

Julie Blackburn

Julie Blackburn Homecare

Inspection report

15 Paddock Court
Bridlington
Humberside
YO16 6FW

Tel: 01262602837

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Julie Blackburn is a care at home service. The service provides personal care to people living in their own homes. Not everyone who used the service received personal care. The Care Quality Commission (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. At the time of inspection, nine people were receiving personal care.

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

Risk assessments were not always in place or completed comprehensively to minimise risks to people. People told us staff mostly turned up on time, however there was a lack of monitoring of call attendance and call times.

There was a lack of governance systems in place to monitor and improve the quality of the service. Required records were not always readily available.

People told us they were supported by staff who were knowledgeable. However, staff had not completed all training. Records of staff induction were not kept.

We have made a recommendation about induction and training.

People told us they felt safe with the staff who supported them. People were supported by a consistent staff team.

People received good support to maintain a healthy balanced diet and, where appropriate, the provider worked closely with other health professionals to support people with their health and wellbeing.

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 were supported by kind and caring staff who knew them well.

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 24 July 2018) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection, enough improvement had not been made/sustained and the provider was still in breach

of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a continued breach in relation to governance of the service at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Julie Blackburn Homecare

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 team consisted of one inspector and one assistant 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 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.

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 and professionals who work with the service. We used this information to plan our inspection.

The provider did not complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to make. We took this into account in making our judgements in this report.

During the inspection

We spoke with four people who used the service and one relative about their experience of the care provided. We spoke with two members of staff, including the registered manager. We spoke to one professional.

We reviewed a range of records. This included three people's care records and additional medication records. We looked at two staff files in relation to recruitment and staff supervision. 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. We looked at training data and quality assurance records. We also spoke to two staff members.

Is the service safe?

Our findings

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

At the last inspection, this key question was rated as Requires Improvement. At this inspection, this key question has remained the same. 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.

Assessing risk, safety monitoring and management

- Risk assessments were not always in place or did not always contain adequate detail. For example, one person who was at risk of pressure sores had no risk assessment in place. Another person had a catheter but there was no detail of the risk associated or guidance for staff to follow.
- Environmental risk assessments were conducted; however, they did not always detail how to minimise the risk.
- Staff knew how to minimise the risks to people.
- People told us they felt safe. One person told us, "I feel very safe with the staff that come, I trust them."

Using medicines safely

- No person in receipt of personal care was receiving support with their medication.
- Staff had medication training and had knowledge of medication procedures.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Not all staff had received safeguarding training. However, staff had knowledge of safeguarding procedures and felt confident to report any concerns. The registered manager assured us this training was booked.
- Any incidents or concerns were logged and monitored to identify when lessons could be learnt.

Staffing and recruitment

- Staff were recruited safely, and appropriate checks were carried out to protect people from the employment of unsuitable staff.
- People told us they received care by a consistent group of carers. However, the registered manager carried out a high number of care calls meaning there was little time for her managerial tasks.
- People told us staff mainly turned up on time and informed them if they were going to be late.
- There was no record or monitoring of late or missed calls. The registered manager was aware of a recent missed call but had no record of this.
- The service was in the process of implementing a system which would allow for effective monitoring of call times.

Preventing and controlling infection

- Staff followed good infection prevention and control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.

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.

At the last inspection, this key question was rated as Good. At this inspection, this key question has deteriorated to Requires Improvement.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- At the last inspection, we recommended the provider sought advice and guidance about implementing a more formal supervision and appraisal system. At this inspection, we found the provider had increased formal supervisions. The registered manager also carried out observed practice checks on staff.
- Staff told us they received induction. However, records of induction were not kept.
- People told us, "New staff have to have someone with them at least three times until they know what to do."
- Training records were not always available. For example, one person had no training certificate in their file and the registered manager had no matrix of dates of training available to her at the time of inspection. Following the inspection, the registered manager sent us a copy of their training matrix.
- Not all staff had received training, for example, some staff had not received equality and diversity, safeguarding and emergency first aid training. However, staff told us they received adequate training and people felt they were supported by knowledgeable staff.

We recommended the provider seek advice from a reputable source regarding induction and training.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet

- People were positive about the care and support they received.
- The provider had recently introduced a new assessment tool to ensure people's needs were assessed effectively.
- Where staff needed to support people to maintain a balanced diet this was done in an effective way. We observed staff having discussions with people about healthy eating.
- People were happy with the food they received and made their own choices of meals. We observed people complimenting staff on meals they had made. One person told us, "The food is lovely, the staff know how I like my coffee and what cup I like to use. They always make sure I have water jugs before they leave".

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

- Where staff required support from healthcare professionals this was arranged, and staff followed guidance provided by professionals. One health professional told us, "Yes, they follow our advice and the registered

manager always keeps us up to date with people's changing needs."

- Staff recognised where other professionals could support people and made appropriate referrals; for example, to occupational therapists.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

- Staff had knowledge of the mental capacity act and gained consent before providing support.
- People told us they made their own decisions and staff supported this.
- Where people had the legal authority to make decisions on people's behalf, this was not always recorded in people's care files. The registered manager assured us this would be added to people's care plans.

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.

At the last inspection, this key question was rated as Good. At this inspection, this key question has remained the same.

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 consistently spoke to people with warmth and respect.
- People were supported by kind and caring staff. Comments included, "Staff are caring, they always say nothing is too much trouble and not to be afraid to ask if we want something" and "Staff are very caring, I can always have a laugh with them, they know my sense of humour. It's a good relationship, they know me very well."

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

- People told us they led the way in how they wanted their care and support delivered. They made choices about personal care, any domestic needs and what they wanted to eat and when. One person told us, "They do what I ask them based on what I need on the day."
- People told us they expressed their likes or dislikes for personal support, food and conversation and staff respected these.
- At the time of inspection, no person in receipt of personal care accessed the services of an advocate. The provider demonstrated understanding of the role and the importance of promoting the use of advocates when required.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- Care plans contained information of what people could do themselves, so staff could promote people's independence. People and their relatives confirmed their independence was promoted. Comments included, "They always encourage [Name] to do what they can for themselves" and "They encourage me to do things myself and make sure I have all the right things, so I can do things for myself when they leave".
- People's confidentiality was maintained. Records were stored securely at the office location.

Is the service responsive?

Our findings

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

At the last inspection, this key question was rated as Good. At this inspection, this key question has remained the same.

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 told us they received care in line with their preferences and likes and dislikes. One person told us, "They do what I ask, the care is delivered around what I want and need. They know how important my dogs are to me, so they spend time playing with the dogs for me."
- Care plans detailed what care support people wanted to receive.
- People's diverse needs were recorded in care plans.

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 was aware of AIS and the associated requirements.
- Information was communicated to people verbally or in written format. The registered manager told us they would refer people to appropriate agencies to access documents in different formats if required.
- People's communication needs were recorded in their care plans.

Improving care quality in response to complaints or concerns

- The service had not received any recent complaints. Concerns were logged with details of action taken.
- People told us they felt confident to complain. One person told us, "I have never had to complain but I would just ring [Name of registered manager]. I could go to them with anything."
- Details of who to contact to raise any concerns or complaints were contained in people care plans.

End of life care and support

- At the last inspection, we noted people's end of life wishes had not always been explored. The registered manager told us they had not felt it necessary to record this information, but they would look into this in the future. At this inspection, we saw people's end of life wishes had still not been explored. The registered manager had not felt confident to explore this with people, but assured us she would going forward.
- The service worked with people's family's and health professionals to support people at end of life.

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 the last inspection, this key question was rated as Requires Improvement. At this inspection, this key question has remained the same.

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; Continuous learning and improving care

- The provider had failed to make the required improvements to improve the rating of the service.
- Governance systems were not effective. There was no formal auditing system for monitoring people's care records. This meant it was not identified when risk assessments were not in place or sufficiently detailed to guide staff.
- Systems had failed to identify areas found at inspection. These included no monitoring and recording of missed and late calls, and a lack of training and induction records.
- The registered manager carried out a high amount of care calls each day, which left little time for their managerial duties.
- At the last inspection, the provider informed us they would look into exploring people's end of life wishes. At this inspection, we found this had still not been done.
- Information requested by CQC to help plan the inspection was not submitted.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Good Governance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Surveys were conducted with people who received a service to gather feedback. Results of this were analysed and action taken when required.
- Staff meetings were held to engage staff in the running of the service.
- Records showed effective partnership working with professionals.
- The service supported health professionals by attending appointments to offer support in addition to the care call times.

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

- People and their relatives were consistently positive about the provider. Comments included, "[Name] is really good, she knows me well and knows what I like. I can ring her at any time."

- People were complimentary about the care they received from the service.

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 open and transparent in dealing with issues and concerns; they understood their responsibility to apologise and give feedback to people if things went wrong.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems were not in place to monitor and improve the quality of the service.