

Bluebell Homecare Limited

Bluebell Homecare

Inspection report

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12 November 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Bluebell Homecare Limited is a domiciliary care agency providing care and support to people in their own homes. At the time of the inspection, personal care was provided to 32 people.

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

People and their relatives felt safe. Staff had received safeguarding adults from abuse training and knew how to act on any concerns. Risk assessments were in place to manage potential risks to people. Safe recruitment systems were in place to ensure suitable staff were employed. People's medicines were managed safely. There were effective infection control processes in place.

People were cared for and supported by staff who had received the appropriate training, support and supervision to fulfil their roles and responsibilities. Where appropriate people were supported with their nutritional needs. The service worked well with health and social care professionals to ensure people's health and welfare needs were effectively met.

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 placed people at the heart of the service and were committed to delivering high quality, person centred care and support. Without exception people and relatives told us they thought of their carers as being like family members. They told us they were compassionate, caring and flexible. One person said, "Kindness and empathy are a really important thing for carers and these carers have it." Staff treated people with dignity and respect and people's independence was promoted and encouraged by staff.

A holistic approach was taken to assessing, planning and delivering care and support. People received a person-centred service which was responsive to their needs.

People, relatives and staff spoke positively about the management at the service for their commitment and passion for care. They considered the service to be well led and managed and, without exception, told us they would recommend the service to others.

There were a variety of checks in place to monitor the quality of the service and drive improvements.

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

Rating at last inspection

This service was registered with us on 07/12/2018 and this is the first inspection.

Why we inspected

We carried out an announced comprehensive inspection of this service on 12 November 2019.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Bluebell Homecare

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of 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.

The service had a manager registered with the Care Quality Commission. 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. The registered manager was also the owner of the business.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection. Inspection activity started on 12 November 2019 and ended on 13 November 2019. We visited the office location on 12 November 2019.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three people and four relatives about their experience of the care provided by the service. We also spoke with three members of care staff, the registered manager and nominated individual.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included quality assurance information and policies and procedures. We also reviewed feedback received from two health and social care professionals.

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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Without exception, people and relatives told us they felt safe and comfortable when staff visited them at home.
- Staff had received safeguarding training and knew how to report concerns about people's safety, including contacting external agencies such as the local authority's safeguarding team or CQC. All staff told us they were confident should they raise any concerns, these would be acted upon immediately by senior management.
- A social care professional told us, "There have been instances during my involvement with Bluebell that carers and management have raised concerns in relation to an adult they are supporting in a timely and appropriate manner to ensure the adult remains safe, and concerns are dealt with swiftly and in the adult's best interests."

Assessing risk, safety monitoring and management

- Although individual risks to people had been assessed, managed and reviewed, some guidance did not always reflect the highly person-centred support being provided to keep people and others safe.
- We found no impact from the lack of detail in risk assessments, and staff were able to describe the actions they took to keep people safe. One person told us, "I wouldn't be able to get up or go to bed without them as I cannot walk or balance. I have a hoist and a wheelchair, the carers are well trained, and I feel absolutely safe when being hoisted."
- We discussed our findings with the registered manager, so they could consider reviewing their risk assessment documentation, to reflect the safe care being provided. The registered manager informed us they would take immediate action to address this.

Staffing and recruitment

- There were enough numbers of staff who had been recruited safely. The registered manager and nominated individual had grown the business steadily to ensure continuity of care and staffing levels were maintained. They told us they wanted to remain a small company working within specific geographical areas. They said, "We don't want a turnover of staff. We are not about having a lot of clients; the care has to be so right."
- People received care and support from a consistent team of staff. They, and their relatives, told us they had not had any missed care call visits and were always informed if staff were running late. Comments included, "We've found them to be excellent. They always turn up when they say they will and will notify if they are running late." And, "We've had no missed calls, sometimes they may be up to 15 minutes late, but this is due to local traffic issues, but they always come within a reasonable time. It's the same staff all the time so we feel safe." And, "I get given a rota so I know who is coming. I know all the girls, they're lovely."

Using medicines safely

- Where required, people were supported to take their prescribed medicines safely.
- Where people had been prescribed time sensitive medicines, they received care call visits at the right time to ensure these were administered in line with the prescriber's instructions.
- The registered manager carried out observations of staff administering medicines and audits of medicine administration records (MAR) were undertaken to ensure they had been completed correctly. Where recording errors had been identified, these were investigated and appropriate action taken to mitigate reoccurrence, for example further staff training.

Preventing and controlling infection

- Systems were in place to prevent and control the risk of infection; this included staff completing infection control and food hygiene training.
- Staff had access to personal protective equipment, for example gloves and aprons, to prevent cross infection when assisting people with personal care. One member of staff said, "We always have to inform the office when we open our last box, so they can arrange for new supplies."

Learning lessons when things go wrong

- The registered manager informed us there had been no significant incidents since the service had become operational. They told us they would carry out an analysis of all accidents and incidents to consider lessons learned to reduce the risk of reoccurrence.

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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care and support needs were assessed prior to them using the service. This helped to ensure people's needs and expectations could be met. Information from the assessment process was used to develop people's care plans which outlined the agreed care and support to be provided.
- People's needs were reassessed following any changes such as a deterioration in health or following a hospital admission.
- Peoples protected characteristics under the Equalities Act 2010 were supported.
- The registered manager and nominated individual kept themselves up to date with best practice guidance.

Staff support: induction, training, skills and experience

- People received care and support from staff who knew them well and understood how to support them.
- Staff completed an induction when they first started work at the service. This included being provided with a staff handbook, training, shadowing more experienced staff and getting to know people and their care and support needs.
- Staff received training, observations of practice, supervision and appraisals to ensure the individual care and support needs of people were effectively met. Staff were positive about the training and support and told us they could approach the registered manager or nominated individual at any time for any additional support and guidance. One member of staff told us, "I had to do my training before I was allowed to work alone. It was a good refresher and gave me peace of mind that what I was doing was good. [Registered manager] is always saying to tell them if there's any other training I would like to do."
- Without exception, people and relatives were complimentary of the staff. They felt staff were well trained and had the skills and knowledge to meet their care and support needs effectively and safely. Feedback included, "All the carers are good. [Registered manager] and [nominated individual] are 'hands on' and train their carers exactly as they want them to be. Every carer who comes here I've had no problems with. They treat [name] so good, I've never had that before." And, "The staff are well trained. New staff come out with regular carers to shadow." And, "The staff are well trained, I have no concerns whatsoever. They are all very efficient with using the hoist."

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

- Where required, people were supported with eating and drinking. Their care plans contained guidance for staff to ensure their personal preferences were offered.
- No one currently accessing the service had any specific dietary needs.

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

- The service offered flexibility with the timing of care call visits to enable people to attend health appointments or social activities.
- The registered manager told us they worked closely with health and social care professionals such as district nurses, community matrons and GPs to help achieve good outcomes for people. They placed importance on developing these relationships.
- A health and social care professional told us, "I would like to advise that I have had a very positive experience in working with [registered manager] and Bluebell Homecare. I have had a somewhat complex case with difficult family dynamics and Bluebell have provided good support to both the service user and family. They have attended all meetings and reviews and have played an active part in ensuring that [person] has received good care and they have responded instantly with increases in care when required. I have been very impressed with their overall service." Another said, "Both regular carers and management are proactive in their approach to ensure effective care and support for adults under their care."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Most people who used the service had the capacity to make decisions about their care and support.
- People's consent was clearly documented, and relatives and other care professionals were involved where appropriate with decisions on care and support.
- Staff had completed MCA training and understood people's rights. They encouraged people to make day to day decisions. One member of staff told us, "I always give options. For example, for clothes, even if I don't think this goes with that I will accept their decision as its their choice at the end of the day. I document anything I feel is an unwise decision or where people refuse personal care. You cannot force them, and I would tell [registered manager and nominated individual]."
- The registered manager and nominated individual were aware which people had lasting powers of attorney in place and were in the process of obtaining copies of these to ensure they were adhering to the principles of the MCA.

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 and relatives were consistently treated with dignity and respect and, without exception, told us staff were extremely kind and caring.
- Feedback included, "They have impressed me so much, so kind I cannot praise them enough. There needs to be praise for this company they are so wonderful, love and affection all the time, all angels. I have peace of mind I can leave [name] and pop out knowing they're safe and well cared for; they are like family. They need to clone the wonderful carers, I'd like the world to know how I feel about these carers, they're top of the ladder." And, "I'm very happy with the care. Apart from looking after [name] they are very good at looking after me, they've just helped me bring in the shopping. If I run out of anything they always go and get it they go over and above and, if I'm down, they always lift me up. They couldn't do any more for us."
- Staff clearly knew people well and had formed positive and trusting relationships. We saw many examples where staff had gone the extra mile in their own time. For example, one member of staff had taken a person's dog to the dog groomers and another staff member took fish and chips to several people each week, including taking fish and chips to a person when they went to a care home for a short-term respite stay. A person told us, "This is the third company I have had. Compared to the others they are streets ahead. [Nominated individual] has experience of crap companies and she doesn't want her company to be like that. Staff work really hard and are reassuring. Kindness and empathy are a really important thing for carers and these carers have it, they know what it's like to be me and what I need." A member of staff told us, "I love caring for people and seeing them happy and going the extra mile for them. That is what it's all about and making them feel good in themselves and knowing you have made a difference to their lives, they rely on us."
- Equality and diversity needs were assessed during the assessment process and recorded in care plans. The registered manager told us no one would be discriminated from accessing the service. Staff had completed equality and diversity training.

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

- People and relatives were regularly asked for their views on how their care was being delivered. This included a check within the first couple of weeks of using the service.
- The registered manager and nominated individual working alongside the staff team in the delivery of care. They told us they used this as an opportunity to observe staff practice and gain feedback from people about the quality of the care; this was confirmed by people and relatives we spoke with.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us they were always treated with the utmost dignity and respect and their

privacy maintained. One member of staff told us, "You need to respect that you are going into someone else's house and I will treat people how I would want to be treated."

- People were encouraged to maintain their independence. Care plans reflected people's strengths and described tasks they liked to do themselves. Staff gave examples of how they promoted people's independence. One member of staff said, "I mainly work evenings and help people to get changed. Most like to change by themselves or undo buttons and undress. Some struggle and take a while but if you jump in they would feel undermined, I sit back and let them take the lead. If they're struggling they will ask for help or if I see they are getting frustrated I step in and ask. Some people also like to help make their drinks, so I put in the water and they stir the cup, that's important for them."

- People told us the level of care and support they received to remain independent enabled them to remain living in their homes. One person said, "I lead a very independent life most days and go out most days. [Staff] enable me to live my life, I wouldn't be able to do it without them. I don't want to go into a home, with carers like them I will be able to stay here."

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 good. This meant people's needs were met through good organisation and delivery.

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

- Support was tailored to people's needs. Care plans were person centred and provided detailed information to staff on how to support people in line with their preferences. They also included information on people's background, hobbies and interests, likes and dislikes.
- Care plans were kept up to date and available to staff to see. Daily records were maintained which outlined the care provided on each visit in detail. One person told us, "I have a care plan in place. I was involved, and it gets reviewed to ensure its up to date. I can read the notes and the carers come in and always read the notes from the previous carers."
- Staff confirmed any changes to people's needs for example, following hospital discharge, were communicated to them in a timely way.
- People and relatives told us they were happy with the care they received from staff and repeatedly told us they did not have any concerns.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, and this was recorded in care plans so that staff knew the preferred way to communicate with people. In one care plan it stated, "I am finding it hard to hear sometimes but please look at me when you are talking as I can lip read, also there is no need to shout."
- The registered manager told us they would always ensure people received information in a format which they could understand.

Improving care quality in response to complaints or concerns

- The service had a complaints system in place. There had been no complaints received by the service. We noted 21 compliments had been received.
- People and relatives knew who to speak with if they had any concerns or complaints and felt their concerns would be listened to and acted upon.

End of life care and support

- No one currently using the service was receiving end of life care.
- The nominated individual told us, "It's a privilege to provide end of life care. We invest a lot of time with people and their families and get them ready." We noted compliments had been received regarding the end

of life care provided. One read, "Thank you very much for all the care, love and support you have given to [name] at this very sad and emotional time."

- Although the service placed great importance on high quality end of life care, there were no care plans in place which recorded information on people's end of life wishes and preferences. The registered manager and nominated individual told us they would discuss people's end of life wishes with people and their families and ensure their wishes were clearly recorded, regularly reviewed and upheld.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were very much at the heart of the service. The service had a clear, positive and open culture that was shared both amongst the management team and care staff. Everyone we spoke with told us how committed and passionate they were about providing a high quality, personalised service to people, achieving good outcomes for them.
- Without hesitation, people and relatives told us they would recommend the service to others needing care.
- The registered manager and nominated individual had a number of ways of engaging with people and their relatives. For example, through informal meetings, regular reviews of people's care and support needs and telephone reviews. The registered manager informed us an annual questionnaire was in the process of being developed. They intended to send this out to people and relatives in the New Year. They advised all feedback would be analysed and, where necessary, an action plan put in place to support continuous improvement.

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

- The registered manager and nominated individual had oversight of the service on a day to day basis. Both delivered care and support to people alongside their staff. They were knowledgeable and committed to providing high quality care for people.
- Quality assurance systems and checks were in place to monitor the quality of the service. Throughout our inspection, the registered manager and nominated individual were receptive to our suggestions and showed commitment to further improving quality assurance processes to enable greater oversight and governance of the service.
- Staff enjoyed working at the service and were clear on their roles and responsibilities. They said they felt supported and valued and spoke highly of the registered manager and nominated individual.
- Morale amongst staff was positive, and staff told us communication was good and they worked well together as a team. The nominated individual told us, "We are very lucky with our carers, they are fantastic. They see us [registered manager and nominated individual] working out there alongside them and we've got their respect."
- The registered manager understood their regulatory responsibilities; for example, notifying CQC of incidents, serious injuries and safeguarding alerts.

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 duty of candour and their duty to be open and honest about any incident which caused or placed people at risk of harm.

Working in partnership with others; Continuous learning and improving care

- Staff worked in partnership with other professionals to meet the needs of people. For example, the local authority, district nursing and hospital discharge teams.
- The registered manager told us they were in the process of strengthening networks within the local community and with other care providers to help drive improvements and achieve good outcomes for people in line with best practice.