

Bluecrosslifecare Ltd

BlueCross Life Care

Inspection report

Ivy Mill
Crown Street, Failsworth
Manchester
M35 9BG

Tel: 01616374130
Website: www.bluecrosslifecareltd.co.uk

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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?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

BlueCross Life Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to younger and older adults with various needs including, physical disabilities, mental health conditions, dementia and people living with a learning disability or autism. At the time of this inspection 1 person was using the service. 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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

The service was not meeting all of the underpinning principles of Right support, right care, right culture. Although elements of care plans were person-centred there was room for improvement and care records were not always dignified. Care plans did not consider the person's end of life wishes. Staff had received general learning disability training. However, the service was supporting a person with a learning disability and staff had not received in-depth training in relation to their needs.

Medicines were not managed safely. Recruitment checks were not always robust.

Governance and audit systems were not robust. Staff completed daily notes when they attended to daily visits. However, the provider had no system in place for staff to record the times in and out of visits. The person had reviews of their care package, however, details of the reviews and the discussions held were not recorded.

The person was protected from the risks of abuse and staff were trusted to keep them safe.

The person's needs were assessed prior to starting with the service and care plans were developed according to their needs. The person's communication needs were met.

Staff promoted the person's independence and supported them to make their own day to day decisions. Staff knew the person well and promoted their right to privacy and upheld their human rights.

The person was 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; however, the policies and systems in the service did not always support this practice. Staff had received an induction when they first started working at the

service and although some training relevant to their roles had been provided, staff did not receive specific training in MCA.

Staff felt supported by the management team.

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 28 January 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 have identified breaches in relation to safe care and treatment 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 not always caring.

Details are in our caring findings below.

Requires Improvement ●

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 ●

BlueCross Life Care

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by 1 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 and specialist housing.

Registered Manager

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

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

Notice of inspection

We gave the service 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 24 November 2022 and ended on 7 December 2022. We visited the location's office on 24 November 2022.

What we did before inspection

We reviewed information we had received about the service since registration. We sought feedback from the

local authority and professionals who work with the service. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We were unable to speak to the person receiving support. However, we spoke to their relative about their experience of the care provided. We spoke with 5 members of staff including the registered manager, field manager, recruitment manager and care workers.

We reviewed a range of records. This included the person's care records and medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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.

Using medicines safely

- Medicines were not managed safely. For example, the person received support with their medicines from BlueCross Life Care, their relative and an additional care company. There were no clear processes in place for staff to follow when sharing the administration of the person's medicines with another care company. The additional care company was also using the provider's medication administration records (MARs) to document their medicine administration.
- The person's medicine records were not always maintained. For prescribed creams, body maps were not always in place to direct staff where prescribed creams were required to be applied.
- The service was not following the provider's medicine policy in relation to 'as required' medicines or best practice in medicines. The National Institute for Health and Care Excellence (NICE) guidelines were not adhered to. NICE provides national guidance and advice to improve health and social care. We found guidelines for 'as required' medicines were not in place for the person, who was unable to make their needs always known, therefore staff had limited direction of when the person may have required specific medicines.

We found no evidence the person had been harmed, however adequate processes and documentation were not being used to ensure medicines were administered safely and recorded accurately. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider assured us records will be updated and the issues will be addressed. This was yet to be embedded into practice.

- Staff were trained to administer medicines. Staff had to undertake training before they could administer medicines and received competency checks to ensure they administered medicines safely. One staff member told us, "I have had medication training and [manager] came out to watch me administer medication."

Staffing and recruitment

- Recruitment checks were not always robust. Although recruitment checks were made to ensure staff were suitable to work with vulnerable adults, 1 staff member did not have a disclosure and barring service (DBS) check facilitated by the provider. Instead the provider had used the staff member's DBS check from a previous employer. The provider assured us they would apply for a new DBS check to confirm the staff

member still holds no convictions or cautions held on the police national computer.

- Staff rotas confirmed staffing levels were consistent, which meant the provider had sufficient systems in place to monitor staffing levels and ensure the person received their visits.

Systems and processes to safeguard people from the risk of abuse

- The person were protected from the risks of abuse and staff were trusted to keep them safe. Their relative told us, "[Person] is receiving safe care. They are really happy and safe."
- Staff had received training in safeguarding people. Staff were confident to report concerns and satisfied that action would be taken to investigate them. A staff member told us, "I would report concerns straight away to the manager and make accurate records of what has happened. If I felt like I needed to whistle-blow I would. I know I could contact the council and the CQC also."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The person's care needs were risk assessed and care plans provided staff with the information they needed to manage the identified risk. Ongoing risk assessments were reviewed and updated as needed.
- No accidents or incidents had occurred since the service registered with the CQC. However, systems were in place for recording when required.

Preventing and controlling infection

- Staff received training in infection prevention and control and told us personal protective equipment (PPE) was readily available to them. A staff member commented, "We have enough PPE and we always use them". The relative added, "Carers come into the house and wear PPE."

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.

Ensuring consent to care and treatment in line with law and guidance; Staff support: induction, training, skills and experience

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 had received an induction when they first started working at the service and although some training relevant to their roles had been provided, staff did not receive specific training in MCA. The staff we spoke to had previously worked in the care industry and understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. The provider assured us they will be facilitating specific MCA training for staff. This was yet to be embedded into practice.
- Mental capacity assessments and best interest decisions were considered. The person's care plan contained information about their cognition. Capacity assessments and best interest decisions were in place.
- Staff had received general learning disability training and the relative told us staff were meeting the person's needs. However, staff had not received specific training in relation to their individual needs. The provider assured us they will be facilitating more in-depth training for staff.
- Staff had opportunities for supervision [one to one support sessions with their line manager] and appraisals [staff employment reviews with their line manager]. However, appraisals were not meaningful and consisted of a tick box exercise with limited discussions.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet

- The person's needs were assessed prior to starting with the service and care plans were developed according to their needs. The person and their relative had been involved in their care planning. The relative told us, "I am involved in everything."
- The service was flexible and responded to the person's needs as they arose. For example, the service could accommodate increases to care packages when additional support was required. The relative said, "[Person] has other staff at the weekend, another company who directly supports [person], if we need BlueCross Life Care staff, we ask and they accommodate."
- Where the person required support with their food, the level of support was agreed and documented in their care plan.

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

- Timely care was provided. The relative told us staff were on time for their visits and if on an occasion staff were delayed, they were informed.
- Staff worked in collaboration with the person, their relative and professionals involved in their care.

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 requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- The person's care records were not always dignified. For example, in one care plan their continence aid was referred to a 'nappy' and their medication record referred to them as a 'child'.
- The relative told us the person was treated with privacy and respect. A staff member told us, "During personal care, we close doors, curtains and give [person] privacy. We have to let [person] know what we are doing at all times. [Person] moves with you when they want to do the task, otherwise they won't."
- The person's independence was encouraged where possible. A relative commented, "Staff do encourage [person's] independence. It took [person] years to learn to use a spoon, staff encourage [person] to use a spoon and put their clothes on."

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had received training in equality and diversity and they were committed to ensuring the person was treated well. Staff knew their preferences and used this knowledge to support them in the way they wanted. The relative told us, "The carers are kind and caring. [Person] picks up on people's aura, they gel with people straight away when they like them. [Person] likes the [staff] they are working with and interacts with them."

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

- The person's views and decisions about care was incorporated when their care packages were devised. This helped staff to support them in a way that allowed them to have control over their lives and make day to day decisions. The relative told us, "Staff do listen to [person] all the time, if they didn't [person] wouldn't have it. [Person] is empowered and makes their own choices, they will always make their wishes known to [staff] and refuses what they do not want to do."
- The relatives told us the person was involved in making decisions about their day to day care. A staff member commented, "We always ask and offer [person] choices, we ask what they want. [Person] can speak words, if they do not want to do something, they will tell us. [Person] makes their own decisions."

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

- Although elements of care plans were person-centred and provided some guidance for staff about how to support the person's needs, there was room for improvement. For example, care plans did not contain their life histories, they lacked detail about their preferred routines and care plans did not include detailed information about the person's medical diagnoses.
- The relative told us reviews of the care package had taken place.

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 person's communication needs were met. The service was aware of the AIS and specific communication needs were detailed in their care records. The relative told us, "[Person] uses body language and staff understand this, they [staff] have good communication with [person]."

Improving care quality in response to complaints or concerns

- No formal or informal complaints had been made at the time of our inspection. There was an up to date complaint policy in place. The relative told us, "I have no complaints about the service. There was one staff member we had a disagreement with, and it was resolved."

End of life care and support

- End of life care was not being provided. Staff had access to end of life training and end of life care could be facilitated alongside community healthcare professionals if required.
- The care plans in place did not consider the person's end of life wishes. We fed this back to the provider who assured us end of life wishes would be discussed and incorporated into care plans for those who wished to disclose them. This was yet to be embedded into practice.

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 is because there was ineffective governance or provider oversight of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Governance and audit systems were not robust. The provider implemented a medication audit system which was not effective, did not review the quality of records and failed to pick up on the medicine issues we found during the inspection.
- The provider's care plan and risk assessment audit tools simply listed dates of when care records were implemented and did not review the quality of records or care received.
- Daily notes were also not audited. Staff completed daily notes when they attended daily visits, however, the provider had no system's in place for staff to record the times in and out of visits.
- Reviews of the person's care package had taken place, however, details of the reviews and the discussions held were not recorded.

The provider had ineffective governance arrangements and failed to maintain accurate complete and contemporaneous records. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff felt supported by the management team. Staff comments included, "I have met the registered manager, they are fantastic, helpful and good."

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

- The relatives told us the staff knew the person well and responded to their needs in a person-centred way. They commented, "[Person's] needs are being met. They have a care plan, when staff come in, they read the care plan and support [person]. I am happy with the care."

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; Working in partnership with others

- The registered manager understood their responsibilities under the duty of candour.
- The service worked in partnership with others to achieve better outcomes for the person using the service.

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

- The person and their relatives' views had been sought through questionnaires. The relative had submitted

a recent questionnaire which was positive.

- Staff views were sought through regular meetings and supervisions. Staff they could approach the registered manager and wider management team to share their views.

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 12 HSCA RA Regulations 2014 Safe care and treatment Adequate processes and documentation were not being used to ensure medicines were administered safely and recorded accurately.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance and audit systems were not robust and did not provide effective oversight and monitoring of the service.