

# Blueboard Care Services Ltd

## Yewtree Avenue

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Yewtree Avenue, also known as Blueboard Care Services Ltd, is a domiciliary care agency. It provides personal care to people living in their own houses or flats. At the time of the inspection 59 people were using the service.

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

When asked the best thing about the service one person said, "Knowing that I will see a friendly face each day." Another person said, "I just want to say thank you so much to them they're such a good care company."

People using the service and their relatives had no concerns about people's safety. Systems were in place to protect people from the risk of abuse. Risk assessments were completed to identify and manage risks to keep people safe. Staff were trained to support people to take their medicines. Measures were in place to protect people from the spread of infection. There were enough staff to meet people's needs. Pre-employment checks were carried out to ensure staff were suitable to support people. There were procedures for responding to accidents and incidents.

The service carried out assessments of people's needs prior to the provision of care and support to ensure their needs could be met by the service. 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. Staff supported people to eat and drink enough to meet their needs. The service worked with other agencies to promote people's health, safety and well-being. Staff received training and support to ensure they were competent to carry out their role.

The service was respectful of people's equality and diversity. However, we did not see how people who may identify as lesbian, gay, bi-sexual or transgender would be supported by the service. We have made a recommendation regarding best practice.

People received care and support from staff who were caring and compassionate. One person told us, "I am now housebound so; I look forward to my carers coming." Staff treated people in a respectful manner maintaining their dignity and encouraging independence. Systems were in place to protect people's right to confidentiality.

Care plans were person centred, included the individual needs of people, and were reviewed to reflect people's changing needs. People received compassionate care at the end of their life. Complaints procedures were in place and people using the service were confident their concerns would be taken seriously and would be addressed.

People using the service, their relatives and staff, felt the service was well managed. There was an open and

transparent culture. Quality assurance systems were in place to monitor the running of the service and the effectiveness of systems in place. Feedback was welcomed to ensure continuous improvement of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The rating at the last inspection was good (published 19 December 2017).

#### Why we inspected

This was a planned inspection based on our current methodology of inspection scheduling.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was 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 ●

# Yewtree Avenue

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector and an Expert by Experience. 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. The service had a manager registered with the Care Quality Commission who was also the owner. 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. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

#### What we did before inspection

We reviewed information we held about the service. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and seven relatives. We spoke with six members of staff including the registered manager, deputy manager, care co-ordinator, two team leaders and one care

worker.

We reviewed a range of records. This included five people's care records and seven medicines records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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.

Systems and processes to safeguard people from the risk of abuse

- People using the service were safeguarded from the risk of abuse and systems were in place to minimise the risk of incidents of abuse.
- People told us they felt safe when being supported by staff. Relatives of people using the service did not have concerns about safety. One relative told us they felt comfortable with the staff providing care and support to their loved one. They said, "Everyone (family) is comfortable with the staff."
- The registered manager and staff demonstrated knowledge of the safeguarding processes in place to keep people safe. Records showed concerns were raised with local safeguarding teams when concerns were identified. Staff completed safeguarding training and knew how to report any safeguarding concerns. This meant systems and processes in place safeguarded people from the risk of abuse.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people using the service and highlighted their individual risks. Risk assessments included guidance for staff on how to manage and prevent such risks. For example one person had a risk of developing pressure ulcers and there was guidance for staff when supporting the person with personal care and positioning to minimise the risk.
- Risk assessments were reviewed every six months, or sooner if new risks were identified, and were completed with the involvement of relatives and health care professionals where appropriate. This meant people's risks were assessed, monitored and managed.

Staffing and recruitment

- People and their relatives told us people received care and support when they required it. However, some told us on occasion care staff were late due to travel conditions, but this had greatly improved. "I'd say they're on time 95% of the time, they're only late if there is poor traffic." We discussed this with the registered manager. They told us processes had been put in place to improve punctuality. Records showed care staff were allocated into teams covering specific locations to minimise the distance they travelled between calls. Staff told us the new allocation system meant punctuality had improved. One staff member said, "Sometimes because of traffic there are delays but we try to be on time and it's better now we have the teams covering areas."
- Staff rotas confirmed there were enough staff available to meet people's needs. Staff told us they did not have concerns about staffing levels and the new team system was effective. Systems were in place to ensure staff absences were covered.
- Safe and effective recruitment practices were followed by the service. Checks had been carried out during the recruitment process such as employment history, references, proof of the person's identity and eligibility to work in the UK. Criminal record checks were carried out to confirm that newly recruited staff were suitable

to work with people. This meant the service could be assured that staff employed were suitable to provide care and support.

#### Using medicines safely

- Policies and procedures were in place and staff were trained to ensure safe management and administration. Medicine records showed people received their medicines as prescribed. However, we found the way staff entered their signature on medicine administration charts could be confused with other codes on the document. We discussed this with the registered manager who addressed this immediately.
- People using the service had no concerns about medicines. One person told us staff put their medicines into a small medicine pot and watched them take it. Relatives told us staff ensured their loved one received their prescribed medicines. One relative told us staff prompted their loved one to take their medicines and waited to make sure prescribed medicines were taken at the right time of day. This meant systems were in place to support people with their medicines.

#### Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infection and staff were aware of their roles and responsibilities in this area. People using the service and their relatives told us they had no concerns about infection control processes. They told us staff wore personal protective equipment when supporting them with personal care or meal preparation
- The service provided staff with personal protective equipment including gloves and aprons.
- Records confirmed staff completed training in infection control. This meant process were in place and followed by staff to prevent and control the risk of infection.

#### Learning lessons when things go wrong

- Policies and procedures were in place which guided staff on recording and reviewing incidents.
- There were systems in place to learn lessons following incidents including and review of incidents and discussions at staff meetings. Peoples risk assessments were updated to prevent reoccurrence where appropriate.

# 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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People needs and choices were assessed to achieve effective outcomes for the care and support. Records showed their initial assessments covered needs associated with personal care, nutrition, medicines, mental health, specific health conditions, communication, mobility and moving and handling.
- Initial assessments were carried out before people began using the service to determine if the service could provide the support to meet their needs. People and their relatives spoke positively about the assessment process. One relative told us, "When we initially met with the office (senior staff) to set up the care plan, they were very responsive and understood the importance of a slow steady process."
- The service completed reviews of people's needs every six months. Reviews were carried out sooner if people's needs changed to ensure people received the right level of support.

Staff support: induction, training, skills and experience

- People using the service and their relatives told us they thought staff were well trained. They told us staff had received specific training in order to support their loved one. One relative explained how the service worked hard to understand their loved one's complex needs.
- Staff were supported and completed a programme of training to effectively perform their roles. Staff confirmed they attended training and told us they found this useful. One staff member said, "We have to do our refresher training regardless of our experience. If we're struggling to understand something we can do extra (training)."
- Care files and staff records confirmed spot checks were carried out. A spot check is a senior member of staff observing care staff when they support people to check their performance. Staff were positive about the process and told us they felt supported.
- Staff told us they were supported by their line manager to fulfil their role. Staff had supervision meetings to enable them to discuss any issues they may have and goals for their development. One staff member said, "We don't miss our supervision meeting. If we can't come to the office, they (senior staff) come to meet us. Really supportive." Staff told us staff meetings took place regularly. Records showed staff meetings took place monthly or sooner if specific issues needed to be discussed. Teleconference calls also took place to discuss specific issues or to give best practice updates.
- Records confirmed staff completed an induction course when they began working at the service. This included training and shadowing a senior member of staff. Staff told us they found the induction informative. One staff member said, "The induction was lots of training and shadowing senior staff. I had to come back to the office after all of it to check my understanding of everything." This meant staff developed the required skills before providing care and support to people.

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

- People were supported with maintaining their nutrition and hydration and their preferences were met.
- Care plans detailed care and support people required and their likes and dislikes regarding food and drink. This included any special dietary requirements. Staff maintained records of people's nutritional intake and encouraged a healthy diet.
- People and their relatives had no concerns about maintaining a balanced diet. One person told us staff prepared the meals and snacks they liked and gave them choices at each mealtime.

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

- Records showed the registered manager and staff worked with other health professionals to ensure people had access to the services they required to maintain their health. One relative commented positively about communication between the service, health professionals and themselves. They described it as "Exceptional."
- Records showed the service worked with health and social care professionals, and GPs to ensure people received the support they required.
- Care plans included the contact details of peoples next of kin, their GP and other health and social care professionals. This meant staff could contact them easily if the need arose. Staff were aware of what to do in a medical emergency. One relative told us when their loved one became unwell suddenly staff had acted quickly to contact emergency services.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Mental capacity assessments had been carried out to determine if people had capacity to make decisions.
- Staff received training on the MCA and were aware of the principles. Staff explained ways in which they sought consent. People and their relatives told us staff sought consent prior to providing care or support.

# 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

- Peoples equality characteristics were covered in their initial assessment.
- Staff respected people's equality and diversity and people were protected from discrimination within the service. Staff told us people were treated equally and people should not be discriminated against, having protected characteristics. One staff member said, "We don't discriminate against any one. We do try to meet culture needs for example with language and also beliefs." However, the opportunity to seek information about people who identified as lesbian, gay, bi-sexual or transgender (LGBT) was not clear in care files or in the initial assessment.
- We discussed this with the management team who explained people and their relatives found this difficult to discuss at times, so it was no longer addressed during the pre-assessment. The registered manager gave assurances this would again be included in initial assessment process going forward.

We recommend the service seeks and follows best practice guidance on supporting people who identify as LGBT.

- Staff were trained in equality and diversity and were able to explain how the service met people's needs.
- People and their relatives told us staff were caring. One person said, "I would say yes they are caring; it would be a very hard job to do if you didn't care about old people." A relative said, "[Person] definitely feels secure with carers, they are very kind and gentle."
- Staff gave examples of how they built relationships with people using the service and their relatives. They told us they read care plans and found things they had in common with people using the service. The registered manager told us they communicated often with people and their relatives to build a rapport with them. One relative told us, "The communication between the carers and [registered manager] is excellent we are always in touch with the carers and the office."

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

- People were supported to be involved in their care. Care plans were completed with family members when people needed additional support to express their views. One person said, "Care plan is updated, and my family are involved with this."
- Staff had a good understanding of the care needs of people they supported and were able to tell us about people's likes and dislikes and the support they needed. People told us staff knew them well. One person said, "They (staff) are so kind and gentle with me, they know how much pain I'm in and are really careful not to hurt me when getting me dressed or showered."

- Relatives told us the service responded well to preferences and requests regarding people's care and support. Relatives gave examples of how staff responded to ensure their family members preferences were acted on. When asked about this one relative said, "Yes, [person using the service] carers are caring and genuinely willing to learn about unique needs"

#### Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and their privacy was maintained. For example, staff told us they ensured doors and curtains were closed before providing personal care to people. One person told us, "They (staff) are respectful and gentle." Relatives told us their family member was treated respectfully by staff. When asked if staff treated their loved one respectfully, one relative said, "Yes, I do think [person] is treated respectfully."
- People were encouraged to maintain their independence as much as possible and to develop their abilities in some areas of their care. "One person told us, "I'm so grateful to the carers, they encourage my independence; there's so much I couldn't do without their support."
- The service had a policy on confidentiality that made clear staff were not permitted to share information about people unless authorised to do so. Confidential records at the service were stored securely to promote people's confidentiality.

# 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

- Care plans were detailed and contained information to guide staff on the care and support needs of each person. Daily records were maintained so it was possible to monitor care, and support was provided in line with people's assessed needs.
- Care plans contained details and instructions for staff regarding how people liked their care and support carried out. Plans were reviewed to ensure changes to people's preferences were reflected.
- Staff knew people well and were able to give examples relating to people's preferences when providing care and support. For example, one staff member explained in detail the person's preferences for their care and support on days when they felt particularly unwell.

End of life care and support

- The service supported people with end of life care. This was reflected in people's care plans.
- Staff worked with palliative care teams to deliver care and support compassionately. One relative told us, "[Person using the service] is on end of life care now; they (staff) have been so kind and thoughtful with this process it has made it easier for us all to deal with"
- The service had processes to support staff at the end of a person's life. This included support from the management team and supervision meetings.

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.

- Initial assessments and care plans detailed information about people's communication needs and instructions for staff. The service provided information to people in accessible formats. For example, the complaints policy was available in an easy read format.

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

- People were supported to pursue interests and maintain links with the community and their family members. Care plans showed details of people's hobbies and preferences relating to social activities.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure. People using the service and their relatives received information about complaints at the start of using the service.
- People told us they had not needed to complain. Relatives told us when they had raised concerns the service had responded.
- Staff were able to explain how complaints were dealt with. The management team told us complaints were viewed as a way of improving the service. Records showed the service had received four complaints since the last inspection and had responded appropriately to ensure the complaint was resolved.

# 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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The culture of the service was positive and people achieved good outcomes.
- People using the service told us it was well managed and that staff and the registered manager were approachable. One person told us, "When I call the office, they are all very pleasant." Relatives gave positive feedback about outcomes achieved by people using the service due to the culture and staff approach. One relative spoke positively about the care staff and added, "There is one particular carer who is absolutely outstanding, makes [person] feel so at ease. [Staff member] is a brilliant carer." Another relative said, "Carers would always make sure [person] has everything needed."
- There was an open and transparent culture and staff spoke positively about the registered manager and deputy manager, describing them as being supportive and approachable. One staff member said, "I can talk to them and they respond and act quickly. They find solutions." Another staff member said, "[Registered manager] is very supportive, very good if I call at any time, I get help and support."
- The registered manager spoke positively about the staff team and the contribution they made to the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibilities and of their duty to notify the Care Quality Commission (CQC) of significant events and had done so in a timely manner.
- The service had a clear management structure and staff were aware of who to contact regarding issues or concerns. Staff had access to a range of policies and procedures to guide them in their role.

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

- The service engaged with people and their relatives through telephone calls and correspondence. People and their relatives were positive about engagement and involvement with the service.
- Staff meetings took place monthly and staff were encouraged to discuss any issues they might have during meetings. They told us they felt listened to and involved. This meant staff were able to communicate with each other, share information and contribute to the running of the service. One staff member told us, "[Registered manager] is fantastic to all of us and takes all our thoughts and ideas on board."

### Continuous learning and improving care

- The service had systems in place to monitor the quality of the service and to improve service delivery of care and support.
- The service asked for the views of people who used the service and their relatives and they were acted on. The service contacted people and their relatives to seek their views on the service delivery. Feedback folders were available in people's homes so senior staff could capture feedback during spot checks.
- Regular audits were carried out by the registered manager to ensure the service was being delivered safely. They regularly reviewed care plans, risk assessments, daily records, medicines records, spot checks and health and safety checks. The service worked towards completion of an action plan when shortcomings had been identified. For example, the service had identified shortcomings with record keeping and had an action plan which showed progress to address this.
- The service had an action plan in place, which was monitored by a commissioning local authority.

### Working in partnership with others

- The service worked in partnership with other agencies such as health and social care professionals, to ensure people's health conditions and support needs were well managed.
- The registered manager told us they worked with other agencies to develop practice. This included working with health and social care professionals to access best practice and specialist training in specific health conditions.