Bluewater Care Limited

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Inspection report

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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

This inspection took place 24 September 2018 and was announced. This was the first inspection of Bluewater Care Limited since the service registered in October 2017. The registered manager told us the service started supporting people in April 2018. The service provides personal care to people living in their own houses and flats in the community. Not everyone using Bluewater Care Limited receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. There were three people receiving support at the time of this inspection. This meant the service was rated on the experience of a small number of people.

There was a registered manager in post who had been registered since October 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered provider had arrangements in place to keep people safe and to help protect people from the risk of abuse. Staff understood their responsibilities for safeguarding people from harm and followed the registered provider's policy and procedure. Potential risks associated with people, and their environment had been identified and managed. At the time of the inspection there were no recorded accidents, incidents or safeguarding concerns.

Systems were in place to ensure medicines were managed safely and staff had been trained to support people with their medicines. Staff had their competence to administer medicines checked.

There had been no recorded accidents or incidents since the service began operating. Policies and procedures and a system for reporting were in place. Staff were provided with Personal Protective Equipment (PPE) such as gloves, aprons and shoe protectors to use when supporting people in line with infection control procedures and cultural requirements.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff understood the principles of the Mental Capacity Act 2005 and were able to describe how they would support people to make decisions and how they would act in their best interests when providing care. We could not evidence they were doing this in practice, as no one using the service lacked the capacity to consent to their care and treatment.

Care plans were personalised and reflected people's current needs and preferences. They contained the information staff needed to provide people with care and support in line with their preferences. Staff understood the importance of treating people with dignity and respect.

Care was responsive and flexible to meet people's current care needs. Relatives we spoke with knew who to complain to and had every confidence that any concerns would be acted on and resolved by the registered manager.

People's relatives told us they thought the service was well-run and the registered manager was involved and constantly seeking their feedback. We found the registered provider had some systems and processes in place, and they carried out checks to monitor and improve the quality and safety of the service. Due to the low number of people using the service, some audits had not yet been developed although the registered manager was aware of the need to use audits to ensure continuous improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

Staff understood their responsibilities around protecting people from abuse and they knew how to report it if they suspected it was occurring.

The service had an effective recruitment procedure to ensure suitable staff were employed, including a written language test.

People's medicines were administered by staff who had been trained and had their competence checked once in line with best practice.

Is the service effective?

Good

The service was effective

People were cared for by staff who were trained to meet people's needs.

The registered manager and staff understood the principles of the Mental Capacity Act 2005. They weren't supporting people who lacked capacity but understood the importance of making decisions for people who lacked capacity in their best interests.

Staff supported people to ensure their hydration and nutritional needs were met and prepared meals to their preference.

Is the service caring?

Good

The service was caring.

People who used the service and their relatives were positive about the way care and support was provided.

Staff respected people's privacy and dignity

Staff involved people in the care they were providing and promoted independence where this was appropriate.

Is the service responsive?

Good

The service was responsive.

People's care needs were assessed prior to the service being delivered. Care plans detailed the support people required.

The registered manager and staff had embedded person centeredness throughout the service they provided.

People and their relatives know how to raise concerns and complaints and they provided positive feedback to the registered manager.

Is the service well-led?

Good

The service was well led.

Staff told us the registered manager was extremely supportive and listened to the staff.

The care manager regularly checked all the daily logs and medication administration to ensure people were receiving a safe, and quality service.

Staff had great pride in their work and wanted the organisation to succeed, and they wanted to support the registered manager to achieve a good reputation.

Bluewater Care Limited

Detailed findings

Background to this inspection

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

The inspection activity started on 24 September 2018 and ended on 25 September 2018. We gave the service 48 hours' notice of the inspection visit because it is small, and the manager may have been out of the office supporting staff or providing care. We needed to be sure that they would be in. We visited the office location on 24 September 2018 to see the registered manager; and to review care records and policies and procedures.

Prior to the inspection, we reviewed all the information we had about the service. The provider had not been asked to complete a Provider Information Return as part of the Provider Information Collection. 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 contacted the local authority commissioning and contracts department who told us they did not commission this service. We also contacted safeguarding and Healthwatch to assist us in planning the inspection. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Neither service had any information to share with us.

We spoke with the registered manager and three care staff. Due to the language barrier and with the consent of the people receiving care, we spoke with two of their relatives. We checked all three care files for people using the service. We also checked recruitment records for staff and other records in relation to the management of the service.

Good

Is the service safe?

Our findings

The registered provider had only recently started to provide a service and was supporting only three people at the time of the inspection. This domain was rated on this basis.

We asked relatives of people using the service if their relative was safe whilst receiving support from the service. They confirmed this was the case and explained to us their relatives were provided with care at a time that suited them by consistent care staff. One relative said, "It's consistent care. Before this agency, they were always sending different carers and I was always wondering whether they would come."

There were enough staff employed by the service to ensure people were safe and received their agreed visits. Staffing levels were determined by the total number of hours provided to people using the service and the number of staff employed. The registered manager planned to recruit staff to match the needs of people using the service and new care packages would only be accepted if suitable staff were available. The registered manager had plans in place to expand the business but wanted to ensure this did not compromise the reputation they were building.

We checked how risks to people were assessed and their safety monitored and managed so people were supported to stay safe. The registered provider used an environmental risk assessment to ensure staff were protected from an unsafe environment. The registered provider minimised other risks such as falls and moving and handling by assessing the risk and minimising it by putting in measures to protect people. Risk assessments were recorded in people's care plans and were evaluated regularly. The registered manager was aware they would need to expand their range of risk assessments, when new people used the service once an assessment determined specific areas of risk.

As part of the inspection we checked records to see how medicines were managed for those people who needed support with their medicines. Staff had received training on safe administration of medicines and the registered manager explained in addition to online training, they had gone through people's medicines with staff. Staff who administered medicines had undergone one competency assessment in line with evidence-based guidance. The registered manager told us they would do a second check as the company policy required two competency checks to be undertaken for staff administering medicines.

The registered manager confirmed there had been no recorded accidents or safeguarding incidents since the service began operating. Policies and procedures and a system for reporting was in place. The registered manager was clear about their responsibility to report safeguarding incidents as required and in line with safe procedures.

The service only employed three care staff to support people requiring personal care. We looked at all three staff recruitment records to check appropriate checks had taken place prior to their employment commencing. This included a written language test to ensure staff would be able to record a person's record contemporaneously. Two references were obtained, one from the person's most recent employer and a character reference. We noted one person's most recent employer had not been contacted and the

registered manager told us they had tried on numerous occasions to contact them, although they were not able to provide us with a record of this. Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.

Safety checks on the building were undertaken by their landlord, which we were told was the local authority. No one using the service had the need for assistive equipment, but the manager was aware of their responsibility to ensure this was regularly maintained and serviced.

We saw the registered provider had a policy and procedure in place for controlling the risk of infection spreading. The registered provider advised us staff were provided with Personal Protective Equipment (PPE) such as gloves, aprons and shoe protectors to use when supporting people in line with infection control procedures and cultural requirements. Staff confirmed this was the case and they ensured they protected themselves and the person from the risk of infections.

Good

Is the service effective?

Our findings

We asked relatives of people using the service whether staff had the knowledge and skills to care for their relation. One relative said, "Everything my [relative] needs doing, they are good at it."

We looked at the records in relation to induction, training, and supervision to check how staff were supported to develop into their roles. The registered manager told us they had supervised two of the care staff and the third care staff was due to be supervised. Their policy specified three monthly supervision and a formal review of job performance every 6 months. At the time of the inspection no one had received a performance review due to the short time the service had been running.

The registered provider had purchased an external online suite of training which included all areas covered in the Care Certificate. We asked staff whether this provided them with the skills required to support people. They confirmed it did and told us further training had been mentioned to them, which the register manager was in the process of finding for them. One said of their training, "We watched CD's. With every CD there was a handout. [Manager] went through it with us." They described how the registered manager had ensured they were competent to manage a person's medicines.

We noted staff had not received practical moving and handling training and had only undertaken training online. The registered manager sourced a practical course during the inspection to satisfy this requirement. However, at the time of the inspection, no person supported had a need to be physically assisted to move, although it was essential staff knew how to move people safely.

We also checked whether the registered provider utilised current legislation, standards and evidence-based guidance to ensure they worked to current best practice. The registered manager had completed Vocationally Recognised Qualifications (VRQ's) to level 5. They told us as the service grew, they would support staff to attain VRQ's. Staff we spoke with told us they would be interested in attaining qualifications.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. The registered manager advised no one using the service currently lacked the capacity to make their own care decisions. They advised us they would carry out capacity assessments if this changed in the future and they had systems in place to accommodate this. They had purchased an aide memoire of the principles of the MCA for staff as a quick reminder.

Consent to care and other records were signed by people using the service. We also saw a record of a Lasting Power of Attorney giving a relative authority to make decisions in a person's best interests once it had deemed the person lacked capacity to consent to their care, but at the time of the inspection, they were able to consent.

People's specific dietary requirements was referenced in their records which detailed information such as whether they required a diabetic diet and whether they required Halal food. We saw regular reference in daily notes, which showed staff had offered and prepared a variety of foods to the preference of the person using the service. People's relatives told us staff prepared the required food to a good standard.

Good

Is the service caring?

Our findings

The registered provider had only recently started to provide a service and was supporting only three people at the time of the inspection. This domain was rated on the experiences of a small number of people.

We found staff had a good knowledge and understanding of people. Staff were motivated and clearly passionate about making a difference to people's lives and told us how they would sit and chat with people but also go the extra mile.

We reviewed all the care plans at the service to check people were provided with person-centred care. Those we saw showed people were fully involved in planning their care and support, so it was delivered in a way they liked. Each of the care plans we reviewed was signed by either the person receiving care and support which showed the service fully consulted with people. We asked a relative whether they felt involved in decisions about their loved one's care and support and they said in relation to planning the care, "I explained exactly. I knew exactly what we needed as I'd been caring before. They stick to it."

The care records we looked at were person centred and reflected the person's diversity. For example, key information about people's lives, their individual identity, culture and what was important to them was captured as part of their person-centred plans. Staff had received equality training and the registered provider had an equality policy in place. The registered manager was aware of their responsibilities around protected characteristics and said, "Everyone is treated as an individual, treated with dignity and respect and care is centred around the individual."

People's relatives told us care workers promoted people's privacy and dignity and were respectful towards them. The registered manager said they reinforced to staff to, "Always listen. Always respect the service user's wishes." The registered manager told us they had matched care staff with people using the service based on their ability to communicate in their preferred language. One relative explained to us how important this was as it enable them to build up a rapport with their relative, when they had initially been reluctant to have a carer to support them.

From our review of care records and discussions with the registered manager, we saw people were supported in a way which helped them to remain as independent as possible. Care plans outlined their abilities, so people's independence could be encouraged. They also included information about people's preference in relation to their independence. One care plan detailed, ", "I would like to remain as independent as possible. Sometimes I may require supervision only on other occasions I may require some assistance with certain tasks. I will communicate this to you."

Good

Is the service responsive?

Our findings

The registered provider had only recently started to provide a service and was supporting only three people at the time of the inspection. This domain was rated on the experiences of a small number of people.

People had their needs assessed before commencing the service. We found the information gathered was extremely detailed and included information about the person's personal preferences and focused on how staff should support individual people to meet their needs. This information helped to ensure when the care plan was written, information was person centred and reflected the needs and support people required. Step by step guidance was recorded so staff knew exactly how the person wanted their care to be provided, and the feedback we received from people's relatives indicated care was provided in line with their relative's requests.

The service was flexible and responded to people's needs. Relatives told us about how well the service responded if they needed to change their hours. For example, one relative told us their relative had visitors at the time the care was due to be provided. They said the care worker was flexible to accommodate this, as the visit had been important to the person.

The Accessible Information Standard requires a registered provider to ask, record, flag and share information about people's communication needs. This aims to ensure people with disabilities, impairments or sensory loss are provided with information they can understand, plus any communication support they need when receiving healthcare services.

The registered manager told us they had not received any complaints about the service. They had a policy for complaints and there was complaints handling procedure with a flow chart in the complaints file. This also contained information about the Ombudsman if that was required in the future. The registered manager was in constant contact with the people using the service, and as the service was in its infancy, they were determined to provide a good quality person-centred service. Relatives told us if they had any complaints they would contact the registered manager and they were confident they would act promptly to resolve any issues.

The following compliments were recorded, "Goes out of the way for you. Best thing to happen for me. Very friendly" and "I am very happy with the service provided by Bluewater Care. The manager came in person to complete the initial assessment and introduced himself and the carer to my [relative]. Since the care package has been in place, I have been contacted by the team making sure that [relative] is comfortable and their needs are being met. On occasions when [relative] has refused to take medication, I have been informed directly by the team so that the family can administer it. Both myself and [relative] are happy with the carers who do a good job and have built a good working relationship with my [relative] which is crucial."

At the time of our inspection, the service was not supporting anyone who required end of life care. They were aware of their responsibilities to ensure people's wishes and preferences were recorded to ensure if people entered this stage in their life the service could ensure they provided care to meet expectations.

Good

Is the service well-led?

Our findings

This domain was rated on the basis the registered provider had only been providing a service for a short amount of time and with a low number of people using the service at the time of the inspection.

The service had clear values about the way care should be provided to the people who used the service. They had adopted the National Skills Academy Values for their service. These values included compassion, dignity, respect, and equality among others. These aligned with CQC key lines of enquiry.

The registered manager shared their vision with us. This was, "To provider a good quality service." The minimum call time was 30 minutes to enable staff to provide person-centred care. They used nationally recognised good practice as the foundation for their service and received regular updates from The National Institute for Health and Care Excellence (NICE) and The Medicines and Healthcare products Regulatory Agency (MHRA). They were involved with the local registered providers forum and although worked as a sole provider, had created relationships with other registered providers to ensure they kept their knowledge, skills and practice up to date. They used and encouraged staff to use applications on their mobile phones in relation to best practice to ensure they had the most up to date guidance at their fingertips.

Relatives told us that the registered manager was approachable and helpful. Staff told us they had regular contact with the registered manager who they described as very supportive. They told us they felt able to raise issues with them and they were confident they would act on their suggestions.

The registered manager was aware of their responsibility to notify CQC of any allegations of abuse and certain events such as a change of address. They had met this requirement and evidence gathered prior to the inspection confirmed this.

We looked at the arrangements in place for monitoring, developing and improving the quality and safety of the service. We found the registered provider had some systems or processes in place, and they carried out checks to monitor and improve the quality and safety of the service.

Due to the low number of people using the service, some audits had not yet been developed although the registered manager was aware of the need to use audits to ensure continuous improvements. Instead they were checking individual records for quality. For example, the registered manager checked all the Medication Administration Records and reviewed all the daily logs to ensure staff had completed these to the standards expected. The registered manager had spent time with people who used the service and constantly sought their feedback to ensure they were providing the service in line with people's expectations but also to ensure they built up a positive reputation in the local area.

The registered manager planned to hold team meetings regularly once the service established itself. One team meeting had been held with care staff on 14 August 2018. Three members of care staff had attended. From the minutes we could see the meeting consisted of welcome and introductions, information for staff on how to complete their daily notes correctly, MAR charts, moving and handling risk assessments and other

documentation. They also discussed, policies and procedures including the vehicle insurance policy and procedure, working alone policy and procedure, whistleblowing policy and procedure, staff uniform and dress code policy and procedure. Staff identification policy and procedure. Using paraffin-based creams. Staff were also given a copy of the mental capacity aide memoire.