

Bloomsbury Home Care Limited

Bloomsbury Worcestershire

Inspection report

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20 June 2019

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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: Bloomsbury Worcestershire is a domiciliary care agency providing care for people in their own homes. At the time of the inspection there were 39 people using the service. There was not a registered manager in post 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. However, the provider had recruited a new manager who would be registering with us.

Not everyone using [Bloomsbury Worcestershire] receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

People's experience of using this service:

- Staff recruitment records had been checked since our first day of inspection, so the provider could assure themselves people's safety was maintained because all staff were suitable to work with people in their homes.
- People were not always supported by staff who were appropriately trained.
- Staff were now provided with regular supervision to do their job effectively.
- The provider lacked robust and effective systems and processes to ensure the quality and safety of service.
- People and relatives told us staff were not always caring and didn't always respect their right to confidentiality.
- People's needs were assessed before they started receiving care and they told us their needs were met.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People were involved in the care planning process, but reviews were not always carried out regularly.
- People's independence was encouraged and maintained.
- People and relatives knew how to raise concerns.

Rating at last inspection: The provider was called Bloomsbury West Midlands and was rated Good on 15 October 2015. The provider moved offices to Worcester and changed their name to Bloomsbury Worcester.

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received. We had received a number of complaints from people using the service and whistle-blowers.

This is the first time this service has been rated Requires Improvement.

Enforcement:

At our first day inspection on the 12 March 2019 we identified concerns regarding staffing, staff recruitment and the provider's quality assurances systems. When we returned to the site on the 20 June 2019 we found the necessary improvements had been made, However, we found the work to improve the service was still ongoing and further time was required to evidence the improvements could be sustained in the longer term which we have reflected in the ratings.

Follow up:

We will work with the provider following this report being published to understand and monitor how they will make changes to ensure the service improves their rating to at least Good.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Bloomsbury Worcestershire

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted in part by concerns raised from people and staff involved with this service. This inspection examined those risks which included staff not being adequately trained and staff working without a disclosure and barring check.

Inspection team: One inspector carried out this inspection.

Service and service type: Bloomsbury Worcestershire is a domiciliary agency caring for people in their own homes. At the time of our inspection a new manager had been appointed but they had not registered with the Care Quality Commission: A registered manager 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.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 12 March 2019 and a follow up visit took place on 20 June 2019. We visited the office location on 13 March 2019 and 20 June 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did: We used information the provider sent to us in the Provider Information return (PIR). This is information we require providers to send to us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service, including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders, for example, the local authority and

members of the public.

During the inspection, we spoke with 10 people using the service and one relative to ask about their experience of care. We spoke with the new manager and the nominated individual. We also spoke with the three team leaders and eight support staff.

We looked at the care records for five people, 16 staff employment related records and records relating to the quality and management of the service. Details are in the Key Questions below.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Requires Improvement: ☐ Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations have been met.

Staffing and recruitment

- Recruitment and staffing had not been consistently safe. At our first day of inspection we found the provider had not always completed the required pre-employment recruitment checks. Disclosure and Barring checks had not always been obtained. Under the previous manager we found two staff had been working alone in people's homes without a DBS check. [DBS checks if staff have any criminal cautions or convictions]. This meant the provider could not be sure they had fit, and proper persons employed. However when we returned for the second day of our inspection on 20 June 2019 and checked the staff files, we found the new manager had made sure all staff had a DBS check and two references to ensure they were safe to work in people's homes.
- There were not always enough staff employed. The Nominated Individual told us, there had been a high turnover of staff recently due to the way the company had paid a training payment to staff. Some new staff had worked a month took the training payment and left abruptly. As a way of addressing this problem, the provider had now changed how they rewarded staff. The provider hoped this would help maintain a regular staff group and so offer consistency in care for people. When we returned to the site on 20 June 2019 the nominated individual told us, new staffing arrangements were now in place and the staff team were more stable.
- People told us staff didn't always turned up on time for their visits. One person told us "I wanted an 8am call, but that doesn't happen." Another person told us, "Staff are not consistent they never tell you what time they are coming." People told us they were not always given a staff rota to inform them which staff member was calling each day. A further person told us, "The staff are sometimes late but it is not the girl's' [care worker's] fault." We sampled a record of delay timings on one day, we found there were 20 calls to people that were more than thirty minutes late. Between the period of 9 March and 18 March 2019 there were 30 calls over an hour late. The new manager told us they were aware of the problem and were actively trying to recruit more staff. .
- The provider had an electronic call monitoring system where staff logged in and out of their calls, which enabled staff visits and punctuality to be monitored. The new manager told us late calls were now being addressed with the staff member concerned and solutions would be found to prevent a reoccurrence. When we returned on the 20 June 2019 we found improvements as the number of late calls had reduced.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in, and understood, how to identify and report abuse. They told us they would immediately report any witnessed or suspected abuse to the management team or Local Authority Safeguarding.
- The provider had procedures in place to ensure the appropriate external agencies, including the local Safeguarding Adults Team, were notified of any abuse concerns.

Assessing risk, safety monitoring and management

- Risks relating to one person's care and support had not always been correctly identified. A staff member told us there were not always slide sheets available to assist staff in moving a person safely. A Team Leader told us this had now been rectified.
- Internal and external home environmental risk assessments had been completed and covered areas including lighting, gaining access and gas and electrical appliances.

Using medicines safely

- The provider had systems and procedures in place designed to ensure people had the support they needed to manage and take their medicines safely.
- Most people did not receive support from staff with their medicine. Most people's families supported them with more comprehensive medication requirements or they were self-managed by the person using the service. The majority of people who recalled medication being provided said that this was done on time and without mistakes. Although one person told us they had experienced a delay in receiving their medicines in the past when staff had to collect it for them, resulting in them not having their tablets for one day.

Preventing and controlling infection

- The provider trained staff in good infection control practices.
- Staff were provided with and used personal protective equipment (e.g. disposable gloves and aprons to reduce the risk of cross-infection).

Learning lessons when things go wrong

- The provider had systems in place to learn lessons and improve when things went wrong.
- The provider told us they would investigate incidents and discuss learning with their staff to prevent them from happening again. There had not been any accidents and incidents reported in the last twelve months. When we checked at our inspection on the 20 June 2019 the new manager had put a system in place to monitor accidents and incidents, any actions taken were now recorded.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations have been met.

Staff support: induction, training, skills and experience

- Staff told us they did not always receive a thorough induction programme when they started their employment to ensure they had the necessary skills to care for people. One staff member told us, "Induction I never had one and I'd not done care before. All I did was shadow a team leader there was no training.... I used a hoist without having the training." Another staff member told us they had not received any safeguarding training. Other staff told us they had received a two-day training course when they joined the company which they described as, "All right but it was rushed...training should have been longer. We needed more time to go over things."
- This meant staff were not provided with sufficient training to provide effective care.
- Staff members told us that their supervision had not been regular, with some staff members telling us they were waiting over six months for a supervision session. The new manager told us that things which had previously been neglected under the previous management, such as supervisions would be a priority for them and they were already planning supervisions.
- This meant staff were not provided with supervision as necessary to enable them to do their jobs effectively.

When we returned to the site on the 20 June 2019 we found the new manager had made improvements, staff records showed staff were now receiving regular supervisions and training.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before the service began to provide care and support. This included people's past and present medical history and the information about their living situation and personal history. This was always undertaken with the person and their representatives, where required.

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

- People's dietary needs and the level of support they needed was recorded in their care plans, including the support that relatives provided.

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked with other healthcare professionals to ensure positive outcomes for people.

- We found that healthcare professionals worked alongside staff to promote people's health and wellbeing.

Supporting people to live healthier lives, access healthcare services and support

- Staff were aware of what to do in emergency situations and told us if they noticed that people's health had deteriorated they should call the GP or dial 999.

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 Act 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.
- We checked whether the service was working within the principles of the MCA and found they were. The service was not supporting any people who could not consent to their care. Staff we spoke with told us they always asked for people's consent before providing care.

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

Requires Improvement: People did not always feel well-supported, cared for or treated with dignity and respect. Regulations have been met.

Ensuring people are well treated and supported; respecting equality and diversity.

- Staff told us they had received training around equality, diversity and human rights and it was expected that they would not discriminate against anyone. The provider had not always listened to people's preferences about how they wanted staff to support them with their individual needs. For example, one person told us they had requested an early call on Sundays to enable them to attend their place of worship, but this had not happened. The new manager said they would address this.
- People and their relatives were positive about how staff provided personal care. One relative told us, "The carers are largely good." A person told us "They [staff] know what I want, they get me fish and chips."

Respecting and promoting people's privacy, dignity and independence

- People's right to confidentiality was not always respected and protected appropriately in accordance with General Data Protection Regulation (GDPR). Some people we spoke with told us they felt staff discussed them with other people using the service. We saw from staff meeting minutes staff had been reminded not to refer to people using the service when using social media. One person told us they had complained to staff when they heard them saying they didn't like them.
- Staff we spoke with described ways how they promoted people's dignity. For example, curtains were closed, and towels used to discreetly maintain people's dignity during personal care.

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

- People told us that they had been a part of their care plan and attended reviews. Staff shared that care plans were updated in the event of any changes.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Requires Improvement: People's needs were not always met. Regulations may have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Care plans were in place and these included, health and medical information, support needs, equality and diversity and social needs.
- People told us they received care that was personal and responsive to their needs. A relative told us that they were invited to and attended meetings in relation to care provided. Although we found not all care plans had been reviewed regularly. This meant staff were not always provided with sufficient up-to date information on how to provide personalised care.
- We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. The provider had systems in place to ensure the standard was met. For example, information was available in alternative formats and the service had access to interpreting services if required.

Improving care quality in response to complaints or concerns

- Complaints were logged and investigated by the service manager. There were records of the investigations and the outcomes.
- People told us they knew who to call if they had any concerns and would feel comfortable making a complaint if they had to.

End of life care and support

- There was no end of life care and support being provided at the time of our inspection. Some people had made decisions not to be resuscitated which was recorded in their care plans.

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

Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- At the time of our inspection on 12 March 2019 there was not a registered manager in post. A new manager had been recently appointed and told us they were going to register with the Care Quality Commission. We identified the following concerns:-

- The provider had quality assurance systems in place, however they were not fully effective as they had failed to identify some areas requiring improvements. For example, the provider had failed to assure themselves the staff they employed were of good character and were not barred from working with people who used the service. Without reference checks with previous employers and with the Disclosure and Barring Service (DBS) the provider could not ensure people's safety.

- Staff training needs had not been fulfilled by the provider to ensure the needs of people they had agreed to support were effectively met.

- The provider lacked an oversight of the management of the service and did not continuously learn and improve care.

- When we returned to the site on 20 June 2019 we found the new manager had identified and acted on deficits and made the necessary improvements. For example had arranged further training and refresher manual handling training for staff where required to ensure the safety of staff and people using the service.

- The new manager was aware of their registration requirements regarding statutory notifications and we saw they had submitted the necessary notifications for any incidents that occurred across the service.

- We received a mixed response from staff when we asked them about the support they received from management, but the majority felt the new manager was improving the service. One staff member told us "Staff morale is low at the moment, but [new manager's name] listens and understands, it's much better than the old management."

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations

2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment, they received. The new manager was able to tell us their understanding of this regulation.

- The provider was meeting the requirement to display their most recent CQC rating.

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

- The management team positively encouraged feedback and inclusion and were keen to grow their service. A survey had been sent to people using the service requesting feedback. The Nominated Individual told us these responses would be acted upon to shape the improvements identified.
- The provider met with staff on a regular basis and held a team meeting to discuss aspects of care delivery.
- The provider promoted an open culture within the service and was able to describe the action they would take and how discussions would take place in management team meetings and staff meetings to ensure the service learnt from any incidents that occurred.

Continuous learning and improving care.

- The new manager told us how they had plans to improve the service, they had improved staff recruitment, the induction programme and ensured staff received regular supervisions and training.

Working in partnership with others

- The new management team had established and maintained good links with the local community and with other healthcare professionals which people benefited from.