

Blueboard Care Services Ltd

Yewtree Avenue

Inspection report

Hub 131, Londoneast Business & Technical Park
Yewtree Avenue
Dagenham
RM10 7FN

Tel: 02037732214

Website: www.blueboardcareservices.co.uk

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

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 Care Quality Commission (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.

About the service

Yewtree Avenue (known as Blueboard Care Services) is a domiciliary care agency registered to provide personal care. At the time of the inspection 118 people were receiving care, 5 of whom lived in 2 supported living services the service managed.

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

Right Support

People had mixed views about staffing and our analysis showed improvements to call planning were required. The service told us they would address this. The service worked with other agencies to support people's needs.

Right Care

Improvements had been made to medicines management since our last inspection and these were now managed safely. Similarly, improvements had been made to risk assessments and we found these were now being completed correctly and contained appropriate person-centred information.

There were systems in place to safeguard people from harm and abuse. Lessons were learned when things gone wrong. Infection control practice was robust as were recruitment measures.

Right culture

People had mixed views about the culture at the service, though staff were positive about the management. Similarly, there were mixed views about how the service engaged with people or relatives. Some told us they felt the service could improve in this regard.

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

Rating at last inspection (and what we found)

The last rating for this service was requires improvement (published 16 June 2021) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made but the service was still in breach of one regulation.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support, right care, right culture and to follow up on action we told the provider to take at the last inspection.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified a continued breach in relation to 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Yewtree Avenue

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 and 1 Expert 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 houses and flats.

This service also provides care and support to people living in 2 '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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who might work with 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 the 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 6 relatives about their experience of the care provided. We spoke with 6 members of staff including the registered manager, the care coordinator for the service and 4 care staff.

We reviewed a range of records. This included 7 people's care and or medicine records, 2 of whom lived in supported living. We looked at 6 staff files in relation to recruitment. We also looked at a variety of records relating to the management of the service.

After our inspection visit to the service location, we continued to seek clarification from the provider to validate evidence found. This included speaking care staff. We analysed electronic call monitoring data sent to us by the provider and sought their response on our analysis.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

Staffing and recruitment

- Call planning and staff punctuality to calls required improvement. At our last inspection, we reported call time punctuality required improvement as people and relatives had mixed views about staffing and their timeliness. At this inspection people and relatives told us similar concerns. One relative said, "[Carer] is good. The others don't stay long, they leave before time and the timings are a little late, sometimes the 11 am call is 12.30." Another said, "I want them here by 8.15, but sometimes it is past 10 am – they do apologise." Whilst another said, "They don't stay for the right time. It should be 45 minutes, but they're out in 20mins – they are gone too quickly."
- We analysed the service's electronic call monitoring for the period of a month prior to the inspection. We saw the service had completed over 16000 calls. 36% of these calls were later than 15 minutes, with 1829 calls showing as later than 45 minutes. 1103 calls showed as short calls, where staff stayed for less than half the time allocated for a call. We saw the provider had not planned travel time for more than 60% of their calls, which may impact on why staff would be late or leave calls before they should.

The provider had failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Good Governance.

We raised our concerns with the provider who told us most of their calls are double handed but second carers do not log in. They also said some people are seen in emergency cover situations as they are used by a local authority as a provider to cover emergencies as a last resort. There are no specific times to attend these calls. The registered manager told us they had recognised the concern with planning and monitoring calls and had employed a designated staff member just before our inspection. They also told us they will work with both the care planning software company and a local authority to address these concerns. Following our inspection, the provider sent us further call monitoring data which showed some improvements to our findings. The provider also informed us that will begin using electronic devices to better monitor staff call times.

- Staff were recruited with the safety of people in mind. We looked at 6 staff files to see how the provider recruited staff. The provider had made checks on employees' suitability to work with vulnerable people. These checks included checking people's criminal record, checking their identity, seeking references and their experience of working with people with personal care needs.

Using medicines safely

At our last inspection the provider had failed to ensure the proper and safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Safe Care and Treatment. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At our last inspection we found the management of people's medicines could be improved. We had seen risk assessments for medicines lacked detail and we also had some concerns around the quality assurance measures in place for medicines management. At this inspection we found detailed risk assessments for people's medicines and adequate quality assurance measures in place.
- For example, we saw one person's risk assessment for their medicines. This document highlighted the risks involved with their medicine administration, including monitoring intake of medicines, checking for wrong doses and or wrong prescriptions and ensuring staff are competent to administer medicines.
- The provider kept a medicines folder with information about all the medicines people took, including their side effects. The folder also highlighted allergies people had.
- People's care plans contained records of their most recent medicines audit, which occurred regularly, where the registered manager or quality assurance manager had checked medicines management including administration records. Audits and medicines administration records we saw were all in order.

Assessing risk, safety monitoring and management

- Risks to people were assessed and monitored. At our last inspection we found risks assessments were not always completed correctly. They had lacked relevant information or contained contradictory information. At this inspection we found risk assessments contained relevant information and covered different aspects of people's lives which was important to them.
- For example, we saw one risk assessment on how a person suffered with mood swings due to their health condition. We saw guidance for staff on how to work with the person, observing their moods and behaviours. We also saw risk assessments for complex health conditions such as diabetes, epilepsy and enduring mental health conditions. Where we found complex health conditions, we saw guidance for staff how to work with these conditions and or how to recognise symptoms of concern. This meant people were supported by staff who had access to information on how to keep them safe.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were safeguarded from abuse by systems the service had in place. Staff received training how to recognise abuse and what to do if they find it. The provider informed local authority safeguarding teams where there suspected the potential for or allegations of abuse. One staff member told us if they suspected abuse they would, "Raise an alert and tell the manager and they take it the local authority. They may report to the CQC."
- Lessons were learned when things have gone wrong. Staff reported Incidents and accidents to the office so these were recorded, and decisions were made by senior staff to take action, where appropriate, to ensure people were kept safe. One staff member told us, "If someone had a fall, we would ask how long they had been there, support them with a pillow, cover them with a blanket and then call the ambulance... Then call the family and the office." The registered manager and senior staff occasionally referred people to other services to assist them with health and or well-being concerns. Incidents and accidents were discussed with staff at team meetings or in supervision.

Preventing and controlling infection

- Infection control prevention measures were in place to keep people and staff safe. Staff were trained in infection prevention and control and followed the provider's infection control policy. The policy followed

best practice guidance from recognised bodies relating to health and social care.

- The provider monitored staff adherence to policy through spot checking them on calls. We saw abundant stock of Personal Protective Equipment (PPE) for staff to use on calls. One staff member told us how they practised infection prevention control. They said, "You use hand sanitiser, wash your hands, use your gloves and aprons and mask and dispose of these things afterwards."

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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; Continuous learning and improving care

At our last inspection the provider had failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Outstanding issues with call management and monitoring persisted from our previous inspection. Management of these systems required improvement. We told the provider at our last inspection people had mixed views on staffing and we found similar concerns at this inspection.
- At our last inspection, we found the service had failed to notify CQC when they should have. This is something they are required by law to do. It was clear at that time the service had decided not to notify us when they should have. At this inspection, we saw the service had completed notifications appropriately as it is a regulatory requirement.
- At our last inspection, we found that medicine administration auditing at the service was minimal and records of what had been audited were not routinely kept by the service. Similarly, documentation at the service, such as risk assessments, had lacked information. At this inspection we found regular medicine administration auditing was occurring and risk assessments and other documents contained sufficient information.
- There were systems in place to support the quality assurance of care at the service. These included check lists, matrixes, audits and spot checks. The service regularly audited care plans and service delivery. Where these checks were made the service kept records and sought to improve care as a result of their findings.
- The service also made telephone monitoring calls to people to assure the quality of their care. Where this occurred responses from people and relatives were positive about the service.

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

- People we spoke with had mixed views on the culture at the service. One person told us, "I don't think any of them [carers] are any good – I give them an easy life." Another person said, "Yes, I am happy with them." Another person said, "I've phoned the office and told them the new staff are untrained and don't know what to do. Sometimes, I don't think that there is any point in complaining to the office."

- The service provided a service user guide which informed people about their rights and what to expect from staff at the service. The service user guide sought to protect people's equality and stated people would receive good care no matter their race, sex, gender or other protected characteristics. Care plans contained personalised information about people so staff would have an understanding of what people's needs were and what they liked.
- Staff were positive about the management and working for the service. One staff member said, "They are good."

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

- Records showed the provider was honest with people when things went wrong. The registered manager and or the office team would usually contact people and or relatives once a concern was raised and people were supported to access health care if required. Investigation findings to complaints and subsequent outcome letters showed the provider sought to address concerns candidly and in line with their own policies.

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

- People and relatives had mixed views with engagement with the service. One relative told us, "Yes, no problems [with communicating with the office staff]." Another relative told us, "The office staff are diabolical. I ring them up to cancel a restart [of a care package following a temporary cessation], and they don't listen. They just don't listen. They answer calls quickly but get it all wrong!"
- We saw surveys completed by people and their relatives about the care provided. These were predominantly positive.
- Feedback was sought in different ways to best meet the needs of people providing the feedback. For example, in the supported living service managed by the provider, verbal feedback was sought from people as this was their preferred method of providing it. This showed the provider sought engagement with people by considering their preferences and equality characteristics.
- Staff were able to engage with the provider through supervision and staff meetings. One staff member told us, "We do have office meetings and training meetings and how to listen them [people who use the service]. Yes, I can speak up and say what I want." Meeting minutes showed people's welfare and ongoing care was discussed, infection control and whistle blowing as well as other topics.

Working in partnership with others

- The service worked in partnership with other agencies. Communication occurred between service staff and a range of other agencies, including local authority social services and health care providers, to ensure people received care.

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 17 HSCA RA Regulations 2014 Good governance The provider had not planned calls in a satisfactory manner. Regulation 17(1)(2)(a)(b)