

BloomcareLtd

Bloomcare Ltd

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Bloomcare Ltd is a domiciliary care agency. At the time of the inspection it was providing personal care to two people living in their own homes.

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

People's medicines were not always managed safely. Medicines records were not always in place when needed and some were not fully completed. We have made a recommendation about medicines management.

The service did not always complete the relevant checks to ensure staff were safely recruited. We have made a recommendation about recruitment processes.

Risks relating to people's health conditions had not been assessed to ensure staff knew how to support people safely. Staff had not been offered training to ensure they understood people's specific health needs.

The provider did not have effective quality monitoring processes in place. Records were not kept of staff induction and supervision and the provider lacked oversight of staff training and development needs.

People told us they felt safe and were supported by a consistent staff team. Staff had been given safeguarding training and knew how to raise concerns.

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

Rating at last inspection

This service was registered with us on 24/04/2019 and this is the first inspection.

Why we inspected

We received information of concern regarding the management of the service. As a result, we undertook a focused inspection to review the Key Questions of Safe and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-led sections of this report.

Following the inspection, the provider took action to mitigate the risks.

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 not always safe.

Details are in our safe findings below

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Bloomcare Ltd

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 carried out by two inspectors.

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 24 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

The provider was not asked to complete a provider information return prior to this inspection.

This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and one relative about their experience of the care

provided. We spoke with two members of staff including 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 including two people's care and medicines records. We looked at three staff files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

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 Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- The service did not consistently manage medicines safely. Medicines administration charts were not always in place for people who were receiving support with their medicines. The nominated individual told us this was because people were taking their medicines independently. However, people we spoke with confirmed they were being supported by staff.
- Where people were supported with topical creams, the medicines administration charts did not detail where the creams should be applied or how frequently.
- Staff had received medicines training; however, the service did not complete observations or assessments to check whether staff were competent to administer medicines following their training.

We recommend the service considers current guidance and best practice on the management of medicines including recording and training and monitoring of staff competence.

Assessing risk, safety monitoring and management

- Risk assessments were not always in place to ensure people were supported safely. The service had completed risk assessments for people in areas including the home environment and mobility; however, risks associated with people's specific health needs were not assessed.
- Staff were not provided with information or training about people's health needs. This meant they may not have the skills or guidance to support people safely. Following our feedback, the nominated individual told us they would arrange training for staff and update the risk assessments to reflect people's specific health needs.

Staffing and recruitment

- The service did not always complete robust recruitment checks to ensure staff were recruited safely. Staff files contained gaps in employment history, and incomplete applications. Where updated DBS [disclosure barring service] checks had been requested, this information was not always available to view in the recruitment file.
- The nominated individual told us that due to the small size of the service they were not currently using the staff whose files contained gaps. However, following our feedback, they told us they would be completing a full review of their recruitment processes.

We recommend the service ensures they are following current guidance and best practice in the safe recruitment of staff.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I've no concerns. I definitely feel safe."
- The service had a safeguarding policy in place for staff to follow.
- Staff had received safeguarding training and knew how to raise concerns. One member of staff said, "I'm able to raise concerns with the management, I would definitely talk to them."
- The service was aware of their responsibility to report safeguarding concerns to the local authority.

Preventing and controlling infection

- Staff had received training in infection control.
- Staff had access to protective clothing such as gloves and aprons when supporting people in their homes.

Learning lessons when things go wrong

- The service had only recently started to support people and no accidents or incidents had taken place which had required investigation.
- The nominated individual told us they would notify other professionals as necessary and said the service frequently asked for feedback from people to see how things could be improved.

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 Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The service did not have effective systems in place to monitor quality and safety.
- Medicines records were not audited to ensure medicines were being given correctly and checks were not completed on the medicines administration charts to ensure they contained all appropriate information.
- The service did not keep a record of staff induction or supervision. Recruitment files had not been audited to ensure all documentation was in place.
- The service did not have clear oversight of staff training and development needs. Where staff were new to care they had not been supported to undertake the Care Certificate [a set of standards that outline the skills and knowledge needed for the role] and no training had been arranged to support staff in understanding people's specific needs.
- Following our feedback, the service told us they were reviewing the quality and safety checks they completed.

We recommend the service reviews best practice guidance to ensure they implement effective quality assurance processes.

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

- The service had a very small staff team who worked closely together and knew how people liked to be supported.
- Staff told us they felt supported by the registered manager and nominated individual.
- People were encouraged to give feedback on the service regularly. One person we spoke with said they struggled with the feedback forms. They said, "All the forms are long, I don't always understand them." However, they told us the nominated individual did speak to them in person too.
- People's equality characteristics had been considered by the service when they started providing care.

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 service understood their responsibilities under the duty of candour and had been open about concerns when they were raised.

Continuous learning and improving care; Working in partnership with others

- The nominated individual told us they regularly attended meetings with providers from other agencies. They said, "We support each other and discuss issues."
- Where appropriate the service had requested support from other health professionals to meet people's care needs.
- The nominated individual told us they currently provided a lot of the direct support to people. They showed us their plans for the service and explained how these would enable them to step back and improve their oversight of the service as whole.