Hughes and Daughters Care Ltd

Blue Ribbon Community Care (Tyne and Wear)

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	**Requires Improvement**
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

The inspection took place on 11 and 23 December 2015 and was announced. The service was last inspected on 21 and 28 May 2014 and met the regulations we inspected against at that time.

Blue Ribbon Community Care is a domiciliary care service that is registered with the Care Quality Commission for the regulated activity of personal care. The service provides care and support to people in their own homes in the Sunderland area. At the time of our inspection 44 people were using the service.

The service had a registered manager. 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.

The registered provider had breached regulation 12 of the Health and Social Care Act 2008. This was because medicines records did not accurately account for individual medicines given to people. We found unaccounted for gaps in medicines administration records (MARs) for three out of four people whose records we checked. Daily logs did not provide a full explanation about people's medicines. Where people had been assessed as requiring staff to administer their medicines, records confirmed staff did not always supervise the administration of medicines. Medicines audits were inconsistent and did not always evidence that action had been taken to investigate gaps in records.

You can see what action we told the provider to take at the back of the full version of the report.

The registered provider planned to make improvements to the management of medicines. However it was too early to assess how effective these improvements would be.

People were happy with their care. They were cared for by attentive staff who listened to them and knew their needs well. One person said their care was, "Excellent, it has been really good." Another person said their care was, "Brilliant." A third person said, "Fantastic, couldn't be anything better. They are always there for you." Another person commented, "Staff know my needs well. When a new girl started they read my care plan." People said staff treated them with dignity and respect. One person said staff were, "Very respectful." Another person said, "I am treated very well. There is not a thing bad about each and every one of them."

People told us they felt safe. One person said, "Yes I feel safe, no problem." New people to the service were assessed to help protect them from any potential risks.

Staff had access to information about safeguarding. They had a good understanding about safeguarding alerts and whistle blowing, including how to report concerns. One staff member said, "I would go and tell somebody at the office." Another staff member said, "I would have no concerns using it [whistle blowing procedure]. The manager would look into it [a concern] straightaway. It wouldn't be just left."

People were supported by a consistent staff team. One person said, "I see the same person 99% of the time." They went on to say, "Staff stayed for the full-time and are on time." New staff had been checked to confirm they were suitable to work with vulnerable adults.

The registered provider had up to date procedures to deal with emergency situations. Incidents and accidents had been investigated and action taken to help prevent a repeat of the incident.

Staff said they were well supported and trained to carry out their caring role. One staff member said, "I am really, really well supported." Another staff member said, "I have had all my training." One person also described staff as, "Very well trained." New staff members had completed an induction programme, including shadowing more experienced staff.

Staff had a good understanding of MCA and knew how support people with making day to day choices and decisions.

People were supported to meet their nutritional needs, including where people required special diets. One person said, "Staff ask me what I want to eat."

Staff had access to information to help them understand people's care needs. This included information about people's needs, their level of care and any preferences they had. People had their needs assessed and personalised care plans developed. People told us they had seen their care plans. One person said their care plan was, "Accurate in terms of what I wanted, word for word. Carers follow the plan."

People knew how to complain if they were unhappy with their care. People we spoke with had not raised any complaints with the registered provider. One person said, "I have not made any complaints at all." The registered provider kept a log of all complaints and compliments they received. Three complaints received from one complainant during 2015 had been investigated and the outcome recorded.

We received positive feedback about the registered manager. One person said, "Mark, I could talk to him. He is very helpful that way. If I have any problems I give him a ring."

There were opportunities for staff members to give their views about the service, through attending team meetings. One staff member said, "Team meetings are useful because we can have a chat about things and discuss changes together."

The registered provider carried out checks of the quality of people's care. This included questionnaires, 'service user reviews' and unannounced spot checks. Positive feedback had been received following the most recent consultation with people using the service. People had been involved in discussing their care during 'service user reviews.' Regular unannounced spot checks were carried out to ensure staff were following people's care plans. The registered provider had clear plans for developing the service in the future.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Medicines records did not accurately account for all of the individual medicines given to people. Staff did not always check people had taken their medicines. Medicines audits were inconsistent.

People said they felt safe using the service. Risk assessments had been carried out to help protect people from potential risks.

Staff had a good understanding of safeguarding alerts and whistle blowing. They knew how to report concerns.

People were supported by a consistent staff team who had been vetted to make sure they were suitable to work with vulnerable adults.

Up to date procedures were in place to deal with emergency situations. Incidents and accidents and incidents had been investigated and action taken to help prevent a repeat of the incident.

Is the service effective?

Good

The service was effective. Staff were well supported and received the training they needed. New staff members had completed an in-depth induction programme.

Staff had a good understanding of MCA. They described how they supported people with making day to day choices and decisions.

People were supported to meet their nutritional needs, including any special diets they had.

Is the service caring?

Good

The service was caring. People gave us consistently positive feedback about their care.

People said they were happy with their support. They also said staff were attentive and knew their needs well.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive. Staff had access to information to help them understand people's care needs.

People needs had been assessed when they started receiving care and support. Personalised care plans had been developed. People were happy with their care plans.

People knew how to complain if they were unhappy with their care. People we spoke with had not raised any complaints with the registered provider.

Is the service well-led?

Good

The service was well led. People told us the registered manager was approachable. Where required statutory notifications had been submitted to the Care Quality Commission.

There were opportunities for staff members to give their views about the service, through attending team meetings.

The registered provider carried out checks of the quality of people's care. This included questionnaires, 'service user reviews' and unannounced spot checks. The registered provider had clear plans for developing the service in the future.

Blue Ribbon Community Care (Tyne and Wear)

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.'

The inspection took place on 11 and 23 December 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection was carried out by one inspector.

We reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted the local authority commissioners for the service and the clinical commission group (CCG).

We spoke with five people who used the service and two family members. We also spoke with the registered manager and three care workers. We looked at the care records for four people who used the service, medicines records for four people and recruitment records for five staff.

Requires Improvement

Is the service safe?

Our findings

Medicines were not always managed safely. Medicines administration records (MARs) did not always accurately account for all of the medicines administered to people. Three out of four people whose records we viewed had their medicines administered by the registered provider. We found gaps in MARs for all three people. We also found no record these gaps had been investigated to check whether people had received these medicines.

The registered provider's medication policy (dated February 2015) prompted staff to record either their initials to confirm they had given people their medicines or use the code 'L.' The policy stated 'L' meant 'log (detailed records in client log).' The registered manager told us they did not use a specific code for refused medicines. We found where staff members had used this code on the MAR, there wasn't always a full explanation in the daily log to explain the reason for its use. For example, staff had recorded L on one person's MAR. The corresponding daily log made a reference to one specific medicine having been refused. However, the other medicines due to be administered at the same time had also been coded 'L'. There was no reference made to these medicines in the daily log. This meant we were unable to confirm from viewing the MAR or the daily log whether the other medicines had also been refused or taken.

Some people were at risk of not receiving their prescribed medicines. Daily logs showed staff did not always supervise the administration of medicines for people who had been assessed as requiring full support with taking their medicines. The registered provider had assessed some people as requiring 'level 3 support' for medicines administration. This registered provider's medication policy stated this meant 'the service user is not independent and cannot manage their medication needs without care staff administering their medication. This means that the care workers will need to administer medication to the service user at each visit.'

We viewed the MAR for one person who had been assessed as needing level three support. We saw some entries had been coded as 'L' rather than recording staff member's initials to confirm staff had given the person their medicines. We viewed the corresponding daily logs. We saw staff had not always administered the person's medicines or check the person had taken them. For example, on one occasion the daily log stated the person's medicines had been 'left on the table.'

We viewed the care plan for another person who had been assessed as requiring level three assistance with taking their medicines. The care plan stated the overall aim and rationale for the plan was to 'ensure [the person] had taken their medication' and 'to ensure that [the person] has: had their medication.' A specific risk relating to medicines had been identified in the care plan which stated '[the person] needs their medication to be administered.' We saw the MAR had regularly been coded as 'L' throughout November 2015 and December 2015. For example, on four consecutive days the daily logs for the person stated 'left [the person's] tablets on the table for [the person] to take.' Current guidance advises that in domiciliary care settings medicine doses can be left out for the person to take at a later time, if it has been agreed with the person and it is in their care plan. We found no record of this arrangement in the care plan. There was also no record in the daily visit logs the person had been offered and refused their medicines or of any contact

with the office. This meant there was a risk people may not receive their medicines safely and in a timely manner.

The registered provider's approach to medicines audits was inconsistent. We saw a date and signature on some MARs to show they had been checked, whilst on others there was no signature. We found some gaps in MARs had been checked but there was no record to confirm what action had been taken to investigate the reason for the gaps. This meant there was a potential risk that medicines errors may not be identified and investigated in a timely manner.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider provided us with details of the action they planned to take to improve the quality of medicines records and ensure staff supervised the administration of medicines. We saw a copy of an email circulated to staff to remind them fully complete MARs and daily logs and to observe medicines being taken following administration. Where this was not possible staff were advised to 'report and record' the occurrence. The registered provider had developed an improved medicines audit system. However, at the time of our inspection these measures had only been implemented. This meant it was too early to assess how effective they will be in ensuring sustained improvement to the management of medicines.

People told us they felt safe. One person said, "Yes I feel safe, no problem." Staff also confirmed they felt people were safe. They said staff looked out for any changes and let the office know if they noticed anything of concern.

New people accessing the service were assessed to help protect them from any potential risks. Risk assessments were up to date, including details of the measures needed to help keep people safe. Other assessments, such as a moving and handling assessment were carried out when required.

The registered provider kept a specific safeguarding file. This contained relevant information and guidance for staff members to refer to. For instance, the registered provider's safeguarding policy and good practice guidance. There had been two safeguarding alerts logged, which had referred to the local authority safeguarding team as required. These had both been investigated and were now closed. Staff had a good understanding of safeguarding including how to report concerns. One staff member said, "I would go and tell somebody at the office." Another staff member said, "I would contact the manager or supervisor."

Staff were aware of the registered provider's whistle blowing procedure. One staff member said they had "definitely not" needed to use the procedure. They went on to tell us, "I would have no concerns using it [whistle blowing procedure]. The manager would look into it [a concern] straightaway. It wouldn't be just left."

People were supported by a consistent staff team. One person said, "I see the same person 99% of the time." They went on to say, "Staff stayed for the full-time and are on time." Another person told us, "Staff are always punctual, sometimes they stay longer." A third person commented, "Always spot on for time, they always turn up when they are due. They definitely stay the full length of time." Staff members told us they were allocated travelling time between calls to help them arrive on time.

The registered provider had effective systems to ensure newly recruited staff were suitable to work with vulnerable adults. We viewed the recruitment records for five recently recruited staff. These showed a range of pre-employment checks had been carried out, including requesting and receiving references and checks

with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with vulnerable people.

There were plans in place to deal with emergency situations. The registered provider had an up to date business continuity plan, which had only recently been reviewed. We saw there were records of regular tests having been carried out to check the effectiveness of the plan. The business continuity plan considered various situations which could adversely affect the service, such as loss of staff, pandemic flu, the weather and financial viability.

Records of accidents and incidents were recorded in appropriate detail. Records included details of what had happened and the action taken following an incident or accident. There had been one incident recorded in 2015 relating to a medicines error. The incident log confirmed action had been taking following the error, including re-assessing the staff member's competency, additional training and receiving further advice from the pharmacy and GP.

Good

Is the service effective?

Our findings

People told us they were supported by skilled and experienced staff. One person said, "Staff know what they are doing, training is drummed home." Another person said, "The regular ones just get on with things. Staff know what they are doing."

Staff said they were well supported to carry out their caring role. One staff member said, "I am really, really well supported." Another staff member commented, "Really well supported. I can ring them [manager or supervisor] anytime." The registered manager told us staff had one to one supervision every two to three months, an annual appraisal and monthly spot checks. They went on to tell us spot checks would be more often if there were concerns.

Staff were provided with the training they needed. One person described staff as, "Very well trained." One staff member said, "I have had all my training." Another staff member told us, "I have done quite a lot of training. I have done level 2 health and social care, end of life, medicines. I have done a lot in induction and then it is carried on." The registered provider kept an electronic database with details of staff training. We viewed the database which confirmed staff had completed all of the training the registered provider deemed as essential. This included infection control, food hygiene, safeguarding adults, moving and handling and first aid.

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.

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. Staff we spoke with demonstrated a good understanding of MCA. They were able to describe when MCA applied to people they cared for. They also told us how they supported people to make day to day decisions. One staff member said, "MCA applied when a person was unable to make their own decisions. You can't just assume, it depends on the person." They gave an example of how they supported a person to make meal choices. They said, "I always give choices, I always show them the meals rather than ask." Staff always asked people to give their consent before providing care. One person said, "They ask me what I want."

New staff had completed a comprehensive induction to help ensure they had the correct skills and knowledge to care for people using the service. The induction covered management of medicines, infection control, nutrition, health and safety and dementia awareness. New staff were also required to complete three shadowing sessions with experienced staff before working independently. One staff member said, "I went out with [staff member] for three sessions." Induction records had been signed off as complete for the five staff whose records we checked. The registered provider used question and answer forms to check staff

member's knowledge of policies and procedures, such as health and safety.

People were supported to meet their nutritional needs. One person said, "Staff ask me what I want to eat." Care plans described people's eating and drinking support needs. This included information about special diets people had and the associated risks. For example, one person's care plan described in detail their need for a special diet with thickened fluids and pureed meals. They also included details of people's food likes and dislikes.

Good

Is the service caring?

Our findings

People were happy with their care. One person said their care was, "Excellent, it has been really good." They went on to tell us, "I am very happy with my care so far. Everything is fine with my care." Another person said their care was, "Brilliant." A third person said, "Fantastic, couldn't be anything better. They are always there for you."

People described positive relationships they had with their care staff. One person told us, "I am happy with my carer." Another person said staff were, "All lovely, excellent." A third person said, "I am treated brilliantly, I haven't got any problem with any of them [staff]." A fourth person said, "I get on very well with every one of them. I straightway connected with them all."

Staff we spoke with had a good understanding of people's needs. One person commented, "Staff know my needs well. When a new girl started they read my care plan." One staff member said they spend time with people to find out about their needs. They commented, "I talk to them, get to know them and find out what they like. When we first go out we read the care plan and find out what they want doing." Staff members said they found out about people's preferences through asking them and recording these in care records so that the information was available for all staff members to view.

People told us staff listened to them and they were in control. One person commented they were, "Absolutely listened to." Another person said, "I tell them [staff]. I get to choose." A third person said, "Staff generally say is there anything you want us to do. I feel in charge."

People were treated with dignity and respect. One person said staff were, "Very respectful." Another person said, "I am treated very well. There is not a thing bad about each and every one of them." Staff had a good understanding of the importance of providing care in a dignified and respectful manner. One staff member said, "I always use towels and keep people covered. I talk things through and tell them what we are doing and always tell them what we will be doing next. I make sure they know what is happening." Care plans gave specific guidance for staff to follow to help promote people's dignity and respect. For example, one person's care plan specifically prompted staff to always ask them first before helping.

People told us staff were attentive to their needs and went out of their way to help. One person said, "Staff make me feel a lot better in myself." Another person said, "They ask do you want to be in the comfy chair." They went on to say, "[Staff member's names] are fantastic. They always ask if there is anything they can do or if there is anything they can put right. But everything is fantastic." One person told us about a time when they were in hospital. They told us care staff came into the hospital to visit them and still asked the person if there was anything they could do for them.

Good

Is the service responsive?

Our findings

The registered provider received background information about people when they were referred into the service. This helped to determine whether the person's needs could be met. For example, details of the person's needs and the level of care and support they needed. People had their needs assessed shortly after they started to receive the service. This was a detailed assessment considering any medical conditions the person had, health professionals involved in their care, their current level of ability and existing care networks. The assessment also assessed people's needs across a range of areas such as personal care, mobility, social needs and nutrition. Any preferences the person had were recorded in the assessment. For example, one person expressed a preference for female carers.

The information gathered during the initial assessment was used to develop personalised care plans. Care plans clearly identified the support each person required, including their preferences. Plans were broken down into step by step guidance to help ensure staff were consistent in how they cared for people. For example, one care plan stated 'on arrival, knock on the door and [person's name] will let you in.' Care plans included specific prompts to remind staff about important things to remember for each person's care. For example, for one person there was a specific reminder for staff to ensure the person's toothbrush was always available for them to use at each visit. Detailed daily logs were kept of each visit the person had, which specifically noted the person's toothbrush was available.

People we spoke with were aware of their care plans. One person said their care plan was, "Accurate in terms of what I wanted, word for word. Carers follow the plan." Another person said, "Yes I have a care plan." A third person said, "My care plan is in my file. I am happy with my care plan." Care plans had been reviewed to help keep them up to date with the person's current needs. One person said, "My care plan has been reviewed three times because I am in and out of hospital, to make sure it is meeting my needs."

Where potential risks had been identified, these were recorded in people's care plans as a reminder for staff. For example, one person was known to experience dizzy spells. The person's care plan contained a reminder for staff to be observant when providing care.

People knew how to complain if they were unhappy with their care. Most people we spoke with had not raised any complaints with the registered provider. One person said, "I have not made any complaints at all." Another person said, "I have never had to make a complaint. Mark always says just to give him a ring if I am concerned." A third person said, "If there are problems, they sort it straightaway." Information about how to complain was included in the 'service user guide' and a copy given to all people using the service.

The registered provider kept a log of complaints and compliments it received. In 2015, one complainant had raised three complaints whilst seventeen compliments had been received. The complaints log showed the complaints had been logged, investigated and the outcome recorded. Action had been taken following the complaints including staff disciplinary, a review of the relevant procedures and raising staff awareness of the correct procedure to follow. There was one complaint on-going whilst we were carrying out this inspection.

Good

Is the service well-led?

Our findings

The service had a registered manager. Statutory notifications had been submitted to the Care Quality Commission as required. We received mostly positive feedback about the registered manager. One person said, "Mark, I could talk to him. He is very helpful that way. If I have any problems I give him a ring." One staff member said, "Mark is really approachable."

Staff told us there was a good atmosphere within the service. One staff member described the atmosphere as, "Welcoming, we are all really close. I can go to anyone and have a chat."

There were opportunities for staff members to give their views about the service. Minutes of team meetings showed these were held regularly, usually every three to four months. The meetings were used as an opportunity to discuss with staff important areas of care practice, such as medicines handling, professional boundaries and infection control. One staff member said, "Team meetings are useful because we can have a chat about things and discuss changes together." Email was also used to share information with the whole staff team. For example, an email was sent to all staff during our inspection to raise awareness of the registered provider's expectations regarding the quality of recording in log books. This was to clearly evidence whether medicines had been administered or refused.

The registered provider had a structured approach to quality assurance. Various approaches were used to assess the quality of the care people received. This included questionnaires, 'service user reviews' and unannounced spot checks. We viewed the feedback from the most recent consultation carried out in January 2015. People had been sent questionnaires asking them to provide feedback on a range of questions relating to their care service. These included specific questions about care workers, such as their reliability, punctuality, professionalism, attitude and respectfulness. We saw that all 11 people who had responded to the survey had answered either 'excellent' or 'good' to all of these questions. Some people had also given specific feedback. Their comments included: "You have a wonderful team of workers. Five stars to your company"; "Carer is excellent, cheerful and caring attitude, willing and helpful. Very polite and courteous"; and, "I don't think you can do any more, your service is excellent."

People had been involved in discussing their care during 'service user reviews.' These reviews looked at the person's current needs. In particular, whether people felt they needed any more care or whether they had too much. Records of reviews we looked at showed people were satisfied with their care. One person had told staff they were happy with their call times, the standard of care they received and were happy with their current care workers. They commented. "Yes, very happy." The review was also an opportunity to identify any improvements to people's care and support. For instance, changes had been made to medicines storage following one person's review.

We saw evidence of regular spot checks in all five staff files we viewed. Spot checks were used as a way of checking staff were following the agreed procedures. For example, this included checks on staff member's arrival time, a uniform check, whether the person's care plan was followed and whether the care plan was achievable in the time allocated to the call. We saw from the records we viewed that no areas for

improvement had been identified.

The registered provider had specific plans to develop and improve the service in the future. There was a business plan and an operational plan. These identified the long term and short term goals for the organisation. Goals included actions to recruit the best staff and to undertake a detailed training needs analysis to identify the training staff need in the future.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use services and others were not protected against the risks associated with unsafe or unsuitable care and treatment because records and systems operated by the registered provider did not support the safe management of medicines. Regulation 12 (2) (g).