

Bluewood Recruitment Ltd

Bluewood Healthcare

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Bluewood Healthcare is a domiciliary care agency, providing personal care to people in their own homes. At the time of inspection, 140 people were receiving 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 majority of people and relatives we spoke with were satisfied with the care that staff provided and with the management of the service, though four relatives and one person were dissatisfied with some aspects of the service. This included receiving a poor response from office staff to issues raised and not being able to get through to office and on call staff when they needed to contact them about issues. Verbal concerns received by the service had not gone through the complaints process which would have led to a swifter resolution of issues raised by people and relatives.

Everyone we spoke with, except two relatives, said safe care was provided and if they had any concerns, the registered manager would act on the issues raised and put measures in place to ensure safe care. When we raised the issues from the two relatives, the registered manager acted swiftly to deal with them.

People were protected against abuse, neglect and discrimination. People were protected against the risk of infection, though one relative reported staff not wearing a mask. Details of how to reduce risks to people's safety were included in people's care plans though one risk assessment lacked detail on encouraging a person to eat. Care plans reflected people's individual needs.

Safe recruitment practices were in place to ensure only suitable staff worked at the service. Enough staff were employed to meet people's needs. Timely calls were mainly in place to provide personal care. Quality assurance systems were in place to try to ensure people were provided with a quality service.

The registered manager understood their responsibilities and worked in an open and transparent way.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

The inspection was prompted by concerns we received that safe care was not being provided to some people. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bluewood Healthcare on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our well led findings below.

Requires Improvement ●

Bluewood Healthcare

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we used technology such as electronic file sharing and phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by two inspectors and two Experts 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 homes.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we completed this inspection using technology such as electronic file sharing and needed to give the provider time to send us the required information.

Inspection activity started on 16 August 2022 and ended on 23 August 2022.

What we did before the inspection

We reviewed information we had received about the service and we sought feedback from the local authority. The provider sent us a 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 took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as telephone calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. We spoke with the registered manager by telephone on 26 August 2022.

We had discussions with five staff, seven people and 15 relatives of people using the service. We viewed a range of records. This included the care records for four people using the service, and 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.

We continued to seek clarification from the registered manager to validate evidence found, which was sent to us. This included evidence from peoples' records and management responses to complaints.



Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People were not always protected from risks associated with their care and support.
- Risk assessments were in place for a range of issues including skin integrity, continence and manual handling. However, a relative said that whilst the usual care staff were very good at encouraging her family member to eat, this was not always the case with replacement staff. The care plan had measures in place for the type of food needed for the person but not how to encourage the person to eat. This meant the person was at risk of not having their nutritional needs met. As the relative was able to see her family member on a daily basis, the person had not come to harm though this would have been a risk if they had not been regularly supported by a family member. The registered manager took action when informed of this issue.
- One relative stated staff sometimes forgot that his family member had shoulder difficulties and staff needed to take more care when assisting to dress. The registered manager followed this issue up to the person's satisfaction.
- Two relatives stated that usual care staff had met care needs. However, temporary staff who provided cover were often not aware of people's needs or had not read their care plan and needed to be reminded by relatives of care needs. The registered manager sent out a message to staff of the need to read and follow the care plan if they had not provided personal care to the person before.
- Assessments included the environmental risk assessments which identified and managed risks in people's homes.

Staffing and recruitment

- Sufficient staffing was in place according to people and relatives, apart from one relative who reported a staff member had not always turned up for a call at weekends. Once this was notified to the on-call system, action was then taken by staff, though it meant a delay to the person being provided with personal care.
- Recruitment systems for current staff showed evidence of good character and criminal records checks had been completed for all current staff. These checks help prevent unsuitable people from working with people who use the service.
- Care plans identified the number of staff required to deliver care safely.

Preventing and controlling infection

- People were largely protected from the risk of infection as everyone except one relative told us staff wore personal protective equipment (PPE) during the COVID-19 pandemic. The registered manager followed up this issue with the staff members concerned, to ensure all staff were aware they needed to wear protective equipment to protect people from the risk of infection.

- Staff described relevant infection control measures in place to protect people.
- Staff told us they had received training in infection control, including COVID-19 and donning and doffing of PPE. They said there was always enough PPE available to ensure people were protected from infection, and that the registered manager always ensured supplies were in place.

Learning lessons when things go wrong

- Processes were in place for the reporting and follow up of accidents or incidents.
- There was evidence of lessons learnt, though one had not been identified in relation to a staff member not supplying food to a person because of the staff member's own religious beliefs. Although this did not harm the person, the registered manager said staff would be checked to ascertain their ability to supply people with their choice of food.

Systems and processes to safeguard people from the risk of abuse:

- People were protected from the risk of abuse.
- People and relatives said that staff followed safe working practices and there was good protection from the risk of abuse. One person said, "Staff keep me safe. There have been no problems."
- Staff demonstrated they understood how to safeguard people and were aware of reporting to the registered manager if abuse was suspected or alleged. They were confident the management would act if they had any concerns about people's safety.
- The registered manager was aware of the duty to report any safeguarding concerns to the local authority safeguarding team.

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 our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager aimed to promote a positive culture that was inclusive and empowering to achieve good outcomes for people. This had been successful for the majority of people and relatives we spoke with though not all.
- We received concerns from four relatives and one person. These were that office management staff and call staff were not always contactable, did not always listen and act on issues in relation to complaining about a small number of care staff; call times had been changed by office staff at short notice without checking with relatives; and there were some untimely calls. Also, we were told about the poor attitude of some office staff when they contacted the office and some care staff could not communicate with some people. When we informed the registered manager of these concerns, they swiftly followed up these issues with relatives, a person and staff.
- Verbal concerns received by the service had not gone through the complaints process which meant they were not resolved. The registered manager stated that in future all complaints would be recorded with action taken to follow up issues.
- Staff said they were provided with good support from the registered manager and said whenever they had an issue, they were able to get in touch with management who always responded with positively. Staff told us they were thanked for the care they provided to people. This was reflected in the minutes of staff meetings.

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 the duty of candour, that if mistakes were made, they had a duty to be open and honest, issue an apology and take any necessary action. They also understood information sharing requirements, and knew that when concerns had been identified, appropriate notifications should be sent to the CQC as required by law, and to the local authority.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their role and the needs of their staff team. Processes were in place to measure quality performance. These included checks on care, care records, care plans and whether medicines had been supplied. Staff understood their responsibilities, and who to report to if they had concerns and needed help.

- Audits and checks had been carried out to check the service met people's needs. Surveys to people were on the whole positive about the standard of care provided. However, surveys were not systematically provided to relatives, which would have identified issues that needed action.
- Spot checks on staff took place. They showed staff were providing appropriate care and a positive approach to people.

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

- Feedback was sought from people as questionnaires had been provided. This gave people the opportunity to suggest any changes or improvements. The registered manager had acted on identified issues.
- Staff meetings had been held to discuss the service. Relevant issues were discussed, which had included important issues such as training and people's care needs.
- People told us that they were treated fairly and their cultural requirements had been met.

Working in partnership with others

- The registered manager was aware of the need to work with health professionals to ensure people's needs were met. There was also evidence the registered manager had liaised with an occupational therapist to seek alterations to meet a person's bathing needs.
- Staff understood they needed to inform the registered manager and people's families if people were ill or had an accident.
- The registered manager was receptive to feedback when we discussed the inspection findings.