Blue Lily Home Care 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

About the service
Blue Lily Home Care is a domiciliary care service which provides personal care and support to people in their own homes. At the time of the inspection there were 13 people using the service. 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 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.

People's experience of the service was positive. They were protected from the risk of harm and abuse. There were effective systems and processes in place to minimise risks. Care workers had been recruited safely. Feedback from people and their relatives showed there were no punctuality issues.

People received person centred care. Their assessments showed they had been involved in the assessment process. Care plans described how people should be supported so that their privacy and dignity were upheld.

Care workers demonstrated good knowledge and skills necessary for their role. People's health needs were met. The service worked with a range of external professionals, so people received coordinated care.

People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination.

There were governance structures and systems which were regularly reviewed. There was a complaints procedure in place, which people's relatives were aware of. Quality assurance processes such as audits and spot checks, were used to drive improvements.

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

Rating at last inspection
This service was registered with us on 08/07/2019 and this is the first inspection.

Why we inspected
This was a planned inspection based on our inspection scheduling.

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.

Blue Lily Home 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
The inspection team consisted of one 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.

Service and service type
Blue Lily Home Care is a 'domiciliary care service' where people receive care and support in their own homes. 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. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. We visited the office location on 16 September 2021.

What we did before the inspection
Prior to the inspection we reviewed information and evidence we already held about this service, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the service. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also viewed the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke mostly with people's relatives to help us understand the experience of people who could not speak with us. We spoke with six relatives and one person who used the service. We spoke with the service director, registered manager, care coordinator and five care workers. We reviewed seven care records of people using the service, seven personnel files of care workers, audits and other records about the management of the service.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We received information relating to the provider's governance systems and some care records. This information was used as part of our inspection.

Good

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 were protected from the risk of harm and abuse. There were policies covering safeguarding adults, which were accessible to all staff. They outlined clearly who to go to for further guidance.
• Care workers had received up-to-date safeguarding training appropriate to their role. They knew how to identify and report concerns. They were aware they could notify the local authority, the Care Quality Commission (CQC) and the police when needed.
• People's relatives told us people were safe in the presence of care workers. One relative told us, "The care workers handle my relative well. My relative is at risk of falls, but he is much more secure now and I have peace of mind."

Assessing risk, safety monitoring and management
• There were adequate systems to assess, monitor and manage risks to people's safety. Comprehensive risk assessments were carried out for people. People's care files contained a range of risk assessments. In all examples, the assessments provided information about how to support people to ensure risks were reduced.
• The care plan of one person identified complications of diabetes and how to prevent them. The care plan identified the common causes, signs and symptoms of low or high blood sugar.
• The same approach was repeated across the range of risk assessments in place. These had been kept under review to ensure people's safety and wellbeing were monitored and managed appropriately.

Staffing and recruitment
• There were sufficient care workers deployed to keep people safe. An electronic scheduling, monitoring system was in place to manage shifts and absences. People and their relatives told us care workers were always on time and stayed for the allotted time.
• Time keeping brought about the most praise from relatives, including, "I am very impressed with their timekeeping", "Care workers are very much on time and do all they should" and "timekeeping is impressive. I am informed very quickly if there are any delays."
• Appropriate recruitment checks had been carried out for all care workers. Their personnel records showed pre-employment checks had been carried out. Checks included, at least two references, proof of identity and Disclosure and Barring checks (DBS). These checks helped to ensure only suitable applicants were offered work with the service.

Using medicines safely
• There were systems and proper procedures in place to ensure proper and safe use of medicines. Medicine administration records (MAR) were completed appropriately and regularly audited.

• Care workers had received medicines training. They told us they had been assessed as competent to support people to take their medicines.
• People told us they received their medicines on time. A relative of one person told us, "There is a package of medicines, which is clearly marked with instructions. I can tell the care workers administer medicines well and it is recorded."

Preventing and controlling infection
• People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination. Care workers were supplied with appropriate personal protective equipment (PPE), including gloves and aprons. They had also completed training in infection control prevention.
• People's relatives told us care workers followed appropriate procedures for minimising risks that could arise from poor hygiene and cleanliness.

Learning lessons when things go wrong
• There was a process in place to monitor any accidents and incidents. Accidents were documented timely in line with the service's policy and guidance. These were analysed by the registered manager for any emerging themes. There were no incidents recorded at the time of the inspection.

Good

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's needs were assessed, before support plans and risk assessments were drawn up. Agreed goals of care were delivered in line with standards, guidance and the law. Relevant guidelines were in place.
• People's assessments covered a wide range of areas including their choices and preferences. People told us they received the care they needed, and their choices and preferences were responded to. A relative told us, "We always preferred a male care worker and we were given a care worker of choice."

Staff support: induction, training, skills and experience
• Care workers had the appropriate skills and training. They demonstrated good knowledge and skills necessary for their role. We were able to view training matrices and documentation that confirmed the required competencies had been achieved.
• New staff completed an induction using the Care Certificate framework before starting work. The Care Certificate is a method of inducting care staff in the fundamental skills and knowledge expected within a care environment.
• The registered manager told us newly employed care workers also shadowed experienced members of staff until they felt confident to provide care on their own. This ensured they were prepared before they carried out their first visit to people's homes.
• We saw records confirming that supervision and support were being provided. Care workers who had been at the service for longer than a year also received an annual appraisal, including monthly spot checks to monitor their performance when supporting people.
• Relatives of people receiving care told us the care workers were skilled at their jobs and knew what to do. Their feedback included, "Care workers are well trained and my relative has a routine to follow and the care worker fits in with that" and "My relative is receiving a [specific type of care] and care workers know what is needed."
• Less positively, one relative told us care workers were not well trained in a particular procedure, which involved manual handling. We contacted the provider regarding this, they were receptive to our feedback, promising to offer care workers a refresher training.

Supporting people to eat and drink enough to maintain a balanced diet
• There were arrangements to ensure people's nutritional needs were met. This included a nutrition and hydration policy to provide guidance to care workers on meeting people's dietary needs.
• People's relatives or friends mostly supported with food and eating. A relative told us, "Meals are not often needed from care workers, but they would provide a snack if necessary." However, were necessary, another relative said, "The food is all warmed up by the care worker. My relative has ready-made meals and the care

worker will serve additional food if my relative wants it. My relative can choose what food she has."
• Less positively, we raised a concern with the provider regarding feedback from one relative, about speed and pace of feeding. The relative told us, "Care workers should be feeding my relative at their pace." The provider told us they will be offering training to support care workers to adjust to people's pace in order to promote person–centeredness of mealtime care.

Supporting people to live healthier lives, access healthcare services and support
• People's health needs were met. Their care plans identified their needs and input from a range of professionals, including GP, palliative care team, district nurses and occupational specialists.
• People's relatives told us care workers accompanied people or arranged visits to hospitals and appointments with GPs.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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.
• The service was working within the principles of the MCA. People told us care workers obtained consent before they could proceed with any task at hand.
• People's relatives told us care workers asked people if they needed any assistance. A relative told us, "If there is an option, care workers will check with my relative what she wants" and "I have seen the care workers talking with my relative and have heard them ask for permission."
• People or their representative signed care plans. These showed consent to care and treatment had been obtained. Where people had been unable to consent to their care, best interest decisions had been made to provide support.

Good

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.

Respecting and promoting people's privacy, dignity and independence
• People's relatives told us care workers were kind and caring. They said, "The agency has been brilliant, supportive, understanding and flexible. The care workers have been personally involved, reassuring and caring. All has been very good" and "I have got to know the care worker who is polite, respectful and does what is asked."
• People's privacy was respected. The care plans described how people should be supported so their privacy and dignity were upheld. People could describe how the agency protected their dignity. For example, for reasons related to dignity or specific cultural traditions, some people preferred to be supported by a care worker of their own sex, which was supported. One person told us, "We made it clear we wanted female care workers and we got our choice."
• People were supported to maintain their independence. People's relatives told us about how care workers took time to support people to participate as fully as they could. However, we discussed with the provider of the relevance of a positive risk-taking policy and practice. The provider assured us this would be put in place. This is important because providing real choice and control for people means enabling them to take the risks they choose in line with guidance.
• Privacy and confidentiality were also maintained in the way information was handled. Care records were stored securely in locked cabinets in the office and, electronically. The service had updated its confidentiality policies to comply with General Data Protection Regulation (GDPR) law.

Ensuring people are well treated and supported; respecting equality and diversity
• The service respected people's diversity. Care workers had received equality and diversity training. They understood the importance of treating people fairly, regardless of differences. Relevant policies were in place, including, equality and diversity and Equalities Act 2010. This ensured people's individual needs were understood and reflected in the delivery of their care.
• People felt that care workers treated them fairly, regardless of age, gender or disability. As addressed earlier, relatives told us that people were supported with their religious and cultural needs.

Supporting people to express their views and be involved in making decisions about their care
• There were systems and processes to support people to make decisions. As addressed earlier, the service complied with the provisions of the MCA 2005. Care workers were aware of the need to seek people's consent before proceeding with care.
• The registered manager maintained regular contact with people through telephone calls and reviews. This gave people opportunities to provide feedback about their care. Records showed people had been consulted about their care. A relative told us, "The manager always phones to ask how we are getting on."

Good

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 received person centred care. Their assessments showed they had been involved in the assessment process. Care plans were written to reflect their choices, likes and dislikes.

• People's care files contained meaningful information that identified their abilities and the support required to maintain their independence. For example, people with diabetes had specific care plans outlining what the condition meant to them and how it affected them. This ensured they received care that met their needs.

• Care workers were knowledgeable about people's needs. They could describe people's preferences, likes and needs. Their knowledge of people's needs was also enhanced by the fact they had been allocated to the same people regularly, which meant they were familiar with their needs. A relative told us, "My relative is used to the regular care worker we have and he looks after him very well. They have a good rapport."

• Care plans were regularly reviewed to monitor whether they were up to date so that any necessary changes could be identified and acted on at an early stage. A relative told us, "There is good communication. The manager contacts us regularly. The agency is flexible and happy to change the times of care and number of visits if requested."

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.

• Each person's preferred method of communication was highlighted in their care plans, which enabled staff to communicate with people in the way people preferred.

• People were matched with care workers on grounds of a mutual language. People spoke a range of languages, and the service employed staff who spoke as many languages. A relative told us, "There is no language barrier. Care workers speak the same language as my relative." Another relative told us, "I chose the agency after researching and reading reviews, but mainly because it is able to offer native speaking carers."

End of life care and support

• The service provided end of life care. Some people were receiving end of life care at the time of this inspection. All staff had completed end of life care training and were knowledgeable of what was required. A relative told us, "My relative is receiving palliative care and the carer workers know what is needed. I am

happy with care workers. They give my relative time and space when she needs it. She responds to them well."
• End of life care plans were in place. This identified people's needs, wishes and preferences and ensured people was supported to maintain their dignity and wellbeing at the end of their life.
• Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms were in place. All DNACPR paperwork was appropriately completed and signed by a GP and staff nurse. This ensured people's choices were met when they could no longer make the decision for themselves.

Improving care quality in response to complaints or concerns
• There was a complaints policy and people's relatives confirmed they could complain if needed to. They told us, "A couple of months ago one care worker was rather domineering. I told the agency and they dealt well with my concern" and "The agency is responsive to our concerns. When we have wanted to change the times of care, this has been responded to positively.'
• There were no pending complaints at the time of the inspection.

Good

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

• The registered manager was knowledgeable about the characteristics that are protected by the Equality Act 2010, which we saw had been fully considered in relevant examples. As addressed earlier, there were practical provisions to support people's religious or cultural needs.

• People's relatives told us care reviews counted for something. They told us people had choice and control over their care and were encouraged to raise any issues of concern, which they felt were valued and acted upon. One relative told us, "The agency listens to our concerns and take action." Another relative said, "I am very happy with the agency. They are open to suggestions."

• The provider understood people's opinions mattered. There were a range of formal systems to seek people's input to improve and develop the service. Regular meetings and care reviews took place and people were free to express their views. People received regular unannounced spot checks and telephone calls. This ensured they were consulted and given opportunities to comment about their care.

• The leadership complied with the duty of candour. This is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. We had been notified of notifiable events and other issues.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

• The service had a clear management structure consisting of the service director, registered manager, and care coordinator. Care workers were well informed of their roles and reporting structures. They described the management as compassionate, supportive and accessible. People's relatives also described the management in complimentary terms. One relative told us, "I would recommend the agency to others. The managers are quick to act. Concerns are addressed quickly."

• The registered manager was committed to providing high quality care. We found him to be knowledgeable regarding people's needs. Care workers confirmed the registered manager was approachable and they could contact him at any time for support. They felt free to raise any concerns knowing these would be dealt with appropriately.

• The service had a range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as, medicines management, safeguarding, equality and diversity, sexuality, communication, and end of life.

• Regular audits were carried out and where any concerns were found, action was taken to reduce

reoccurrences and to help drive improvements. We found the registered manager to be knowledgeable about issues and priorities relating to the quality and future of the service.
• Accidents and incidents were monitored for trends and learning points. They were appropriately investigated by the registered manager and escalated to the service director. The results were shared with staff to raise awareness.

Working in partnership with others
• The service worked in partnership with a range of health and social care agencies to provide care to people. These included, GPs, psychologists, district nurses, pharmacists and occupational therapists.