Blessings Healthcare Services Limited

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## Inspection report

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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? | Good |

# Summary of findings

## Overall summary

The inspection took place on 26 November 2018 and was announced.

Blessings Healthcare provides personal care to people who live in their own homes. The service is provided to both younger and older people who may have a physical disability or be living with dementia. On the day of the inspection 30 people received the regulated activity of personal care.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the overall rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were safeguarded from the risk of harm and abuse. Potential risks to people had been assessed to minimise the risk of harm. There were sufficient staff to provide people with their care safely. People received their medicines as required, from trained and competent staff. Staff ensured people were protected from the risk of acquiring an infection during the provision of their care. Processes were in place to ensure any incidents were reflected upon and relevant changes made for people's future safety.

People were cared for by staff who had received appropriate training, support and supervision in their role. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were supported to eat and drink sufficiently for their needs. Staff supported people to see a range of healthcare professionals in order to maintain good health and their wellbeing.

People consistently reported they were treated in a kind and caring manner by staff. People were supported by staff to express their views and to be involved in decisions about their care. Staff ensured people's privacy and dignity were upheld and independence promoted during the provision of their personal care. People's human rights were respected and supported.

People received personalised care which was responsive to their needs. People were supported to access activities and hobbies if this was required. People's concerns and complaints were encouraged, listened to and relevant action taken in line with the providers policy and procedures. The provider did not support anyone at the end of their life at the time of inspection but staff were trained in this area.

The provider had governance processes in place. People and staff were encouraged to be actively involved in the development and continuous improvement of the service. The provider had quality assurance systems in place. Staff had worked effectively in partnership with other agencies such as GPs, pharmacies, social workers and mental health professionals to promote positive outcomes for people.

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

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service remained Good. | **Good** |
| **Is the service effective?**<br>The service remained Good. | **Good** |
| **Is the service caring?**<br>The service remained Good. | **Good** |
| **Is the service responsive?**<br>The service remained Good. | **Good** |
| **Is the service well-led?**<br>The service remained Good. | **Good** |

# Blessings Healthcare Services Limited

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 November 2018 and was announced. We gave the service 48 hours' notice. This was to ensure staff were available that we needed to speak to. The inspection was completed by one adult social care inspector and an 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.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection, we spoke with three people and five relatives about their experience of the care provided. We spoke with the registered manager, the provider who also worked in a management role, and five care staff.

We looked at four people's care plans, staff supervisions, appraisals and required training records. We also looked at the provider's policies, procedures and other records relating to the management of the service, such as staff rotas, audits, and minutes of staff meetings. We considered how people, relatives and staff members comments were used to drive improvements in the service

Good

# Is the service safe?

## Our findings

People we spoke with consistently told us they felt safe with the care provided, when asked if they felt safe, one person told us, "Yes, it is nice to see someone and to know I am being looked after." One relative told us, "She does. We have the same carer every day. She understands her needs."

Policies, procedures and staff training were in place to protect people from risks including avoidable harm and abuse. Staff knew about the types of abuse and what signs to look for, and how to report concerns should they need to. Staff were confident they would be able to raise any concerns, and that they would be handled effectively by the registered manager.

Risks to people in relation to their personal care, health, mobility, risk of falls, skin integrity, continence, moving and handling and from their environment had been assessed and people had risk assessments in place. Where risks had been identified, measures were in place to manage and minimise them, such as through the use of walking aids.

There were sufficient staff to support people safely and take them to activities and external health appointments if required. Staff told us their workload was manageable, and that they could carry out their duties and had enough time with people. In the event of staff sickness, there were additional staff or members of the management team to cover this. The provider carried out the necessary pre-employment checks before staff started work at the service and had carried out a thorough recruitment process.

Arrangements were in place to receive, record and administer medicines safely and securely. People's medicines were administered by staff who had undertaken the relevant training to enable them to do so safely. Staff's competency to administer people's medicines had been assessed annually to ensure continuity of knowledge and skills, if the provider felt this was needed more frequently then this was completed.

All staff had completed both infection control and food hygiene training which they were required to update regularly. There was sufficient personal protective equipment (PPE) such as gloves and aprons available to staff and we observed staff coming in to the office to acquire more. Staff told us there were plentiful supplies of PPE which they wore. Staff's adherence to the infection control guidance was monitored during 'spot checks' of their practice. Processes were in place to ensure people were protected from the risk of acquiring an infection.

There was guidance for staff with regards to reporting incidents and accidents. We saw actions had been taken for people following incidents, such as putting in extra care calls. People's care records were updated in consultation with them, following any incidents and the information and any learning was shared with staff in team meetings and supervisions. Processes were in place to ensure any incidents were reflected upon and relevant changes made.

Good

# Is the service effective?

## Our findings

People and relatives told us that the service was effective. One person told us, "I have a book (daily record of care). I signed the care plan. They [staff] look at it each time they come in to check if anything has changed." One relative told us, "I think in general they [staff] are well trained, they understand [Loved ones] needs."

People received a comprehensive assessment of their support needs and from this a detailed care plan was created. Staff told us they spent time reading people's support plans to enable them to provide people's care effectively and that they were updated regularly or when changes occurred.

New staff completed an induction appropriate to their role. In addition to the provider's required training, staff underwent training which enabled them to meet people's individual and complex care needs effectively, for example training on catheter care. Staff told us and records confirmed they received regular supervision and had an annual appraisal of their work.

People's records identified if they required support with their meals or drinks and if they did their food and drink preferences were noted. People were supported with the meals they wanted assistance with. Staff monitored people's food and drink to ensure they received sufficient for their needs. If people required a food and fluid chart to monitor their intake this was done.

The provider was proactive in involving a range of external health and social care professionals in the care of people where this was appropriate, such as: community nurses, GPs, mental health professionals and social workers. Staff ensured people's health care needs were being met and if they had any concerns regarding a person's health then this was communicated with the relevant professional as well as the registered manager. People benefited from staff having good working relationships with external agencies to co-ordinate their care.

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.

Staff asked people about all decisions about their care to ensure their legal and human rights were upheld. The registered manager told us that everyone had the capacity to make decisions about their day to day care. Staff had all completed training on the Mental Capacity Act 2005 and had access to relevant guidance in the event they assessed a person who lacked the capacity to make a specific decision.

Good

# Is the service caring?

## Our findings

People, relatives and staff were consistently positive about the quality of care in the service. One person told us, "They do a very good job and are very caring." One relative told us, "She [staff] is more akin to a friend, she is kind. She is an enormous asset to me, so I can work." One staff member told us, "We encourage people to be independent and do what they can for themselves, it's so important."

The registered manager and provider told us they had a staff team they found to be caring and compassionate. They told us, "The team are really good, they really care, the staff treat people like they would want their own relatives treated". One staff member told us, "I love my job, I love the fact that by me being in the client's home they can continue to remain in their own home where many of them have lived in for years and have brought their families up in and that means so much to them."

People were asked for their views, wishes and preferences both during their care planning and the day to day provision of their care. People's preferences for the time of day they wanted their care provided and duration were sought and accommodated wherever possible. People's care plans noted the choices they could make about their personal care or interests they had.

People were provided with information in their preferred way. People's communication needs were noted, to ensure staff knew how to communicate information to people, for example, information given was in larger print to a person who struggled to read small print.

Staff were discrete and sensitive when helping people with personal care. One staff member told us, "I will always cover people in the places I am not washing to maintain their dignity." Staff promoted people's independence and consistently provided people with explanations to make them aware of what was happening and what they were going to do next.

Staff received training on equality and diversity and respected people's views and beliefs. Staff read the bible regularly to one person. The provider arranged for a person who could not speak English comfortably to have a staff member who spoke their language. This also helped when professionals were involved as the staff member could translate.

Good

# Is the service responsive?

## Our findings

People, relatives and staff told us the service was responsive to people's needs. One person told us, "They gave us a questionnaire when we first started with the agency to see what we wanted." One relative told us, "I have given feedback, the people in the office are lovely. I speak to them about a couple of times a week and they sort anything that needs to be sorted." People and relatives were clear about the pathway they had to follow for any issues to be resolved with regards to concerns or complaints.

People's choices and preferences were documented in their care plans. We noted there were personal and social histories contained within them, it was possible to 'see the person' in people's care plans. The care staff we spoke with were extremely knowledgeable about the people they were caring for. The daily records we looked at were person centred; an insight into people's daily lives could be obtained by reading them.

People were supported to access hobbies and interests. for example, staff supported people to access a local day centre where they could spend the day and use a range of facilities. People were also supported to do gardening, go for walks and shopping.

People had been provided with information about how to make a complaint and how any complaints would be addressed. People were able to make complaints in writing or had the opportunity to speak with the registered manager or office staff about any issues by phone or during a visit. People spoken with knew how to make a complaint and felt confident that any concerns they expressed would be addressed. Staff understood their role if they received any complaints. We saw that the provider had dealt with complaints effectively and in line with year policy.

At the time of inspection, the service was not providing end of life care to people. The registered manager confirmed that if they did support a person at end of life care, that the care was delivered in conjunction with specialist palliative care nurses and the persons GP.

Good

# Is the service well-led?

## Our findings

People and staff consistently told us that the service was well led. One person told us, "It is very well managed, all three of them in the office [management team] are lovely and easy to get hold of. We have the same carers, they don't have a high turnover of staff." One staff member told us, "[registered managers name's] is very supportive, her door is always open and they are easy to talk to."

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had a clear vision to provide a good standard of care and support based on the aims and objectives of the service such as; To ensure a service is delivered flexibly in a non-discriminatory manner while respecting each service users right to independence, privacy, dignity, fulfilment, and the rights to make informed choices. When we spoke with staff it was evident they worked within the provider's values.

There was a clear governance framework in place, and individual responsibilities were clear and understood. The registered manager was supported by the provider, an administrator, and care staff.

People and staff were engaged with the service in a variety of ways. People were asked to complete questionnaires to gather feedback on the service and identify areas for improvement. The registered manager gathered feedback from staff through meetings and supervision and respected and welcomed staff's views and opinions. The provider was proactive in actioning these.

There were processes in place to monitor and assess the quality of the service provided. In addition to questionnaires, there were regular reviews of people's care records to identify any areas that required attention. People's medicines administration records were checked regularly to identify errors or anomalies in staff recording. The registered manager carried out regular analysis of any incidents to identify any trends such as in relation to medicines or falls and where issues had been identified. Staff training, supervision and appraisals were monitored to ensure they were up to date.

The service worked proactively in partnership with professionals such as; GPs, pharmacies, mental health professionals and social workers to ensure people's needs were being met. Where professionals made recommendations, the provider ensured these were reflected in people's care plans.