitment records and medicines administration records.

# Is the service safe?

## Our findings

At our previous inspection visit in June 2014 we asked the provider to take action so that medication administration recording was improved and ensured the provider was acting in accordance with the prescriber's instructions. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found that action had been taken and medication was being administered correctly.

People who needed assistance with their medication said they received it from staff at the times they needed it. Staff had been trained in medication administration. We found that people were receiving their medicines as prescribed. We looked in detail at the medication records for seven people using the service. There were no gaps on the administration records and any reasons for people not having their medicines were recorded. We saw the provider had a system in place to audit medication administration record charts and check any discrepancies. This helped to ensure risks of repeat errors were minimised.

At our previous inspection of June 2014 also found assessments of risk did not always identify how the actual risks were to be managed and some had not been completed. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider sent us an action plan outlining how they would make improvements.

At this inspection we found that action had been taken to make improvements in some records we saw. Most risk assessments we read included information about action to be taken to minimise the chance of harm occurring. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home and transferring in and out of chairs and beds. Staff we spoke with understood the risks to individual people. However, not all records we saw had yet been updated to include this information; for example, on one record we saw there was a risk assessment for moving the person but it did not indicate to staff what action should be taken when assisting them. The manager told us they were in the process of updating all records.

People we spoke with confirmed they felt safe when being supported. One relative told us "We couldn't manage without them" and another said of their family member "They're safe". Most people told us they had no issues with the service and several described the care staff as excellent. One person told us "They leave my house secure".

Staff understood the procedures in to follow in the event of them either witnessing or suspecting the abuse of any person using the service. Staff also told us they received training for this and had access to the provider's policies and procedures for further guidance. They were able to describe what to do in the event of any abusive incident occurring. They knew which external agencies to contact if they felt the matter was not being referred to the appropriate authority. This meant that the provider was taking appropriate steps to safeguard people from harm and abuse.

People we spoke with, their relatives and staff told us there were sufficient staff to meet individual needs. Most, with the exception of one relative, told us their care workers were reliable and they had a regular team of workers. They told us they arrived promptly and stayed for the correct length of time. Staff told us they had regular rotas and worked with the same people. We looked at staff rotas, which confirmed this. This ensured people were supported safely.

The agency's offices were accessible for people with disabilities, had private space if required and were well maintained, which meant they were safe for people to use.

We found that the provider had systems in place to ensure suitable people were employed at the service. The records we looked at showed us that identity information, Disclosure and Barring Service (DBS) checks and references were obtained before a person commenced working in the service. However, two of the records we looked at had limited information regarding employment history, which meant there was the possibility for unsuitable people to be employed.

# Is the service effective?

## Our findings

At our previous inspection visit in June 2014 we asked the provider to take action so that staff were better supported. This was a breach of Regulation 23 (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found that action had been taken to make some improvements to staff supervision. Most staff told us they received regular supervision and appraisal from their manager and this gave staff them an opportunity to discuss their performance and identify any further training they required.

Most people said that staff had sufficient skills and experience to support them. One person told us “They are all very good”, another said “They have been brilliant” and a relative told us “They are very good with her [their family member]”. Another person praised the service and told us “They work to the best of their ability”.

We received information in October 2014 that suggested staff did not have the appropriate training or skills to meet the need of people with brain injuries. We found the service provided support to a number of people with brain injuries and wanted to specialise in this area but that no training in this area had been provided. Training records we saw, staff we spoke with and the manager all confirmed this. One member of staff also told us they had never done any training in autism or dementia and another said they had not received any input on Parkinson’s Disease, although the service supported people with these conditions.

Staff told us that they received the essential health and safety training, which they said included regular updates when required. External social care professionals we spoke with confirmed that staff were knowledgeable about people’s individual needs.

People said that staff sought their consent before they provide care to them and most records we saw confirmed this, although there were two records where there was no signature to demonstrate consent and most of the documents were not dated.

Staff told us they had received training in the Mental Capacity Act (MCA) 2005 and associated Deprivation of

Liberty Safeguards (DoLS). They were able to describe how they would ensure people were in agreement with the support they were providing but were less sure of the process if someone did not have the capacity to make an informed decision. The manager was not aware of

a recent supreme court judgement that has clarified the meaning of deprivation of liberty, so that staff would be aware of what processes to follow if they felt a person’s normal freedoms and rights were being significantly restricted. We did not see any assessments of people’s capacity to make decisions in the records we looked at. The manager told us they would involve external professionals if people lacked capacity to ensure any decisions made were in their best interests. At the time of our inspection no one using the service was deprived of their liberty.

People who were supported at mealtimes told us they had access to food and drink of their choice. Where relevant, staff were required to reheat and ensure meals were accessible to some people who used the service. Staff who supported people with their meals told us they had received training in food safety to be able to carry this out properly. Training records we saw confirmed this.

People were supported to maintain good health and to access healthcare services when required. They told us that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. Staff were also available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. A relative told us “If there any changes to care, we all get to know about it” and another relative told us the care worker had phoned for an ambulance when their family member was unwell.

**We recommend that the service finds out more about training for staff, based on current best practice, in relation to the specialist needs of people living with brain injury and other health conditions.**

**We recommend that the service finds out more about training for staff, based on current best practice, in relation to the Mental Capacity Act and DoLS.**

# Is the service caring?

## Our findings

Most people we spoke with told us staff were caring and kind. One person said “They’re ever so nice” and a relative said of the staff support to their family member “They dress her really nicely”. Another person described staff as “punctual, efficient and honest”.

Everyone said staff supported them with their privacy, dignity and confidentiality. For example, one person commented “I don’t hear them talking about other people when they’re here.” We saw some staff interactions with people during our visit to the agency’s offices and saw that these were respectful and polite.

External social care professionals we spoke with told us that they had received positive feedback about care staff from the people they were involved with. One person had described the staff member as “A very good carer.”

People were involved in making decisions about their care and support. One person told us they were aware of their care plans and relatives told us they were involved in reviews of care. People told us they were given choice and control to get the right care and that their disabilities were

taken into account when care was provided. One person told us they had confidence in the staff supporting them as they understood their wishes and preferences. They said “The staff are switched on”. People were supported to participate in social events and maintain relationships with other family members; for example one person was assisted to visit a relative regularly.

The majority of people who received personal care from Bliss Support Services had capacity to make their own decisions at the time of our inspection. Those funding the service through direct payments had made the choice to use Bliss Support Services. People using the service told us they were involved in developing their care and support plan and identifying what support they required from the service and how this was to be carried out.

Records we saw showed that people’s preferences in relation to the gender of the support worker were respected. For example, one record identified that the person wanted “mature female staff” to provide their support and this was in place. One person we spoke with told us they did not mind if their support worker was male or female.



# Is the service responsive?

## Our findings

Most people told us the service was reliable. One person said “It’s 100% reliable” and another said “I’ve never had a missed call”. However, another relative told us their family member had missed calls on several occasions and there had been no communication from either the member of staff or the office regarding this. We received information in December 2014 that suggested people did not receive their calls as required. We found that one person had not received calls during a bank holiday period. The manager was looking into this and stated it was due to adverse weather conditions.

Staff told us they were provided with travel time so that they were able to supply care to people on time. This lessened the risk of staff not being able to make the agreed call times. The manager informed us the service had improved and there were few missed calls unless there were unforeseen events such as adverse weather conditions. If staff were unable to attend a call they informed the manager in advance and cover was arranged so that people received the support they required.

Assessments were undertaken to identify people’s support needs and care plans were developed outlining how these needs were to be met. The records we looked at were clear and identified individual needs, such as social support and increasing independence and included details about people’s mental, physical and social needs so that staff were aware of the actions needed to meet people’s needs. There was information about what personal care tasks people could do for themselves and where they needed support and relevant risk assessments were in place to ensure people were supported safely. The records also indicated that people had been involved in the decision making about their support and people we spoke with confirmed they were actively involved in care planning.

Staff we spoke with were able to describe people’s needs and were clear about what was expected of them. Most also told us it was easy to contact the office to discuss any concerns and felt confident any issues raised would be addressed. We saw that some people were supported in the community and were involved in interests of their choice, for example shopping, sports events and meals out. A staff member told us “I try to get to know what interests them”.

The provider had a clear complaints procedure that gave details of other agencies people could approach if they were dissatisfied with the way the provider dealt with their issue. Most people we spoke with told us they would go to staff or the manager if they had any concerns and relatives told us that they had been satisfied with the response to queries they had. One person said “They listen to what I say” and a relative told us “If there are any changes to the care needed everybody gets to know”. However, a relative told us they had not had a response to an email they had sent about an issue with the care provided.

We looked at the complaints record and saw that complaints were recorded and it was clear what action had been taken to resolve them and most indicated whether or not the complainant was satisfied with the outcome. A relative told us about a complaint they had made and the records we saw showed it was in the process of being addressed but the outcome was not yet known.

Information we received in October 2014 also suggested that the management team did not provide a proper response if issues were raised and one relative told us that meetings to try and resolve issues had been cancelled by the manager. We discussed this with the manager and found that this was correct, although an explanation for the cancellation was given.

**We recommend the provider reviews how issues raised and communication from the office is handled.**

# Is the service well-led?

## Our findings

At our previous inspection visit in June 2014 we asked the provider to take action so that there was greater feedback from staff to ensure the service was well led. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found that action had been taken to make some improvements to ensure there was better communication and feedback from staff.

People we spoke with told us they were asked their opinion of the service and most told us they were confident they would be listened to. One person told us they had enjoyed the social occasions arranged by the agency as these gave them the opportunity to make comments about the service.

Most people told us communication from the office was good but some said this was where the main problem with the agency lay. One person said “You don’t always hear anything” when they had contacted the office. Some staff we spoke with also thought communication could be better but said this had improved recently. We had also received information since the previous inspection visit in June 2014 that said the office did not manage messages well. An external social care professional we spoke with also said communication was sometimes an issue, particularly if calls were missed or late. We discussed communication with the management team and they acknowledged that this was an area they needed to improve.

The management monitored the quality of the service by speaking with people to ensure they were happy with the service they received and also undertook spot checks to review the quality of the service provided by staff. We also saw that there were opportunities for people to provide feedback about the service and possible improvements. We saw that a survey had been completed in 2014 and that one had recently been sent in 2015. A small number of responses had been received to the 2015 survey and the agency was waiting for others to be returned. They all said that people were satisfied and praised the staff. We saw written feedback on a 2014 satisfaction survey that said “Full marks Bliss”.

There was a registered manager at the agency. We had received information in 2014 from a variety of sources that

suggested the manager did not listen to concerns raised. However, staff we spoke with during this inspection stated that they received good support from the manager via phone calls, supervisions and staff meetings. Staff felt management were available if they had any concerns. One staff member told us “The support is very good”.

There was a whistle blowing policy in place and staff we spoke with understood it and knew who to approach should they have concerns.

We discussed the leadership of the service with the management team. They told us they wanted to specialise in supporting people with brain injury and provide a quality service to a smaller number of people with an emphasis on promoting independence. However, they had not arranged any specialist training for staff in brain injury or other health conditions.

They had established links in the community with voluntary organisations and had also begun organising social events for people using the service, with staff involvement, to alleviate social isolation. This was as a result of feedback from people. They said this had improved communication and that it had helped the service to recognise the importance of people having a voice and see that action was being taken in response to any issues raised.

We saw that staff supervision took place. The supervision sessions gave staff the opportunity to review their understanding of their core tasks and responsibilities to ensure they were adequately supporting people who used the service. One staff member told us “I’m happy with it” and confirmed they were well supported.

We saw evidence in staff meeting minutes that staff had been asked about their views as to the running of the agency. One staff member gave an example of a suggestion they had made that had been implemented by the management team.

We saw that a range of records, such as medication records, care records and staff records were audited by the manager so that they were up to date and any necessary changes and amendments were made. For example, we saw an audit had identified a discrepancy on a person’s medication administration record chart and the member of staff involved had been called to the office to provide an explanation.

## Is the service well-led?

The provider notified the Commission of important events and incidents affecting the service, as legally required. Records were stored securely and were in good order.