BlueBelles Care Agency

# BlueBelles Care Agency

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Inspected but not rated |
| Is the service caring? | Inspected but not rated |
| Is the service responsive? | Inspected but not rated |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

This report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the COVID-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the Provider.

About the service
BlueBelles Care Agency is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to people in Kington and the surrounding areas of Herefordshire. At the time of our inspection the provider was providing personal care for 18 people.

People's experience of using this service and what we found
People were supported by safely recruited staff, who had the skills and knowledge to provide support that met people needs. There were enough staff to ensure people received consistent care by staff that knew them well. Medicines were managed safely, and people were protected from the risk of infection.

Effective care planning and risk management plans were in place which guided staff to provide support that met people's needs in line with their preferences. 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 by a caring and compassionate staff team and people were made to feel safe. People were supported to maintain links with their relatives during the pandemic and were supported to continue take part in activities they enjoyed.

Systems were in place to effectively monitor the service. There was an open culture within the service. People and staff felt they could approach the management team for support when required. Concerns raised were acted on and improvements were made.

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

Rating at last inspection
The last rating for this service was good (published 07 September 2018)

Why we inspected
This was a planned pilot virtual inspection. The report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the Provider.

The pilot inspection considered the key questions of safe and well-led and provide a rating for those key questions. Only parts of the effective, caring and responsive key questions were considered, and therefore the ratings for these key questions are those awarded at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for BlueBelles Care Agency on our website at www.cqc.org.uk.

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?

Inspected but not rated

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to effective.

### Is the service caring?

Inspected but not rated

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to caring.

### Is the service responsive?

Inspected but not rated

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to responsive.

### Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

# BlueBelles Care Agency

**Detailed findings**

## Background to this inspection

The inspection
As part of a pilot into virtual inspections of domiciliary and extra-care housing services, the Care Quality Commission conducted an inspection of this provider on 12 and 13 October 2020. The inspection was carried out with the consent of the provider and was part of a pilot to gather information to inform CQC whether it might be possible to conduct inspections in a different way in the future. We completed this inspection using virtual methods and online tools such as electronic file sharing, video calls and phone calls to gather the information we rely on to form a judgement on the care and support provided. At no time did we visit the provider's or location's office as we usually would when conducting an inspection.

Inspection team
The inspection was undertaken by one inspector, one assistant 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
BlueBelles Care Agency is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had two managers 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
This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us 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. We used all of this information to plan our inspection.

During the inspection
We spoke with five people who used the service and eleven relatives about their experience of the care provided. We spoke with eight members of staff including both registered managers, a team leader and five care assistants.

Good

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff that visited them. One person said, "They [staff] are all lovely, I get on well with them. The way they talk to me makes me feel safe." A relative said, "[Relative] is safe, very. I have been there, they [staff] are excellent with [relative]."
- Staff understood their safeguarding responsibilities and knew how to recognise, and report suspected abuse.
- Systems and processes were in place to ensure people were safeguarded from the risk of harm. These were followed in practice by staff and the registered managers.

Assessing risk, safety monitoring and management

- People had risk assessments in place to ensure their safety was maintained. One relative said, "Yes, a risk assessment was carried out for [relative]. They [the provider] have been working with [relative] for a few years."
- Care plans had been devised along with risk assessments, which gave staff guidance to support people safely. One staff member said, "The care plans are good, you have the information you need to do your job, but if you're stuck you can call the supervisor to help."
- The provider had good quality recording systems in place which captured people's care. One staff member said, "The 'PASS' system makes things easier to record things, you can see things as they happen."
- Incidents were analysed and were acted on and lessons learnt. These were shared with staff to ensure risks were mitigated to reduce further occurrences.

Staffing and recruitment

- People told us there were enough staff to support them and had the same regular staff attending their calls. One person said, "I have regular carers, I see them quite often." A relative said, "Yes they [staff] are a regular team, a small team, there is good continuity of care."
- Staff told us they were given enough time to support people in an unhurried way. One staff member said, "You do get enough time to do everything you need to during your care calls."
- There was a system in place to ensure people continued to receive a service if staffing levels were impacted upon.

Using medicines safely

- Medicine Administration Records (MARs) were used to show when staff had supported people with their medicines.
- Protocols were in place for 'as required' medicines. These supported staff with signs and symptoms to

observe when supporting people to manage pain.
● People and relatives told us staff supported them with their medicines. One relative said, "They [staff] help [relative] to take their tablets, they have never forgotten or given the wrong tablets."
● Staff told us they were trained in the administration of medicines, and competency assessments were carried out to ensure the medicine training received was being used by staff in practice.

Preventing and controlling infection
● People told us staff used aprons, gloves and masks when they provided support.
● Staff told us they had received infection prevention and control training. One staff member said, "We did have extra training about personal protective equipment (PPE), about how to change it and it is only for single use." This meant people were protected from the spread of infection.

Learning lessons when things go wrong
● Accident and incidents were monitored, managed and addressed when they arose.
● The registered managers promoted a culture of openness and learning was shared with staff when things went wrong.

Inspected but not rated

# 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.

At the last inspection this key question was rated as good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- People told us staff gained consent before they provided support. One person said, "Yes they [staff] ask permission, they are very thoughtful." A relative said, "Yes and they [staff] talk to [relative] throughout."
- Staff and the registered managers had a good understanding of their responsibilities which ensured people were supported, and best interest decisions were made in line with the principles of the MCA.
- The registered managers informed us people had mental capacity assessment completed by their social workers if needed.

Inspected but not rated

# 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.

At the last inspection this key question was rated as good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring towards them. Comments included, "All very good, no complaints", "They [staff] treat me well, no problems at all", and "They [staff] know me and I know them. If I go to hospital or have my hair done [staff member] takes me all the time."
- Relatives told us they believed staff supported their relatives with kindness and respect. Comments included, "Yes, they [staff] know [relative] well", "They [staff] love [relative] and [relative] loves them" and "They [staff] know [relative] better than we do."
- The registered managers ensured staff were formally introduced to people before care calls commenced and staff were allocated the same people. They said, "We try and keep the staff team that go into the them [people that use the service] as small as possible giving them continuity and are able to build a rapport and discuss things openly. Both staff and people confirmed this.
- Staff had received equality and diversity training and understood the importance of respecting people's diverse needs.

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

- People and relatives told us they felt involved in making decisions about their care. One relative said, "Yes, [relative] had support to express their care needs."
- Care plans were in place which gave staff guidance on people preferences. For example, a member of staff discovered one person did not like a lot of poly grip on their dentures.
- Staff understood people's individual methods of communicating and were particularly mindful to observe non-verbal signs.

Inspected but not rated

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives were involved in the planning of their care which ensured their preferences were met. One relative said, "Yes, we were given support to express care needs."
- People and relatives told us they had regular staff who they knew well and provided support in line with their preferences
- People and relatives were involved in reviewing their care, which meant people's needs were discussed and changes implemented when required. One relative said, "If anything alters, they [the provider] are happy to oblige."
- Care plans contained details of people's preferences and staff had guidance to follow to ensure people were supported in line with their wishes.
- People had hospital passports in place which provided the emergency services an overview of people's health needs and wishes. These included, people's social history, medical history, medication and allergies.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported in ways that suited their communication needs and preferences. The provider was able to support people with alternative communication preferences, such as larger print and braille.

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

- Staff were aware of people's interests and hobbies and would support them to attend church or go for walks.  attending church or going for a walk.
- During the COVID-19 pandemic, staff were very aware of the importance of people maintaining contact with their relatives. One staff member said, "I've supported people to keep in touch with family during COVID-19, some family members rang their relatives when they knew we were there so we could support them. We took books and magazines to people, so they didn't get too bored."

End of life care and support

- The service was not providing end of life care at the time of the inspection. However, the registered

manager said, "Conversations are held in the care needs assessment. Do Not Attempt Resuscitation (DNAR) forms are in place. This opened the gate for us to ask about funeral plans and organ donation. Staff are trained."

● Relatives confirmed end of life wishes had been discussed. One relative said, "Yes, we have had support on end of life wishes and a DNAR is in place."

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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

- People and relatives spoke highly about the service and the registered managers. One person said, "I know the manager, they come around, it is well managed, very well managed." A relative said, "It is well managed, a good quality service."
- Staff felt supported by the registered managers. They told us they were happy in their work and enjoyed working for the company. One staff member said, "I love my role, the managers are great, the door is always open, they are very supportive." Another said, "I would recommend it is a good place to work, the staff are helpful and supportive, there is a great camaraderie between us all."
- The ethos of the service was to provide person centred care to people in a caring, dignified and respectful way. Staff understood these values and followed them in practice. This was confirmed by the positive feedback we received from people and relatives.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered managers understood their legal responsibilities in relation to duty of candour. They were open and responsive to feedback and were continually looking at ways to improve the service.

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

- The provider had quality assurance systems in place. These systems allowed live reporting which flagged any errors.
- The registered managers understood their responsibilities of their registration with us. They had notified us of events that had occurred at the service.
- The registered managers conducted audits to ensure people were receiving their care calls and staff remained at the care calls for the allocated length of time.
- Spot checks and competency checks were carried out on the staff team. This was to ensure they were providing good quality care for people.

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

- People and relatives felt involved in the service. Feedback was gained through questionnaires and feedback we saw was positive. A relative told us, "The service exceeds my expectations, they [the provider]

are super helpful."
● Team meetings had been put on hold during COVID-19. Communication and handovers to the staff team was done via technology. One staff member said, "We have a WhatsApp group and you can get in touch with the [names of registered managers] whenever you need to."
● Staff continued to have supervision when necessary.

Continuous learning and improving care
● Staff told us they continued to develop their skills and knowledge through training to assist them to support people effectively. We saw the registered managers had a training matrix in place to monitor this.

Working in partnership with others
● The provider had developed good working relationships with a range of professionals to ensure people received consistent care.
● Staff told us of the positive working relationships they have with other professionals. Comments included, "If there are updates from the GP or district nurses, we ring those through, so the care plan can be updated." Another staff member told us how they had arranged a meeting with a district nurse in a person's home. They said, "This was so we could have a care update and make sure we were doing the right things and if there were any alterations were needed to the care plan, we do this about once a month."
● A representative from the local authority commissioning team said, "There is good engagement between the commissioner and registered manager who is approachable, knowledgeable and professional. They attend the Provider Forum regularly and have also participated in a Provider Reference Group which prior to the pandemic was co-producing a new approach and model for commissioned homecare services."