

Blue Cross Healthcare Services Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Blue Cross Healthcare Limited is a domiciliary care service. The service provides personal care to people living in their own homes. At the time of the inspection five people were receiving personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do receive personal care, we also consider any wider social care provided.

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

People were safe and supported well by staff. Staff received training in safeguarding people from abuse and knew when and how to report concerns if this was necessary.

Risk assessments were detailed, personalised and included people's voice clearly. Staff understood the risks to people and knew how to mitigate these.

Staff had received training in the administration of medicines. However, staff were not actively administering medicines at the time of inspection as people were either independent in this or they had support from relatives.

Staff received training in COVID-19, and they made sure they had adequate levels of personal protective equipment [PPE] to carry out their jobs safely.

Care and support was planned and delivered in line with best practice. Assessments were thorough and expected outcomes were identified. Support plans were reviewed and updated as people's needs changed. People were supported by staff who knew them well and were able to identify people's likes and dislikes. They were supported to eat and drink according to their dietary requirements taking into consideration people's preferences.

Staff received comprehensive training and were introduced to people by existing care staff who knew the person well. Staff had regular supervision with the registered manager, and they told us they felt supported.

People were treated with dignity and respect. This was clear through the feedback we received by people and their relatives. Staff had the right skills to deliver a good level of care and support. Staff were able to communicate with people well, despite some people experiencing communication difficulties due to their health needs. Staff were patient and built rapport with people to enable them to address this. Information was provided in various formats where required.

People and their relatives felt confident in providing feedback whether this was positive or negative. The registered manager welcomed feedback and demonstrated that complaints were dealt with swiftly and professionally.

People, their relatives and the staff said that the service was consistently well led. The registered manager was available and led by example. There was an effective governance framework in place, the registered manager knew their responsibilities and staff were clear about their roles.

Rating at last inspection

This service was registered with us on the 13th September 2019 and this was the first inspection.

Why we inspected

This inspection was prompted because the service had not received a comprehensive inspection since they registered with us September 2019.

Follow up

We will continue to monitor information we receive about the service.

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 caring?

The service was caring.

Details are in our caring 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 ●

Blue Cross Healthcare Service 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 Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because 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 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 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 of this information to plan our inspection.

During the inspection

We spoke with the registered manager and we reviewed a range of records. These included care records and records relating to the management of the service. We looked at four staff files in relation to recruitment and staff supervision.

After the inspection –

We spoke with two relatives about their experience of the care provided and two care workers. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

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

- Risk assessments were thorough and contained information and guidance for staff to follow to reduce risks in the environment and with tasks such as moving and handling.
- There had not been any accidents or incidents in the last year however, staff were able to describe what they would do in such a situation and who to report it to.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us that people felt safe with the staff and one referred to one staff member as their nurse.
- Systems were in place to protect people from the potential risk of abuse and the registered manager understood their responsibilities.
- Our discussions showed staff understood their responsibilities in relation to safeguarding and staff received training to keep their knowledge current.

Staffing and recruitment

- The provider operated safe recruitment practices. Appropriate checks were carried out prior to employing new staff to ensure they were suitably skilled and experienced.
- There were enough staff to support people safely and the registered manager cared for people directly when needed.
- Staff had enough time to travel to calls and people and relatives told us timekeeping was good.

Using medicines safely

- Staff had received training in the administration of medicines however, they were not actively administering medicines at the time of inspection.

Preventing and controlling infection

- People's relatives told us staff followed suitable infection control procedures to keep people safe.
- We were assured that the provider was accessing Covid 19 testing for staff.
- The registered manager carried out regular checks of infection control practices to ensure staff followed current guidance and had access to a regular supply of PPE.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider carried out their own initial assessment of people's needs before agreeing the package of care. The information obtained through the assessment process helped the provider plan and deliver support to people, taking into consideration their health needs and the goals they wished to achieve.
- The registered manager regularly reviewed people's changing needs with them and their relatives and updated care plans and risk assessments accordingly.

Staff support: induction, training, skills and experience

- Staff understood their role and felt confident in the training they had received.
- Training covered topics such as; first aid, health and safety, person centred care, food hygiene, mental capacity, safeguarding and dementia. Following the training, the registered manager supported the staff to complete skills competency assessments.
- Staff completed the 'Care Certificate' during their induction. This meant people were being supported by staff that were trained in nationally recognised care standards.
- The registered manager carried out regular supervision with staff. Staff told us they felt supported by management.

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 were supported to maintain a balanced diet. Staff considered people's specific dietary requirements, likes and dislikes.
- A relative told us, "the staff know [the family member] very well and even cook and prepare their meals just the way they like it".
- Staff were confident in the delivery of support to people with different health needs. The registered manager supported new packages of care as they began and then the staff shadowed to aid consistency of care. This was received positively by the staff and relatives of the people we spoke to.
- Staff work closely with external health professionals to ensure people's needs and wishes were upheld.
- One relative told us how the staff had worked with the community occupational therapist in order to improve a person's mobility. This was a positive experience for the person and their relatives.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- The registered manager followed the MCA process during the initial assessment to ensure people were able to make decisions about their health and welfare. Where there was a lack of capacity or fluctuating capacity, there were appropriate representatives in place that could legally make decisions for someone if this was needed.
- Staff understood their responsibilities in relation to the MCA and they received annual training in this.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were kind and looked after people well. Staff developed a rapport with people which aided the consistency of care they received because staff knew them well.
- One relative said, "They care for [family member] very well, I can go to work and know [family member] is safe".
- Staff received training in equality and diversity and understood people's needs.

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

- Staff provided care in line with people's preferences, including how they liked to receive their personal care and their food and drink preferences. Staff told us "Before I start providing care and support to a new person, I have time to go through their care plan and assessments to make sure I know how they need to be supported and know what they like and don't like".
- The registered manager called and visited people's homes and spoke with people and their relatives regularly to find out their views on their care and if any changes were required.
- Staff were not rushed and had time to engage with people.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their independence as far as possible.
- A relative told us, "Consistency of staff is so important due to the communication barrier with [family member]. Rapport must be built over time; the staff have been very supportive".
- Our discussions with staff showed they understood how to maintain people's confidentiality. Staff received training to understand their responsibilities in relation to this.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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; 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 initial care plan but felt that they were not always involved in any updates when their needs or circumstances changed. The registered manager told us they would look into this following the inspection.
- Staff knew people's individual needs and preferences well as they worked closely with them and understood their risk assessments and care plans.
- Individual Care plans were personalised, detailing health needs, backgrounds and people who were important to them. Care plans were kept up to date so they remained reliable for staff to follow.

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.

- The provider met the AIS and key information was provided to people in alternative formats if necessary.
- The registered manager regularly spoke to staff about AIS and felt strongly that appropriate methods of communication were used for people where required.
- Care plans detailed people's individual communication needs.

Improving care quality in response to complaints or concerns

- The registered manager regularly sought feedback from people and their relatives to discuss what was going well and what was not. This way, issues were dealt with quickly and swiftly.
- Where there were complaints, the registered manager was able to demonstrate what action was taken, in a timely way and resolved for all involved.
- Relatives told us that they knew how to raise concerns and are confident that they would be dealt with appropriately.

End of life care and support

- At the time of our inspection no one was receiving end of life care. However, the registered manager told us they would work closely with the person, their relatives, the local hospice and others involved in their care.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager showed they understood their role and responsibilities, as did the staff. The registered manager kept themselves up to date by attending regular courses on key topics.
- The provider had a robust auditing system to check all aspects of service delivery, from ensuring the quality of care was a good standard, checking the daily logs, other documentation and staff training.
- The provider sent us statutory notifications regarding events that occurred in the service as required by law.

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; working in partnership with others

- The service had a positive culture. The registered manager was available and consistent and led by example.
- People's voice was noted throughout care plans which detailed the persons view on each topic of their care.
- The provider obtained feedback from people and their relatives through surveys. The registered manager told us they used the information from these surveys to identify areas which required more focus.
- Surveys were also sent to staff to obtain their feedback.
- The provider worked positively with external professionals to achieve positive outcomes for people. Feedback we received was positive.

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 provider was able to describe appropriately their responsibility with regards to their duty of candour.
- There were no incidents or accidents since the provider registered. Staff were confident in their responsibilities within the reporting process.
- Staff were aware of the whistleblowing policy and felt supported.