

Bloomfield Care Ltd

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Inspection report

Chamberlaynes Farm
Bere Regis
Wareham
BH20 7LS

Tel: 01202099699

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Bloomfield Care Limited is a domiciliary care service providing personal care to people at home. Not everyone who uses the service receives personal care. 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. There were 12 people using the service at the time of the inspection receiving a regulated activity of personal care.

People's experience of using this service and what we found

We found significant improvements had been made to the service since our last inspection.

After our last inspection the registered manager stopped providing regular hands on care to focus on their role and responsibilities. This meant they were able to ensure service delivery was consistent by overseeing systems and processes, embedding them into the service and ensuring they were sustained.

All staff had completed comprehensive training and knew how to safeguard people from abuse. Through pre assessments and ongoing care planning, the service had identified potential risks to people and had detailed, person centred plans in place to mitigate risk of harm. People told us staff were kind and caring and they felt safe. One person told us, "I am very happy with the carers. They are on time or will contact me if they will be late. They have never missed a call. I feel very safe."

Medicines were managed safely and lessons were learned when things went wrong. Staff had their competencies checked to ensure they worked in a safe way.

Staff told us they felt supported and had enough up to date training to fulfil their roles. Staff told us they knew they could speak with their registered manager and felt confident they would be listened to and their concerns acted upon.

People had access to healthcare professionals and people told us staff assisted them to access this support when needed.

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. Staff understood how to treat people with dignity and respect and people's experience of their care confirmed this.

Care plans were personalised and met people's needs in a variety of ways, both practically and emotionally. The service used an electronic logging system which meant that they could respond if staff were held up or going to be late. People knew how to make a complaint and the service's policy supported that.

Systems and processes to ensure the consistent safe delivery of good quality care had been established and embedded into the service. The registered manager and provider understood their roles and responsibilities and had changed the structure of the service to ensure improvements were made and sustained. People thought the service was well led and staff told us they were proud to work for Bloomfield Care Limited.

We received compliments about the support and leadership of the service. People and staff told us they felt the service was organised and well-led. One relative said, "I think the company is well managed and organised. I do not have any complaints and I would recommend them." The service worked well with other organisations and professionals.

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

Rating at last inspection and update.

The last rating for this service was inadequate (published 29 September 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 22 September 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an announced comprehensive inspection of this service on 2 August 2021. Four breaches of legal requirements were found and three Warning Notices were served. The provider completed an action plan after the last inspection to show what they would do and by when to improve safeguarding of vulnerable adults, safe care and treatment, staffing and good governance.

We undertook this focused inspection to check whether the Warning Notices' we previously served in relation to Regulation 12, Regulation 13 and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met and to check they had followed their action plan to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Inadequate to Good. This is based on the findings at this inspection.

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

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 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 ●

Bloomfield Care Limited

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of two inspectors 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection.

Inspection activity started on 29 March 2022 and ended on 1 April 2022. We visited the location's office on 29 March 2022.

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 and professionals who work with the service. We used all this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this

inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with four people who used the service and four relatives on the telephone about their experience of the care provided. We spoke with nine members of staff including the registered manager, nominated individual, field care supervisors and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. The service had failed to ensure all staff were up to date with safety related training and failed to learn lessons when things went wrong. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- An effective system had been embedded into the service to anticipate and manage risks for people who used the service. Risks were identified during pre-assessment checks then reviewed monthly or when any changes occurred.
- Risk assessments were detailed and linked to care plans to ensure staff delivered care in line with the actions identified to mitigate risk of harm.
- Risks associated with people's long term health conditions were identified. For example, one person with diabetes had a detailed plan in place to instruct staff what signs and symptoms they should monitor the person for and what actions to take to mitigate risk of harm.
- Staff were up to date with their safety related training. Training systems were in place to ensure staff completed safety related training before commencing care delivery. This was monitored by the registered manager. Staff training was updated at regular time periods to ensure all staff were providing up to date, best practice care.
- The registered manager had embedded a lessons learned system, which involved completing a reflective report of what happened, what could have been done better and what had been learned.
- Accidents and incidents were recorded and analysed to identify patterns and trends. Where areas of improvements had been found, lessons learned records had been completed and shared with staff to prevent reoccurrence and drive improvement.

Using medicines safely

At our last inspection the provider had failed to robustly manage the safe administration of medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were managed safely. Staff had completed medicines training and were assessed as competent before they administered people's medicines. Staff competencies were checked by the registered manager during regular spot checks to ensure they remained competent.
- The service used an electronic Medication Administration Record (MAR) system. The system sent an alert to the registered manager when medicines were not signed for. This prevented medicine errors and ensured people received their medicines as prescribed.
- MAR were audited by the registered manager and signed to confirm they had been checked. To ensure the safe administration of medicines.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure people were protected from abuse and improper treatment. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- The registered manager had established systems and processes to safeguard people from abuse. Since our last inspection the registered manager had completed five days additional safeguarding training. All staff had completed safeguarding training and new starters were required to complete safeguarding training as part of their induction.
- Staff knew how to recognise signs and symptoms of abuse and harm; they were confident that if they reported concerns, they would be dealt with. They also knew who to report to outside of the service.
- Since our last inspection the registered manager had stopped providing hands on care to people. This meant they were able to monitor staff and review records to ensure people were receiving safe care.
- The registered manager had identified and correctly reported safeguarding incidents to the local authority.
- People and relatives told us they felt safe. Comments included, "[loved one] feel safe and trusts them.", "I am cared for perfectly. I feel safe, they come on time." and, "I am quite content with my carers. They are very good."

Staffing and recruitment

- There were enough staff to meet people's care needs. People told us staff stayed for their allotted time and often stayed over to ensure all their needs were met. One relative told us, "They arrive on time and stay the full call, and sometime stay longer if needed."
- Recruitment systems were robust and made sure that the right staff were recruited to support people to stay safe. Appropriate Disclosure and Barring Service (DBS) checks and other recruitment checks were carried out as required by the regulations.

Preventing and controlling infection

- People's risks were assessed to prevent and control infection. Staff understood their responsibilities for keeping people safe from the risk of infection.
- Staff had enough supplies of personal protective equipment (PPE) and every person and relative we spoke with confirmed staff always wore their PPE. One person said, "They all wear PPE and I feel safe."

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

At our last inspection the provider had failed to ensure care or treatment was not provided in a way that controls or restrains a person which may be unnecessary or proportionate. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Since our last inspection the registered manager had attended five additional days of training in this area. The registered manager had established systems where people's capacity was assessed before care delivery commenced and was reviewed monthly.
- The registered manager and staff told us about the key aspects of the MCA and understood the process to follow when capacity to make certain decisions had to be established.
- Consent had been sought from all people using the service. Where consent could not be provided we found mental capacity assessments and best interest decisions had been completed or consent had been sought from the person holding legal power of attorney for health and welfare.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff had an induction programme that prepared staff for their role. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff had the right competence, knowledge and training to carry out their roles. All staff had completed mandatory training including moving and handling, medication administration and basic life support. New starters had received an induction which was a combination of practical shadow shifts and training. One staff member said, "I have been given all the necessary training, to make sure I am fully prepared to start my new job."
- Staff competencies were checked regularly with unannounced spot checks.
- People and relatives told us staff had the right skills to meet their care needs. One relative told us, "The carers are well trained and know their jobs. They treat [person] respectfully and always seek their consent before giving personal care, observing their dignity and privacy."

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

- Care and support was planned and delivered in line with standards, guidance and best practice. The service had established an admission procedure which meant people had assessments completed before the service started supporting them.
- Pre assessments formed the basis of the care plans. Needs were identified and agreed including the time of visits and duration. One person told us, "They meet all my care needs. They are the best carers I have ever had."
- Bloomfield Care Limited had identified the best way to support people and detailed person-centred records gave staff instructions on how care needed to be delivered.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs in relation to eating and drinking had been assessed and were reviewed monthly. The information available to staff included people's likes and dislikes.
- Daily notes showed staff recorded exactly what food and fluids were given and what was consumed. This meant the person could be monitored for any weight loss or gain which may indicate a health concern.
- People had access to healthcare support and services as needed. Where doctors or district nurses were required the service sought a response in a timely manner and followed up when needed to ensure people were seen appropriately. One relative said, "I have a care button organised for me which I can press if I need extra or emergency support, the company phone straight away and organise whatever is needed."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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; End of life care and support

At our last inspection the provider had failed to maintain an accurate, complete and contemporaneous record in respect of each service user. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Care plans were personalised; clear and gave the staff the necessary information to be able to support the person. For example, in one care plan, pictures had been used to illustrate to staff exactly what they needed to do to manage a continence product. This included information on the correct position of the tap to prevent leaks.
- The service operated a live electronic care planning system which staff could access via an electronic application. This meant staff had access to the most up to date risk assessments and care plans for people.
- Care plans were reviewed monthly or when changes occurred. One staff member said, "We always have information in our app to be able to assist our clients with the greatest possible safety."
- People and their relatives told us they were involved in the care planning process. One relative said, "They always complete tasks in the care plan, they are very co-operative and responsive to [loved ones] needs."
- Staff told us they had time to read care plans and found them informative.
- The service was not providing end of life care at the time of inspection. However, staff discussed end of life wishes with people during their initial assessment and during care plan reviews, taking into account their religious beliefs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were identified, recorded and highlighted in care plans. These reflected people's needs and were shared appropriately with others.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure in place. The service had not received any concerns or complaints at the time of the inspection. The registered manager showed us how concerns and complaints would be investigated including a summary of findings and action taken.
- People knew how to raise concerns or complaints. One person said, "I did have an issue, not recently. But the office resolved it."

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to 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; 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

At our last inspection systems were either not in place or robust enough to demonstrate the quality and safety of services was effectively managed. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager understood their roles and responsibilities. After our last inspection the registered manager stopped providing regular hands on care to focus on improving the service. At this inspection we found the registered manager had worked hard to establish systems and processes to maintain and sustain an improved service.
- A consistent quality assurance approach had been embedded into the service to check the quality of the service. This included medicine administration audits, daily note audits and rota audits. Audits were recorded onto a central auditing system to provide a full overview and enabled the registered manager to identify any patterns or concerns. This information was shared with the nominated individual and with staff. Records showed these audits had been effective and lessons had been learned where appropriate.
- The service had a process in place to support learning and reflection. Records we reviewed showed staff had considered: what went wrong, what could have been done better and what have we learned. Learning was shared with staff via an encrypted electronic messaging application.
- The registered manager knew about their duty to send notifications to external agencies such as the local authority safeguarding team and CQC where required. This is a legal requirement to allow other professionals to monitor care and keep people safe.
- Since our last inspection the staffing structure had been changed. Staff knew their roles and responsibilities. Good communication had been established including a live staff reporting application which enabled real time reporting. This meant the office staff were able to review any care changes, updates, or concerns as they occurred to identify any care needs, trends or concerns.

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

At our last inspection we found systems were either not in place or robust enough to ensure the quality and safety of services was effectively managed to provide good outcomes for people. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Staff told us they were proud to work for Bloomfield Care Limited. Comments from staff included, "It's very nice [registered manager] wants to know my opinion this makes me feel important", "I am indeed proud to work for Bloomfield Care Limited as they prioritise the clients' needs to make sure they get the appropriate support." And, "I feel very proud to work for Bloomfield Care Limited we bring joy to client's lives."
- People and relatives were positive about the management of the service. They told us, "The manager is excellent at their job.", "The manager and office are very approachable." And, "The company is very competent. The manager is great and has actually called to see my [loved one] a couple of times to follow up the care."
- Peoples equality characteristics were considered during initial assessment and throughout the care planning process. People were made to feel comfortable and their wishes were respected.

Continuous learning and improving care; Working in partnership with others

- The service continuously sought feedback from people using the service, through monthly reviews, staff spot checks and annual quality assurance surveys. The registered manager had an open-door policy and people felt able to be open and honest. This information was used to drive improvement in the service.
- The registered manager told us the service had good working partnerships with health and social care professionals.