

BlowingPoint Enterprises Limited

# BlowingPoint Care

## 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

About the service: This service is a domiciliary care agency. The service is registered to personal care to people living in their own homes. This was the first inspection of the service since it was registered to deliver personal care on the 01 February 2018. At the time of our inspection there were 7 people using the service.

People's experience of using this service:

- Whilst the service had registered on the 1 February 2018. This service had only been delivering a service to people since 31 January 2019.
- People's feedback of this service was positive. Staff were caring and kind towards people, and knew people well. Typical comments were, "[Name of registered manager] has really made it easy. They are at the end of the phone if I need anything." And, "I have not met any of the staff yet, but [Name] seems very happy. We are into week three, and things seem to be working well."
- At the time of the inspection the registered provider had recently started to work with the local authority to deliver a reablement service to people.
- Systems were in place to safeguard people from the risk of abuse. Risk assessments had been completed and provided guidance to staff about how to support people in a safe way. People said that staff arrived on time. We have made a recommendation about recruitment.
- Assessments had been carried out and care plans were in place. Some people had signed a consent form and this had been kept within their care plan, others did not. We have made a recommendation about care planning.
- Staff supported people to maintain a balanced diet, in line with their assessed needs.
- Mandatory training was given to staff as part of the induction process. Plans were in place to introduce the care certificate. We have made a recommendation about the induction process.
- A quality assurance framework was in place, but had not been used due to the service starting a few months prior to this inspection.

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: This was the first inspection of the service since it became operational.

Why we inspected: This was a planned inspection based on the length of time the provider had been

registered.

Follow up: We will continue to monitor intelligence we receive about the service until we visit again in line with our inspection programme. If any concerning information is received 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?

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 well-led.

Details are in our Well-Led findings below.

Good ●

# BlowingPoint 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** This inspection was carried out by one inspector and one 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. This person had experience of this type of service.

**Service and service type:** The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.'

**Notice of inspection:** We gave the service 48 hours' notice of the inspection site visit, because we needed to be sure the registered manager would be in. The inspection site visit activity started on 4 March 2019 and ended on 5 March 2019. We visited the office location to see the manager and office staff; and to review care records and policies and procedures.

**What we did:** We inspected three care plans, and three staff files. We looked at audits and quality assurance procedures relating to the management of service. Where commissioners or health professionals have given feedback, we have included this within our report. We also spoke with six relatives, three members of staff and the registered manager.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm.

### Using medicines safely

- At the time of the inspection we were unable to assess if people received their medicines in the right way and at the right time, because no one needed support to take their medicine. Processes were in place, which could be followed if this was needed. The policies and procedures met requirements.

### Learning lessons when things go wrong

- At the time of the inspection, policies and procedures were in place for the service to look at how learning could take place when a safety incident occurred. However, because this service was new these systems had not been used.

### Staffing and recruitment

- People told us staff arrived on time and if they were going to be late, they received a phone call from the office to let them know. No one had experienced had a missed call.
- Staff rotas were organised in a way to provide consistent support, enabling people to develop good relationships with staff. Travel time was included. One staff member said, "I get enough time to see everyone. If I am running late, because of road works, I call the office, and the office calls the person tell them I will be running a little bit late. We get paid travel time, it's not too bad."
- The registered manager explained that they were planning to introduce electronic call monitoring (ECM) system and were working with the local authority to do this.
- Recruitment checks were carried out, but interview records had not been kept within the staff file.
- References had been obtained before staff started work and Disclosure and Barring Service (DBS) check had been obtained. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

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

- People told us they felt safe with the staff that supported them. One relative said, "Right from the start the staff have been so nice. It was hard to convince them to let [Name] come but they look forward to every visit. There is a big difference in [Names] whole personality."
- Staff were trained in safeguarding and knew how to report concerns of abuse and poor care.
- The registered manager and staff knew how to report abuse, and what to look out for. They told us they would report any concerns to the office.

### Assessing risk, safety monitoring and management

- Assessments considered any risks related to supporting the person and risks for staff.
- Risk assessments were in place, which provided staff with guidance about how to support people in a safe

way. For example, one person was at risk of falls, the risk assessment looked at ways this person could mobilise safer, by considering the persons footwear.

#### Preventing and controlling infection

- People told us that staff used hygienic practices when they were in their home. The registered provider issued staff with gloves, aprons and footwear covers.
- Staff had received training in food safety and infection control to help them to carry out their responsibilities safely.

# Is the service effective?

## Our findings

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 of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

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.

People's outcomes were consistently good, and our observations and the feedback we received confirmed this.

Ensuring consent to care and treatment in line with law and guidance

- Consent was not obtained consistently as part of the assessment process. Some people had signed consent retained within their care plan, and others did not. The registered manager told us they were aware of this and would ensure this had been carried out.
- When people had others acting on their behalf, information had been recorded in the assessment if people had representation in place. For example, the assessment had recorded if people had a Lasting Power of Attorney or a Court of Protection agreement in place. Copies of these agreements had not been kept within the persons care plan.
- The registered manager understood the principles of the MCA. They were aware of what to do and who to report to if people they were caring for became unable to make decisions for themselves.

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

- At the time of the inspection the registered provider had recently started to work with the local authority to deliver a reablement service to people. A reablement service is a short and intensive service, usually delivered in the home, which is offered to people with disabilities and those who are frail or recovering from an illness or injury. We asked the local authority to provide feedback as part of the inspection, they said, "The people whom they support have given good feedback and are happy about the quality of services they are getting."
- Relatives were positive about the care and support their family members had received. One relative said, "We can't fault the care. I think [Name] looks better already. I think having the staff go in has given them something to look forward to every day. They aren't so down."

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

- Assessments were carried out by the registered manager before the service started. The registered manager relied on the information provided by the local authority, when looking at the care and support people received. This meant the information recorded in people's care plans were brief and had not been written in a person centred and holistic way, which focused on outcomes for people. Two people told us they had been consulted with when an assessment of their needs had been carried out.

We recommend the registered provider seeks advice around developing care plans in a holistic way, with a focus on meeting people's outcomes.

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

- At the time of the inspection we were unable to assess if people who were at risk were supported to eat and drink in a safe way, because, we were told by the registered provider that no one needed support to eat in a safe way.
- Staff supported people to maintain a balanced diet, if this was in line with their reablement needs. One relative said, "Lunch is usually left in the fridge and the staff get it. I am confident that they will make sure she gets something else if she doesn't want it."
- Staff had received training in nutrition and hydration, and food hygiene as part of their induction.

Staff support: induction, training, skills, and experience

- Not every staff file had a record of supervision, the registered manager explained that this was because some staff had only recently been recruited, and that they would supervise with staff every three months. Staff told us they received a programme of training and could request supervision if this was needed.
- Staff told us they were given an induction, and records confirmed this. The registered manager explained that they were planning to introduce the care certificate as part of the induction process. The care certificate is an identified set of standards health and social care workers adhere to in their daily working life.

We recommend the service finds out more about requirements of the care certificate, and make changes to ensure all staff receive a robust induction based on current best practice.

# 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

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 their relatives, told us staff were kind and caring towards them. One person said, "I can hear the staff chatting when they are with [Name] There is a lot of laughter between them."
- Staff had received training dignity and respect, and equality and diversity as part of their induction. One relative said, "[Name] tells me that the staff are really friendly and always have a smile on their faces and nothing is a trouble to any of them."

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

- People and their relatives told us, staff encouraged them to be independent. One relative said, "[Name] is very independent. They like to do what they can for themselves. The staff really encourage them to do so."
- People's care plans had not been reviewed because the provider had only been delivering care to people for a few months prior to the inspection.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated in a dignified and respectful way. One relative said, "I have no problems with how [Name] is being looked after. They seem happy with everything too."
- Staff told us when supporting the person, they ensured they protected their privacy, by making sure doors and curtains were closed when providing personal care, and encouraging people to do as much as they could for themselves. One relative explained, "When the staff are getting [Name] ready they keep them covered up, and the curtains closed until they are finished."

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

### End of life care and support

- At the time of the inspection we were unable to inspect if people received effective end of life care, because the registered provider had not yet delivered care to people who were at the end of their life.
- The registered manager spoke passionately about wanting to deliver support services to people who were at the end of their life and explained how they would support staff to deal with the emotional aspects of this type of work.
- Staff told us they had not been trained in end of life care and records confirmed this. The registered provider had a suite of online training and told us that this training would be rolled out to staff soon.

We recommend that staff are provided with end of life training and that end of life care plans are available that meets best practice.

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

- At the time of the inspection we were unable to inspect if the registered provider dealt with complaints in a responsive way, because no one had raised a complaint.
- People told us they understood how to raise any concerns, because this had been discussed with them when their care had started. A handbook given to people when care had started, explaining how they should make a complaint if they received an unsatisfactory service.
- A framework was in place for compliments, comments, or complaints to be dealt with correctly. Policies and procedures were in place that met requirements.

### Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service identified people's information and communication needs by assessing them. People's communication needs were identified, recorded, and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. For example, information was provided in large print, and the care plans assessed what other resources may be needed to help people to understand information.
- The registered manager gave examples of when care had been given which met people's needs and preferences. The feedback from people reflected this. One relative said, "[Name] has improved over the weeks and we feel that they could manage to do what they need to for themselves. The registered manager has arranged to come and see them, to discuss where we go from here."

# 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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- A quality assurance framework was in place, but had not been used due to the service starting a few months prior to this inspection.

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

- A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service.

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

- There was no evidence available to demonstrate that the registered provider involved people who used the service, the public and staff, because the registered manager told us the service had only been operating two months prior to the inspection taking place. A framework was available for the registered manager to carry out audits of care and spot checks.

Continuous learning and improving care

- There was no evidence available to demonstrate that the registered provider continuously looked at ways the service could be improved to people. Systems were in place to obtain feedback from people who used the service, however these had not been used yet.

Working in partnership with others

- There was no evidence available to demonstrate that the registered provider had worked in partnership with others to develop the service, but the registered manager spoke passionately about developing this area in the future.