SHN Care Ltd

Blue Ribbon Live In Care

Inspection report

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Date of inspection visit:
09 August 2021
17 August 2021

Date of publication:
09 November 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
Blue Ribbon Live In Care is a home care agency that supplies live-in staff to provide personal care to people living in their own homes. At the time of our inspection, 12 people living in London or North Wales, received personal care and support from this agency. Approximately half these people were living with dementia.

People's experience of using this service
People told us they were happy with the standard of live-in care and support they received from this home care agency. Typical feedback from relatives included, "Blue Ribbon Live In Care are an excellent provider who I would highly recommend."

People received continuity of care from live-in care workers who were familiar with their needs and wishes, and whose fitness to work in an adult social care had been thoroughly checked.

However, we have made a recommendation about live-in care workers being entitled to sufficient uninterpreted time off without working between their scheduled shifts.

People were kept safe and protected against the risk of avoidable harm and abuse. People were cared for and supported by live-in care staff who knew how to manage risks they might face. Medicines systems were well-organised, and people received their prescribed medicines as and when they should. Staff followed current best practice guidelines regarding the prevention and control of infection including those associated with COVID-19.

The provider ensured live-in care staff had the right levels of training and support they needed to deliver safe and effective personal care to people living at home. 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 were supported to access food and drink that met their dietary needs and wishes. Assessments of people's support needs and wishes were carried out before they started receiving any home care from this agency. People were supported to stay healthy and well, and access relevant community health and social care professionals as and when required.

People were treated equally and had their human rights and diversity respected, including their cultural and spiritual needs and wishes. Live-in care staff treated people with dignity and upheld their right to privacy. People typically described their live-in care workers as "kind". People were encouraged and supported to maintain their independent living skills and do as much for themselves as they were willing and capable of doing so safely.

People each had an electronic care plan that was person-centred, which helped live-in staff provide them with individualised home care and support they needed. Staff ensured they communicated and shared

information with people in a way they could easily understand. People were encouraged to make decisions about the care and support they received at home and staff respected their informed choices. People were supported to participate in activities that reflected their social interests and to maintain relationships with family and friends who were important to them. People's concerns and complaints were listened to and investigated by the provider. When people were nearing the end of their life, they received compassionate and supportive care.

People receiving a home care service, their relatives and staff were complimentary about the way the office-based managers ran the agency and how approachable they all were. The quality and safety of the service people received was routinely monitored by managers and they recognised the importance of learning lessons when things went wrong. The provider promoted an open and inclusive culture which sought the views of people receiving a home care service, their relatives and live-in care staff. The provider worked in close partnership with other health and social care professionals and agencies to plan and deliver people's packages of live-in home care.

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

Rating at the last inspection
This service was registered with us on 31 January 2014. This is their first comprehensive inspection.

Why we inspected
This was a planned comprehensive inspection based on the service no longer being dormant after they started providing a service to a number of people in 2020 when they become active.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our 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 Ribbon Live In 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. 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.

As part of this inspection we also looked at the provider's infection control arrangements, so we could understand the preparedness of the service in preventing or managing an infection outbreak.

Inspection team
The inspection was carried out by an inspector.

Service and service type
This service is a home care agency that uses live-in staff to provide personal care to people living at home.

The service had a manager registered with the Care Quality Commission (CQC). 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
This inspection was announced. We gave the service a weeks' notice of the inspection visit because we needed to be sure the office-based managers would all be available for us to speak with during our inspection. This two-day inspection started on 9 August and ended on 17 August 2021, when we visited the provider's offices.

What we did before the inspection
We reviewed all the information we had received about this home care agency. We used the information the provider sent us in the provider information return. 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. We used all this information to plan our inspection.

During the inspection
During our site visit we spoke virtually via a video link with the registered manager and in-person with both the services manager and assistant manager who were permanently based in the providers' London offices.

We looked at a range of electronic records that included three people's care plans, and various staff recruitment, training and supervision records and medication administration sheets. A variety of other records relating to the overall management of the service were also read.

Following the inspection
We received email feedback about Blue Ribbon Live In Care from the relatives of six people using the service, a community nurse and four live-in care staff.

We continued to seek clarification from the provider to validate evidence found. We requested the provider send us additional evidence after our inspection in relation to staff training and duty rosters.

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 service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Staff were subject to robust pre-employment checks to ensure their suitability for the role.
- There were enough staff to meet people's needs and wishes.
- People told us they received continuity of care from regular live-in care workers who were familiar with their needs, wishes and preferences. For example, a relative remarked, "We've had the same live-in carer from the beginning and on the rare occasions when they take leave the agency tries to ensure that the stand in carer are the same as previously supplied to ensure continuity."
- However, the provider had not always ensured staff were afforded enough time off to adequately rest between their scheduled shifts. For example, duty rosters we looked at indicated two live-in care workers had recently worked 10 to 12 hour shifts every day for a month without any uninterrupted 24-hour period of time off. In addition, the provider did not have any written staff policies in place that specified the number of days live-in care workers could work without having sufficient time off.

We found no evidence that people had been harmed however, people might be placed at risk of receiving poor quality from fatigued staff who had not had sufficient time off between prolonged periods of work to adequately rest and recuperate. We recommend the provider consider current guidance about workers' rights to have sufficient time off between working long days/shifts and to take appropriate action to update their working practices and policies accordingly.

Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of avoidable harm and abuse.
- The provider had clear safeguarding and staff whistle-blowing policies and procedures in place.
- Staff had access to guidance about how to deal with safeguarding concerns in their electronic handbooks, which was available via an App on their mobile phones and had all received up to date safeguarding adults training.
- Managers and staff were confident they knew how to recognise abuse and respond to it. For example, one member of staff told us, "I would immediately report any safeguarding concerns I had to my manager or supervisor who I'm sure would then inform the right local authority, and the police if needed."
- At the time of our inspection no safeguarding incidents were under investigation or had ever been raised in respect of this service.

Assessing risk, safety monitoring and management

- People were supported to stay safe while their rights were respected.
- People's electronic care plans contained up to date person-centred risk assessments and management

plans. These plans provided staff with clear guidance about the actions they needed to take to prevent or manage identified risks and hazards individuals might face.

● Staff told us these electronic risk management plans were easy access and follow via Apps on their mobile phones, which helped them prevent or safely manage assessed risks.

● People told us staff knew how to keep them safe. A relative said, "My [family member] is at risk of developing pressures sores and since our regular live-in carer has been in charge we haven't had any skin care issues whatsoever."

Using medicines safely

● Medicines systems were well-organised, and people told us they received their medicines as prescribed.

● People's care plans included detailed information about their prescribed medicines and how they needed and preferred them to be administered.

● Staff followed clear protocols for the safe management of medicines. Staff received on-going medicines training and their competency to continue handling medicines safely was routinely assessed by their line managers. One member of staff told us, "I refresh my medication training annually or more frequently if my manager and I feel I need it."

Preventing and controlling infection

● We were assured the service was following current infection prevention and control (IPC) procedures, including those associated with COVID-19.

● We received positive feedback from people about how the provider had managed COVID-19. For example, a relative said, "I think the service managed COVID-19 extremely well and went the extra mile to keep my [family member] safe by having our live-in carer stay during the various lockdowns."

● Staff had completed up to date IPC training, used personal protective equipment (PPE) correctly and demonstrated a good understanding of all their IPC roles and responsibilities. A member of staff told us, "I always follow the most up to date hand hygiene, PPE and environmental cleaning rules in line with my IPC training, which is routinely refreshed these days because of COVID-19."

● Staff were routinely tested for COVID-19 and had all been vaccinated to minimise the risk of catching or spreading the virus.

● The provider had assessed the infection risks people receiving a home care service and the live-in care staff providing it might face. For example, risk management plans were available in respect of people deemed to be in high COVID-19 risk groups, such as people using the service and staff who were members of Black, Asian and Minority Ethnic groups or those with underlying health conditions.

Learning lessons when things go wrong

● The provider learnt lessons when things went wrong.

● The provider had systems in place to record and investigate any accidents and incidents involving people using the service. This included a process where any learning from these would be identified and used to improve the safety and quality of support people received.

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 service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People received care and support from staff who had the right mix of skills, knowledge and experience to deliver it effectively.
- Staff demonstrated good awareness of their working roles and responsibilities and confirmed their training was being routinely refreshed to ensure it remained relevant. One member of staff said, "The training we receive is very good and has prepared me well to be a lone working live-in carer."
- People also described their live-in care workers as competent. For example, one relative told us, "We have been very happy with our live-in carers who have all been trained to the highest calibre. They're all excellent."
- The provider had a well-resourced training area at their offices for staff to receive practical instruction and advice about the safe use of various equipment people needed at home, such as mobile hoists, standing frames and adjustable beds.
- Staff had on-going opportunities to reflect on their working practices through regular individual supervision and work performance appraisal meetings with their line manager.

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

- People received care and support that was planned and delivered in line with their identified needs and wishes.
- Care plans were based on assessments carried out by the provider and various community health and social care professionals prior to people using the service, which identified people's dependency and care needs.
- Staff were aware of people's individual support needs and preferences. A community nurse told us, "I cannot fault the live-in carer that is currently with our client who understands and meets all their needs very well."

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.
● People consented to the care and support they received from their live-in care workers.
● Relatives told us staff always asked for their family members consent before providing them with any personal care. A relative said, "Staff are very good at making sure they let my [family member] know what they are about to do before they provide her with any personal care."
● Staff had received up to date MCA and DoLS training and were aware of their duties and responsibilities in relation to the MCA and Deprivation of Liberty Safeguards (DoLS). Staff told us they always asked for people's consent before commencing any personal care tasks. One member of staff said, "I always explain what I'm planning to do for people and make sure they understand what I've said by getting their verbal consent if I can."
● Care plans clearly described what decisions people could make for themselves. The assessment process addressed any specific issues around capacity.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to access food and drink that met their dietary needs and wishes.
● Where staff were responsible for preparing people's meals and/or assisting them to eat and drink, people told us they were satisfied with the choice and quality of the meals and drinks they were offered by their live-in care workers. A relative said, "Our carer knows what my [family member] likes to eat and drink and the food they prepare always looks and smells delicious."
● Care plans included nutritional risk assessments about people's dietary needs and preferences. Staff monitored the food and drink intake of people who had been assessed as being at risk of malnutrition to ensure these individuals ate and drank enough and had a balanced diet. A relative told us, "Our carer knows my [family member] is at risk of excessive weight loss and is very vigilant when it comes to making sure they eat well."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People were supported to stay healthy and well.
● People's care plans detailed their health care needs and conditions and the action staff needed to take to keep people fit and well.
● Staff ensured people attended scheduled health care appointments and where appropriate, made timely referrals to community-based health care professionals including, GP's and district nurses. A community nurse told us, "The live-in carer that is currently with our client is very knowledgeable about their health care needs and knows when and how to escalate any health problems to ensure they get resolved safely and quickly."

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 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 told us staff respected their privacy and dignity.
- Live-in care staff spoke about people they supported in a respectful and positive way. One member of staff told us, "To protect people's modesty I always ensure I keep the door closed and keep people partially covered up with a towel whenever I'm providing them with any intimate care."
- Care plans included information about people's different dependency levels and what they were willing and could do for themselves and what tasks they needed additional staff support with, such as eating and drinking, for example.

Ensuring people are well treated and supported; respecting equality and diversity
- People had their human rights and diversity respected and were treated with compassion by staff.
- People told us their live-in care workers were "kind" and treated them or their family members with the utmost respect. One relative remarked, "Our live-in carer is lovely…They're like family to us", while a second relative said, "All our live-in staff are excellent…So supportive and kind."
- Care plans contained detailed information about people's spiritual and cultural needs.
- Staff had received equality and diversity training and knew how to protect people from discriminatory behaviours and practices. Where people expressed a preference to have staff support them who they had things in common with, such as gender, language, culture, religion and/or social interests, the provider took this into account in the matching process. A member of staff told us, "The company are very good at placing us with clients they know our skills and interests will thrive with."

Supporting people to express their views and be involved in making decisions about their care
- People were encouraged to make decisions about the care and support they received and had their decisions respected.
- People told us they had regular opportunities to express their views and were encouraged to be active participants in helping to plan the personal care they received at home. For example, people had the chance to make decisions about their packages of care at regular care plan review and call monitoring meetings, which the provider facilitated.
- Staff also told us they supported people on a daily basis to make informed decisions about their care. For example, one member of staff said, "I always ask the person I support what they would like to eat before I prepare them a meal and help them choose what they would like to wear every morning by putting a selection of their clothes out on their bed."
- People were consulted and agreed to the contents of their care plan. People had signed their care plan to show they agreed to it.

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 service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
- People received personalised care that was tailored to their individual needs and wishes.
- People had up to date person-centred care plans. The plans included detailed information about people's personal, emotional and physical health care needs, and their likes and dislikes.
- The plans were available in electronic formats which meant they could be easily updated and accessed by people using the service, live-in care staff and managers. If people's needs, wishes or circumstances changed their care plan could be instantly updated in real time to reflect this.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
- Care plans reflected people's social interests, cultural needs and spiritual wishes, and whether or not they were at risk of social isolation at home.
- People told us staff supported them to take part in various activities that reflected their social interests and spiritual wishes. For example, a relative said live-in care staff helped their family member continue regularly attending meetings that were held locally and facilitated by a well-known Christian organisation.

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's communication needs were identified, recorded and highlighted in their care plan.
- The provider was aware of their responsibility to meet the AIS. Managers told us they could provide people with information about the service in accessible formats as and when required. For example, the service users guide, and the providers complaints procedure could be made available in a variety of different formats, including large print, audio and different language versions.
- Staff understood the AIS. For example, a community nurse told us, "Our clients live-in care worker communicates well with them and their family."
- Staff supported people to use electronic communication devices, such as tablets and mobile phones, to stay in touch with family and friends who were important to them.

Improving care quality in response to complaints or concerns
- The provider managed complaints well.
- People were given a copy of the provider's complaints procedure when they first started using the service.

People told us the process was easy to follow as it was how they could raise any concerns they might have about the agency and the action they could expect the provider to take in response to their complaint.
● Complaints were logged, responded to appropriately and, where appropriate, actions taken after lessons had been learnt about how the provider could improve their service.

End of life care and support
● At the time of our inspection, no one was receiving end of life care.
● The provider had an end of live policy and people's care plans had a section they could record their end of life care and support needs and wishes, if they wanted to.
● Managers gave us an example of how they had recently worked in close partnership with a local GP and palliative care nurse to ensure a person they supported remained comfortable and experienced dignified end of life care at home.
● Staff had completed up to date end of life care training.

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 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.

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

- There were clear management and staffing structures in place. The service had two managers who were permanently based at the provider's London offices and were in day-to-day charge of the agency. They were supported by the registered manager who worked out of offices located in North West England.
- People spoke positively about the way this live-in care agency was managed. For example, a relative told us, "The managers are all very caring, show a keen interest in my family's welfare and are able to attract a high calibre of live-in care staff". A member of staff also said, "The company is very well run. The managers are all approachable, easy to get hold of and very supportive."
- Staff told us their employer operated an on-call system , ensuring there was always managerial support available to staff should they need additional help and assistance out of 'normal' office hours. Managers also gave us a good example of how they used Information Technology such as WhatsApp and a digital staff handbook to keep staff up to date with any changes made to best practice guidance.
- The managers understood their responsibilities with regards to the Health and Social Care Act 2008 and what they needed to notify us about without delay.

Continuous learning and improving care

- Managers were keen to improve the service and they recognised the importance of continuous learning.
- For example, managers regularly carried out home monitoring visits to observe staff working practices, including how staff interacted with the people they were supporting, and how well they manage records they were required to keep. Furthermore, managers introduced 'mock inspections' which enabled them to self-assess the quality of the live-in home care service they provide people and identify what they do well and what they could do better.
- The registered manager also gave us a good example of how they used an electronic medicines monitoring App that automatically notified the office-based managers in real time if people's medicines were not managed safely in accordance with best medicines practice and the providers medicines policies and procedures. A member of staff said, "My manager can access the same medicines App on my mobile phone as I can, so they can see straight away if I've made a mistake, which can be quickly remedied."

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

- People received consistently high-quality care from live-in care staff who had the right mix of knowledge, skills and experience to perform their roles and responsibilities well.

● The managers had a clear vision that was shared by the live-in care staff. For example, live-in care staff were clear about the providers values to treat people with the utmost respect and as individuals with unique support personal care needs and preferences. Managers also gave us a good example of how they encouraged live-in care staff not to wear uniforms to break down barriers between themselves and the people they temporarily lived with in their home.
● Managers were aware of their responsibilities under the Duty of Candour. Under the Duty of Candour providers must be open and transparent and apologise if things go wrong with care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The provider promoted an open and inclusive culture which sought the views of people receiving a service, their relatives, community health and social care professionals, and the live-in care staff.
● The provider used a range of methods to gather views about what the agency did well or might do better. For example, people had ongoing opportunities to share their views about the agency through regular telephone and video call contact and were encouraged to complete bi-annual satisfaction questionnaires. The outcome of the most recent satisfaction survey indicated people were one hundred percent happy with the standard of care and support provided by this home care agency.
● The provider also valued and listened to the views of staff. Live-in care staff who by the nature of their work were isolated were actively encouraged to stay in touch with the office-based managers through regular video, telephone, social media and email contact. One member of staff told us, "They [managers] are always available on the phone as and when you need them and they encourage us to join the carers mobile chat group to stay connected with other live-in carers."

Working in partnership with others
● The provider worked in partnership with various community professionals and external agencies, including the relevant Local Authorities, Clinical Commissioning Groups and GP's.
● The managers told us they regularly liaised with these external bodies and professionals, welcomed their views and advice; and shared best practice ideas with their staff.