

Bloomsbury Home Care Limited

# Bloomsbury Home Care - Suffolk

## Inspection report

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24 February 2023

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Bloomsbury Homecare – Suffolk is a small domiciliary care service providing care to 14 people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive a regulated activity of personal care. This is help with tasks related to personal hygiene and eating.

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

People were supported by kind and caring staff who respected their privacy and dignity. Risks to people had been assessed and were managed safely. Staff had a good knowledge of people's needs including any risks with their health and wellbeing.

People were supported by a care team who were safely recruited, received relevant training and knew how to protect them from potential harm.

People received their medicines as prescribed. Staff adhered to infection prevention and control procedures in line with legislative requirements and recognised best practice guidelines.

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.

The provider's governance systems and regular audits had identified improvements were needed in the service to improve reliability, continuity of care and address inconsistencies with the leadership and management of the service. Staffing personnel changes had impacted on the service people received, causing some disruption which had affected continuity of care, a missed visit and some later than planned visits. In response the provider had recently appointed a new manager and recruited additional care staff who were going through induction.

Improvements were needed to ensure an open and transparent culture in the service. People and relatives shared communication issues including language barriers and cultural understanding when they contacted the service. Not all staff felt supported and valued in their role, citing difficulties in speaking up and being heard by management.

The provider took immediate action to address this, making changes in their oversight arrangements to provide more visible support and utilising resources from their other services so feedback could be obtained without bias. We were encouraged by the actions being taken but this is a work in progress and too early to assess overall effectiveness.

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

The service was registered with us on 12 April 2022 and this is the first inspection.

#### Why we inspected

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

#### Follow up

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 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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

# Bloomsbury Home Care - Suffolk

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection team consisted of an inspector and an Expert By Experience, who carried out telephone interviews to people and their relatives to gather their feedback of the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

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. At the time of this inspection a registered manager was not in post. The provider had appointed a new manager to run the service. They had been in post for 3 weeks and planned to apply to register with CQC.

#### Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service where the manager also provided care calls and we needed to be sure that they would be available to support the inspection.

Inspection activity started on 16 February 2023 when we visited the office. Telephone calls were made offsite

to people and relatives on 19 February 2023. Inspection activity ended when we had a face to face meeting via video call with the provider's management team on 24 February 2023 to give feedback.

#### What we did before the inspection

We reviewed our systems and information we held about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We took this into account when we inspected the service and made judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 6 people who used the service and 3 relatives. We spoke with the provider's nominated individual, they are legally responsible for how the service is run and for the quality and safety of the care provided, the provider's chief executive, the manager of the service and 4 members of staff. We received electronic feedback from 1 member of staff and from the local authority commissioning team.

We reviewed a range of care records for 3 people including their risk assessments and medication records. We looked at 2 staff recruitment records. We also viewed some of the provider's policies and procedures, training data, quality assurance records, management monitoring and oversight records.

# 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.

### Staffing and recruitment

- There was mixed feedback over continuity of care and visit times. Some people said they received their care calls from staff they knew, and for the allocated time and agreed duration. One person shared, "I have a regular carers that come and we get along well. We have a routine that works well for me." However, this was not everyone's experience. Another person told us, "I used to have the same carers that came for the time agreed but recently it has been changing and some visit times are slipping. I don't always know who is coming and when. Times have got a bit later and I am not always told of the changes."
- Relatives also described a mixed experience. One relative said, "Never been any issues, regular like clockwork." Whilst another relative said, "It is frustrating when things change, it is unsettling and can mess up the whole day. It is not so bad if we know of the changes beforehand as we can put things into place, but communication has been a problem. I spoke to the new manager about it, they seemed to understand so maybe it was a blip. I think some staff left suddenly and it left them struggling. We never had a missed visit though, just later than we were expecting."
- Staff confirmed they had breaks but there was mixed feedback over having sufficient travel time to get to people whom they saw regularly and this could sometimes cause delays. One staff member said, "The rota is annoying they [management] need to ask us carers and listen as they don't know the routes and get it wrong." Another member of staff said, "I know my route and my rota is spot on, there is enough time to get to care calls and breaks are factored in for me."
- The provider's nominated individual shared how they were aware of the recent staffing issues that had caused disruption to the service over one recent weekend and the actions taken to prevent reoccurrence. As part of ongoing recruitment they had employed additional care staff some of whom were about to be inducted and a new manager which they hoped would help address the inconsistencies including with the rota.
- A review of staff recruitment files showed background checks were carried out. This included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. References were also sought from previous employers.

### Systems and processes to safeguard people from the risk of abuse

- People said they felt safe when they received their care. One person said about the staff, "I feel safe and at ease in their company. I have never felt uncomfortable, they do everything they can to make me feel protected."
- Relatives said they felt their family member was safe and gave examples of when the service had taken appropriate action to protect their family member from harm. For example; liaising with relevant healthcare professionals if they had concerns.

- Systems and processes were in place to help identify and report abuse to help keep people safe. For example, staff received training in safeguarding and knew what constituted a safeguarding incident and how to raise safeguarding concerns appropriately.
- The provider's management team understood their responsibilities to ensure any safeguarding concerns were dealt with properly.

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

- Risk assessments were carried out to identify any risks to people and these were regularly reviewed and amended where needed. Where risks were identified, measures were put in place to guide staff on how to reduce these risks.
- Healthcare professionals were contacted in a timely way to ensure people received appropriate support and treatment.
- A system was in place for accidents and incidents to be recorded and analysed by the provider's management team for any themes and trends. This meant that lessons could be learned, and the risk of reoccurrence minimised.

#### Using medicines safely

- Where people were supported with their medicines this was done safely. One relative said the staff provide, "Good support and they are very up to date with medication."
- The provider had appropriate policies, procedures, and training in place to support the safe administration of people's prescribed medicine; where that support was required. Staff confirmed they had their competency regularly checked.
- Staff managed people's medicines safely. The provider's management team monitored people's prescribed medicine administration records regularly and had effective processes in place to identify and address any errors which may occur.

#### Preventing and controlling infection

- People and their relatives confirmed staff followed good infection control practice in their homes and wore personal protective equipment (PPE) where applicable.
- Staff had received infection prevention and control training and additional training relating to COVID-19. They confirmed they had sufficient amounts of 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 Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People and relatives told us staff were competent, knowledgeable and familiar with using specialist moving and handling equipment which gave them reassurance. One person said, "The carers are all very efficient and well trained." Another person shared, "The carers don't make a fuss, they just get on with the jobs, they know what they are doing" A relative commented staff have received, "Good training and know what they are doing."
- Staff received eLearning training, and an induction which included assessed shadowing by the provider's management team and were working on the Care Certificate. This is a set of induction standards that care staff should be working to.
- Systems were in place to encourage and support staff to professionally develop through ongoing training, supervisions and appraisals with opportunities to achieve qualification in care made available. A member of staff commented, "I have spoken to my line manager that I would like to become a team leader in the future, we talked about what further learning I would need."

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

- The provider's management team carried out an assessment of people's requirements before they began to use the service to ensure that they were able to meet the person's needs. The assessment included people's physical, mental and social needs.
- People's care and support needs were assessed, planned and completed in line with recognised best practice and current legislation. Their care records were regularly reviewed, updated as people's needs changed and reflected that people were involved in their ongoing planning and development.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to eat and drink where they required this assistance. This was documented in their care records and provided guidance for staff on how to meet these needs. One person said, "I decide what I want to eat and will put the meal in the oven so the carers when they come can take it out for me. When they go they leave me a snack and a drink." A relative shared, "A couple of the carers will chat with [family member] while she has her lunch; she craves company, so that helps. They [carers] maintain her dignity and make her meals look nice."
- People were supported to access health care appointments and timely referrals for advice were made when needed. One person said, "My carer called the doctor when I took a turn and spoke to the nurse and then my family to update them."

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 on 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.

- The provider's management team understood their responsibilities under the Act. No one using the service at the time of the inspection had any restrictions placed on their liberty.
- People and relatives confirmed their family members were able to make day to day decisions for themselves. This included how they would like to have their personal care provided, what they wanted to wear or to eat.
- People's care records documented to confirm staff sought consent from people before providing their care, and where people had declined, this decision was also recorded and respected.

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

- People and their relatives were complimentary about the support and care provided and the relationship they had formed with the staff.. One person said, "The carers are so gentle and do exactly as I ask. All are very lovely, do well and give me a hug before they go." Another person commented, "My regular carers are very kind, and take their time with me, very patient." A third person when asked if the staff were caring said, "The carers call me by my Christian name and are very kind. They make my bed nicely and generally look after me."
- People were respected and included as much as they wanted to be in shaping their care and outcomes. One person shared, "Yes, I feel involved in my care. I decide what I need help with and what I can manage myself. I choose what needs doing."
- Where appropriate to do so, relatives advocated for their family members. One relative shared, "We are happy with the arrangements in place we all had a say, obviously it is about [family member] and what they need and want, they come first. Sometimes [family member] doesn't want to make a fuss but we can ask on their behalf and this works well."
- People and relatives confirmed that staff encouraged and supported people wherever possible to make their own decisions and their views were acted on by staff and recorded in their care records.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us the staff treated their family member with dignity, were polite and respectful and adapted their approach where needed to meet individual needs. They described how staff were considerate of modesty and privacy. One person shared, "They [staff] are thoughtful, considerate, kind and take their time with me. I am never rushed and I feel respected."
- People's care records included guidance for staff on respecting people's dignity, privacy and confidentiality. The care records included the areas of their care people could do themselves and where they required support including how staff could best encourage this. One person shared, "My carers encourage me to try to do things for myself but If I struggle they step in with the utmost dignity. Some days I can do things and some days I can't they never assume what it will be, we take it day by day"
- Staff were observed by the provider's management team in their usual work duties as part of the provider's quality monitoring processes. During these spot checks, the management made sure that people's independence, dignity and privacy was promoted and respected.

# 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

- Overall people told us that staff were considerate of individual preferences, taking account of what was important to them including how they were currently feeling and adapted their approach accordingly. One person said, "I only want female carers and this is respected." A relative commented, "I feel our comments have been taken on board, how [family member] wants things done is respected and they check if they have done things right."
- People's care records were developed with the person/and or their representatives where appropriate. They were reviewed regularly and adapted when people's needs changed. They provided staff with guidance on how to respond to people's needs effectively, safely and according to their preferences.
- Staff told us people's care plans contained information that was relevant and accurate about their needs. One member of staff shared, "The new manager is coming out to familiarise themselves with the care records and also get to know people."

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.

- The provider's management team were aware of their responsibilities under the AIS. People's care records contained information about their ways of communicating and their preferred methods.
- The provider's nominated individual told us that any information could be provided in other languages and or in alternative formats such as audio recordings and braille should these be required.

Improving care quality in response to complaints or concerns

- People and relatives confirmed they had information on how to make a complaint. However, their experience about raising a concern or giving feedback was mixed. Several examples were given where people described being talked over or not feeling heard. One person said, "The office staff mean well but I think it is a language issue, they talk over me and don't listen. It comes across rude and abrupt. Too quick to try and fix the problem, jumping in and not fully understanding the issue. I end up frustrated and give up." The provider's nominated individual acknowledged that potential cultural differences were affecting communication and was taking action to address this through training and utilising resources from their other services.
- A complaints policy and procedure were in place. Records showed where concerns had been received, they had been responded to in a timely manner with lessons learnt to prevent reoccurrence.

# 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.

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

- Planned assessments ensured the service was able to meet people's needs prior to accepting the care package. Ongoing reviews included people and, where appropriate their relatives, to identify how they wanted their care delivered and to ensure it was person-centred.
- There was mixed feedback from people and relatives about their experience of the service. Some people cited positive experiences and would recommend the service. However, issues with reliability, the rota, communication and continuity of care were shared. One person said, "It is a caring service, the carers are brilliant and work really hard but at times it can be disorganised and chaotic, the rota is usually wrong, especially when changes occur." Another person said, "I can't fault the care it is the office management that let it down. It is frustrating trying to know what is going on, it is not well managed."
- Improvements were needed to ensure an open and transparent culture . Not all staff felt able to speak up and to raise any issues and people and relatives shared examples of cultural differences/language barriers that were affecting communication systems.
- A new manager and care staff had been recently recruited and the provider was confident this would address the inconsistencies with continuity of care and management. In response to the issues we had found with communication, the provider's nominated individual acted swiftly with plans for training and utilising resources from their other branches to address the rota concerns. However, this is a work in progress and we are unable to assess the effectiveness of these measures at this time.

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

- Staff understood their roles, responsibilities and duties. Staff performance was monitored through regular one to one supervision and competency checks by the provider's management team.
- The provider's management team were aware of when to report notifiable events to CQC and their legal regulatory responsibilities around this.
- Duty of candour requirements were met. This regulation requires safety incidents to be managed transparently, apologies provided and that 'relevant persons' are informed of all the facts in the matter. From reviewing governance documents, we could see the correct processes were in place.

Continuous learning and improving care; Working in partnership with others

- Systems and processes to monitor the safety and quality of the service was in place and had identified the improvements needed. This was a work in progress.
- Staff and the management team worked in partnership with health and social care professionals to ensure people had the care and support they needed to maintain their health and wellbeing.