

Bliss Support Ltd

Bliss Support

Inspection report

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Website:

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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?

Good



Is the service well-led?

Requires improvement



Overall summary

Bliss Support services provide personal care and support to adults who need care in their own homes.

The service is run from an office in Hasland near Chesterfield and they provide care to people in North Derbyshire and Sheffield. We carried out this inspection at the provider's office on 15 December 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure the manager was available.

In addition we also carried out telephone calls to people using the service from 21 – 23 December 2015 and 29 – 31 December 2015.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

Summary of findings

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.

At our last inspection in January 2015 the provider and did not have all legally required information in place before staff started working at the service. We found the provider had not addressed this at this inspection. There were incomplete employment histories and staff were commencing employment before references had been obtained.

The provider had not addressed issues requiring improvement at our last inspection in January 2015. Staff recruitment records did not always contain all the information legally required, people's risk assessments did not always contain enough information to provide safe care and there had been no specialist training for staff to help them meet needs of people with brain injuries and other complex needs. Systems in place to monitor and improve the service but these were not always effective as they had not identified issues regarding staff recruitment and omissions in people's care records. Information in the statement of purpose was out of date.

At our last inspection in January 2015 we found people's capacity to make decisions was not always assessed, risks to people were not always identified and well managed and staff were not appropriately trained to meet the specialist needs of some people using the service. We found the provider had not addressed this. There were no capacity assessments available and staff and the management team did not understand the principle of assessing people regarding individual

decisions. There was no information available for some people regarding safe ways to move them and how to prevent skin damage. Training in how to support people with brain injuries had not been provided although the manager told us they were in the process of trying to arrange training through an independent training provider.

People knew how to make a complaint and they were mostly well managed. However, repetitions of the same issue meant some were not resolved to the complainants' satisfaction. People were protected from abuse because the provider's procedures were followed.

People's health care needs were addressed promptly and those who were supported in their food choices had sufficient to eat and drink. Medicines were well managed.

There were sufficient staff to ensure people's needs were met in a timely manner. People were cared for by staff that were caring and who respected people's views and choices. They spoke positively about the service they received. They told us they were well cared for and felt comfortable and safe with the staff who provided their support. One person said: "I like the staff, they help me" and another told us "They look after me." People's privacy and dignity was maintained.

People received care that was personalised and responsive to their needs. We saw people had varied social lives and were encouraged to participate in interests on their choice.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 not consistently safe

The provider did not ensure suitable staff were employed to work with people using the service.

Risk assessments were not always in place which meant there was the potential for individual needs not to be met. Medicines were generally well managed.

Safeguarding procedures were followed, which meant the risk of abuse was minimised. There were sufficient staff available to meet people's needs.

Requires improvement



Is the service effective?

The service was not consistently effective.

Staff and managers did not have a good understanding of the Mental Capacity Act and the provider had not always established people's capacity to make decisions

Staff had not received training to provide them with the knowledge to meet people's specialist needs. People had access to other health care professionals when required. People had access to sufficient food and drink of their choice.

Requires improvement



Is the service caring?

The service was caring.

Staff promoted people's dignity and respect. People were supported by caring staff who supported family relationships. People's views and choices were listened to and respected by staff.

Good



Is the service responsive?

The service was responsive.

People received a personalised service and the provider responded to changes in people's needs in a timely manner.

People had opportunities to contribute their views, were included in discussion about the service and knew how to make a complaint or suggestion.

Good



Is the service well-led?

The service was not well led.

The provider had not made the necessary improvements since our last inspection in January 2015. Although quality assurance systems were in place and used, they were not always effective at ensuring the quality and safety of services.

Requires improvement



Summary of findings

The manager was working in an open and approachable management style and engaged well with people, families and staff. People using the service were asked for their opinions and views of how the service was run.

Bliss Support

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 December 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure the manager was available. In addition we made telephone calls to people using the service from 21 - 23 December 2015 and 29 - 31 December 2015. The inspection

team was comprised of two inspectors and an expert by experience in domiciliary care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at all of the key information we held about the service, this included notifications. Notifications are changes, events or incidents that providers must tell us about.

We spoke with six of twelve people who received personal care from the service and four relatives. We looked at four people's care and support plans. We reviewed other records relating to the support people received and how the service was managed. This included some of the provider's checks of the quality and safety of people's care and support, staff training and recruitment records. We spoke with the management team, including the registered manager, and six staff. We also spoke with two social care professionals.

Is the service safe?

Our findings

At our last inspection in January 2015 we found staff recruitment records did not always contain all the information legally required. We received an action plan in June 2015 stating how the provider was addressing the issues. At this inspection we found the provider had not made sufficient improvements. Although Disclosure and Barring Service (DBS) checks were obtained before staff commenced working in the service, we found other legally required information was not available when staff started their employment. For example, in one record there was an incomplete employment history and start dates varied in different parts of the record. In another references were received after the person had commenced their employment. We found one member of staff whose recruitment information was incomplete had allegedly financially exploited a person using the service. The staff member had subsequently been subject to the provider's disciplinary proceedings for failure to follow financial policies and procedures. The provider was not ensuring the staff they employed were suitable to work with people using the service.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection in January 2015 we found there was insufficient information available in people's records to ensure they were safe. We received an action plan in June 2015 stating how the provider was addressing the issues. At this inspection we found the provider had not made sufficient improvements. In one record we looked at there was no information on how to prevent skin damage when this was relevant to the person concerned. In another person's record there was no information to guide staff on how to communicate effectively with the person or how to assist to move safely when using mobility equipment. The provider was not ensuring risks to people's health and welfare were minimised.

People we spoke with confirmed they felt safe when being supported. One relative told us "They are very good, no concerns about them at all and [family member] seems happy with them" and another said "They know their jobs, as they are older they understand [family member's] needs."

People told us there were enough staff to meet their needs. Most people told us the service was reliable and they received the care and support at the times agreed. One person said "They are fairly regular". However, two of the nine people we spoke with told us they had experienced calls being late and being missed. One said "They have been late a few times, to try and help I have changed my time but they are still late quite often." They told us this had made them anxious and had had a negative effect on their well-being. They said "When I don't get the care it stresses me out." Another told us "Someone will come, even if they don't come on time, you might have to wait quite a while." Most people told us staff had enough time to do the tasks needed. One person said "Yes, they have time, I can't fault that."

Staff told us they had regular rotas and worked with the same people. We looked at staff rotas for November 2015, which confirmed this. There were sufficient staff to meet people's needs.

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.

We did not discuss medicines with people using the service. Staff told us they received training in medicine administration when they started their employment and that they had regular updates. Records confirmed this. We found that people were receiving their medicines as prescribed. We looked in detail at the medicines records for four 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 medicine administration record charts and check any discrepancies. This helped to ensure risks of repeat errors were minimised.

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.

Is the service effective?

Our findings

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 did not see mental capacity assessments in people's records or any record to determine whether decisions made were in the person's best interests.

We spoke with staff about their understanding of the Mental Capacity Act 2005 (MCA). Not all staff had received training on the MCA and some were not able to tell us how they would assess people's capacity to make everyday decisions. The manager told us that everyone had capacity to make decisions for themselves but also said that relatives made decisions on people's behalf. They also did not understand the principle of assessing people regarding individual decisions and said there were no assessment documents available.

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. We checked whether the service was working within the principles of the MCA. Any applications to deprive people of their liberty must be made to the Court of Protection. We found that no one was deprived of their liberty and there were no applications to the Court of Protection or Lasting Powers of Attorney in place.

Staff spoken with did not understand what a Deprivation of Liberty Safeguard (DoLS) was. Training records we saw showed that 13 of 26 staff had not undertaken training in the MCA. We discussed the MCA and DoLS with the management team. We received conflicting information from them. This meant that people did not have their legal and human rights upheld or their views and wishes taken into account in their overall care plan to ensure any decisions made were in their best interests.

Staff we spoke with had a good understanding of how to ensure a person consented to the day to day support they received. They told us they would give a proper explanation of the support to be provided, offer alternatives were

possible and respect the right to refuse support. We also saw people had signed a consent form in two of the four records we looked at. People's consent was therefore sought on a day to day basis.

People told us they were satisfied with the care provided. One person said "I can't fault the care" and another said "I think my regulars are absolutely fantastic." A relative said their family member's regular carers "Understand her really well. She seems happy and is always well dressed and well groomed."

At our last inspection in January 2015 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. We found the provider had not yet sourced any specialist training to assist staff to support people with brain injuries. We discussed this with the manager who said she was trying to arrange this but had no confirmed dates at the time of this inspection. Training records we saw and staff we spoke with confirmed this. There was, therefore, the potential for people not to have their specialist needs met.

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

Staff we spoke with were knowledgeable about the healthcare services people required and healthcare appointment records were completed, which confirmed that people had access to a range of health professionals such as doctors, specialist nurse, opticians and chiropodists. We also saw there was up to date information where there had been changes in people's health needs. A social care professional told us that the health needs of the person they were involved with were well managed and confirmed that advice was sought when necessary.

People using the service were supported in their food choices and had sufficient to eat and drink to maintain a healthy diet. People told us they were involved in doing food shopping, which helped to maintain their independence and ensure their choices were respected. Records we saw showed specialist advice was available where people had difficulty swallowing. People's care plans

Is the service effective?

had information about their individual needs, food likes, dislikes and preferences. Training records showed staff were trained in handling food safely. People received the right support to maintain a healthy diet.

Is the service caring?

Our findings

People told us staff were caring and we found they were appreciative of the workers, their helpfulness and friendly attitudes. One person said “Very cheerful and chirpy, they cheer up the day” and another said “I have a good relationship with them.” Another person told us “One [staff] is fantastic, the others are all pretty good as well” and confirmed that they had the support and care that they preferred and had chosen. A relative told us staff provided support “In a professional yet friendly manner. They have almost become part of the family.” A social care professional confirmed that staff knew people well and were able to accommodate their preferences.

People told us they were offered choices in their daily routines and that staff encouraged independence. A relative said the care and support provided was “More supporting and encouraging her to do things.” Another relative told us staff helped their family member choose what to wear. They said “They (the care workers) will show her things and ask ‘do you want this one?’” Another relative told us that staff encouraged their family member to be as independent as possible. They said “They didn’t take over, take control, they just prompted and helped her to keep focused.” Staff were able to describe how they offered choices to people, for example, regarding meals and what to wear. Where people were able to refuse options, their choice was respected.

People told us their privacy and dignity was respected when receiving care and support. They told us they were treated with respect and approached in a kind and caring way. One person said “They help me shower, prepare my food; if I need any shopping they put themselves out for me. They are just very respectful and helpful.” A relative said “They treat her appropriately and confidentially. They do toileting with dignity.”

People were listened to and were comfortable with staff. A social care professional told us the person they were involved with was “Happy with the arrangements” and confirmed the person was treated respectfully. People therefore received care and support from staff who were kind and that met their individual needs and preferences. Staff were able to give us examples of respecting dignity and choice. One staff member told us they respected one person’s choice regarding how their personal care was provided; for example, by ensuring doors were closed but remaining nearby to assist if required. People’s care was provided in a dignified manner.

People and their relatives were involved in their care planning. Records we saw showed reviews of people’s care involved family and people important to the person. Where possible people had signed their care plan and one person’s support plan showed relatives had advocated on their behalf. Care planning was inclusive and took account of people’s views and opinions.

Is the service responsive?

Our findings

People received care that was personalised and responsive to their needs. One relative said “They encourage her to keep going.” Staff told us they tried to be responsive to people’s needs. One staff member told us “I encourage people to do as much as possible”. People were supported to follow their interests wherever possible and take part in social activities of their choosing. We found people were supported to access community facilities such as leisure, sport and social venues as well as practical tasks such as shopping. A social care professional described the service as “Quite responsive” in dealing with unexpected incidents and gave us an example of how staff had helped to sort out practical issues in addition to the personal care provided to one person.

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 identified individual needs, such as social support and increasing independence and included details about people’s mental, physical and social needs. However, some of the information lacked detail and did not always include sufficient information for staff; for example, one record did not have any guidance for staff on how to communicate with the person. Another person with a brain injury did not have sufficient information regarding their physical care and support needs. This meant some people’s specific needs were not always responded to effectively.

People told us they were involved in planning their care and that it was reviewed regularly. One person said “We said what we would like, with a bit of give and take both ways” and another said “I was asked for my views.” Relatives also confirmed they were involved and one told us “We were both involved.” One person “We have just had a review.” Records we saw confirmed this. The provider ensured care planning was inclusive and reflected people’s wishes.

People told us they knew how to make a complaint and most were confident it would be dealt with in a courteous manner. One person said “They show recognition of the problem.” However, two people told us they had on-going concerns that had not been rectified. One person said “They didn’t seem to take the issue seriously, not even an apology.”

We saw the complaints procedure was on display. We reviewed complaints that the service had received and investigated. We found most complaints had been investigated openly and gave a full response to the complainant within the time scale specified. A social care professional told us that an issue they had raised had been resolved quickly. However, some were not resolved to the complainants’ satisfaction. One person said “Having to keep saying about things and the way they have responded has made me feel worse.” There had been repetitions of the same issue leading to dissatisfaction with the management of their complaint.

Is the service well-led?

Our findings

At our last inspection in January 2015 we found there were issues with communication from the service's offices, that staff recruitment records did not always contain all the information legally required, people's risk assessments did not always contain enough information to provide safe care and there had been no specialist training for staff to help them meet needs of people with brain injuries and other complex needs. The provider sent an action plan in June 2015 stating these issues had been addressed. However, we found on this inspection that some of these issues were still outstanding. No specialist training had been provided, recruitment records did not contain enough information to show staff were suitable to work with people using the service and not all risks to people were addressed. This meant the provider was not demonstrating good leadership and there was the potential for people's needs not to be met.

We looked at the provider's statement of purpose. This stated that specialist training for staff would be arranged but we found this had not occurred. Some the information in the statement of purpose was out of date; for example, the name of the nominated individual and the councils that contracted with the provider. This is important because we could not be sure that people were able to make informed choices based on the information supplied.

We saw that a range of records, such as medication records, care records and staff records were audited by the manager. However, we found these audits were not always effective as they had not identified some issues. For example, missing information had not been identified in staff recruitment records and people's care and support records. We asked the manager about this but they were unable to explain why this had occurred.

Not everyone we spoke with was satisfied with the way their complaints were dealt with. One person had made repeated complaints about the same issue. We found there were ongoing concerns that had not been rectified.

These were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives identified issues with the communication from the office. One relative said the

service was "Not well organised" and another said organisation was a problem due to the location of the office being a long distance from where the care and support was provided.

We found communication with the office had improved for staff since our previous inspection in January 2015. Staff told us they were able to reach someone in the office easily and there was always someone available for advice. The manager told us a designated person was on call each day and this had ensured any queries were answered promptly.

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 unannounced visits 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 2015. We saw seven responses from people using the service. They all said that people were satisfied and praised the staff. One commented "Very happy with the girls who come."

The provider had a variety of ways to seek feedback about the service from people and their relatives. We saw that surveys had been sent to people in 2015 and the comments received were mostly complimentary. The manager told us they listened to people and care staff. We saw meetings for staff were held to gain feedback and also to discuss the progress of people using the service.

The manager told us that people were encouraged to visit the office where possible and to make use of its facilities for drinks and relaxing. This enabled the manager to receive feedback about the service in an informal setting. The provider obtained feedback to try and improve the service.

Staff told us they enjoyed working for the provider. One member of staff told us, "I'm happy in my role and feel fully supported." Staff were supported by locally based team leaders and management support. 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. Staff confirmed that supervision was useful and one told us "I get enough support." This ensured people received an effective service from a dedicated staff team.

Is the service well-led?

The management team told us they were continuing to develop links with the community and were actively involved in supporting people to use local facilities such as leisure facilities and social clubs. They also maintained professional contacts with relevant agencies such as local medical centres, hospitals and relevant voluntary organisations. They told us they were trying to improve the

service and ensure that it maintained a defined role in order to meet people's needs and aspirations. This meant the provider was taking people's needs and wishes into account to develop the service.

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

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

People who use services were not protected against the risks associated with unsafe recruitment practices.

Regulation 19 (1) (2) and Schedule 3

Regulated activity

Personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

People who use services were not protected from the risks associated with ineffective monitoring and evaluation of the service.

Regulation 17 (1) (2)

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.