

Blueberry Hill 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

This was the first comprehensive inspection of this service since the service was registered with the Care Quality Commission (CQC) on the 6 February 2017. We inspected the office location on 21 February 2018. On the 27 February and 2 March 2018 we obtained feedback from people who used the service, their relatives and staff to obtain their views.

Blueberry Hill care Ltd is a domiciliary care agency. It provides personal and live in care to people living in their own homes in the community. At the time of our inspection 12 people were being supported by the service. However only four people were being supported with the regulated activity of personal care.

The service had a registered manager who was also the provider. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe using the service. Staff demonstrated they had a good understanding of potential abuse and were able to elevate any concerns when required. The provider had safe recruitment practices in place, and there were sufficient numbers of staff available to meet people's needs at their preferred times. Staff helped and supported people to take their medicines safely and staff received training in safe administration of medicines.

Staff received training and support to enable them to carry out their roles effectively and safely.

Staff sought people's consent to care. The manager and staff were aware of the Mental Capacity Act (MCA) and deprivation of liberty safeguards (DoLs). People were assisted to eat and drink sufficient amounts to keep healthy and were supported to access healthcare professionals when required.

People and their relatives told us they were very happy with the staff that provided their care. Staff took time to get to know people's individual needs and preferences. People were involved in making decisions about their care and how it was provided. People felt staff treated them with dignity and respect and their privacy was maintained.

People and their relatives told us they had been involved in developing their care plans and felt that the manager and staff listened to them. The service was flexible and responsive to people's needs when they changed. There was a process in place for investigating concerns and recording compliments. The registered manager had organised social events within the local community centre and people were supported to attend a range of social activities including dancing, speed dating and luncheon clubs.

The manager demonstrated a good knowledge of all the people who used the service the staff they employed. Staff had clear roles and responsibilities, which they understood.

The registered manager had a range of quality assurance systems in place to monitor the service and make continual improvements.

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.

People were kept safe by staff trained to recognise and respond appropriately to potential abuse.

People were protected from the risk of harm, because risks were effectively managed.

Safe and effective recruitment practices were in place to help ensure that all staff were of good character.

There were sufficient numbers of staff to meet people's individual needs.

Trained staff supported people to take their medicines.

Is the service effective?

Good ●

The service was effective.

People gave consent before care and support was provided.

The registered manager and staff followed the MCA principles.

Staff received appropriate training and support to meet people's needs effectively.

People were encouraged to eat a balanced diet to help keep them healthy.

People were supported when required to access healthcare professionals.

Is the service caring?

Good ●

The service was caring.

People were cared for in a kind and compassionate way by staff that knew them well.

People and their relatives were involved in the development,

planning, and reviews of the care and support provided.

People's dignity and privacy was respected and maintained.

People's confidential information was stored securely.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs and took account of their preferences and personal wishes.

Staff had access to detailed information to enable them to provide person centred care and support.

People were encouraged to participate in social events and pursue hobbies.

People were listened to and their feedback valued.

Concerns raised by people were investigated appropriately. Compliments were recorded.

Is the service well-led?

Good ●

The service was well led.

We received positive feedback from people and staff about all aspects of the service.

Quality assurance systems were in place to monitor the quality and safety of the service. The service was making continual improvements.

The registered manager operated an open, transparent and inclusive service.

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Detailed findings

Background to this inspection

'We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection activity commenced on 21 February 2018 and was announced. We provided 48 hours- notice of the inspection because the location provides a domiciliary care service and we needed to be sure staff would be available to assist us with the inspection activity. One inspector undertook the inspection.

We asked the provider to complete a Provider Information Return (PIR) as part of this inspection process. We received this on 12 January 2018. This is information from the provider about the service, what the service does well and improvements they plan to make. We also checked other information we held about the service and the provider including stator notifications that the provider is required to submit to inform us about important events that happen at the service.

We spoke with two people who used the service and one relative to obtain their views on the service provided. We received feedback from two professionals who knew the service. We received feedback from five members of care staff. We spoke with the registered manager, a consultant and senior care worker.

We reviewed three staff recruitment files and training records. We looked at the care records for two people who used the service. We also looked at management records of the service, including quality audits, and information relating to community activities and events.

Is the service safe?

Our findings

People were kept safe by staff trained to recognise and respond appropriately to potential abuse. People told us they felt safe being supported by staff from Blueberry care. One person told us "I have no concerns about my safety. They are a good team and I know them all. I know who is coming and when so safety is not an issue at all". Staff had attended safeguarding training provided by a local care providers association. Staff were able to demonstrate they knew how to identify and report potential abuse. One staff member told us "I would have no concerns reporting anything I felt might be classed as abuse. I know abuse comes in all different ways which includes neglecting to do something for someone". There was information available in the office which reminded staff about the process for reporting concerns along with relevant contact numbers.

People were protected from the risk of harm, because risks were effectively managed. We saw that risks to people's health and well-being were assessed and kept under regular review to help keep people safe. One staff member told us "Everyone has an individual risk assessment. It depends on the person but always includes the home environment or safety in the community". Risks were mitigated where possible to help keep people safe. However, this was in the least restrictive way and people were encouraged and supported to make informed decisions. For example when going out in the community people were given advice about how to keep themselves safe. People were told about the pros and cons of doing or not doing particular things, which helped them to make a decision.

Safe and effective recruitment practices were in place to help ensure that all staff were of good character. The registered manager told us about the way they recruited staff and how important it was to select staff with the right values. We saw that pre-employment checks had been completed before staff started to work at the service. They included a completed application form where gaps in work history had been explored. References were taken up and validated. This included a minimum of two references with at least one being from a previous employer. A disclosure and barring check (DBS) was completed. Potential staff were asked to provide proof of identity and address. These checks helped to ensure the right people were employed for the job and that they were of good character and suited to work in this type of service.

There were sufficient numbers of staff to meet people's individual needs. We saw that people had their needs met at times that suited them. Rotas were planned to give staff adequate travel time in between visits. People told us the staff arrived at the expected time and always stayed the full duration of the visit time. One person told us "They will always let you know if they had been delayed or were held up, but that rarely happens. They always ask if there is anything else that needs to be done before leaving". Another person told us "I never feel rushed, they work at my pace and often sit and have a chat before leaving". The registered manager told us "I would never take on a new person without properly considering if we had the capacity and staff to support the person well at the times they wanted the support. This helped to demonstrate there were enough staff available to support people in an unhurried way.

Trained staff supported people to take their medicines. Staff competency was regularly checked to help ensure they continued to maintain good practice. Peoples consent was obtained before staff supported

them to take their medicines. We saw that the registered manager had developed an easy read consent form to help people understand what they were consenting to. Where staff supported people to take their medicines a medicine administration record (MAR) was completed. The process for the administration of medicine was pop, dot and sign. This ensured staff all followed the same robust procedure.

Is the service effective?

Our findings

The service was effective. People had their needs assessed and were supported to make choices about how and when their care and support was provided. People told us the care they received was appropriate and met their needs. One person told us "[Name] came to see me. We discussed what sort of help I needed and how often and the times. Everything works really well and I only have to ask if I need anything to be changed, it is all going well".

People gave consent before care and support was provided. Consent forms were in an easy read format to help people to understand what they were consenting to. For example people were asked to consent to have their photo taken, to consent to their care being provided. Consent was kept under regular review and staff told us they always checked before supporting people. One staff member told us "We always ask for peoples consent before helping them. We understand that people may change their minds or maybe just be having an off day and respect peoples choices and wishes"

The registered manager and staff followed the MCA principles. 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. We checked whether the service was working within the principles of the MCA. The registered manager demonstrated a good awareness of what steps needed to be followed to protect people's best interests. Staff were able to demonstrate they knew about MCA principles.

Staff received appropriate training and support to meet people's needs effectively. The registered manager told us that when staff started working at the service they completed an induction to help ensure they had the necessary skills and knowledge to provide safe care for people they supported. The registered manager told us that new staff shadowed experienced staff before working alone. The number of visits new staff shadowed was tailored to individual staff members, how they felt and whether they were competent to work alone.

Staff received training to help support people safely and effectively. Training included completion of the 'care certificate' a nationally recognised set of core training standards which included topics such as moving and handling, safeguarding people and the safe administration of medicines. In addition, staff were supported to access specialist training, for example, dementia specialist training. Staff were supported through regular team meetings, individual one to one supervision with their line manager and work based competency checks to observe their work practices. These support arrangements helped to ensure people received effective care from staff who had the appropriate skills and knowledge to support people effectively.

People were encouraged to eat a balanced diet to help keep them healthy. If staff had any concerns about people's food or fluid intake they reported it to the office staff who would make referrals to specialist

professionals such as a dietician or speech and language therapist (SALT)

People were supported when required to access healthcare professionals. The registered manager confirmed that if people needed to see their GP or other healthcare professional they were supported to do so by staff. In some cases family assisted with this type of support.

Is the service caring?

Our findings

The service was caring. People told us staff were kind, caring and thoughtful. One person told us "This is the best care I have had by far. Nothing is too much trouble and they definitely go the extra mile". Another person told us "They are lovely, each one of them really does care and it is a pleasure to have them help me, I look forward to them coming and having a chat".

People were cared for in a kind and compassionate way by staff that knew them well. The registered manager and office staff were all involved in the delivery of personal care and clearly demonstrated they knew peoples individual needs well. For example the registered manager told us "We focus on the individual and what is important to them. It might be just knowing if people preferred a bath or a shower, blue full fat milk or green semi skimmed milk, tea or coffee".

People and their relatives were involved in the development, planning, and reviews of the care and support provided. People and their relatives confirmed they had been involved in detailed discussions about how they would like their care to be provided. In the case of one person, they were not familiar with how the care delivery worked or what they could expect. The registered manager took the time to speak with the person and tell them about how things worked. They offered them choices about the number of visits they wanted, the times of visits and the sort of tasks they needed support with. This helped people to be involved and remain in control of their lives and to retain as much independence as possible.

People's dignity and privacy was respected and maintained. People told us staff were respectful of their dignity and privacy. One person told us "They [staff] are always considerate they cover me up when they help me with personal care". A relative told us "The staff care about [Name] but are also considerate of me, they are mindful that they are working in people's homes and respect us".

People were supported to seek independent support using advocates from 'Pohwer' and other advocate services. Independent advocates are able to offer independent advice to people on a range of topics. The management and staff were regular visitors at 'advocate' forums where they were able to get help and advice and contact details to share with the people they supported.

People received their care and support from a small consistent team of staff which enabled them to build positive and meaningful relationships with the people they supported. Staff told us that working with the same people helped them to build up relationships and get to know people as individuals. Staff were able to describe peoples individual likes and dislikes. Staff spoke passionately about the people they supported. They were kind and caring when giving feedback and it was clear they treated people as individuals. The registered manager told us "We visit people in hospital and continue to offer support. At least seeing a familiar face helps people during a period of hospitalisation. We also heard numerous stories about how staff went the extra mile to involve people in events, provide lunch and coffee and TLC when it was required.

People's confidential information was stored securely. We saw that people's private care records were stored in lockable cabinets within the office. This helped to keep personal information confidential.

Is the service responsive?

Our findings

People received personalised care that met their needs and took account of their preferences and personal wishes. People and their relatives told us they had been involved in developing of care plans. People's care plans were reviewed regularly to help ensure they continued to meet people's changing needs. One person told us "They are completely flexible, I only have to mention a change to the staff and they are on it. The office gets back straightway to confirm the change has been made.

Staff had access to detailed information to enable them to provide person centred care and support. People's care plans were personalised and sufficiently detailed to inform staff how to support people in a responsive way. For example any changes were communicated to the office and a care review completed. The registered manager told us that all staff were completely aware of people's needs and quickly reported any changes.

People were encouraged to participate in social events and pursue hobbies. The registered manager had initiated a number of community events for people to attend. These included a Zumba class at the local community centre. Staff told us on the day of the Zumba class people who attended were invited to have tea and coffee and a range of refreshments that were served by volunteers. These included sandwiches which were available to order from the local bakers along with Blueberry muffins supplied by the registered manager. People thoroughly enjoyed these social events and they helped to reduce the risk of social isolation for people.

The registered manager supported people and their relatives to attend the Dementia café where people could exchange information, learn about what support was available and participate in Arts and Crafts activities. Staff attended a social club for people with disabilities to obtain feedback and views about how to encourage and support people to become involved in doing some gentle exercise. Day trips were arranged for people and this year the registered manager told us they were arranging to take a small group of people away on holiday. Other events were themed discos and attending local musical events.

People's views were obtained and taken on board by the registered manager. For example people wanted to make friend which perhaps could be developed into special relationships so the registered manager arranged to take people who were interested to a speed dating event. This resulted in people forming very meaningful relationships with others. One person told us "I like [Name] very much and we can do interesting things together. We come to the Zumba class every week and really enjoy spending time together".

Concerns raised by people were investigated appropriately. Compliments too were recorded. The provider had policies and procedures in place to ensure that concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved to the satisfaction of the complainant. We saw that only minor grumbles had been raised by people and had been recorded as complaints to help with the evaluation and learning. We could see that the registered manager was committed to improving from any concerns raised by people. This showed that the management team were keen to receive feedback from people and act upon it.

We saw that many compliments had been received in relation to staff, the management and the quality of care provided by the service.

Is the service well-led?

Our findings

People who used the service consistently gave positive feedback about how the service was run and managed. Everyone knew the registered manager by name and felt that they were very visible and involved in the day-to-day running of the service. One person told us "[Name] registered manager, is a team member and they are very approachable". Another person told us, "[Name] registered manager is so kind and caring she comes out herself and is very much part of the team".

We received positive feedback from people and staff about all aspects of the service. People and their relatives were very positive about how the service put people first. One person told us "I am very happy with the quality of care I have received from Blueberry Hill Care. Before the service started the staff came round to introduce themselves. I thought that was really nice". Another person told us "The service is very well organised. It is small and we know what is going on. Communication is excellent. I have no complaints at all and would recommend it to anyone who needed good care".

The service was making continual improvements. The registered manager demonstrated an appetite to make continual improvements to help people achieve their goals and objectives. For example people were supported in a non- intrusive way which supported them to remain independent. The registered manager told us "We often support people in a much more flexible way because people do not always only need what is in the care plan. That is really about embracing person centred care". For example the registered manager told us that one weekend when a person became unwell they visited the person several times over the weekend to assist family members to care for the person. This demonstrated how the registered manager led by example and aspired to embed a people first culture.

The registered manager operated an open, transparent and inclusive service. We found the service was inclusive and often went over and above the day to day delivery of care. For example the registered manager provided people with information on a range of issues such as benefits, accessing social events, educational matters such as providing training about how to keep themselves safe and supported people to develop and maintain relationships.

The registered manager had a range of quality monitoring systems and processes in place to help ensure that the service provided was safe and appropriate to meet people's needs. These included work based observations, which were spot checks completed whilst staff were supporting people. Staff confirmed they had clear roles and responsibilities and were positive about the registered manager and the management team

Other audits included checks of records to make sure they were completed correctly and that the quality was maintained. People's opinions and feedback were regularly obtained and people's views were listened to and acted on to help ensure people were happy with the service they received. The registered manager told us that quality assurance surveys had been completed to obtain feedback. Action plans were developed to respond to any feedback that required attention. However all the feedback we received was positive.

The registered manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise. This showed us that the registered manager was committed to providing a safe service.