

Bloomsbury Home Care Limited

# Bloomsbury Home Care - Cambridgeshire

## 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

Bloomsbury Home Care - Cambridgeshire is a domiciliary care service providing personal care to people living in their own houses or flats. It provides a service to people with dementia, people with an eating disorder, people with mental health needs and people who misuse drugs and alcohol. At the time of the inspection the service was supporting eight people with personal care.

Not everyone who used the service received 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.

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

Staff knew people well, supported them to be safe and administered medicines as prescribed. Risks to people were identified, recorded and managed. People told us they felt safe as staff did not rush their care and stayed until all care was completed safely. Lessons were learned when things went wrong, and staff were provided with updated information to help prevent incidents recurring.

A robust process helped ensure staff were supported to develop skills to safely meet people's assessed needs. Staff followed effective procedures which promoted good infection prevention and control (IPC) practices.

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 told us staff gave them choices and respected these when it was safe to do so.

Staff promoted focused on the needs of the person and respected people's choice of communication whilst upholding confidentiality. This helped ensure every person was treated equally well. People's care was compassionate, respectful, and staff promoted independence and privacy as much as possible.

Concerns were acted on before they became a complaint and compliments were used to recognise good practice. Staff knew what people's end of life wishes were, respected these and procedures were in place to involve other professionals if needed.

The registered manager understood their responsibilities and supported staff to promote the provider's values about being open and honest. People, their relatives and staff had a say in how the service was run and managed.

Monitoring systems and oversight of the service were effective in driving improvements. The provider worked well with others involved in people's care to help ensure good outcomes for them.

#### Rating at last inspection

This service was registered with us on 30 October 2020 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on the date of registration with CQC.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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?

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 ●

# Bloomsbury Home Care - Cambridgeshire

## **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

This inspection was carried out 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 and specialist housing.

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 four days' 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. We also needed to ensure people could consent to us speaking with them. Inspection activity started on 29 November 2021 and ended when we visited the office location on 3 December 2021.

#### What we did before the inspection

We reviewed information we had received about the service since registration. This included events reported to us such as deaths. 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 received feedback from two social workers and a health professional. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and three people's relatives. We spoke with five staff including the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. We looked at three people's care records various risk assessments, two staff files in relation to recruitment, staff training compliance and supervision planning records. We also looked at a variety of records relating to the management of the service, including quality monitoring audits, incidents and medicines administration records.

# 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.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to identify, report and act on any concerns about safeguarding people without discrimination.
- Staff knew they could contact the registered manager, and the local authority safeguarding team. One person told us, "I have information in my [care plan] in case I have any concerns. I never have though."
- People praised staff about the ways they kept them safe. For instance, ensuring lifeline pendants were worn, ensuring people's skin remained intact and staff never missing a care visit.

Assessing risk, safety monitoring and management

- Risks to people including for health conditions, skin integrity, emotions and wellbeing were identified and managed well.
- People were supported to take risks in a safe way without unnecessary restrictions. Examples included choosing when to have a shower and whether to take a medicine for pain relief or not.
- Risks were reviewed regularly, and changes were made to help ensure staff had the latest information. For instance, procedures staff for people's repositioning and application of topical skin creams to prevent pressure sore areas. One person said, "[Staff] always wear their gloves when applying the cream to my legs."
- The actions taken by staff and the management team had reduced risks to people. This meant people were independently able to go out and do tasks such as food preparation, knowing staff were on hand if needed. One relative told us having the same regular staff meant a lot to their family member as it put them at ease.

Staffing and recruitment

- The provider's robust process and how staff were chosen ensured the most suitable and skilled staff were recruited to work with people.
- Monitoring of staff recruitment ensured that all necessary checks had been completed. One staff member said, "After my job interview, I had to have a criminal records check, show my passport and driving license and provide evidence of all my previous employment."
- People told us they always had enough staff who undertook their care and support without rushing. One person said, "[Staff] arrive no more than 10 minutes either side of the planned visit. They ring if they are unexpectedly delayed."
- Staff were deployed in a way which meant people's needs were met more safely. A relative said, "Knowing when the staff are coming is important. My family member] is at risk of skin sores. Staff arriving on time means they have never had any issue with their skin."

### Using medicines safely

- Trained and competent staff administered people's prescribed medicines safely. Guidance was provided to staff for medicines which had to be administered in a specific way. This included clear guidelines for medicines to be taken only with water, or medicines which were administered when staff were not present.
- Staff were kept up to date with guidance for administering medicines in the community. This included topical skin creams and medicines to be used for pain relief. One person said, "The reason I need care at home is I can't get my medicines myself. [Staff] get them out for me and I take them. They always check I have taken them all."
- People were supported as much as possible to take their medicines independently, such as with the use of assistive technology. One staff member told us, "I always record when I have administered each medicine. We get checked to make sure any errors are picked up. We would have extra training if errors recurred."

### Preventing and controlling infection

- The provider's policies and procedures for minimising the risk of infections helped ensure people were kept safe, including staff participating in the COVID-19 testing programme.
- Staff were trained how to prevent infections and how to correctly wear and use personal protective equipment (PPE). One person said, "[Staff] wash their hands after each part of my care and wear all their PPE. They take it off outside and put it in the bin or take it away with them."
- Staff ensured they maintained good standards of hygiene including avoiding risks of cross contamination, with regular hand washing.

### Learning lessons when things go wrong

- The provider's monitoring systems were effective in identifying the risk of things going wrong. When needed prompt action was taken to prevent recurrences. For example, physiotherapists or health professionals and acting on advice given. This meant staff saw value in reporting any issues.
- The registered manager told us about how open staff were in reporting incidents, such as, for medicines administration, and other incidents which had the potential to cause harm. A relative told us, "[Staff] are meticulous in reporting any changes in my [family member's] skin. They take the necessary actions."
- Staff told us that they were kept informed about changes following an incident, learning was had, and monitoring of this was completed to help ensure incidents didn't reoccur. This showed that there was an open learning culture.



# 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

- A thorough and comprehensive assessment of people's needs was undertaken based on national standards, such as for mental health and diabetes awareness.
- People's needs were then met by staff who understood how best to meet these. One person said, "I went through and talked about the support I needed, what I want and what I don't want, it has all worked out well now."
- Staff ensured they respected people's choices in a fair and equal way. Examples of this included supporting people to eat a healthy balanced diet to help manage diabetes, and staff's practical application of equality and diversity policies.

Staff support: induction, training, skills and experience

- Staff received a range of training based on people's assessed needs, and were supported to develop further skills. These included the completion of nationally recognised qualifications in care.
- Staff also undertook training on specialist subjects including diabetes.
- Staff praised the support the registered manager provided including meaningful supervision. This support was based on when it would be of most benefit to staff, such as when providing care and support. One staff member told us, "The support I have had is by far the most accessible. What I particularly like if you need any guidance or support from the [registered] manager you know it will be provided."

Supporting people to eat and drink enough to maintain a balanced diet

- People were, as far as practicable, supported to eat and drink independently and to make healthy choices. One person told us, "[Staff] help me with toasted rolls, they do these for me, my [family member] gets me meals for the freezer. [Staff] make my coffee with sugar as I like it sweet, no milk or sometimes just a drop."
- Strategies and plans were in place for people at risk of malnutrition or in need of a low sugar diet. One person said staff always ensured they drank enough and left drinks for later on until staff visited again.
- People who needed support from health professionals had this. This enabled people to eat and drink well, such as with a soft gluten free diet or high energy drinks.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- The registered manager and staff team ensured that people's transitions to the service were seamless. This included clear plans for having the correct equipment in place for people discharged from hospital.
- Staff ensured people received coordinated care and support through various health professional, such as physiotherapist or occupational therapist. This helped people to remain living safely in their own home. A

social worker said the registered manager only agreed to support people where they knew they had the skills and sufficient staff to do this.

- People benefitted from this. For example, one person had been able to make their family member a cup of tea, something they had longed to do since leaving hospital. In another situation the fire service had been involved to help ensure people were safe in their own homes.
- Staff and people's representatives, such as family members, supported people to access healthcare services. One relative told us, "My [family member] needed some [healthcare], staff were on the case to the GP straight away. The support was provided quickly which meant improved communications all round."

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.

- Staff were confident in the application of the MCA and its five key principles. One staff member said, "One person I support is particular and how they likes things done, they have a routine, but I always ask if this is what they want." This meant people made choices with the right amount of support.
- Staff were skilled in offering people a choice where people might make unsafe or unwise decisions. The registered manager told us about supporting people to make decisions to help keep them safer. For example, about pastimes that could be safely undertaken with other support.
- People were supported to make decisions that were in their best interest. For example, healthy eating, and when to seek support around taking risks in a safe way. One relative told us how skilled staff were at offering choices around personal care and hygiene.

# 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 supported people to live a life they wanted at home and communicated well with people. Staff achieved this by using various ways to listen to what they said.
- Staff knew people's care needs and exactly what had the greatest positive difference. One relative told us how respectful staff were in giving their family member as much time as needed so the person's views were acted on respectfully, with kindness and compassion.
- Staff treated people equally well whatever their needs. For example, a staff member told us, "Some people with [health condition] need a different approach, such as being calm or being cheerful. It is the little things that make a difference to them." This had resulted in people being able to trust staff.

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

- Staff took opportunities to involve people in their care and ensured people's requests were acted on. Staff involved relatives or advocates to determine how best to support and care for the person.
- Staff took time to identify what people were telling them. This could be through body language, emotions, the mood of the person, or the person telling staff how they felt. One person said, "Care staff take all the time I need, get me a cup of pitch-black tea in the morning and always treat me with respect. They involve me in my conversations, they are really good and you can have a laugh; they respect my confidentiality."

Respecting and promoting people's privacy, dignity and independence

- People were cared for and supported with dignity, with privacy and in a way which promoted independence.
- One person told us staff let them wash themselves as well as enabling the person to take all their own medicines. One relative said their family member's wellbeing had improved because the same skilled staff provided care and support.
- Staff were consistent in their approach to people's care by ensuring people could do as much for themselves as possible. One staff member said that they reported changes in people's independence and this could result in the provision of anything that would give the person their independence back.

# 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.

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

- People's care plans were developed with the person or their representative, and gave a detailed record of what the person's interests were, what made a difference to their lives and what individualised care meant.
- People's preferences for instance, included how they people liked to have their tea or coffee, their favourite night clothes and towels warmed on a radiator, and how staff supported people with repositioning.
- Staff took account of people's interest, pastimes and hobbies. One relative told us their family member loved board games and doing puzzles which staff would encourage and take part in.

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.

- Staff understood each person's communication needs and how best to support people to be heard, listened to and cared for in a person centred way.
- One example included a staff member who told us how they used people's body language, hand gestures, or speaking a little louder and more clearly. This helped ensure people's different means of communication were seen and listened to.
- In another situation a relative praised staff for their skills in communicating with their family member by just raising their voice a bit and speaking a little more slowly as well as referring the person to a health professional. This meant people could continue to express their views and wishes.

Improving care quality in response to complaints or concerns

- Concerns were acted on before they became a complaint, and compliments were used to identify what worked well.
- Staff knew what could constitute a complaint and how to support people access the complaints process.
- People told us the registered manager dealt effectively with small issues before they became a complaint. One person said that their request for a change of staff had been responded to the person's satisfaction. A relative told us they were satisfied with a change in care visit timings and duration.

End of life care and support

- People were supported by staff who showed sensitivity and an understanding of end of life care.

- People's end of life wishes and decisions were respected. One relative told us how compassionate staff were, how medicines were in place and various options had been considered in respect of their loved one's wishes.
- Staff followed policies and procedures and had the right skills, knowledge and experience of end of life care whenever this was needed. One staff member said, "I let people tell me when they are ready to make decision about end of life care. Sometimes they only tell you things in their final days."

# 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager told us how they had helped influence people's care such as, referrals to relevant health professionals.
- The registered manager said, "I always look at what people could be capable of with the right equipment and staff who know how to make a positive difference. This gives people the ability to do more themselves."
- People and their relatives all praised the provider and its staff for achieving good outcomes. One person told us, "I can't believe the difference. Our previous care provider gave up. I can now go out knowing staff will keep my [family member] safe, always uphold confidentiality and be well cared for."

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

- Staff told us the registered manager and nominated individual supported them to be honest in reporting any concerns. This openness led to changes being made, such as to the recording of medicines, and the correct equipment for people being provided.
- Staff were given information about changes to people's care in an accessible way including by a WhatsApp group, e-mails or team meetings. As a result, people's care records and support were more accurate.
- The registered manager monitored the culture of the service and staff team by various means, including undertaking unannounced observations of their work. One staff member said their support from the registered manager was the best they had ever had. This was because they always received all the support they needed.

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

- The registered manager understood their responsibilities, and supported staff to have the same high standards and values.
- Staff were reminded of their responsibilities if things went wrong as well as being praised when things went well. For instance, the staff with management responsibilities observed staff to ensure good care practise. The nominated individual told us they would ring staff if staff had experienced a difficult day. This was to make sure people and staff were okay. Staff appreciated this level of support.
- The registered manager had notified the CQC about various incidents such as when there had been incidents involving people's unwise decisions around aspects of their care. Prompt action taken ensured

people remained safe.

- Although the provider had identified risks, those for people's moving and handling lacked detail. For example, they stated 'assist to move from bed to chair. This meant staff relied on training and didn't have guidance based on the person's individual needs. The registered manager told us they would add further details.

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

- People, their relatives or advocate were involved in how their care and support was provided, by whom, and how and when this occurred.
- One person told us, "I was asked all sorts of questions about my support when I first started with [provider]. I was given many options but it was my decisions that mattered. I am quite satisfied with everything they do for me."
- Various means were used to ensure people were listened to. This included using technology, e-mails, text messaging, staff interactions with people during the provision of care and information from relatives. One person said, I would most definitely recommend them, they are perfection. I get the same staff."

Continuous learning and improving care

- Effective monitoring systems in place included audits and quality assurance systems to help identify and implement improvements.
- Areas monitored included medicines administration, daily care notes and incidents. The provider and registered manager analysed these for trends, such as the time of incidents. Effective actions such as changes, or recording, of people's medicines had been implemented.
- People told us that the systems in place helped ensure that their quality of care was meeting their needs. This sentiment about the quality of the service was echoed by all those we spoke with.

Working in partnership with others

- The registered manager worked with a wide range of stakeholders involved in people's care. These included occupational therapists, local fire services and safeguarding authorities and various health professionals.
- This joined up working had been successful and meant people could remain living safely and well at home.
- One relative told us how the registered manager had identified a change to their family member's independence. This had led to changes to ensure the person had equal access to personal care and hygiene by reducing the risks involved going upstairs.