

Blessings Healthcare Services Limited

Blessings Healthcare Services Limited

Inspection report

Suite No 8 Shieling House
30 Invincible Road
Farnborough
Hampshire
GU14 7QU

Tel: 01252548774

Date of inspection visit:
22 September 2016

Date of publication:
01 November 2016

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 inspection took place on 22 September 2016 and was announced. Blessings Healthcare limited provides domiciliary care services to people who live in their own home. At the time of our inspection there were 20 people with a variety of care needs, including older people and people living with dementia using the service.

We last inspected in January 2014. At the January 2014 inspection we found that the provider was not meeting all of the requirements of the regulations at that time. The provider had not ensured staff had the training and support they required to meet people's needs. People's needs were not always assessed and their views were not always being acted upon. At this inspection (September 2016) we found the provider had taken appropriate action.

There was a registered manager in post. The registered manager was also the provider of the service. A registered manager is a person who has registered with the Care Quality Commission 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 received safe and effective care which enabled them to live in their own homes. People and their relatives praised the care staff and spoke positively about the care they received. The care people received was personalised to their needs. People and their relatives felt involved in their care and spoke positively about the relationships they had with staff.

People told us they felt listened to and could not fault the care they received. People were cared for by care staff who were supported by the registered manager and provider. Staff had access to professional development. The registered manager and provider knew the needs of staff and had systems to ensure staff had access to the training and support they needed.

The registered manager and provider had systems to monitor the quality of service people received. The systems enabled the registered manager and provider to identify concerns and drive 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 felt safe when receiving care from care staff. Staff had a clear understanding of their responsibilities to identify and report concerns or allegations of abuse.

People told us care staff spent time with them. Staff told us they had enough time to assist people in a safe way. The registered manager ensured staff were of good character before they supported people.

Risks to people's care had been identified and there was clear guidance to staff on how to manage these risks. Where people needed assistance with medicines, this was done in a safe manner.

Is the service effective?

Good ●

The service was effective. Care staff had access to effective professional development. They received one to one meetings with their line managers and felt supported.

Where necessary, people were supported with their dietary and healthcare needs. Staff followed the instructions provided by healthcare professionals.

Care staff had knowledge of the Mental Capacity Act, and people's rights were being protected.

Is the service caring?

Good ●

The service was caring. People and their relatives spoke highly about the care staff and felt they were treated with dignity and respect.

There was a caring culture. Staff spoke about people in a kind and a caring manner.

Is the service responsive?

Good ●

The service was responsive. People's care plans were personalised to people or their needs.

People and their relatives were involved in the planning of their care.

People and their relatives were confident their comments and concerns were listened to and acted upon by the provider.

Is the service well-led?

The service was well-led. People and relatives felt the registered manager was approachable

The provider had systems in place which enabled them to identify concerns and monitor the quality of service being provided.

The views of people and their relatives were regularly sought and acted upon.

Good ●

Blessings Healthcare Services Limited

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 was planned to check whether the provider was 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 took place on 22 September 2016 and was announced. We gave the provider 48 hours' notice of our inspection. We did this because the provider or manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. The inspection was carried out by one inspector.

We reviewed the information we held about the service. Before the inspection, the provider completed a provider information return (PIR). This is a form that asks the provider 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. We reviewed the notifications about important events which the service is required to send us by law and also spoke with a local authority commissioner and a healthcare professional about the service.

We spoke with four people who were using the service and four people's relatives following our inspection. We also spoke with five staff which included two care staff, the office administrator and the provider and registered manager. We also spoke with the provider of the service. We reviewed seven people's care files, staff training and recruitment records and records relating to the general management of the service.

Is the service safe?

Our findings

At our last inspection in January 2014, we found that there was not always enough staff to meet people's needs. This concern was a breach of Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 which translates to a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 respectively. We asked the provider to take action regarding this concern. The provider gave us an action plan which stated how they would meet the relevant regulation. At this inspection we followed up on their action plans and found there were enough care staff to meet the needs of people.

People and their relatives told us when staff arrived they spent the time they expected with them. Comments included: "They usually always come on time"; "They turn up when I expect them to"; "They come when they say and stay as long as they're supposed to" and "I have no problems. They always turn up. If they didn't I wouldn't be with them."

People and their relatives told us they were often informed if staff were running late. Comments included: "If they're running late and have an emergency they let me know" and "They let us know so we're not left waiting."

Staff told us they were given enough time to travel, however some staff told us their working shifts were affected by unplanned staff sickness, particularly at weekends. Comments included: "We have no problems with travelling" and "Definitely have enough time".

The registered manager and office administrator arranged people's visits to ensure people had a consistent team of care staff. The office administrator showed us how they organised people's care visits. They informed us that no visits had been missed in 2016 and that people were informed if the care staff were running late, due to an emergency or unforeseen circumstance. The majority of people receiving care lived in Farnborough, and the office administrator ensured care staff covered small local areas which ensured they had the necessary time to travel between people's visits.

People and their representatives told us they felt safe when receiving support from care staff. Comments included; "Oh, they make me feel safe"; "I definitely feel safe with the staff"; "She is safe with them and looks forward to seeing them" and "They (staff) make sure they're safe."

People were protected from the risk of abuse. Care staff had knowledge of types of abuse, signs of possible abuse which included neglect, and understood their responsibility to report any concerns promptly. Staff told us they would document concerns and report them to the care coordinator, registered manager or the provider. One staff member said, "I would report it to the manager immediately" Another staff member added that, if they were unhappy with the manager's or provider's response they would speak to the local authority safeguarding team or CQC. They said, "I can go to safeguarding. I've done that twice." If staff felt someone was at immediate risk of harm or abuse, they told us they would take immediate action. For example, one staff member told us, "I know I can contact local authority safeguarding or CQC."

The registered manager had raised and responded to any safeguarding concerns in accordance with local authority safeguarding procedures. Since our last inspection the service had ensured all concerns were reported to local authority safeguarding and CQC and acted on.

People's care plans contained assessments of all aspects of their support needs. Assessments included moving and handling, nutrition and hydration and medicines. People's risks had been identified, assessed and documented. Care staff had clear guidance on how to protect people from their individual risks. For example, one person needed the support from two care staff and equipment to enable them to safely mobilise. Care staff had clear guidance on how to assist this person and the risks to the person and their own health if this guidance wasn't followed.

Before people received care and support, the registered manager carried out an environmental risk assessment of the person's home and where their care was to be provided. These assessments identified if there was enough room to assist with moving and handling and any noticeable hazards which could cause harm to people or staff. Appropriate actions were taken when risks were identified by care staff or the registered manager. For example, care staff attended one person's home and were able to gain entry to the home, with no family members present as the family had left doors unlocked. They raised this concern to the registered manager who wrote to the family to discuss the risk to the person, care staff and the family. They discussed possible safety arrangements which could be used. Following this appropriate action was taken to ensure the person was safe.

Records relating to the recruitment of new care staff showed relevant checks had been completed before staff worked unsupervised working in people's homes. These included employment references and disclosure and barring checks (criminal record checks) to ensure staff were of good character. Where necessary the provider had made relevant checks to ensure people were legally entitled to work. All staff had to complete a health questionnaire to check if they were mentally and physically well to meet people's needs.

People and their relatives told us staff assisted them with their prescribed medicines. One person told us, "They do help me with my tablets. They know what to do." People's medicine administration records were completely consistently and no concerns were raised regarding the administration of medicines.

Is the service effective?

Our findings

People and their relatives were positive about care staff and felt they were skilled to meet their needs. Comments included: "I think they provide good care and continuity, which is great for people living with dementia"; "I think they're very skilled and know what to do"; "They're all very good" and "All round they're very good and they meet my needs."

People's needs were met by care staff who had access to the training they required. Care staff told us about the training they received. Comments included: "All the training we need" and "I have the training I need to help people." Staff were supported to undertake additional training as required, for example when people's needs changed. One staff member said, "If you need any extra training we can discuss it with the manager, they are happy to guide."

Care staff felt supported to develop professionally. One staff member spoke positively about the support and access they had to additional training and qualifications in health and social care. They told us, "Anything like a qualification is encouraged by the manager." The registered manager told us that care staff were being supported to complete the care certificate as part of their training. The care certificate training allowed the registered manager to monitor staff competences against expected standards of care.

People received care from care staff who were supported and had access to frequent one to one meetings with the registered manager (one to one meetings allows care staff to discuss their personal development needs, such as training and support as well as any concerns). Care staff spoke positively about one to one meetings and felt they were supported. Comments included: "Definitely receive 100% support" and "I have the support I need, I have supervision and can always contact the manager."

Staff we spoke with had undertaken training on the Mental Capacity Act (MCA) 2005. 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. Care staff showed a good understanding of this legislation and were able to explain specific points about it. Comments included: "Always offer choice and work at the person's pace" and "People have control. One person has to have their care in a very specific way." People's care plans contained mental capacity assessments which clearly detailed where people could or could not consent to their care and other healthcare professionals involved in their care. For example one person did not have the capacity to consent to their care; however their power of attorney (a power of attorney has been authorised to make decisions on the person's behalf around their finances and affairs and/or health and wellbeing) had provided this consent on the persons behalf.

People told us they were in control of their care and that they never felt forced to do something they did not want to do. Comments included: "They prompt me with my independence, they listen to me and respect me" and "It's all about choice, and providing people with choice."

People spoke positively about the food and drink care staff provided them. One person who was assisted with their dietary needs told us, "They help me with food and drink when I need it." One person's representative told us, "They always have to have a cup of tea before care is started."

People's care records documented the support they needed with their nutritional requirements. For example one person required support, prompting and encouragement to meet their nutritional needs and protect them from their risks of malnutrition and dehydration. Care staff were aware of these needs and spoke confidently about how they assisted them. One member of staff told us, "The care plans tell us the support people require."

People were supported to maintain good health through access to a range of health professionals. These professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. These included GPs, social workers, community nurses and occupational therapists. Where guidance had been received regarding people's care, this was documented as part of the person's care plans. People and their relatives spoke positively about how care staff engaged with other healthcare professionals. For example, one person's person told us, "A member of staff goes to (healthcare) appointments with me, which helps them learn how to do things such as the splint, they then pass this information on to my husband."

Is the service caring?

Our findings

People and their relatives spoke positively about the care they received and the care staff supporting them. Comments included: "I think they're very good ", "I think they are a really genuine, caring company", "I know good care. Blessings provide a superior service" and "The care staff are kind, caring and very good."

Care staff spoke with kindness and respect when speaking about people. Care staff clearly knew people well, including people's personal histories and what was important to them. They enjoyed their job and were enthusiastic about providing good quality care. Comments included: "I think Blessings is a very good company" and "We are supported to know people, it's a good organisation."

Care staff told us how they provided positive person centred care. For example, one member of staff told us how they assisted one person to ensure their day to day needs were met. They said, "They like their care carried out a particular way. Likes to start a certain way. They know what they like and we respect that."

People and their relatives told us they were treated with dignity and respect by care staff. Comments included: "They treat us all with dignity and respect", "They are very polite and respectful of us and our home" and "They are always very respectful."

People told us they felt comfortable with care staff and were supported to build positive relationships. People and their relatives told us that care staff were introduced to them before they allowed to provide care. One person said, "They bring someone to shadow the care before they come and care for us." They explained how this allowed them to build familiarity with the care workers and made them feel more comfortable.

Care staff told us the importance of respecting people's dignity. One staff member told us, "We know people need to be treated with dignity and respect, we make sure care is provided in private." Another care worker said, "We make sure people are kept comfortable at all times."

People spoke positively about the caring relationships they had made with staff. Comments included: "We have a principal (main) carer, they are very good"; "We have the same core group of staff and we always know who is coming" and "There is a consistent team, it's good to have continuity and familiarity." Staff spoke positively about providing continuity of care, particularly for people living with dementia. One member of staff said, "Blessings know people enjoy continuity of care. People have a small team of care staff."

Is the service responsive?

Our findings

At our last inspection in January 2014, we found that the provider had not always carried out an assessment of people's needs. This concern was a breach of Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 which translates to a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 respectively. We asked the provider to take action regarding this concern. The provider gave us an action plan which stated they would meet the relevant regulation. At this inspection we followed up on their action plans and found that At this inspection we found people's needs had been assessed.

People were involved in all decisions about their care. Thorough assessments were carried out with people when they started using the service. Assessments included areas such as; communication, mobility, social care needs and medicines. For example, one person's assessment provided guidance of how they should be supported with their mobility to ensure their health needs were maintained. One person spoke positively about this, they said, "It was about me and they were really positive." One relative told us, "I am heavily involved. I help write the care plan, which helps make it really personalised."

Assessments were used to develop detailed care plans that identified people's needs and their personal support requirements. For example, one person's care plan documented how they liked a clear routine of care, which included aspects of their care needs such as food and drink, personal hygiene and dressing. Clear guidance was provided to staff to ensure they had the information they needed to meet the persons' needs. A representative of the person passed on the compliments the person had regarding their care.

People's care plans contained information relating to specific conditions and how their conditions should be supported. This included people living with dementia and people with diabetes. Care plans were personalised and included details of people's needs and what was important to them. For example one person's care plan contained clear information about the support the person required to manage their skin integrity and the support they received from other healthcare professionals.

People and their representatives told us the registered manager and care staff were responsive to any changes in people's needs. One person's relative told us the service were very responsive. They said, "They are very flexible and able to change call times to fit our needs."

The registered manager and care staff were responsive to people's needs and looked at ways to improve people's lives. People and their relatives spoke positively about care staffs ability to identify changes in their wellbeing and take action. One person's relative told us, "They're very good at identifying any issues and letting us know if anything is wrong."

People and their relatives told us they knew how to make a complaint and had a copy of the service's complaints policy and information about how to make a complaint. Everyone spoke confidently about raising their concerns, and felt they were listened to. Comments included: "I'm always confident to go to the manager, they have always responded immediately" and "If I'm not happy I would go to the management."

The manager had a log of compliments and complaints they had received prior to the inspection. Where complaints had been raised, the registered manager had used this information to improve the service. For example, one complaint was raised regarding their relatives personal care. This concern had been acted on, and the registered manager issued an apology.

Is the service well-led?

Our findings

At our last inspection in January 2014, we found the registered person did not have effective systems designed to enable them to regularly assess and monitor the quality of services provided and to identify and manage any risks identified. This concern was a breach of Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 which translates to a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 respectively. We asked the provider to take action regarding this concern. The provider gave us an action plan which stated they would meet the relevant regulation. At this inspection we followed up on their action plans and found that the provider had effective systems to monitor the quality of the service.

The registered manager sought people's feedback about the service. The most recent survey carried out by the registered manager showed people and their relatives were wholly positive of the service they received. Where concerns or suggestions had been made, the registered manager acted on them. For example, one person used the survey to raise concerns about care staff appearing rushed during their call time. Care staff had identified the person's needs had changed and they required more time to meet their care needs. The registered manager worked with social services to agree an increase in the funded care time for the person.

The registered manager carried out regular spot checks and supervisions of care staff to ensure they were providing good quality care. The registered manager informed people they would be checking staff during their visit times and kept a clear record of the observations they had carried out. Any identified shortfalls in staffs delivery of care was immediately actioned by the registered manager and targets were discussed with care staff through supervision.

The registered manager kept a track of people's complaints, safeguarding concerns and incidents and accidents to ensure lessons were learnt throughout the organisation. The registered manager discussed improvements they had made to the service following concerns raised in 2015. The registered manager also had a clear focus on the good quality person centred care they wanted to provide people, which was something care staff agreed with.

The registered manager ensured the care staff had the information they needed to meet people's daily needs and keep people safe. For example, the registered manager ensured official guidance on heat wave was provided to staff to ensure people were protected from the risk of dehydration. The registered manager also carried out bimonthly staff meetings. They used these meetings to discuss training, dignity and respect and safeguarding. At one recent meeting, professional boundaries were discussed. Staff and the registered manager discussed examples of crossing these boundaries and the impact it could have on people and themselves. Care staff felt the provider was supportive and approachable. Staff felt confident that they could suggest ideas to the manager and provider and that these ideas would be listened to.

People and their relatives spoke very positively about the registered manager. Comments included: "They are very good, once or twice they've done the care. It's really good"; "(Registered manager) is very approachable, very good" and "They are very enthusiastic and keen to do all they can to help."

Healthcare professional's spoke positively of the service people received and felt the care met people's needs. No concerns were raised in relation to the service, with healthcare professionals feeling the organisation were good at communicating.