

Bluedrive Care Homes Limited

# Bluedrive Care Homes

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Bluedrive Care Homes is a domiciliary care service providing personal care to people living in the London Borough of Southwark and the Royal Borough of Greenwich. At the time of our inspection there were 14 people using the service.

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

Risks to people had not always been assessed and staff did not always have access to information on how to provide people with safe support. People's medicines were not always safely managed.

People's care plans did not always accurately reflect the support they required or contain information about their care preferences. The provider's systems for monitoring the quality and safety of the service were not always effective in identifying issues or driving service improvements.

People's needs were assessed by the registered manager when they started using the service, but improvement was required to ensure assessments identified key areas to be included in people's care plans. Staff were supported in their roles through training and supervision, but improvement was required to ensure training consistently reflected the recommendations laid out in national guidelines in key areas such as medicines management.

People were protected from the risk of abuse by staff who had completed safeguarding training and knew the action to take if they suspected abuse had occurred. The service deployed sufficient staff to meet people's needs. The provider followed safe recruitment practices. Staff completed infection control training and followed national guidelines when supporting people to reduce the risk of the spread of infection. They were aware to report any accidents or incidents which occurred during their work. The registered manager confirmed they would review accident and incident information to help identify any learning which might prevent repeat occurrence.

People were supported to maintain a balanced diet where this was part of their care plan. They had access to a range of healthcare services when needed and staff worked to ensure people received consistent support across different services. Staff sought consent from people when offering them assistance. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff treated people with kindness and consideration. They respected their privacy and treated them with dignity. People were supported to make decisions about the care they received and were encouraged to

maintain their independence wherever possible. The provider had a complaints policy and procedure in place which people were aware of. They were confident that any issues they raised would be addressed by the registered manager.

People, relatives and staff spoke positively about the culture of the service. The registered manager understood the responsibilities of their role including the duty of candour. The provider had systems in place to gain feedback from people to help identify any improvements. Recent feedback showed people were experiencing good outcomes from the support they received from staff.

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

This service was registered with CQC on 10 July 2019 and this was the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the safe management of risk and medicines, person centred care and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### 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.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive 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** ●

# Bluedrive Care Homes

## 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

This inspection was carried out by one inspector.

#### Service and service type

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

#### 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 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.

Inspection activity started on 9 March 2022 and ended on 14 March 2022. We visited the location's office on 9 and 10 March 2022.

#### What we did before the inspection

We reviewed the information we held about the service. We spoke with a local authority commissioner who worked with the service to gain their feedback. 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 used all this information to plan our inspection.

During the inspection

We visited the office and spoke with the registered manager and two care staff. We reviewed records, including three people's care plans and risk assessments, five staff recruitment records, a sample of the daily notes recorded by staff when they visited people, as well as staff training records and scheduling information.

Following our site visit we spoke with six people and two relatives to gain their feedback about the service they received.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated '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

- Risks to people had not always been assessed and staff did not always have access to risk management information to help ensure they supported people safely. For example, one person's care plan identified them as needing support from staff to manage their catheter, but this had not been risk assessed and their care plan didn't contain any guidance on how to provide safe catheter care.
- In another example, the registered manager told us a person they supported was living with type 1 diabetes, but this was not mentioned in their care plan or risk assessments which didn't contain any guidance for staff about the risks associated with the condition and how they should respond should the person require support. The registered manager had also identified a third person as a smoker, but their risk assessment stated there were no hazards relating to people smoking at their address. These issues placed people at risk.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite these concerns, people told us they felt safe with the support they received from staff. One person said, "I've got to know them [staff] well and feel completely safe in their hands. They take a lot of care in what they do."

### Using medicines safely

- Medicines were not always safely managed. Staff received training in medicines administration and the registered manager assessed their competency to administer medicines during spot checks. However, the registered manager was not familiar with the detail of the national guidelines for managing medicines in domiciliary care which led to shortfalls in staff practice.
- Two people's care plans identified their medicines as being dispensed in pre-packed dosette boxes and guided staff to support people to take 'the right dose at the right time'. However, one person's medicines risk assessment contained contradictory information, indicating they did not take any prescribed medicines. The conflicting information placed them at risk of unsafe support as staff unfamiliar with the person's needs may have followed the incorrect guidance.
- Both care plans guided staff to ensure they supported people to take 'the right dose at the right time' but lacked information about the different medicines people had been prescribed, what the correct doses were, or at what time of day they should be taken. This meant staff could not be assured they were administering people's medicines correctly.
- Accurate information about the medicines people had taken was not recorded by staff. Staff had only

recorded the number of tablets they had administered to people on their medicines administration records (MARs), they had not identified the types or doses of medicines they had administered or the time of administration. This placed people at risk. For example, there was no way to identify whether people had been administered medicines which required a minimum time gap between doses or confirm whether such gaps had been maintained.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite these issues, people spoke positively about the support staff gave them to take their medicines. One person said, "They [staff] make sure I've taken my medicines; we've never had a problem."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff received safeguarding training. They were aware of the different types of abuse that could occur and the action to take if they suspected abuse. One staff member told us, "I'd report any abuse allegations to the registered manager. I also know I can contact CQC directly if needed."
- The service had a safeguarding and whistleblowing policy and procedure in place which staff were familiar with. The registered manager was aware of the local procedure for reporting abuse allegations to the local authority safeguarding team. They also knew to submit notifications to CQC about any abuse allegations they were made aware of.

Staffing and recruitment

- The service employed enough staff to safely meet people's needs. People told us they received support from a small group of staff who they had come to know well because they visited them regularly. One person said, "I see the same staff every day. They arrive and depart at times I'm happy with and do a good job while they're with me." Another person told us, "I have a regular carer and they always stay for their allotted time. I've never had a missed visit."
- The registered manager told us they allocated visits to staff in localised areas wherever possible to reduce any travel time between them. Staff told us they were able to carry out the visits allocated to them without any need for them to rush. They also confirmed they had no problems covering for each other in the event of any planned or unexpected absence.
- The provider followed safe recruitment practices. Staff files contained evidence of recruitment checks having been carried out before staff started work. These included checks on staff identification, right to work in the UK, their employment histories, references from previous employers and criminal records checks.

Preventing and controlling infection

- People were protected from the risk of infection. The registered manager confirmed they supplied staff with the Personal Protective Equipment (PPE) they needed to keep them and the people they supported safe.
- Staff had completed infection control training. They demonstrated a good understanding of infection control practices and told us they had access to the PPE they needed. People confirmed staff wore PPE when supporting them.

Learning lessons when things go wrong

- Staff knew to report any incidents or accidents which occurred. One staff member said, "I'd report any accidents to the registered manager immediately. I know we also have to complete an accident form as soon as we're able to."



- The registered manager told us there had been no incidents or accidents since the service had been registered. They explained they would maintain an incident and accident log which they would review periodically to look for trends or any learning to share with staff. People confirmed they had not been involved in any accidents whilst staff were supporting them.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Improvement was required to ensure a comprehensive assessment of people's needs was completed to enable their care to be planned accordingly. The registered manager carried out an assessment of people's needs when they started receiving a service, but these had not always properly identified people's health conditions, or the steps staff might need to take to help support them effectively. For example, one person was living with type 1 diabetes, but this had not been identified in their assessment or subsequent care plan.
- We also found examples of assessments which contained confusing or contradictory information. For example, one person had been assessed as requiring two different types of moving and handling equipment to help them transfer to and from bed, whilst also being able to walk with the support of one staff member. However, the registered manager confirmed only one piece of moving and handling equipment was required, and the person could not walk.
- Despite these issues, people confirmed the staff supporting them were familiar with their needs and provided them with appropriate support.

Staff support: induction, training, skills and experience

- Improvement was required to ensure staff consistently received the training they needed to meet people's needs effectively. Whilst staff had completed training in a wide range of areas relevant to people's needs, the medicines management training they had completed had not instructed them to maintain complete and accurate records relating to people's medicines and the support staff provided in this area, in line with national guidelines.
- Training in other areas had been effective. One staff member described safe moving and handling practice which they used when supporting a person to transfer to and from bed. They also told us, "The training I've had has been helpful, it covered all the areas needed for me to be able to do my job well."
- Staff received an induction when they started work which included a period of orientation and shadowing more experienced staff before they worked independently. The registered manager also confirmed they expected any staff with no background in care to complete the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.
- Staff were supported in their roles through regular supervision. One staff member told us, "I meet with the manager regularly. I feel well supported; there's nothing I couldn't discuss with the registered manager if I had any problems."

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

- People were supported to maintain a balanced diet. Their care plans identified any support they needed

to prepare or eat meals and staff confirmed they provided this support where needed. One staff member told us, "I always ask [a person they support] what they would like to eat or drink and will prepare their meal accordingly."

- People confirmed they received the support they needed to prepare meals. One person told us, "They [staff] help me with breakfast each day and always ask me what I'd like."

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

- The provider worked with other agencies to provide effective and timely support to people. One relative described the support staff provided to their loved one in accordance with advice they had received from a physiotherapist. The service had also received feedback from a healthcare professional who oversaw the care provided to another person, praising the way in which staff had been working them.
- The registered manager also sought to respond promptly to any requests to provided support to people which came from the commissioning local authority.
- People had access to a range of healthcare services when they needed them. People told us they were able to manage their own healthcare appointments. The registered manager confirmed staff were able to support people to attend appointments, if required.

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.

- Staff were aware of the importance of seeking consent from the people they supported. One staff member told us, "I always communicate my actions to the person I'm supporting, to make sure they're happy for me to help them. I'd never force anyone to do anything they didn't want to. I'll encourage them to accept my help with things but if they refuse that's their choice. If they regularly refused support, I'd report it to the registered manager."
- Staff received MCA training and understood how it applied to their roles. They told us the people they supported were able to express their views on the support they received at the time of our inspection.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 'good'. 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 treated with care and consideration by the staff supporting them. People told us they were well looked after by the staff who visited them. One person said, "I get on very well with the staff. They're devoted to what they do and I'm glad to have them visit."
- Staff had developed good relationships with the people they supported. All of the people we spoke with told us the staff supporting them visited regularly, so knew them well. One person told us, "We've developed a routine which works well for me." A relative said, "[Their loved one] enjoys seeing their regular carer as they share similar interests which they like to talk about."
- Staff received equality and diversity training and were committed to providing a service which was non-discriminatory. The registered manager told us they made sure people's care was planned in a way which any spiritual or cultural needs into account.

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

- People were regularly involved in making decisions about their care. One person told us, "We talked about what I wanted help with when I started using the service. If I needed help with anything else, I'd just ask; I know [the registered manager] would arrange it." A relative said, "The staff always ask how [their loved one] would like to be supported."
- Staff were familiar with the needs of the people they supported but told us they encouraged people to make decisions about their care wherever possible, for example by offering them different options to eat or drink, or letting them choose the clothes they wished to wear.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respected their privacy. One person told us, "Some of them are quieter than others, but they're all very polite." Another person said, "The staff who've visited me have been friendly and have always treated me well."
- Staff knew the steps to take to make sure people's privacy and dignity was maintained. One staff member told us, "I always make sure we have privacy when washing and dressing, by closing the door and any curtains. I also try and keep people covered up as much as possible if I'm helping them to wash, so they don't feel exposed." Staff also knew to keep any information they held about the people they supported confidential.
- Staff supported people to maintain their independence by encouraging them to do things for themselves wherever they were able. One person told us, "They [staff] help me with the things I struggle with, but I do what I can. For example, I need a bit of help to wash and dress, but I'll shave and brush my teeth independently."



# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 'requires improvement'. This meant people's needs were not always met.

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

- People told us they had been involved in the planning of their care, but their care plans did not always contain correct information about the support they needed, or identify any preferences they had in the way they wished to be supported.
- One person's care plan identified the need for staff to support them in areas which included taking a bath and administering their medicines. However, their relative explained staff took no part in managing the person's medicines and they were also unable to get into a bath so never took one. The person's care plan also only provided an overview of support the person required but did not identify what staff were expected to support them with at each of their four daily visits.
- In another example, a person with fluctuating needs told us they were able to most things for themselves on a good day, including prepare their own meals, but needed staff to support them on days which were difficult for them. However, the person's care plan only identified tasks they needed support with and made no reference to their fluctuating condition or ability to carry out many of the tasks independently some of the time.
- Whilst people told us staff supported them in line with their preferences because they knew them well, care plans also lacked information about people's life histories, likes and dislikes, or any detail about their support preferences. This information is important to enable any staff who were unfamiliar with the person's needs to be aware of the way they wished to be supported, should they need to cover their visits.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager assessed people's communication needs when they started using the service. Staff were familiar with people's communication needs and how to communicate with them in ways they understood. For example, where one person's first language was not English, staff knew some basic signs to use which aided communication and had the contact details for family members who were able translate any more complex information, if needed.
- The registered manager confirmed they would be able to provide information in a range of formats to

meet people's needs, including large print and pictorial if needed.

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

- Staff supported people to take part in activities which reduced the risk of social isolation where this was part of their care plan. For example, staff supported one person to take part in social activities they enjoyed in their local area.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place which described how people could make a complaint and what they could expect in response, including details of how they could escalate their concerns if they remained unhappy with the outcome. People knew how to make a complaint and expressed confidence that any issues they raised would be addressed appropriately by the registered manager.
- The registered manager maintained a record of complaints which included details of any investigation they had carried out and the action they had subsequently taken. Any learning from complaints was shared with staff during staff meetings to help improve the quality of the service they provided.

End of life care and support

- None of the people being supported by the service were receiving end of life care at the time of our inspection. The registered manager told us staff would work with appropriate healthcare professionals where needed to ensure people received good quality end of life support. They also confirmed they were in the process of reviewing people's care plans to include information about any preferences they had in the way they wished to be supported at the end of their lives. We will check on the outcome of this at our next inspection of the service.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The provider's systems for monitoring the quality and safety of the service were not always effective in identifying issues or driving improvements. The registered manager carried out regular spot checks on staff but these had not always been recorded. This made it unclear whether staff practice had been consistently monitored or whether there had been any trends in any issues which had been identified.
- The registered manager told us they checked the daily notes completed by staff and any medicines administration records staff completed as part of the spot-checking process. None of these records had been collected from people's homes and returned to the service for several months, so we were not able to determine whether any issues had been identified and acted upon. However, the registered manager was not familiar with national guidelines on recording medicines administration so would not have been able to identify shortfalls in this area.
- The provider had an electronic call monitoring (ECM) system in place which enable checks to be carried out on when staff arrived and departed from people's homes in real time. However, this was not being operated properly so provided inaccurate information about who had been making visits to people or when they had visited.
- In one example the ECM system showed missed visits for one person during the week of our inspection but on further investigation, the system had not been updated with rota changes which had been made by staff. We found further similar examples which meant it was not possible for the registered manager to accurately identify if, or when visits had been carried out based on the ECM system data.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People spoke positively about the positive impact the service had on their lives. One person said, "They give structure to my life." Staff understood the difference good quality care made to people's lives and were proud of their roles in ensuring people experienced good outcomes when receiving their support.
- The service had a positive working culture which was open and inclusive. Staff told us they worked well as a team and spoke highly of the support they received from the registered manager. One staff member said, "The registered manager is always willing to listen and support me if I have any concerns."

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 service had a registered manager in post. They understood their responsibilities as registered manager under current health and social care legislation. They knew the different types of events they were required to notify CQC about and were aware of the requirement to display their CQC rating, once awarded.
- Staff understood the responsibilities of their roles. They were in regular communication with the registered manager and took part in staff meetings where they discussed the running of the service and shared learning. They were also able to contact the registered manager out of hours, in the event of an emergency.
- The registered manager understood the duty of candour. They confirmed they would be open in sharing details of any incidents or accidents which occurred with people and relatives, where appropriate.

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

- The registered manager was in regular contact with people and their relatives, to ensure they were happy with the service they were receiving and to help identify any areas on which the service could be improved. One person told us, "I speak regularly with the registered manager. They're easy to talk to and would act on any feedback I offered if I had any issues."
- The registered manager also sent out periodic satisfaction surveys to people to seek feedback on the service they received. We reviewed a sample of recent responses which showed people were experiencing positive outcomes from the support they received.

Working in partnership with others

- The registered manager told us they sought to work openly with other agencies when needed. They responded promptly to any requests for information by the commissioning local authority and told us they would welcome monitoring visits from the commissioning team, should they wish to carry them out.
- A local authority commissioner told us the service had been able to support them by picking up packages of care when needed during the pandemic. They also confirmed there had been no concerns raised with them about the care people received from the provider's staff.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation   |
|--------------------|--|
| Personal care      | Regulation 9 HSCA RA Regulations 2014 Person-centred care<br><br>People's care and treatment had not always been planned in a way which accurately reflected their needs and preferences. Regulation 9(1)(2)(3)(a)(b)  |
| Regulated activity | Regulation   |
| Personal care      | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>The provider had not always assessed risks to the health and safety of service users and had not always doing everything reasonably practicable to mitigate risks. Medicines were not always safely managed. Regulation 12(1)(2)(a)(b) |
| Regulated activity | Regulation   |
| Personal care      | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The provider's systems for monitoring the quality and safety of the service were not always operated effectively. Regulation 17(1)(2)(a)(b)  |