

Bluebells Helping Hands Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Bluebells Helping Hands provides personal care to people living in their own homes in Weymouth, Dorset. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection the service was providing personal care to 26 people.

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

There was a strong person-centred culture. People received care from caring, compassionate and highly motivated staff who were proud to work for the service. People and their relatives experienced a positive and inclusive approach to their care and were encouraged to give their feedback to help improve the service.

Feedback from people and relatives was overwhelmingly positive. They consistently praised the caring and supportive nature of the registered manager/provider and staff. People and their relatives told us the support from the service had increased their wellbeing, independence and ability to remain living at home.

People told us they felt safe with the staff who supported them. Risks were assessed and managed.

Staff knew how to recognise and report any safeguarding concerns. Staff supported people safely and medicines were managed safely by trained and competent staff.

People and their relatives were positive about the staff's infection prevention and control practices. They told us staff always wore appropriate personal protective equipment in their homes.

People were cared for by a consistent team of staff. This meant that people were supported by staff who knew people well and understood their needs and preferences.

There were sufficient staff deployed to meet people's needs. People told us there had been no missed calls and staff turned up on time. Staff were very well supported and trained to ensure they had the skills to support people effectively.

People's needs were assessed before the service began to provide care and support. This ensured the service was able to meet people's needs and that there was clear guidance for staff to follow in relation to people's care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service was well-led. There was a positive and open culture that ensured people were at the centre of everything the service did. People, relatives and staff told us that the registered manager/provider and deputy manager were approachable. Audits and checks were completed regularly to monitor the quality and safety of the service. There were clear processes in place to drive improvement and to continually develop the service in line with people's needs.

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

Rating at last inspection

This service was registered with us on 25 February 2021 and this is the first inspection.

Why we inspected

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

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Bluebells Helping Hands Limited

Detailed findings

Background to this inspection

Inspection team

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was also the registered provider. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 31 May 2022 and ended on 10 June 2022. We visited the location's office on 31 May 2022 and visited people and their relatives on 1 June 2022

What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority who contract with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We visited three people, two of whom who were accompanied by relatives. We visited the office and spoke with registered manager and care manager. we looked at four staff recruitment and training files.

After the inspection

We spoke with three staff and three relatives by telephone. We received feedback from 12 relatives, and three staff via our website.

We used electronic file sharing to enable us to review governance documentation, staff training and elements of some people's care records.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. We have rated this key question good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- People told us they felt safe with the staff who supported them. Comments from people and their relatives included; "I always feel safe with them", "Mum always feels safe and happy with the carers", "Since Bluebells Helping Hands Limited has been providing care to my grandmother, there has been a reassuring feeling that she is being well cared for and in thoroughly safe hands" and "The carers have identified her needs superbly and I have witnessed their interactions with her and know that she too feels safe with them."
- Staff had received training to protect people from harm and knew how to recognise potential signs of abuse. Staff were confident to share concerns with the registered manager/provider and other agencies.
- The registered manager had a good knowledge of safeguarding procedures and understood how to raise any concerns to the local authority and to us (CQC) to ensure any allegations or suspected abuse were investigated

Assessing risk, safety monitoring and management

- The registered manager and staff demonstrated a good understanding of how to manage and reduce risks.
- Comprehensive assessments had been completed on people's care and support needs. These included detailed guidance to inform staff how to support people safely. One person described how staff supported them to use the stairs safely.
- Risks associated with people's care and home environments were assessed and well managed.
- The registered manager/provider had a contingency plan to minimise any risks to the service running safely.

Staffing and recruitment

- The registered manager/provider carried out thorough staff recruitment checks to ensure staff were suitable to work at the service.
- People received support from staff in sufficient numbers to meet their care and support needs safely. The registered manager/provider told us they only offered care to people that they have sufficient staff for.
- People were supported by a consistent group of staff. People told us they valued having regular staff as they felt staff got to know them well. Comments from people and relatives included; "It has worked well because my father now has the same carer nearly all the time and she has worked hard to establish a positive relationship with him, and this is not always easy" and "Very happy with the personal service and small team which means that familiar staff are delivering care to my parents."
- A staff member told us, "We have regular clients which means we get to know the clients well as well as

their needs and routine."

- People told us there had been no missed calls and staff turned up on time. They said if ever staff were delayed, they were either contacted by the registered manager/provider or the deputy manager completed the visit themselves. One relative fed back about staff, 'Always arrive on time or if on very rare occasion they are going to be late let me know so I can tell mum.'

Using medicines safely

- People were supported to manage their medicines safely by trained staff. There were clear medicines care plans in place. One person said, "They give me my medication and I'm very happy with Bluebells doing this."
- Staff completed training to administer medications and competency assessments were completed to confirm they did so safely.

Preventing and controlling infection

- Effective infection prevention and control procedures were in place, including those relating to COVID-19.
- Staff followed good infection control practices and used PPE (personal protective equipment) to help prevent the spread of healthcare related infections. People and relatives confirmed this. A relative fed back, 'They are punctual and very effective with the allocated call times and are safe and use PPE and other covid measures to keep my grandmother safe.'
- The registered manager/provider ensured staff were regularly testing for COVID-19 in line with current guidance.

Learning lessons when things go wrong

- There were systems in place to record incidents and accidents. To date there had not been any accidents or incidents. However, the registered manager/provider had a system in place for reviewing them and looking at learning lessons.
- Staff told us there was a positive culture about learning lessons and feedback was shared with them. For example, any medicines recording omissions were followed up and shared. This had resulted in the staff team reminding each other about recording.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. We have rated this key question Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Feedback from people and their relatives confirmed, without exception that people received effective care and support from professional and trained staff. One person told us the staff were very skilled and know exactly what they're doing.
- People's needs were assessed before they started to use the service to ensure their support needs could be met. This information was used to create people's personalised care plans and risk assessments.
- People and their relatives contributed to the assessment of people's care needs, to ensure they reflected the person's health, wellbeing, communication, cultural and spiritual needs and how they wished to be supported.

Staff support, training, skills and experience

- Staff received an induction aligned to the Care Certificate. The Care Certificate is the recognised standard for training for staff new to health and social care.
- New staff received an induction and worked alongside an experienced staff member until they got to know the person and were confident to be included on the staff rota, to work unsupervised. People and relatives confirmed that any new staff were always introduced to them and feedback sought from them before staff became part of their staff team. A relative said, "When someone new joined the rota she shadowed a couple of times before coming on her own."
- Practical training such as moving and positioning training was completed with the person's consent in their home. Staff told us this personalised way of receiving moving and positioning training was better than classroom based training.
- The management team carried out spot checks on staff practice to ensure that they were providing care in line with their training.
- Staff received formal support through supervisions and appraisals. New staff told us they had regular supervisions and felt very well supported.

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

- Staff had a good understanding of people's dietary needs and followed any recommendations made by health professionals.
- Staff spent time with people understanding what they liked to eat and drink. For example, a staff member found out what foods a person living with dementia was willing to eat and how to present it. They took photographs of each meal showing the layout, size and foods the person would happily eat. This meant that all staff caring for the person were able to provide and present meals in a way the person would eat them.

- A relative told us staff always took their time supporting their family member with their meals and never rushed them.

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

- Staff checked on people's well-being and told us what they would do if they had any concerns about people's health.
- The provider had established effective working relationships with other professionals involved in people's care, including GP's, occupational therapists and specialist nurses. This supported people's health and wellbeing.
- A relative told us, "They report any health concerns to me as soon as spotted. I can then refer to the GP or nurse."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Consent to care and treatment was sought and recorded in line with the principles of the MCA 2005.
- Staff told us they always asked people for their consent before they provided care and support. They did this to promote people's rights to accept or refuse support. People and relatives confirmed this.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. We have rated this key question good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Without exception people and relatives fed back that Bluebells Helping Hands team delivered exceptionally high-quality care. People and their relatives told us how staff went above and beyond expectations, with acts of kindness that meant a lot to them. One relative told us, 'On more than one occasion my mother has fallen or required help outside the planned visits and they have called upon the agency. [Registered manager/provider] and the team have gone above and beyond to deliver care.' Another relative fed back, 'They have contacted me when an emergency has arisen and stayed on beyond their time waiting for an ambulance visit. They take initiative and are genuinely concerned about mum's wellbeing.'
- People's relatives gave overwhelmingly positive feedback about the care their family member received and the exceptionally caring and considerate staff. One relative said, "They've got to know her really well and understand her sense of humour and they have a good laugh together they are all lovely. All the characters [staff] have different skills and they all do something different for my wife. For example, one of them does her hair and she loves it."
- People were cared for by a staff team who passionately described their role in ensuring people received good quality care. One member of staff fed back, 'Not only do we care for the clients but their families too, creating a bond ... for a more positive, person centred package for each and every individual client.' Another member of staff told us, "Being part of a team and caring for those in the community has really built a lovely network of carers that really do care."
- People's care was always delivered by a care staff member they had met before and been personally introduced to by the registered manager/provider or deputy manager. The registered manager explained that the philosophy the service was to ensure people only ever received their care from a member of staff they had been personally introduced to and met before.
- There was a strong person-centred culture which was reflected in all aspects of the service. There was a focus on ensuring people were supported to live well, and this care and attention extended to those they lived with and to their family members too. For example, the registered manager/provider provided a free sitting service to people and their carers periodically. One relative told us that this had meant they were able to go out and leave their family member for a few hours and this had a positive effect on their own well-being.

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

- People benefitted from the person-centred culture and ethos within the service. People were very much involved in developing their care plans, which were very specific to their individual needs. For example, one

person told us that it was very important for them that staff followed particular sequences and routines. Their care plan included these sequences and they told us this greatly reduced any anxieties they may have about what was happening next.

- The registered manager/provider paid particular attention to ensuring the most suitable staff supported each person. They 'matched' people and staff with each other. The registered manager/provider gave examples of when they had changed a member of the staff team following feedback from the person and staff member.

Respecting and promoting people's privacy, dignity and independence

- People received sensitive support to maintain their privacy, dignity and independence. Respect for privacy and dignity was at the heart of the service's culture and values and was embedded in the way staff delivered people's care. One person said, "They always treat me respectfully and the staff all seem like friends now and they are extremely caring." A relative fed back, 'Bluebells Helping Hands has given her back some of her independence and confidence to stay in her own home.'

- People were actively supported by staff to maintain and increase their independence wherever possible. One person told us that the staff encouragement and support had meant they were able to continue to climb the stairs under the supervision of the staff. They said, "I have to be cautious on the stairs and I'm led by the staff. I feel very safe with them." This was extremely important to the person as it meant they were able to continue share their bedroom with their spouse.

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. We have rated this key question good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care

- Care was personalised to meet individual needs and was delivered in a way to ensure maximum flexibility, choice and continuity of care. People and their relatives were involved in planning their care and reviewing care needs to ensure they received the right support in line with their choices.
- People's care plans were person-centred and gave staff the information they needed to safely and effectively support people. The information included in care plans enabled staff to get to know people and what was important to them. Care was delivered by a team of staff who knew people extremely well.
- People and relatives described a flexible and responsive service that met individual needs and preferences.

Meeting people's communication needs

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

- People's communication needs were detailed in their care plans. For example, people's preferred method of communication and any impairments that could affect their communication were recorded and guided staff on the best ways to communicate with them. This meant staff knew the communication methods for each person.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to maintain relationships with friends and family. People told us staff had time to socialise and chat with them.
- Staff identified ways to keep people stimulated, occupied and relaxed whilst they were supporting and caring for them. A relative described how skilled staff were when supporting their family member who had dementia. They told us, "[Person] loves accordion music, his most regular carer puts music on while they are there and engages him in conversation about daily news and the past. They are always polite, and [person] loves them even if he can't remember them."

Improving care quality in response to complaints or concerns

- Information was available to people on how to raise concerns or make a complaint if they had a needed

to. No complaints had been raised since the registration of the service. The registered manager/provider recorded all comments and feedback received. The actions taken in response were also recorded. This meant any worries or concerns did not escalate into complaints.

- People and relatives said they felt able to raise any concerns but had not needed to.

End of life care and support

- The service had no one receiving end of life care at the time of the inspection.
- The registered manager/provider knew how to support someone at the end of their lives from previous recent experiences.
- We received feedback from relatives of people who the service had supported at the end of their life. This included; 'My mother was on end of life care and I don't know how I would have coped without their help and support' and 'The carers looked after both of my parents in a very caring and professional way. Nothing was too much trouble.'

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of this newly registered service. We have rated this key question good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was person centred with a positive culture of achieving the best outcomes for people. People and relatives commented on how much better this service was compared with other care providers locally. A staff member told us, "I have worked for a few domiciliary care companies and feel that Bluebells is by far the best. The team of experienced carers I work with go above and beyond for all our clients. Management are fully involved with all clients which makes a huge difference."
- The registered manager/ provider had developed a person-centred culture at the service. People told us the provider and staff placed their needs and preferences at the heart of the service, by ensuring their dignity, independence and choices were promoted.
- People told us the service was reliable and enabled them to remain at home, supporting their choices. A relative fed back, 'Staff have gone above and beyond to help out when difficulties have arisen. This is much appreciated because I do not live near my father. Communication has also been very good.'
- People and relatives said they felt the service was well managed. All said they would recommend the service to others. One person said, "I can't fault them at all and we've recommended them to lots of people." A relative fed back, 'The communication with management in Bluebells is exceptional and [registered manager/provider] has been extraordinary in keeping us up to date and involved in our grandmother's care. I know my family and I feel very appreciative and grateful for all the care and support they give her.'

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager/provider understood their responsibility to be open and honest when things went wrong.
- The provider was aware of their responsibility to ensure that CQC were notified of significant events which had occurred within the service.

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

- The registered manager/provider and staff were clear about their role and responsibilities. The registered manager/provider took every opportunity to improve the service.
- Monitoring systems were in place which included audits and quality assurance systems to help identify

and implement improvements. This included audits of people's care plans and records, medication records, accidents and incidents, compliments and any safeguarding concerns. Staff who supported people were also involved in people's care plan reviews as they knew them best.

- People were supported by a team that was well led. Staff were motivated and enthusiastic about their work. Feedback included; 'We are a team that works hard to fulfil each person's needs whether that be clients or staff', and 'The team's communication with each other is fantastic and we all support and help each other out.'
- Staff confirmed the registered manager/provider and deputy manager were supportive and very visible.
- The registered manager/provider had an improvement plan in place. This included reviewing people's care plans with them to ensure they were up to date and relevant.
- We received positive feedback from the local authority quality improvement and contract monitoring team following the service's first monitoring assessment.

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

- There were systems in place to involve people, relatives and staff in the running of the service. People, relatives and staff spoke positively about their involvement in the service and felt they were listened to. This included in person quality visits, surveys with people, relatives and staff. All of the surveys were positive about all aspects of the service. One person told us, "[Registered manager/provider} always checks in with us to see if we are happy with the service and we've completed questionnaires."
- People and relatives told us that the registered manager regularly sought their views about the service. This was either in person or by telephone.

Working in partnership with others

- The registered manager/provider and deputy manager liaised with health and social care professionals to make sure people received care which met their needs. One person told us, "[Staff] will always highlight things with my care, she's really great at spotting if there's any potential infection and lets us know when we need to refer to the GP." A relative fed back, 'They have adapted to my parents declining mobility by involving the local occupational therapy team and nursing teams as appropriate.'