

# Bluewood Recruitment Ltd

# Loughborough

## Inspection report

1 Oxford Street  
Loughborough  
LE11 5DP

Date of inspection visit:  
14 October 2021  
02 November 2021

Date of publication:  
03 December 2021

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Bluewood Loughborough is a domiciliary care service. The service provides personal care to people living in their own homes. At the time of the inspection there were 14 people using the service.

Not everyone who used the service received 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.

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

People were protected from abuse and risks were assessed so that care and support was provided in a safe way. Staff teams were small so that people had a consistent team who knew them well and understood their needs. Staff always wore personal protective equipment and followed infection control procedures to protect people from the risk of infections.

Staff had the training and support required to meet people's needs and keep them safe. Managers were approachable and accessible to people and staff.

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.

Care and support was person centred and based on people's individual needs and preferences. People and relatives praised the staff and said they were competent, kind and respectful. Staff upheld people's human rights and considered, and respected people's equality and diversity needs.

There was a registered manager in post. Relevant legal requirements were understood and met, including CQC registration requirements. Quality monitoring processes were effective. The provider sought feedback from people, relatives and staff and took action to improve in response.

This service was registered with us on 23 April 2020 and this is the first inspection.

### Why we inspected

This was a planned inspection

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Loughborough

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector and an expert y 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.

#### 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.

#### What we did before the inspection

We reviewed information we had received about the service since they registered with us. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection-

We spoke with six people who used the service and three relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, the clinical coordinator and two care workers.

We reviewed a range of records. This included two people's care records. We looked at two 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance 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.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "All the carers are good to me, my main carer is brilliant, if I thought something wasn't right, I would soon speak with the manager they are very good."
- Staff had received training about safeguarding people from abuse. They knew how to recognise the signs of abuse and how to report it. A care worker gave us an example of when they had taken action to safeguard a person from abuse.

Assessing risk, safety monitoring and management

- Risks were assessed and managed appropriately. This included risks in the environment and equipment checks. A relative told us, "The carer is very safety conscious".
- Risks for the individual person such as risk of developing pressure sores or risk of malnutrition were managed effectively. Where risks were identified, the risk management plan was developed within the individual care plan. For example, a person at times displayed risky behaviour when receiving personal care. The care plan instructed staff about what action to take to reassure the person and reduce any risk.

Staffing and recruitment

- People told us staff generally arrived at the agreed time. Some people told us their care staff had been late but when they did arrive, they stayed for the allocated amount of time. One person said, "I have two carers at each visit four times a day, they are nearly always on time but do apologise if they are a little late".
- The provider was trialling a new electronic system for staff to log in and out of care calls. This allowed the provider to closely monitor call times and the system would also alert managers if care staff did not arrive or were more than 15 minutes late.
- The provider told us there had not been any missed calls in the previous three months.
- Staff were recruited in a safe way. This meant checks were carried out before employment was offered, so that only people with the right skills and experience were offered employment. Staff told us staffing numbers had recently improved because they were receiving support from the provider's Leicester location when they were short of staff.

Using medicines safely

- Staff received training about medicines as part of their initial induction training.
- At the time of our visit staff were not responsible for administering anyone's medicine but did prompt people to take their medicines during the care call. One person told us, "They [staff] always make sure I take my medication. Just recently I started on morphine patches, the carers know they cannot help me with this as they are not trained to put them on."

- Medicines were checked as part of monthly care plan audits and care staff were observed prompting people to take their medicines. The provider told us they would contact a person's GP or pharmacy if there were any medicine issues or concerns identified.

#### Preventing and controlling infection

- People told us staff always wore personal protective equipment (PPE) such as gloves, aprons and face masks. One person said, "Carers wear masks, aprons and gloves, they always leave here [home] looking clean and tidy."
- Staff received training about infection control and use of PPE during COVID-19. Managers carried out checks to make sure staff complied with infection control policies and procedures.

#### Learning lessons when things go wrong

- The provider told us they had identified recording issues as part of their audit checks. They used incidents which had occurred within the care sector which had resulted in harm, to remind staff about the importance of clear recording and care planning.



# 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.

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

- People had their needs assessed before the service commenced. Assessments were carried out by the clinical coordinator. People's preferences and expectations of the service were obtained and used to formulate the care plan and risk assessments.
- Care plans and risk assessments were reviewed at least every three months to ensure they were up to date and reflective of people's current and changing needs.

Staff support: induction, training, skills and experience

- All staff undertook initial induction training before working unsupervised. This included all mandatory training staff required to keep people safe and to work to sector standards and guidance.
- Staff worked with more experienced staff until they were confident and competent.
- People told us staff understood their needs and knew what to do. One person said, "Yes, staff know what they are doing, I cannot walk so they help me with everything, they make sure I'm clean, dressed and comfortable".
- Staff told us they received the training and support they required. The provider carried out spot checks to make sure staff were following guidance, policies and procedures.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us staff prepared meals for them and provided snacks and drinks when requested. One person said, "They make me an omelette for breakfast if I want and always prepares me a sandwich for lunch along with a piece of fruit. They always fetch me a cup of tea and some fresh juice."
- People had their risk of dehydration and malnutrition assessed. The provider told us there was no one with an identified risk at the time of our visit. Where risk is identified, this would form part of the care plan and food and fluid intakes would be recorded and monitored.

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

- Staff worked with other agencies such as the local authority to ensure people received the care and support they required. Staff supported people to contact healthcare services.
- A person who used the service told us, "If I want, my carer will call the doctor for me and will come along with me to provide support with communication if I don't want to be on my own". A relative said, They [staff] are definitely on the ball, the carer came to [family member] and ended up telling me that they thought I ought to get the doctor in, we ended up going back into hospital".

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.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the time of our visit, no one was subject to any authorisations or having their liberty deprived. People's capacity to make decisions was considered with the care plan and people's relatives were involved and consulted where this was appropriate.
- People told us staff always asked for consent before providing care and support. One person said. "The carers let me decide whether I want to get up or stay in my pyjamas all day in bed. If I have decided to stay in bed I generally get a call from my main carer later to see how I am".

# 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

- People and relatives described staff as kind, caring and respectful. One person said "Very understanding staff. I can get quite anxious and just want a chat, they sit with me and talk".
- Staff received equality and diversity training. Staff knew and understood people's needs and preferences. A relative told us, "The carers just love [family member]. At bath time the rock and roll music is on, the carers make it a fun time experience, lots of laughter and playing".
- A relative said, "We always get the same carer, good knowledge of my family members care needs and how to support them. They have developed a good relationship."

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

- People's care plans were developed based on their individual needs and preferences. Staff told us they always gave people choice and respected their views and decisions.
- Staff were made aware of people's needs and preferences before they visited. A staff member said, "I know how people like their tea before I meet them." A person who used the service told us. "I know that what I want I'll get, [staff] always ask what would I like them to do for me, If I feel poorly they offer to freshen me up".
- Care plan reviews were held at least every three months so people could express their views and make any changes to the way they received care and support.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity and promoted independence.
- One person told us, "Staff always make sure curtains are pulled before I shower and always checks the door is locked when they leave".
- A person who used the service told us, "When I found it difficult to use a knife and fork, the carers give me a spoon so I can still feed myself". A relative said, "Although [family member] cannot communicate the carer encourages him, verbally like asking him to pick up his leg when helping him to put on his pyjamas".

# 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

- People were asked to contribute to planning their care and support when they began using the service and this was revisited at three monthly care plan reviews.
- Care plans were detailed and included people's communication needs and preferences about how they received care and support. People's religious, social and cultural needs were also recorded and understood by staff. One person told us, "My carers know me, what I have been through and the best assistance they can give me, depending on how well I am on the day."
- Staff we spoke with gave us examples of how they worked in a person-centred way. A member of the care staff told us how refreshing she found the person-centred attitude compared to other services she had worked at.

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.

- People were provided with written information setting out the aims and objectives of the service. Staff were able to support people accessing this information where required. For example, one person said, "My care package is always updated, they send me paperwork and we go through it together."
- The provider was aware of this standard and told us they would meet people's individual needs and support them to access the information they required.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure so that all complaints were investigated, and action taken to resolve any issues. One person told us, "I complained that staff sometimes came in with dirt on their shoes, the manager arranged for shoe covers to be delivered straight away".
- A relative told us, "I have no complaints, I have discussed with the manager having a couple of other carers to alternate with the two regular ones so there is always a carer who understands [family member's] needs."

End of life care and support

- People's end of life preferences were discussed and recorded within care plans, where possible. Respect forms were in place regarding resuscitation and ongoing treatment decisions.
- Grab sheets containing important information such as medical conditions and communication needs were in place should a person require emergency admission to hospital.

- At the time of our visit, there was no one in receipt of end of life care.

# 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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a clear vision and values which were person centred and shared by managers and staff. People and relatives were very positive about the service. Positive comments made included, "Staff are very friendly, very amicable and they always turn up". "I am very happy, nothing negative about the help I get". "My carers always chat, I feel I have known them for years. They are so bubbly they make me laugh, very understanding about my personal issues".

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 understood their responsibility to be open and honest with people if something went wrong.

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

- There was a management structure in place with specific responsibilities such as recruitment, compliance and a clinical coordinator.
- Audits were carried out to check and monitor the quality of the service. For example, daily notes and care records were checked by managers to make sure care and support met people's preferences and standards of care.
- Managers had meetings to discuss any ongoing risk or improvements required at the service. At the time of our visit, the provider told us there were no identified risks with this location.
- Staff performance was monitored through spot checks and supervision meetings. Staff were able to request additional support and training.

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

- People and relatives were engaged through care plan reviews which took place face to face or on the telephone. We saw examples of when changes had been made in response to what people asked for. For example, changes made to call times, a preference for particular care staff and a process was introduced to make sure people received the weekly rota.
- People and relatives described the service as being well run and when they rang the office they were able to speak with the manager who listened and tried to find a solution.
- Staff meetings were held so changes could be communicated and staff could give their views and

feedback. The last staff meeting was used as an opportunity to thank staff for all their hard work during the pandemic and to celebrate their achievements.

#### Continuous learning and improving care

- The provider used regular reviews and the feedback provided to make changes to improve care and support for people.
- The provider was a member of an organisation for homecare providers where best practice guidance and legislation was shared so improvements could be made.
- Policies and procedures were updated to reflect changing standards within the sector.

#### Working in partnership with others

- The provider worked with the Local Authority and with healthcare professionals to make sure people received joined up care and support. Staff followed Public Health England guidance regarding the application of policies and procedures to prevent the transmission of COVID-19.