# Inspection Report

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

# Blessings Healthcare Services Limited

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

Tel: 01252548774

Date of Inspection: 29 January 2014

Date of Publication: April 2014

We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

| | |
|---|---|
| **Care and welfare of people who use services** | ✖ Action needed |
| **Requirements relating to workers** | ✔ Met this standard |
| **Staffing** | ✖ Action needed |
| **Assessing and monitoring the quality of service provision** | ✖ Action needed |

## Details about this location

| | |
|---|---|
| Registered Provider | Blessings Healthcare Services Limited |
| Registered Manager | Mrs Maria Salome Nyeke |
| Overview of the service | This Domiciliary care company is registered to provide personal care to people in their own homes. The agency currently provides this care in the Farnborough area of Hampshire. |
| Type of service | Domiciliary care service |
| Regulated activity | Personal care |

# Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

## Summary of this inspection

### Why we carried out this inspection

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

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 29 January 2014, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information sent to us by other authorities and talked with other authorities.

### What people told us and what we found

People who used the service were generally positive about the care provided. One told us, "I've been using the service for a short period of time. Usually the same person or people turn up. They seem to know what they're doing and I have been very pleased so far". We found that one person who had begun receiving care from the service on 17 December 2013 had neither had their needs  assessed by the service nor had a care plan produced for them six weeks later. We also found that only two staff in the service had received any training in managing medical appliances which four people who used the service required. This meant that their care needs were not being met by the service.

We found that the service had an effective staff selection process in place and that that the provider had taken steps to ensure that suitable staff were recruited by the service.

The registered manager and staff told us that the service was understaffed. One care worker told us "No. We definitely don't have enough staff. Although there are gaps in between calls, I will be out working for more than 12 hours today". We found that there were insufficient care staff and that that not all care workers were suitably qualified, skilled and experienced to meet people's needs.

We found that the service had systems in place to monitor care standards but that not all were being used effectively. This meant that there may have been an increased risk of unsafe or inappropriate care being provided.

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

### What we have told the provider to do

We have asked the provider to send us a report by 05 April 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

## 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** ✖ Action needed

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

### Our judgement

The provider was not meeting this standard.

Care and treatment was not planned and delivered in a way that was intended to ensure people's safety and welfare.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

### Reasons for our judgement

This inspection visit was carried out in response to concerning information from the Local Authority and was unannounced in accordance with Care Quality Commission (CQC) policy. It was facilitated by the registered manager, who returned to the service office after having provided care to a person who used the service.

We were not satisfied that people's needs were assessed and care was planned and delivered in line with their individual care plan.

We reviewed four people's care plans selected from a list of people who used the service. In the first care plan we noted that an initial assessment of the person's care needs had taken place 17 days after they had been offered a service by the provider. In addition we noted that several versions of their initial assessment report were contained in the care plan folder. We were unclear whether the person had been assessed a number of times or whether the documents we saw were draft documents. We found that the files in general lacked structure. Another care plan that we reviewed contained an initial assessment report that had been completed on 08 January 2014. We noted that the care plan which resulted from the assessment had not been shown to the person, to confirm their agreement with the content by the date of our inspection 21 days later. We saw evidence that this delay had been queried by a relative of the person concerned. This meant that this care plan had not been produced, agreed or made available to staff providing care in a timely manner. This may have compromised the safety of the care provided to this person.

We reviewed the care plan of a person who had begun receiving care from the service on 17 December 2013. The registered manager confirmed that an initial assessment of this person's care needs had not yet taken place, nor had a care plan been produced for them. They acknowledged that this was unacceptable and cited a lack of time as the reason. We

asked the registered manager what guidance their staff had used to provide care to people. They told us, "Even if we don't have a full care plan, there is a brief initial one for them to use". This meant that not all people's care needs had been fully assessed or properly planned.

We saw that information relating to medicines was present in some people's care plans but that the information was undated, therefore we could not tell whether it was current. We also noted that in one person's care plan folder, numerous copies had been filed and it was not easy to locate the current document being used by care staff. The registered manager told us, "Every time we update a care plan we take a copy to the service user's house and bring the old one back". This meant that details of the care currently being provided by staff to people who used the service could not confidently be confirmed by reference to the information held in the provider's office. Also, the provider had no effective overview of changes to people's care or of reviews that had occurred.

All three people who used the service that we spoke with were positive about the care provided by Blessings. One person told us, "I've been using the service for a short period of time. Usually the same person or people turn up. They seem to know what they're doing and I have been very pleased so far". A relative told us, "They suit our needs in terms of consistency and quality of care. I would say they are the right sort of people and they communicate with me well". This meant that people and their relatives were generally happy with the care being provided by the service.

However, another person's relative told us, "Part of what they do involves dealing with a catheter that my relative uses. By and large things go OK but I have had to call the district nurse a couple of times regarding this". This was discussed with the registered manager who told us that they considered the expectations on his staff to be unreasonable, as they considered the management of this type of appliance to be a nursing function. They told us that training in catheter care had been arranged for them with a district nurse with the intention that they would pass it on to staff. However, this training had not taken place. Of the three staff that we spoke with, one confirmed that they had received 'on the job' training in catheter care from a manager in the service in December 2013. The registered manager told us that the manager concerned had received their training in 2009. This meant that only two staff in the service had received any form of training in managing these appliances and that this was based on knowledge acquired five years earlier. This meant that the four people who used the service and required this care had needs which could not be met by existing staff and had been at risk of receiving unsafe care as a result.

There were arrangements in place to deal with foreseeable emergencies.

We noted that the induction training for care staff was based on a commercially available training package which included basic life support and emergency procedures. We saw that the service maintained a policies and procedures binder in the service office which included guidance to staff on the action to be taken in the event of an emergency, in addition to health and safety guidance.

All three staff that we spoke with were aware of their responsibility regarding the health and welfare of people who used the service. One member of staff told us, "There have been two incidents recently where clients have been ill and I've called an ambulance. I also called the manager and I waited with the client while they tried to contact relatives". Another care worker told us, "The manager has told me about the emergency procedure and I'm confident I would know what to do". This meant that staff had been provided with

guidance and training and had confidence in their ability to use the procedures.

**Requirements relating to workers** ✓ Met this standard

**People should be cared for by staff who are properly qualified and able to do their job**

## Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

## Reasons for our judgement

There were effective recruitment and selection processes in place.

We saw that the service had in place a selection and recruitment policy for new staff. This required a written application followed by an interview with the manager. The policy required that written references had to then be obtained from the applicant's previous employers. The policy also stated that all applicants would be required to undergo an enhanced disclosure criminal records check through the Disclosure and Barring Service (DBS), which replaced the Criminal Records Bureau (CRB) check. This meant that the service had been able to consider any previously recorded matters that might have indicated that an applicant was unsuitable for the role.

Appropriate checks were undertaken before staff began work.

The registered manager told us, "I think we have a good recruiting procedure, we just don't seem to be getting enough people through it". We reviewed the files of four staff who had been recruited into the service within the previous 12 months. We confirmed that appropriate checks had been undertaken before staff began work. Proof of identity and entitlement to work in the UK had also been required from each candidate. Staff told us that, they had not been allowed to start work for the company until all checks had been completed. One said, "Yes I had to be CRB checked before I started. They asked for references and a load of other things too. I didn't mind. They need to be sure about people before they let them into people's homes". We noted that full employment histories had been obtained from all four applicants. This meant that the provider had been able to make informed decisions about the suitability of applicants and that the company recruitment policy had been complied with.

Care staff that we spoke with felt that the service induction training had prepared them well for the role. One told us, "I did some shadowing to begin with which improved my confidence about the practical bits of the job". Another care worker said, "This is not a job I expected to enjoy, but it is very rewarding". The registered manager told us, "We do our best to match clients with our staff that we think they will get on well with. Sometimes we get it wrong and have to change things around but I'm very proud of our staff".

People who used the service and relatives that we spoke with were all positive about the calibre of staff providing their care and support. One relative said, "We're very happy with them, though they are the first agency we have used. I'm grateful to Frimley Park Hospital for recommending them". This meant that the provider had taken steps to ensure that suitable staff were recruited by this service and were provided with appropriate training and experience for the role.

**Staffing** ✖ Action needed

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

## Our judgement

The provider was not meeting this standard.

There were not enough qualified, skilled and experienced staff to meet people's needs.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

## Reasons for our judgement

There were not enough qualified, skilled and experienced staff to meet people's needs. On our arrival at the service we noted that the registered manager was in the process of providing personal care to a person who used the service. This meant that their management responsibilities were not being attended to. When asked directly if the service had too many clients, they replied, "No. We don't have enough staff".

At the time of our inspection a total of 13 people were receiving care and support from the service in their own homes. The registered manager provided us with a list of current staff that comprised of eight care staff and two managers. They said, "We took on a lot more clients in October 2013, but I haven't been able to recruit any more staff. Applicants come and they go. Some just apply and they don't really want the job". We were shown a folder containing more than six applications which the registered manager told us had not been completed for various reasons. They confirmed that since taking on 10 additional clients in October 2013, no additional staff had been recruited into the service.

We noted that the service produced weekly rotas for each care worker indicating the times and dates of calls to be made to people they had to provide care for. The registered manager told us, "We publish the basic shifts to each member of staff based on the needs of their clients. We usually update with any changes over the phone". Staff we spoke with confirmed the view that the service was inadequately staffed. One said, "No. We definitely don't have enough staff. Although there are gaps in between calls, I will be out working for more than 12 hours today. We need more staff who can drive because the managers spend too much time ferrying care staff around". Another member of care staff told us, "I think we could do with more staff. Some people work very long hours. I don't drive so I usually go on the bus. If I can't get there then sometimes the manager gives me a lift". This meant that care staff working for the service did not have independent transport and during sickness and other staff absences felt under pressure to meet the care needs of the people who used the service.

People that we spoke with confirmed that they were satisfied with the care provided. One relative told us, "I would say the staff seem to know what they're doing. They have never

missed a call and are always here within an hour of the agreed time. I think it suits them best for my relative to be last call in the morning". We reviewed the staff training records and noted that all care staff had received training in the areas that the provider considered essential. This included; basic life support, moving and handling people safely, abuse awareness, infection control, food hygiene and medicines management. The registered manager confirmed that new care staff shadowed experienced colleagues until they were considered competent to provide care and support alone.

**Assessing and monitoring the quality of service provision** ✖ Action needed

**The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

## Our judgement

The provider was not meeting this standard.

The provider had a system to assess and monitor the quality of service that people received. However we were not satisfied that it had been used effectively.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

## Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment though we were not satisfied that they were always acted on.

The registered manager told us that people who used the service had been provided with a copy of the service user guide which we saw provided contact numbers and useful information about the serves provided by Blessings Healthcare Services Ltd. They said, "We give every new client a copy of the service user guide, but sometimes they forget them. If we missed one out it was just a mistake". We noted that it contained a copy of the provider's complaints procedure as well as an outline of people's rights. The registered manager told us that they had obtained feedback from people early in 2013 using a quality assurance questionnaire. We reviewed the three comments received, which were all positive. The registered manager said, "I should be arranging the quality assurance questionnaire for this year shortly. We only had three clients to respond last year". We noted that no formal complaints had been recorded in the service in the previous 12 months. This meant that people using the service had been provided with opportunities and processes to provide feedback on the quality of care provided by the service.

We saw correspondence indicating that a relative had been requesting the publication of their relative's care plan for more than two weeks. The registered manager told us, "I see most of our clients every week and check to make sure things are right for them. Apart from the delay over the care plans we haven't had any problems with clients or their relatives. I agree there had been a delay but that care plan is ready now". One relative that we spoke with told us, "I am in regular contact with the manager and I have always found them responsive". This meant that people and their relatives had provided feedback to the management of the service on the care and support provided by the service and that there had been a delay in this being acted upon.

We asked to see the minutes of the most recent staff meeting and were provided with

notes relating to a meeting that had occurred in January 2013, over a year previously. We spoke with care staff about staff meetings and asked whether they provided an opportunity to raise and discuss quality of care issues. All three confirmed that they had not attended a staff meeting within the previous 12 months. One said, "The last staff meeting I went to was over a year ago. We should do them monthly I think. It's a bit of a missed opportunity not to, but everyone's so busy". We discussed this with the registered manager who told us, "I am going to schedule them every three months, but it's difficult to get people to come". This meant that care staff had not been provided with opportunities as a group to discuss care related problems, propose solutions or make suggestions within the previous 12 months.

We found that the service had systems in place to monitor care standards but that not all were being used effectively. This meant that there may have been an increased risk of unsafe or inappropriate care being provided.

**This section is primarily information for the provider**

## Action we have told the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

| Regulated activity | Regulation |
|---|---|
| Personal care | **Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010**<br><br>**Care and welfare of people who use services** |
| | **How the regulation was not being met:**<br><br>The registered person failed to take proper steps to ensure that each service user was protected against the risks of receiving care that was inappropriate or unsafe by carrying out an assessment of the needs of the service user and planning and delivering care in a way that met the individual service user's needs.<br>Regulation 9 (1) (a) and (b) Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. |
| Regulated activity | Regulation |
| Personal care | **Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010**<br><br>**Staffing** |
| | **How the regulation was not being met:**<br><br>The registered person failed to take appropriate steps to ensure that at all times there were sufficient numbers of suitably qualified, skilled and experienced persons employed for the purposes of carrying on the regulated activity.<br>Regulation 22 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. |

**This section is primarily information for the provider**

| Regulated activity | Regulation |
|---|---|
| Personal care | **Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010**<br><br>**Assessing and monitoring the quality of service provision** |
| | **How the regulation was not being met:**<br><br>The registered person had failed to protect service users against the risks of inappropriate or unsafe care by means of the effective operation of systems designed to enable the registered person to regularly assess and monitor the quality of services provided and to identify and manage any risks identified. Regulation 10 (1) (a) and (b) Health and Social care Act 2008 (Regulated Activities) Regulations 2010. |

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 05 April 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## 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 other services less often. 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.

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.<br>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.<br>We monitor the implementation of action plans in these reports and, if necessary, take further action.<br>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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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:

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|---|
| 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

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