

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Blue Sky Enabling (West Region)

Suite 1, Limpley Mill, Limpley Stoke, Bath, BA2
7FJ

Tel: 08442251337

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Care and welfare of people who use services



Met this standard

Details about this location

Registered Provider	Saxon-Lo Limited t/a Blue Sky Enabling (West Region)
Registered Manager	Ms. Shelley Saxon
Overview of the service	Blue Sky Enabling (West Region) is a small domiciliary care agency providing personal care and social support to people in their own homes, either by visits or on a live-in basis.
Type of services	Domiciliary care service Supported living service
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Blue Sky Enabling (West Region) had taken action to meet the following essential standards:

- Care and welfare of people who use services

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 3 January 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

We visited the service on 3 January 2013 to check how they planned and managed people's care, in relation to behavioural issues and meeting social and activity needs. This was because we found shortfalls when we visited in May 2012 and told the provider they must take action to improve.

We looked at records including a care plan. We spoke by telephone with a person who received a visiting service; a relative of a person provided with live-in care; and two members of staff. We spoke with the provider about the action plan they had sent us.

We found protocols about managing care needs were in place for staff to follow. If a person sometimes displayed behaviours that required some form of special care or management, this was reflected in their care plan. Staff knowledge and experience had been used to produce guidance about effective communication and support to people to make choices or decisions.

People's activity preferences, in and out of their home, were risk assessed. There was guidance on how to facilitate activities. Records showed support was provided in line with assessments. People we spoke with said support workers arrived when expected and showed understanding and skill in providing support as agreed.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

At our inspection visit on 9 May 2012 we found the service assessed people's needs. However, where some people's challenging behavioural issues were identified from records, these had not resulted in care plans that supported staff to manage such behaviours. We judged that this had a minor impact on people using the service and action was needed for this essential standard. We also found that the social and leisure activities that staff supported did not always reflect people's assessed needs and preferences. The provider sent us an action plan stating they had reviewed where people's behaviours might be classed as challenging, assessed risks and put protocols in place for staff to follow. They also told us of changes made to activity planning, recording and monitoring systems.

At the time of this visit a service was being provided to four people. We looked at one care plan in detail. It had been reviewed in July 2012 and October 2012. We saw an emphasis on support to the person to make decisions. There was guidance on how to communicate with the person, including allowing time for them to articulate their wishes. A risk assessment had been completed regarding the person's potential to present behaviours that staff could find challenging. This had been used to inform an amended protocol for addressing such behaviours. The protocol gave a context to the incidence of behaviours, stressed that safety of all present was the first priority and gave detailed guidance on how to manage situations arising. This would enable staff to support the person in a consistent way and with confidence.

The behaviour protocol made links to other parts of the care plan. For example, it showed the importance of maintaining the person's hydration and continence management to reduce the risk of negative mood. A change made to the person's continence management guidance was clearly related to observations recorded by a support worker. There was an addition to the care plan about managing unplanned excursions to ensure safety was maintained. Therefore the plan presented as a working document that was kept under review. The person's activity preferences were shown, in and out of their home. These were risk assessed. There was guidance for staff on how to facilitate activities. The record keeping provided evidence of service provision in line with assessments.

Where incidents had arisen, records showed what actions had been taken. However, the provider may find it useful to note that not all incident reports showed evidence of manager review.

We spoke to a person who received visits every day. They told us the support workers were reliable in arriving on time and staying for the contracted time. They said the manager sometimes visited to provide the support if support workers were unavailable. They preferred this to being visited by people they did not know, but said they would like there to be more staff available with experience of visiting them. They told us the staff who visited had a good understanding of their needs and preferences. They described staff referring to and adding to the written records. With outside assistance the person had recently agreed to a reduction in the amount of hours of their service. They anticipated working towards a further reduction as they felt they were becoming more independent and less in need of all the support provided.

We spoke with a close relative of a person provided with live-in care. They told us their relative received a high quality of care. They said support workers arrived on time to hand over information between themselves and to liaise effectively with another care worker involved, who was not employed by the agency. When new staff had been introduced, they had worked shadow shifts with experienced workers. The manager had stepped in to cover some shortfalls caused by staff sickness. The relative told us all the staff were skilled at engaging with the person receiving the service, who had dementia. They were taking the person out for wheelchair walks and involving them in laundry and kitchen tasks. The relative saw the service as providing the person with stability, routine and consistent relationships. They confirmed the service had produced protocols for managing aspects of the service, although they felt these could make issues more complex than necessary.

We spoke with two support workers. They each considered people's needs, and how to support them, were accurately reflected in the care plans. They described using their time with people as a mix of carrying out essential care tasks and adding to people's quality of life by involving them in every day and leisure activities. They were clear about where to access guidance in the care plans and how to record their work to demonstrate agreed ways of working were followed.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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