

Bloom & Care Limited

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Inspection report

Unit 6
Norse Road
Bedford
Bedfordshire
MK41 0QN

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Tel: 01234331331

Website: www.bloomandcare.co.uk

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

This announced comprehensive inspection took place on 07 June 2018 when we carried out a visit to the office. We also carried out telephone calls to people who used the service and staff on 07 June 2018.

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

Not everyone using Bloom & Care receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection 6 people were using the service.

There was a registered manager in post. 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.

There were processes in place to protect people from avoidable harm and staff were aware of their responsibilities to report them. Risks to people were assessed and managed appropriately.

Staff had been recruited using a robust recruitment process. There was enough trained staff to support people with their needs. Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision.

Systems were in place for the safe management of medicines and people were protected by the prevention and control of infection.

The provider had processes in place for when things went wrong and lessons were learnt in order to improve the service.

People could make choices about their food and drink and were provided with support when required.

Staff would access additional health care professionals to ensure people received effective care or treatment if and when required.

Staff gained consent to care before supporting people; this was sought in line with legislation. Staff treated people with kindness and compassion. People were treated with dignity and respect, and had the privacy they required.

People's needs had been assessed prior to them receiving care visits. Care and support plans were

personalised and reflected people's individual requirements. People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints procedure in place and people knew how to complain.

The provider had a clear vision, and were open and transparent. Quality monitoring systems were in place and were effective and staff were involved in developing the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Staff were knowledgeable about protecting people from harm and abuse and processes were in place to report any concerns.

Staff had been recruited using a robust recruitment process. There were enough trained staff to support people with their needs.

Systems were in place for the safe management of medicines.

Risks to people were assessed and managed appropriately.

People were protected by the prevention and control of infection.

There were processes in place for when things went wrong, lessons were learnt in order to improve the service.

Is the service effective?

Good ●

The service was effective.

People's needs had been assessed prior to them receiving visits.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision.

People could make choices about their food and drink and were provided with support when required.

People had access to health care professionals when required.

Consent to care was sought in line with legislation.

Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and compassion.

People were able to make decisions about their daily activities.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good ●

The service was responsive.

Care plans were personalised and reflected people's individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

Is the service well-led?

Good ●

The service was well led.

People and their relatives knew the manager and were able to contact them when required.

The provider had a clear vision, and were open and transparent.

Quality monitoring systems were in place and were effective.

Staff were involved in developing the service.

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Detailed findings

Background to this inspection

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

This inspection took place on 07 June 2018 and was announced.

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 and ended on 07 June 2018. It included reviewing documentation, speaking with people who used the service and their relatives. We also spoke with staff. We visited the office location to see the registered manager; and to review care records and policies and procedures. This was the first inspection since the service was registered.

Prior to the inspection we spoke with the local authority and we checked the information we held about this service and the service provider. No concerns were raised.

During our inspection we spoke with two people who used the service and two relatives. We also spoke with the registered manager and three care assistants.

We reviewed two people's care records, one medication record, two staff files and records relating to the management of the service, such as quality audits and staff training.

Is the service safe?

Our findings

There were systems in place to protect people from avoidable harm. Staff had received training in safeguarding and were aware of their responsibilities to report any concerns.

Staff we spoke with knew what to report and how to do so. One staff member said, "I would report it to [name of registered manager], document concerns or what I had witnessed. We have the local authority numbers in the handbook." There was information available in poster format in the office and in the service user guide which each person who used the service was given. This included what to do to report any concerns with addresses and telephone numbers.

A person who used the service said, "I feel very safe." A relative we spoke with told us, "100% my family is safe."

Within people's care plans staff had developed risk assessments to enable people to be as independent as possible whilst keeping safe. These included; dietary needs, moving and handling, specific medicines and the environment. These had been reviewed as and when required.

There were policies in place for the recording of accidents and incidents. The registered manager told us none had happened but explained the procedure she would follow if they did. This included, reviewing them and investigating if anything could have been done to prevent it, and what could be done to stop it happening in the future.

There were sufficient staff employed to support people with their assessed needs. Rotas' seen showed this to be the case. A staff member we spoke with said, "The rota's fit perfectly with my husband and family, I get my days off." The registered manager told us they tried to keep the same staff to provide care to people if they could as this helped with continuity of care. They also told us they had never used agency staff as they had enough staff employed to cover for holidays and sickness. People who used the service and their relatives had no concerns regarding staffing.

Robust recruitment processes were in place. Staff files we looked at contained a variety of information including; a copy of the application form, proof of identity and address, references, Disclosure and Barring Services (DBS) check and copies of offer letters. Staff we spoke with told us checks had been carried out before they could start to work. One staff member said, "I went to see [name of registered manager] and applied. I had to supply references, car tax, driving licence and have a DBS check."

There were systems in place to enable people to receive their medicines in a safe way. There was only one person who required staff to administer their medicines. There was a list of the persons' up to date medicines within their records. All staff had received appropriate training to administer medicines and had their competency checked annually. Within people's care records we saw completed Medication Administration Records (MAR). No errors were found.

Staff had received training for infection control. The provider supplied uniforms and Personal Protective Equipment (PPE) including aprons and gloves. One staff member told us that they ensured commodes were cleaned and disinfected at each visit, people's bedding changed regularly and everything was left clean.

All care staff had received training in food hygiene and nutrition. This was because some people who used the service had support with cooking and serving their meals.

The registered manager was responsive when things had gone wrong and had taken action to ensure lessons were learnt and improvements were made when required. The registered manager went on to give us examples. When carrying out a medicines audit they had realised that more information on the MAR chart would be beneficial. They then devised a new form and spoke with staff before it was introduced.

Is the service effective?

Our findings

Within people's care records we saw that assessments had been completed prior to a care package being developed. This was to ensure that the correct care could be provided. This was in line with current legislation and guidance.

People told us staff had the right skills and training to deliver effective care and support. One person said, "Yes, they have had enough training, the lady that came today has been caring for many years." Staff we spoke with told us they completed a variety of training as part of their induction and other training was on going. One staff member said, "I did the induction which lead to getting the Care Certificate." We saw the training matrix and copies of certificates within staff files. Training was appropriate to staff job roles. Staff told us they had received regular probationary or supervision meetings. We saw records of these in the office. The registered manager told us as no one had yet been employed for a year there had not been any annual appraisals.

Some people who used the service needed staff assistance with their meals. One person we spoke with told us staff assisted with their meals and said, "They cook my breakfast." A staff member said, "We always ask what they would like, just because they have porridge one day does not mean they want it every day."

Records showed staff worked together to ensure people who used the service received consistent care and support. Where additional support had been required, we saw that it had been in a coordinated way and in a timely manner.

Most people who used the service had family who would arrange additional healthcare if required. The registered manager told us that staff knew how to act in an emergency and had in the past called for the doctor or ambulance if they had concerns when they arrived at someone's home. Staff we spoke with confirmed this. One person said, "I had a bad chest and she (care staff) stayed with me and called the GP."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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 told us that most of the people who were using the service had capacity to make decisions. Those we spoke with had a good understanding of MCA and DoLS. Within care records we saw that capacity assessments had been completed.

Within people's care records we saw that they had signed consent for the care they required. Where they had been unable to sign a family member with Lasting Power of Attorney for health and welfare had signed on their behalf. A copy of this was held in the office file. People we spoke with told us staff always asked for consent before providing care or support.

Is the service caring?

Our findings

People who used the service told us they were treated with kindness. One person said, "They are very kind to me." A relative said, "They treat [name of person] well. I would definitely recommend this company."

People told us that staff responded to their needs in a timely way. A relative said, "If it goes over time, it goes over time." A staff member told us they would stay to assist someone after their call time if it was needed and the office would be informed to enable another care staff member to carry on with any planned visits. Another staff member told us that if a person's care needs changed for any reason they would speak with the registered manager who would carry out a reassessment and maybe change the care plan and call times.

People were encouraged to express their views. People we spoke with told us they had been involved in the writing of their care plan. One relative said, "We were involved in the care plan and I know what is in it." One person who used the service said, "I cannot fill out forms but I want to say they are excellent."

Rotas we looked at showed they had been organised to allow staff the time to carry out people's assessed needs. People we spoke with told us they did not feel rushed when staff visited and they stayed for the full time, and sometimes stayed over the planned time.

People told us that their privacy and dignity had been respected at all times. One person said, "They are always respectful."

Staff understood that people's personal details and information needed to be kept confidential. Records were stored securely in the office, although records in people's own homes were kept where they wanted them to be kept. Staff we spoke with were aware of their responsibilities regarding confidentiality.

People told us staff encouraged them to be as independent as possible. They said they were let to do what they could for themselves but staff would assist when required. A staff member said, "I encourage them to do what they can by prompting them to keep them even a little bit independent."

Is the service responsive?

Our findings

Care plans we looked at were person centred and showed that people and their families had been involved in their development. They fully reflected people's needs and included; a personal profile, a medical profile, risk assessments, step by step guide for support required at visits and preferred call times. A relative said, "I helped write the care plan. I can read the writing which is really important."

People told us staff supported them in the way they wanted. One person said, "They do all my personal care the way I want it to be done." They also said, "The staff are spot on, if they are going to be a few minutes late, they will call me. It does not happen very often though."

Staff told us that they had no one with communication needs at the time of our inspection. The registered manager told us that they would access additional support if any one did need assistance aids for communication.

The provider had a complaints system in place. People we spoke with told us they were aware of how to complain. One relative said, "I would complain if I had to, I would call [name of registered manager]." Copies of the complaints process was in each person's file in their own home in the service users guide and was also available in the office. There had been no formal complaints received, however the registered manager explained the process to us and felt confident in dealing with any if they arose.

The registered manager told us that people would be supported at the end of their life if their wishes were to remain in their own homes. They told us of one person who had passed away and was able to stay in their own home with the care staff being supported by the local palliative care team. We saw a letter from the person's relatives thanking the team for supporting their loved one to die in comfort at home.

The registered manager showed us blank documentation that was ready for use for anyone who required end of life care and support.

One person who used the service had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR). This had been completed by the appropriate people. It was in their file and a copy in the office file. All staff we spoke with who provided care for the person were aware of it.

Is the service well-led?

Our findings

There was a registered manager in post who was aware of their registration requirements. The registered manager (who was also the provider) had a clear vision of where and how they wanted to progress the service. They wanted to build up the service slowly to make sure they could offer a good service. There was an open-door policy where people and staff could speak with the registered manager at any time. We observed this to happen on the day of the inspection.

The registered manager was aware of the daily culture of the service as they still carried out a hands-on caring role and she spoke with all staff on a daily basis. They told us this was important as they were still a small service and they wanted to ensure people knew who she was and that she knew what was happening.

Staff we spoke with told us that the registered manager was supportive and they could be contacted at any time. One staff member said, "I love working for [name of registered manager] she is so easy to talk to, nothing is too much of a problem." We observed there to be a relaxed and friendly atmosphere in the office during our visit.

The registered manager told us that as the service grew she wanted to progress staff into more senior roles which would enable them to take on more responsibilities. She would do this over time and mentor and train them into their new roles.

The registered manager had devised a short satisfaction survey which had been sent out to people or their representative. Some had been returned and they were all very positive. There were also a number of very positive reviews on a review website. The registered manager discussed a new annual survey they had developed along the lines of the regulatory KLOE's (Key Lines Of Enquiry) but felt it was rather too large for people to complete. They would review it before sending it out.

Effective quality audits had been completed in various aspects of the service. These included; care plans and medication. The registered manager also carried out care visits and was in close contact with people who used the service and their relatives. If any issues had been found, actions plans had been put in place and signed off when complete.

We saw records of staff meetings. The registered manager told us they tried to include a learning set to keep staff interested and up to date, along with any updates. The minutes from the last two meetings had included updates and learning for MCA, sepsis and the new General Data Protection Regulation (GDPR). Staff we spoke with told us the meetings were informative and useful.

The service had open working relationships with other organisations, including the local authority, district nursing team and GP's. The registered manager told us they were working closely with another domiciliary care provider in the area. This enabled them to share ideas and training opportunities. They explained this had been very helpful.

Together with the manager of the other provider, they had recently set up a Bedford Homecare Providers Association. They had eight providers and hoped others would join them. The group planned to meet on a quarterly basis to share ideas, keep up to date with changes and allow them to network.