Bluewood Recruitment Ltd

Bluewood Healthcare

Inspection report

95 London Road
Leicester
Leicestershire
LE2 0PF

Tel: 01162558866

Date of inspection visit:
20 August 2019
21 August 2019
22 August 2019
23 August 2019
27 August 2019

Date of publication:
08 October 2019

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Bluewood is a domiciliary care agency providing personal care to people living in their own homes. It currently provides a service to people with physical disabilities people with dementia and older adults. At the time of the inspection, 160 people were receiving support with personal care.

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.

People's experience of using this service and what we found
The provider had systems and procedures in place to safeguard people from abuse. A small number of people had experienced missed visits and calls. Some people who required two staff to complete their personal care had not had the two care workers arrive at the same time, which caused disruption to peoples' and relatives' lives.

People were mostly supported by care workers who had the right skills and knowledge to provide care that met people's assessed needs. However, a small number were not trained to meet people's specific health needs and other staff were unhappy with the thoroughness of the training. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People consistently told us that care workers were kind and caring and treated them with dignity and respect. A common concern that people shared with us was that they were not always informed when home care visits were running late. Some people experienced home care visits that were either too early or late which they found to be disruptive. People told us it was sometimes difficult to speak to staff in the office because calls were not answered. People's diversity was recognised by many carers speaking the same language as the people being supported.

Most people experienced continuity of care because they were supported by a core team of care workers who understood their needs. Some people were yet to experience that continuity, though the service's performance in relation to that was improving.

People have care planned to meet their needs and preferences and ensure choice and control over their own lives. People were provided with a means to complain if they were unsatisfied with aspects of the service.

The provider had improved procedures for monitoring the quality of the service, however, this did not include seeking people's feedback about their experience of the care and support. Few of the people we spoke with recalled receiving a questionnaire from the provider. People told us that most of their concerns

were about a lack of communication from the office.

Rating at last inspection
At the last inspection the service was rated as Good (December 2017).

Why we inspected
This inspection was brought forward in the visit schedule due to concerns from the local authority. There has been a significant input from the Local Authority which has impacted positively on the inspection outcome.

Follow up
We will continue to review information we receive about the service until the next scheduled inspection. If we receive any information of concern we may inspect sooner than scheduled.

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 remained safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was not always effective. Details are in our effective findings below.	**Requires Improvement**
Is the service caring? The service has remained caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our well-Led findings below.	**Good**

Bluewood Healthcare

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by two inspectors. The inspection was supported by two Experts by Experience and an assistant inspector who completed telephone calls to people using the service, their relatives and staff. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to people with a learning difficulty and/or autism, people with mental health needs and people living with dementia. The service is also registered to provide personal care to children but currently does not provide this support to any children at present.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection
We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the registered manager would be available.

Inspection site visit activity started on 20 August 2019 when we made telephone calls to the people who used the service and staff. These calls were completed by 23 August 2019. We visited the office on 28 August 2019 to meet with the registered manager and to review care records and policies and procedures.

What we did

We reviewed information we had received about the service since the last inspection. This included checking incidents the provider must notify us about, such as serious injuries and abuse. We sought feedback from the local authority and professionals who work with the service. The provider completed a Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

During the inspection, we spoke with 22 people who used the service and 11 relatives. We also spoke with the provider, registered manager, a care co-ordinator and eight care staff.

We reviewed a range of records. This included four people's care records and four staff files. We also viewed training records and records relating to the safety and management of the service.

After the inspection, we asked the registered manager to provide us with a range of additional information which was sent promptly following the inspection. We used this information to help form our judgements detailed within this report.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

● The provider followed recruitment procedures to ensure, as far as possible, that only staff suited to work with vulnerable people were employed. All necessary pre-employment checks were carried out before staff were employed.

● There were enough suitably skilled and knowledgeable staff to meet people's needs and cover all home care visits. The provider was improving how home care visits were organised and new ways of planning staff rotas to ensure they knew which visits were allocated to them.

● Most people told us that home care visits were at times they expected. One person said, "The carers are very good, we have had the same ones for three and a half years. We have never had a missed call. I would recommend the carers." However, some people had calls that were missed and did not always receive a call to confirm what action had been put in place to rectify the shortfall. The provider was working with the local authority and had introduced a new computer system to monitor late and missed calls. Since the new system had commenced missed calls had reduced. One relative said, "They did have staff shortages in the past, and they rang to say we won't be able to make it with that person today, but we've got this person, because I say they have to speak Gujarati. They give us a choice and go the extra mile." Another relative said, "Weekends they [staff] are not on the time, they're late and it's a problem - the family did ring the office but it happens again [regularly]." One relative said, They are 95% on time and on the odd occasion if there is an issue they call us before, but they make that time up and we don't mind."

We recommend the provider continues to develop the new monitoring system to ensure all staff attend calls in a timely fashion.

Assessing risk, safety monitoring and management.

● People felt safe with visiting staff. One person said, "My carers are very good, I'm safe." A second person said, "They come every morning at the right time, stays till they're finished and does a good job." One relative said, "I would say 110% she is safe with the carers."

● An assessment of the health and safety of people's homes had been carried out. This was largely comprehensive, though had not included a plan of how to evacuate people safely in the event of fire; and did not identify whether people's homes had smoke detectors. The registered manager said these issues would be rectified and a plan put in place for each person.

● The registered manager had assessed individual risks to people's safety. Information was in place for staff of action that needed to be taken to reduce these risks. There was a risk assessment in place for one person that needed support to avoid developing pressure sores. However, the risk assessment did not include advice and guidance for care staff, from the district nurse, who was treating the pressure sores. This left the person at risk of receiving inconsistent pressure sore care which could have a potential negative impact on

their health.

We recommend the provider re-assesses environmental risk assessments and ensure they cover all areas where risk may be apparent.

Systems and processes to safeguard people from the risk of abuse.
● Staff had received safeguarding training. The training was completed by new staff during induction.
● The staff handbook outlined how to safeguard people from abuse by reporting any incidents, or suspicion of incidents, to management. However, it did not contain the whistleblowing procedure to guide care staff on how to report to relevant outside agencies, if management did not take action on reported abuse. The registered manager said this change to the staff handbook would be carried out.

Using medicines safely
● Records showed that people had received their medicines correctly. A relative said, "They help with medication, the doctor gave a specific instruction which the carers help with."
● The provider had a policy and procedure for the receipt, storage, administration and disposal of medicines. That helped to ensure medicines were supplied safely to people. However, the provider's policy did not include procedures relating to medication given as and when required, or to medicines that were administered covertly. The registered manager said these procedures would be put in place.
● A medicine audit checked that medicine had been supplied to people as prescribed.

We recommend that the policy and procedure for the administration of medicines is reviewed and updated around how staff record creams and topical preparations.

Preventing and controlling infection
● Staff practised effective infection control which protected people from the transfer of infections. People told us staff wore personal protective equipment such as gloves, aprons and shoe covers' when they supported people. One person told us, "They wash their hands and always wear aprons and gloves." Another person said, "They leave the home clean and tidy, everything is clean including the wash basin."

Learning lessons when things go wrong
● The provider had a system in place to analyse incidents and used them as learning opportunities to communicate with staff and prevent future occurrences. Staff were informed of changes through staff meetings or supervision meetings. This included the importance of communicating with the office and visiting times.

Requires Improvement

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.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People were mostly supported by staff who had received ongoing relevant training. However, training had not been provided to staff on health conditions that people had, such as multiple sclerosis, mental health, epilepsy and autism. That meant some staff had not been trained to care for people with these conditions. We spoke with the registered manager who said this would be provided.
- People and other people's relatives told us they felt the staff were trained. One relative said, "The two carers are very well trained with the hoist and transferring to the wheelchair." Most staff felt the training provided was good. One staff said, "My training was good, I did moving and handling and how you use the equipment in people's home. However, another said, "Training was poor it was two days, they did moving and handling for a few hours if you are new to care this is not enough time to learn something like that in a few hours.
- Staff competence had been assessed on issues of importance such as protecting people's dignity and safeguarding them from harm. However, competence in how to effectively assist people to move had not been assessed. This meant there was no comprehensive assurance that people were assisted to move safely.
- On joining the service, staff received an induction and training in relevant issues such as how to assist people to move safely, and how to safeguard people. They were shadowed by experienced staff to give them an understanding of how to provide personal care to people. Staff were given opportunities to review their individual work and development needs in supervision sessions, though new staff without experience had not received a supervision session soon after they started work. This meant new staff had not been fully supported in providing a quality service.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; staff providing consistent, effective, timely care within and across organisations

- People's needs had been assessed to ensure they received the right support.
- Staff received training in equality and diversity.
- People had mostly received calls at agreed times, though there were some occasions where this had not happened.

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

- People were supported with their hydration and nutrition needs. Where staff supported people to access food and drinks, they had information, about people's dietary needs, to ensure it was safe. One person said, "[Staff] puts a water bottle on the table for me to drink." A second person said, "I make my food, but [staff]

puts water in my bottle." One relative said, "Yesterday I heard the carer say to [named] that they were eating too much salt with their meal and I applaud that, because [named] listens to [carer]." A second relative said, "With eating and drinking they do help out from time to time, but we make the food and they just warm it up and dish it out."
● Training had been provided to staff on how to meet people's diverse nutritional requirements.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff worked with health colleagues to ensure people's health was supported.
● People's care plans included information on meeting their health and social needs.
● Records showed that staff had contacted other agencies when needed, such as the GP, nurse or dietician.
● If people had an accident staff had called medical help to obtain healthcare.

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

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

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA and found that they were.

● Where people were able to consent to their care, people and their relatives told us that staff asked for people's consent to personal care. One person said, "Every day the carer does the same work. She asks if I'm ready [consent].
● Mental capacity assessments had been completed to determine people's capacity to independently make decisions about their lives.
● Staff were trained to understand the MCA.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People were well treated and their diversity was supported and respected. One relative said, "They talk to [named] and one of the morning staff helps with [named] prayers as well as bathing." Another relative said, "[Named] goes to the neighbourhood Centre and the carer gets her ready and she's on time."
- People and other people's relatives told us people were treated with kindness and were positive about the staff's caring attitude. One person said to us, "Staff are kind - only two ladies come." Another person said, "[Staff] are very kind and caring. Sometimes when I'm not very well, [named] goes to the shop for herself and she gets my shopping." One relative said, "They [staff] are kind, one of the things I'm very, very hot on is performance management and I notice these details."
- Care plans recognised people's cultural, religious and diversity needs. One person said, "I speak English and Gujarati and the carers are Gujarati and Punjabi, which is good." One relative said, "The staff speak Gujarati apart from one person and she is very good."

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

- People were supported to express their views about their care.
- People were encouraged and supported to express their views and make decisions about their day to day routines, personal preferences and confirm their care plan was acceptable to them. One person said, "I signed my care plan."
- People were involved in reviewing their own care plans. Where people were unable to do this, their relatives were involved instead. This helped to ensure care staff offered the correct level of care, and supported people to maintain independence where possible.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. The registered manager and staff were aware that they worked in people's homes and explained how they ensured people's privacy and dignity. For example, making sure doors and curtains were closed. One person said, "They [staff] treat me with respect and dignity." Another person said, "Respect and privacy is good, they shut the door and to make me feel comfortable. I sit on the chair and [staff] does the washing so it's easy."
- People's confidentiality was respected and people's care records were kept securely. Staff understood their responsibilities for keeping people's personal information confidential. People's personal information was stored and held in line with the provider's confidentiality policy.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans which detailed their current care needs.
- People said there were enough staff to provide people with care when they needed it. One person said, "[Staff] help me [with personal care] and help put my clothes on [as] I've a shoulder and back problem." One relative said, "We specified we needed a male carer for [name] and we got them. The carers support [name] with his frame – walking behind them for reassurance."
- Care plans had some information about people's preferences, though not all fully covered their life histories such as what jobs they had done in the past, and their likes and dislikes. This meant staff did not have comprehensive information to assist them to provide people with all their individual needs. The registered manager said this information would be sought from people or their relatives.
- Records did not always demonstrate that people's assessed needs had been met. For example, whether continence equipment had been changed by staff or prescribed creams provided.
- Staff members were aware of people's important routines. One staff said, "I see the same people so I get to know what they like and do not like."

We recommend people's daily records are audited and ensure that staff have reported on all areas of the person's care plan.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS). The service identified people's information and communication needs by assessing them and ensured people could understand information relevant to their needs.
- Large print documents were available for people with reading difficulties and other literature was available in different languages on request. For people who could not understand written documents, pictures had been provided to enable them to communicate their wishes.

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

- The service supported a number of people to go shopping. There were currently no people who required social inclusion as part of their care package.

Improving care quality in response to complaints or concerns

● People were enabled to make complaints which were investigated and resolved. One person said, "I don't [need to] complain - the carer is good so no complaint." A second person said, "Initially I had a few grievances but I spoke to those in charge and things [have improved]. I've had no missed calls and the management come out themselves if needed." One relative said, "I'd ring if there's a problem but there are no issues whatsoever. Credit where credit's due." Another relative said, "Concerns, no not really so far they're really good to be honest."

● Complaints had been received since the last inspection. These had been investigated and a response provided to the complainant. However, the investigations largely relied on asking staff if they were responsible for any allegations against them, rather than having more thorough investigations. The registered manager acknowledged this and stated they would look at rectifying the process.

● There was a complaint policy and procedure in the service user's guide. The procedure contained information on how to make a complaint. However, it did not include information about contacting the complaints authority, which is the local authority. The registered manager said this policy would be amended and information re-distributed to people and where required their families.

End of life care and support

● End of life care and support was not required for any people who currently received a service.

● Staff provided information to people to introduce them to consider discussing their end-of-life wishes and preferences.

● Staff training for end-of-life care was provided to enable staff to deliver quality care.

● The care coordinator was aware of ensuring people's cultural wishes were respected.

Good

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

● The registered manager told us people, their relatives and visiting health and social care professionals were invited to give feedback on the service. The registered manager told us questionnaires were circulated to people or their relatives every three months and professional staff less regularly. However, people and their relatives we spoke with could not recall receiving a satisfaction questionnaire. One person said, "I haven't had any questionnaires [though] I'm happy [with the service]." Another person said, "No questionnaires have come." We could not ascertain which people had been contacted about their satisfaction of the service provided, so improvements could be considered.

We recommend staff keep records of when and how people are contacted for their feedback on the service.

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 provider and registered manager were open and transparent when dealing with issues and concerns. They understood their responsibilities and apologised to people and provided feedback to staff when things went wrong. However, one relative said, "The quality of the office [staff] is not as good as the carers. The [office] ethos is one of reactive rather than pro-active. Sometimes messages don't get passed on within the office. A few mistakes have been made with bills and invoicing but the office [staff] are good at listening and will respond."

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

● The provider promoted a positive open culture.

● People, staff and the registered manager described a culture which focussed on people and ensuring they received good care. Most staff felt the management team were supportive. However, one staff said, "They are good in the way I have the rota I want, and they will pick up the phone, but they do not come across as supportive."

● Most people and people's relatives spoke highly of the staff and registered manager. One person said, "I never talk to them (managers). My daughter always talks to them, she thinks they're friendly."

● Some people found communication with the office difficult. One person said, "I haven't got the office number." Another found it difficult to follow the visiting rota. We spoke to the registered manager about these issues, they said all people would be contacted to ensure they had the correct office contact details

and understood the plan for visiting staff.

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

● Staff were clear what their individual and team responsibilities were. The management staff held regular meetings to discuss the day to day events and address any concerns that may have arisen. However, not all the staff we spoke with attended the meeting regularly.

● The registered manager understood their regulatory responsibilities. They ensured the CQC received notifications about important events so that we could check they had taken appropriate action.

● Audits took place regularly to measure the success of the service and promote future development. These included audits of people's daily records, care plan and medicines records.

We recommend that information held in the office is also analysed to inform changes and improvements that are required.

We recommend that staff are informed individually with the outcomes of staff meetings.

Working in partnership with others

● The management team had been working with the local authority to improve the efficiency of calls and the service to people.

● The staff worked well with health and social care professionals to support development and provide joined-up care for people.