

Bluewood Care Limited

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Inspection report

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Bluewood Care Ltd is a domiciliary care agency registered to provide personal care to people in their own homes. The service provides support to older people and younger people with a range of needs. This includes people with physical disabilities. At the time of our inspection the service supported 6 people, some of those people, received 24-hour care and support.

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

The quality and safety of the service had deteriorated since our last inspection. Medicines were not managed safely in line with the provider's policy and best practice guidance. Risks associated with people's care were not always identified, assessed, or well managed.

Quality assurance systems and processes were ineffective, as they failed to identify the issues we had found, such as there was no guidance for staff to follow when administering emergency medicines to people. Opportunities to learn lessons had been missed.

Care records did not include an assessment of people's needs and choices to ensure staff knew how people wished to be supported. Improvements were needed in the quality of training staff had received to ensure staff supported people safely.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. We made a recommendation to the provider regarding improvements to be made to ensure they were working within the principles of the Mental Capacity Act 2005.

Staff understood their responsibilities to keep people safe and protect from harm. Staff were recruited safely and there were sufficient staff to provide people's care and support.

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

Rating at last inspection

The last rating for this service was good (published 16 August 2018).

Why we inspected

This inspection was prompted due to concerns received in relation to the quality of care and the safety of people using the service. As a result, we undertook a focused inspection to review the key questions of safe, effective and well led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and

well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement

We have identified breaches in relation to people's safety and the governance of the service at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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.

<p>Is the service safe?</p> <p>The service was not safe.</p> <p>Details are in our safe findings below.</p>	<p>Inadequate ●</p>
<p>Is the service effective?</p> <p>The service was not always effective.</p> <p>Details are in our effective findings below.</p>	<p>Requires Improvement ●</p>
<p>Is the service well-led?</p> <p>The service was not well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Inadequate ●</p>

Bluewood Care Limited

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 2 inspectors 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 homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since they registered with CQC and sought feedback for the local Integrated Care Board (ICB) who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to

make. We also used information gathered as part of our direct monitoring activity that took place on 20 July 2023 to help plan the inspection and inform our judgements.

During the inspection

We spoke with 4 people who used the service and 2 relatives about their experience of the care provided. We spoke with 7 staff including the registered manager, care co-ordinator, and care staff.

We reviewed a range of records. This included 5 people's care plans, medicine records, and risk management records. We looked at 7 staff files in relation to recruitment and staff support, and a range of quality monitoring records related to how the service operated and was managed.

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 inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- Risks of harm and injury to people had not always been identified and managed. For example, where bed rails were used, there was no assessment of the risks associated with these such as the potential entrapment of a person's limbs to ensure these risks were managed to keep people safe.
- Where a person was at risk of choking and had experienced a recent incident of choking, there was no risk management plan to inform staff of the action they should take to manage this.
- Where there had been identified risks of people self-harming, there were no risk management plans in place to guide staff on actions to take to keep people safe.
- Some people had identified risks of developing sore skin or had developed sore skin. There was no care plan, or risk management plan to guide staff on how to manage people's skin care or how to prevent further skin damage.
- Some people had identified health conditions that could be life-threatening and required immediate intervention by staff. There were no risk management plans related to these conditions and no guidance to direct staff on actions to take in an emergency situation.
- People had specialist equipment in place, which included oxygen therapy. We found no risk management plans or guidance in place to direct staff on the safe use of such equipment.
- Most people had specialist moving and handling equipment in place which staff used to lift and transfer people. The registered manager and care co-ordinator told us they had shown staff how to use the equipment. However, the registered manager and care co-ordinator confirmed to us that neither of them were qualified to deliver this training. This posed potential risks of avoidable harm and injury to people and staff in using the equipment.
- Staff had been directed by the provider to take basic observations, including blood pressure and heart rates for people. We found there was no guidance to inform staff of a person's 'acceptable range' of readings, or when observations should be taken and what action to take when readings were out of a person's 'acceptable range'. This posed risks of potential harm to people because of life threatening health conditions being linked to their blood pressure.

Using medicines safely

- Medicines were not handled safely or in line with the providers policy and best practice guidance. Records were not sufficiently completed to show people received their medicines as prescribed.
- One person was prescribed a medicine to take 'once a day'. Gaps in the person's medicines administration record (MAR) showed this did not happen. The care co-ordinator told us no investigation had been completed related to these gaps.
- MAR did not always list all of a person's prescribed medicines. For example, one person's daily notes

referred to a prescribed medicine being given more than once each day, this was not included on the person's MAR.

- Some people were prescribed emergency first aid medicine for life threatening health conditions. These medicines were not recorded on the person's MAR and there was either no protocol for staff to follow, or guidance available lacked sufficient detail to support staff in administering them safely.
- Some people were prescribed topical preparations such as creams for their skin. There was no clear guidance such as body maps to guide staff how these should be applied to the person's skin.
- Staff had completed online training in the safe administration of medicines but competency assessments were not available to demonstrate staff could administer complex medicines requiring specialist skills safely.

This was a breach of regulation 12 (1) (2) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Following the inspection, the registered manager started to review people's care records and the training needs of staff to address the concerns we identified.

Preventing and controlling infection

- People with specialist equipment such as those on oxygen therapy had no risk management plans in place to direct staff on how to reduce risks of bacteria growth in face masks and delivery tubing used.
- Staff had access to stocks of personal protective equipment (PPE) and used these when supporting people with personal care.

Learning lessons when things go wrong

- The provider had missed opportunities to learn lessons when things went wrong. For example, a safeguarding incident had resulted in a person being hospitalised. The provider had failed to ensure that suitable risk management plans were implemented to reduce the risk of reoccurrence.
- The provider told us people had not been involved in any accidents, but stated should any occur, these would be recorded, and any lessons would be learnt.

Systems and processes to safeguard people from the risk of abuse

- Most staff had not undertaken up to date safeguarding training. However, staff spoken with understood their responsibilities to report any concerns such as potential abuse to the registered manager.
- Overall, the registered manager understood their responsibility to report concerns to the Local Authority and us. This was to ensure any allegations or suspected incidences of abuse were thoroughly investigated. However, they had failed to always recognise what may constitute abuse.

Staffing and recruitment

- There were enough staff to provide people's planned care. People told us they were supported by regular staff. Staff were recruited safely.
- The provider completed a number of recruitment checks to ensure staff were safe to work with people. These included references and completed DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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 our last inspection we rated this key question as good. At this inspection the rating has changed 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

- Improvement was needed in the induction and training provided to staff to ensure they had the skills and knowledge needed to provide safe care to people. One person told us, "Staff training is not good, I have to train them. I'm not happy with their understanding of skin care and moving and handling skills."
- Whilst one person felt the staff were, "Very good," we found improvement was needed in the competency checks completed to ensure all staff had the skills and knowledge needed to support people effectively. The registered manager and care co-ordinator who undertook checks, had failed to act on their findings as records showed some staff needed further training and support.
- Staff told us they received an induction. However, the registered manager had not always maintained records of the inductions completed to demonstrate staff had the knowledge to work safely.
- Staff told us they felt supported by the management team.

Assessing people's needs and choices; Delivering care in line with standards, guidance and the law; 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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was not always working within the principles of the MCA.
- One person who had a legally appointed person acting on their behalf to make important decisions had no mental capacity assessment. The care co-ordinator told us this had not been completed.
- A Deprivation of Liberty application to the Court of Protection had been made for one person. However,

there was no information related to this in their care plan to inform staff about how this person needed to be kept safe.

- People told us staff asked them for consent prior to supporting them with personal care. One person said, "Staff always ask me first, we work together."
- Care records did not include an assessment of people's needs and choices completed by the provider. However, staff spoken with clearly knew people well and demonstrated an understanding of their needs and preferences.

We recommend the provider implements robust systems and processes to ensure the principles of the MCA are followed.

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

- People were supported to eat and drink if this was part of their planned care. One person said, "Staff help me with simple foods, which is fine."

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

- People told us they made their own healthcare appointments and staff would support them to do this, if needed.
- Staff who knew people well monitored people's health and wellbeing and shared any concerns with family members involved in people's care as appropriate. People and relatives confirmed this, one said, "Staff recognised when (person's) skin was getting red and told me, so I could speak to the district nurse."

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 requires improvement. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The quality and safety of the service had deteriorated since our last inspection. The provider and registered manager had failed to ensure they had sufficient oversight of the service to ensure regulatory compliance. Some previously demonstrated standards had not been maintained.
- The service was not well led. Governance systems and processes were either not in place or were not effectively operated to monitor the quality of the service, or to drive forward improvements.
- The registered manager's quality assurance checks were ineffective and failed to identify the issues we found on this inspection. This included a failure to mitigate and monitor risks to the health and wellbeing of people using the service.
- Care plan audits did not take place. This meant opportunities were missed to identify where improvements were needed in risk management to support staff and keep people safe.
- Reviews of people's assessed needs were not recorded which meant staff did not have up-to-date information about people's needs to ensure they received the right support.
- Systems and processes to manage medicines were not safe. The registered manager's lack of oversight meant they had failed to identify medicine records lacked information such as all prescribed items for each person and evidence they had been administered. This meant people had been placed at risk of not receiving their medicines to manage their health conditions.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Staff felt supported. Comments included, "[Managers] are approachable and supportive". And, "I feel we are kept up to date with any changes, communication is good."

Working in partnership with others

- The registered manager had not yet developed effective systems to work in partnership with other healthcare professionals to support people's needs.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care;

- Some people had been asked for their feedback on the service received. However, no overall analysis had

taken place by the registered manager to look for areas where they might need to make improvements.

- People told us, they felt able to speak to the management team if they had any issues of concern and were confident, they would be resolved.

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 understood the need to be open and honest when things went wrong in line with their responsibilities under the duty of candour.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not ensure that risks relating to people's care needs and medicines management were safely managed.

The enforcement action we took:

Imposed a condition.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to operate effective systems and processes to maintain effective governance and oversight of the service.

The enforcement action we took:

Imposed a condition