

Bloomsbury Home Care Limited

Bloomsbury Home Care - Essex

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Bloomsbury Home Care - Essex is a domiciliary care agency providing personal care to people in their own homes and flats. The service provides support to people living in and around North Essex. At the time of our inspection there were 52 people using the service.

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 had completed COVID-19 individual risk assessments to check for underlying health conditions or other characteristics that might place them at an increased risk of COVID-19, but these did not always give guidance on how the risk could be reduced. Medicines were managed safely, and staff had received appropriate training in this area. The provider had introduced a new medication competency assessment tool, however, staff required further training to use this tool appropriately. The provider had also introduced new oversight and quality check procedures, as these were new, there was little evidence that these processes were effective or embedded within the service.

We have made recommendations to the provider surrounding assessing risk to staff.

People told us they felt safe and well cared for. All staff were trained in safeguarding and there was a safeguarding policy to provide guidance. Staff wore personal protective equipment (PPE) in line with current government guidance and were regularly updated by the management team to any changes in guidance. There was a newly implemented policy for infection prevention and control, and a newly implemented policy specifically for COVID-19.

Peoples care plans and records included details of interests, personal histories, and what support needs they required. Risks to people had been reviewed and recorded and were specific to the person. The provider reviewed peoples' call times and durations to ensure they were getting the most appropriate service.

Staff were recruited safely, and in line with best practice guidance. Staff received full training appropriate for their role, and regular supervisions with team leaders. Additional training was available to address specific areas of care, such as diabetes. The provider recently improved their analysis of themes and trends for accidents and incidents, allowing them to share information with all staff to improve the service.

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.

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 requires improvement (published 20 July 2021) with a breach of regulation 17 (Good Governance). 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.

Why we inspected

We carried out an announced comprehensive inspection of this service on 3 April 2019, and an announced focused inspection on 28 April 2021. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe 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 requires improvement 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 Bloomsbury Home Care - Essex on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Bloomsbury Home Care - Essex

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 was carried out by 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 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.

Inspection activity started on 18 January 2022 and ended on 01 February 2022. We visited the location's office on 25 January 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and six relatives about their experience of the care provided. We spoke with five members of staff, including care assistants, 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. This included two people's care records and multiple medicine records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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.

At our last inspection we rated this key question requires improvement. 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

- At our last inspection, we found individual risk assessments for people did not always contain sufficient detail on how to mitigate the risks identified. On this inspection, the provider had addressed this. People's risk assessments now contained sufficient information on how to manage risks. For example, assessments for people at risk of falls included information about what to do in the event of a fall.
- Risks to people had been assessed. Staff had clear information on how to provide safe care in areas such as mobility and medicines. Person specific details were included in the assessments, one person's risk assessment included preferred drinks and snacks to help them manage their blood sugar levels.
- People's care plans and risk assessments were regularly reviewed and updated. This was done on a rolling schedule, or sooner if a person's care needs or circumstances had changed. The registered manager told us team leaders would update the information, and then the registered manager would check it was accurate.

Using medicines safely

- At our last inspection we found medicines competency assessments were not thorough, as they did not include details of the practices being observed. At this inspection, the provider had created a thorough and detailed assessment form, however, when we reviewed completed competencies, it was identified that staff completing the assessments required further training on how to properly document practice being observed.
- Staff were trained in medicines administration, and there was a medicines policy in place to provide guidance.
- Medication Administration Records were completed to document when people had received their medicines. These records were regularly reviewed, and any issues or concerns were quickly identified and shared with staff.
- People spoke positively of the support they received with their medicines. One person told us, "The staff give me the medication, and make sure I take the right dose each day." A relative told us, "[Staff] talk to [person] and make sure they gets their medication subscriptions."

Systems and processes to safeguard people from the risk of abuse

- The service had a safeguarding policy in place, and staff had received training on how to protect people from the risks of abuse. A whistleblowing policy was also in place for staff to raise concerns.
- Staff were able to demonstrate the steps they would take to raise concerns, and easily identified who they could approach to have their concerns listened to. One member of staff told us, "I am confident management would act on any of my concerns.", Another staff member told us, "I would go to my team leader."

- People told us they felt safe. One person told us, "The staff are very supportive to me and keep me safe." Another person told us, "The care I get from Bloomsbury Home Care is of very high quality and I'm very happy with my safety in using them."

Staffing and recruitment

- Staff were recruited safely and in line with best practice guidance. Recruitment files included all necessary checks and documentation. All staff had received Disclosure and Barring Service (DBS) criminal background checks.
- Staff received training appropriate for their role and received regular updates and supervisions to support them to carry out their role. Additional training in specific areas was available to staff who supported people with more complex needs.
- We received positive feedback from people about staff. One person told us, "I'm well respected and I feel the staff add value by talking to me and that makes me feel more reassured and protected." Another person told us, "They are well trained and do a very professional job."

Preventing and controlling infection

- The provider had implemented a new Infection Prevention and Control (IPC) policy. This gave staff clear guidance on how to implement effective IPC measures. The registered manager told us, "We email all staff when there is an update to guidance, and staff then confirm they have read the guidance."
- Staff had access to sufficient levels of appropriate Personal Protective Equipment (PPE), and were using PPE in line with government guidance. One person told us, "[Staff] always wear the full protective clothing and maintain good hygiene standards, both personal and domestic."
- Staff had received appropriate training in IPC, and specific training on COVID-19. The registered manager shared updated guidance and information surrounding COVID-19 with staff, and people who used the service. One person told us, "I did test positive for COVID 19, but I was well supported by the company through that period." Another person told us, "I've been made fully aware of the risks of Covid 19 and know what to do if I tested positive."

Learning lessons when things go wrong

- The provider had implemented new practices for sharing learning with staff. Improved methods of analysing and sharing information, including from other branches, were shared with staff via weekly and monthly emails and meetings.

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 requires improvement. The rating for this key question has remained 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.

At our last inspection the provider had failed to ensure there were effective systems in place to assess, monitor and improve the quality and safety of the service. This was a continued 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.

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

- At our last inspection oversight and governance systems were not always in place, or not effective to monitor and assess the safety of the service. At this inspection, the provider had introduced new systems for oversight and governance. However, as these were new systems, we could not be assured these were effective in identifying areas for improvement, or that they had been fully embedded into the service.
- Staff had received formal risk assessments to identify those who were at increased risk of COVID-19 complications, however, the risk assessments did not include any information of any additional mitigations to reduce this risk. We discussed this with the registered manager while on inspection, who advised that standard PPE precautions and guidance were sufficient to keep staff protected.

We recommend the provider review their COVID-19 risk assessments to include information on how to manage risks to staff.

- The provider had not identified issues we found on inspection with the newly implemented medicines competency assessment. Detailed information was not included by the staff completing the assessment to give context to the answers supplied. The auditing process was not effective, however, the registered manager was receptive to discussing this and identified that staff completing the assessments would need further training.
- The provider had implemented a new way to record COVID-19 weekly test results, and had given staff guidance and advice on how to complete this effectively. This information was accurate and up to date when we inspected. There were processes in place to ensure results for all staff were timely and accurate.
- The registered manager made regular contact with the local authority to ensure all allegations of abuse were recorded and notified to CQC in line with regulatory requirements. The registered manager was aware of their regulatory requirement to submit notifications to CQC.

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 provider actively sought feedback from people, relatives and staff about the service to be able to address any concerns, and make improvements to the service. Responses to a recent people and relatives survey had been received by the provider, but analysis had not yet begun. The registered manager identified some concerns in the responses and described the actions they were planning to take to address this.
- Staff were able to give regular feedback via staff meetings, supervisions, and training sessions.
- People told us they found management approachable to raise concerns. One person told us, "I can approach management staff with confidence if I had any issues." Another person told us, "The manager will sort anything out and nothing gets that bad you would complain about it."

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

- People told us their concerns were listened to and acted upon. Records showed people received an apology from the service when they had complained.
- A duty of candour policy was in place, which set out the need for an open and honest approach to communications with people and their relatives if something had gone wrong.

Working in partnership with others; Continuous learning and improving care

- The provider partnered with the Care Workers Charity to provide staff with advice, guidance, therapy sessions, and financial assistance if required. The registered manager told us this was to ensure good staff wellbeing.
- People's care plans showed regular contact with external professionals, and included specific details and recommendations, such as from nutritionists, or district nursing teams.