

Blessing's Care Ltd

# Blessing's Care

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Blessing's Care is a domiciliary care service providing the regulated activity of personal care to people in their own homes. Not everyone who used the service received personal care. At the time of our inspection there were 67 people receiving support in their own homes.

Blessing's Care also provide the regulated activity of personal care to people living in 7 supported living houses. At the time of inspection 1 person in 1 of the houses received support with personal care.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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.

At the time of the inspection, the location did not provide personal care to anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

#### Right Support:

Medicines processes were not always safe. Improvements were needed to the information available to staff to safely support people who may show behaviour indicating distress.

Recruitment processes were followed but there were no risk assessments in place if there were any delays with any recruitment checks.

Known risks to people's care were assessed and reviewed. People felt safe with the care they received from staff. Staff were reliable and stayed to complete all required tasks. Staff used personal protective equipment (PPE) when providing personal care. Accidents, incidents and falls were reported and followed up.

#### Right Care:

People received personalised care which was responsive to their needs. Staff knew people's care needs and how to meet them. People's communication needs were assessed and recorded.

Complaints were taken seriously and there was a complaints procedure in place. People and relatives knew who to contact if they had any concerns and confirmed issues were resolved.

No-one was receiving end of life care at the time of inspection. Information was recorded if people had made a decision about DNACPR (Do not attempt cardio-pulmonary resuscitation).

#### Right Culture:

Quality assurance systems were not always effective at supporting staff to identify and take action about areas which needed improvement. This meant the provider did not have effective oversight of key areas of the service. Notifications to external agencies including the local authority and CQC about serious incidents or safeguarding concerns were not always made in a timely manner.

The provider was committed to ensuring people received good quality care and were receptive to the inspection process and all suggestions for improvement offered.

Systems to support staff through supervision and team meetings were being embedded into practice. Feedback was sought from people informally and through the use of surveys.

The staff team worked well with health and social care professionals involved in people's care and treatment. The majority of staff provided positive feedback about working for the service and the quality of care given to people.

The provider responded immediately to concerns found during the inspection. They took prompt action and began to implement improvements straight away.

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 and update

The last rating for this service was good (published 11 September 2018).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Blessing's Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified breaches in relation to people's safe care and treatment and governance arrangements 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 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** ●

# Blessing's 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 2 inspectors and 2 Experts by Experience. 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 homes.

This service also provides care and support to people living in 7 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### 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. The registered manager and nominated individual were also the provider and both were involved in the day to day running of the service. The nominated individual is usually responsible for supervising the management of the service on behalf of the provider.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 28 September 2023 and ended on 12 October 2023. We visited the location's office on 28 September 2023 and 12 October 2023. Two Experts by Experience made phone calls to people and their relatives on 29 September 2023.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 9 people and 9 relatives of people who received support for feedback on their experience of the care provided. We spoke with the registered manager and nominated individual. We spoke with the care co-ordinators, property manager, supported living manager and office staff. We received feedback from 19 senior care staff and care staff.

We reviewed a range of records. This included 7 people's care records and multiple medicine records. We looked at 3 files in relation to staff recruitment and support. We looked at a variety of records relating to the management and running of the service.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

- People did not always receive their medicines safely. Medicines which were given as needed did not have guidance and key information available to support staff administer these safely. Reasons for administering were not always recorded. This placed people at raised risk of medicines errors, which could have side effects.
- Medicines were sometimes given at the wrong time. Checks did not identify this which meant the provider could not take action to investigate and rectify.
- When people showed behaviour which indicated distress or agitation there was limited information about triggers, signs and what action staff should take to de-escalate and safely support people. This placed people and those around them at increased risk of harm.

Medicines processes were not always safe. Processes to ensure safe support to people who may show distressed behaviour were not sufficiently robust. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They began to make improvements to their guidance, documentation and processes in these areas.

- Known risks to people's care such as falls, moving and handling and skin damage were assessed. When equipment was used to support people mobilise, for example a hoist or walking frame, people and relatives told us staff supported them safely. A person told us, "I think it's very, very good. I feel safe, they are careful with me on the hoist. They clean me up and we talk about everything."
- People received their medicines in the way they preferred and information to guide staff was included in people's care plans. For example, 1 person's care plan said, "[Person's name] likes staff to administer their medication from a teaspoon. Encourage plenty of water between pills."

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse but required improvement to ensure safeguarding referrals to the local authority were always made promptly when required.
- People felt safe with staff and the care they received. One relative told us, "Yes, [family member] does feel safe with them." A person told us, "I really feel safe and that is what is most important."
- Staff received training on how to recognise abuse and what action to take. Policies and procedures outlining safeguarding and whistleblowing processes were in place.

### Staffing and recruitment

- Recruitment checks required strengthening to ensure the reasons for any gaps or anomalies were risk assessed. For example, there were delays with 1 staff member receiving their criminal record check, but there was no risk assessment to document this.
- Mixed feedback was received about the number of care staff who attended people's homes. Some people said they would prefer a smaller team of staff to support them, others didn't mind having a variety of carers.
- Staff were reliable, usually arrived within the allocated window of time and stayed to complete all of the support people required. Everyone we spoke with confirmed staff did not miss any care visits.

### Preventing and controlling infection

- Staff used personal protective equipment (PPE) when providing personal care to people, which included gloves and aprons. Feedback confirmed this.
- Staff were trained in infection control. Feedback confirmed there were enough supplies of PPE.

### Learning lessons when things go wrong

- Staff reported accidents, incidents and falls so these could be looked into and appropriate follow up action taken at the time. We saw that incidents were discussed at regular management meetings.
- The provider planned to introduce monthly analyses of accidents, incidents, falls and behaviour indicating distress to assist with spotting trends and themes.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received care personalised to their needs. Information about people's personal histories, interests, choices and preferences were documented in their care plans. Additional detail about some people's daily routines and their support preferences would be useful to ensure staff provided consistent care in the way people wanted.
- The majority of people and their relatives told us staff knew people's care needs and how to meet them. Feedback confirmed staff did the tasks people wanted them to. A relative told us, "It's the little things they do, lots of little things that make for a good service." Another person said, "They will do anything I ask, they are very flexible."

### 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.

- Care plans contained information about people's communication needs. This meant staff could ensure their needs were met, for example, supporting people with hearing aids or glasses.
- When people used any technology to support them communicate, this was noted in their care records.
- The provider confirmed information could be provided in different formats such as large print or easy read whenever this was required.

### Improving care quality in response to complaints or concerns

- There was a complaints policy in place and records showed the provider took complaints seriously and investigated in line with their policy.
- People and relatives knew who to contact if they had any concerns. People and relatives provided some examples where they had raised issues with the management team which had been swiftly resolved.

### End of life care and support

- There was no-one receiving end of life care at the time of inspection. The provider planned to introduce opportunities for people and their relatives to discuss end of life care and express any preferences for the care they wished to receive.
- People's care records included information if people had made a decision about DNACPR (Do not attempt cardio-pulmonary resuscitation). This was important in case of a medical emergency when care staff were

present.

# 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to 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.

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

- Quality assurance systems were still in development so were not always robust enough to support senior staff identify and monitor areas for improvement. This meant the provider did not have effective oversight of all key areas of the service. For example, medicines, care records, staff files, and analyses of accidents and incidents.
- Notifications to external agencies including the CQC and safeguarding referrals were not always made in a timely manner, which had not been identified through the provider's audit systems. Appropriate action was taken immediately when this was brought to the provider's attention.
- There were limited quality assurance checks of the supported living houses to ensure processes were followed and quality maintained. For example, we found gaps in the cleaning charts, fire alarm checks and a broken piece of furniture which there was no audit to identify. The provider planned to introduce a checklist for senior staff to undertake in supported living houses to improve oversight.
- The provider was developing 'at a glance' trackers to ensure effective oversight of staff specialist training, staff supervision and spot checks. At the time of inspection this was not yet complete, so we were not able to fully check staff training in specialist areas of care.

Systems and processes to assess, monitor and improve the quality and safety of the service were not fully developed or effective. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider took immediate action during and after the inspection to address issues brought to their attention during the inspection. They also reviewed all recent incidents to determine any referrals to the local authority or CQC notifications which were required. Following the inspection, they completed work on the 'at a glance' trackers to support their oversight of staff training and development.

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

- The provider was committed to ensuring people received good quality care and support. People and relatives knew the management team and spoke positively about their availability and approach.
- The majority of staff told us they were happy working at the service and felt supported in their roles. A staff member told us, "I know that I am always able to ask for support, guidance or reassurance should I require."
- Staff put people at the centre of the service. We received positive feedback from staff about teamwork and

the ethos of focusing on meeting people's needs well. A staff member said, "We are a team that is passionate about providing quality care and we achieve that."

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 provider worked in an open and transparent way in line with their responsibilities under the duty of candour. This meant being honest when something went wrong.

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

- Feedback was sought informally and through the use of surveys. The provider planned to collate the feedback into a report so they could use this to drive and monitor improvements.
- The system to support staff and their development was still being developed. This included staff meetings and regular opportunities for supervision. For example, one to ones with a senior staff member and spot checks during care delivery. These processes needed time to be embedded and sustained in practice for staff.
- A newsletter was regularly sent out which people told us they received and enjoyed. One person said, "They send out a monthly newsletter packed with up-to-date information and quizzes and such like."
- The provider benefitted from a diverse staff team and considered how to support staff as a team and individually. For example, they provided their policies and procedures to a staff member in their first language, which was not English, so the staff member could understand the content more easily.

Continuous learning and improving care

- The provider was supportive of the inspection process and welcomed all suggestions and feedback offered. They were keen to further develop the service in order to ensure people received quality care and good outcomes. They used their own action plan to support this.
- Electronic care planning and medicines administration systems were already in use. The provider planned to introduce an electronic audit system to strengthen all areas of their quality assurance and management oversight. They also planned to enable electronic access, where appropriate, so people's next of kin could see the care plan and daily records online.

Working in partnership with others

- The staff team worked well with health and social care professionals involved in people's care treatment. For example, district nurses, mental health workers, occupational therapists, and social workers.
- Positive feedback was received from a health professional who worked with people using the service about the responsiveness of the management team and effective partnership working for the benefit of people using the service.

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  Medicines processes were not always safe. Processes to ensure safe support to people who may show distressed behaviour were not sufficiently robust.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems to assess, monitor and improve the quality and safety of the service were not fully developed or effective.