

Bloomsbury Home Care Limited

Bloomsbury Home Care - Essex

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Bloomsbury Home Care - Essex is a domiciliary care agency providing personal care to people in their own houses and flats. It provides a service to people living in areas of North Essex, including Colchester, Clacton-on-Sea, Thorpe-le-Soken, Harwich and Dovercourt. At the time of the inspection, the service was supporting 81 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Risk assessments were not always completed with sufficient information on how to keep people safe from the risk of harm. Whilst medicines were managed safely and staff were trained in this area, medicine competency assessments were not thorough enough to demonstrate the checks undertaken on staff practice. As the analysis of themes and trends was not formally carried out in some areas, this limited the ability to share lessons learned and the opportunity for improvement with the staff team.

Infection prevention and control (IPC) and COVID-19 policies, procedures and oversight systems at the service were not robust. Staff did not receive risk assessments to check for underlying health conditions or other characteristics that might place them at an increased risk of COVID-19. Notifications about incidents such as alleged safeguarding concerns were not always made to the Care Quality Commission as required. People were asked for their views on the quality of the service and told us improvements were made as a result. A new registered manager was in post since the last inspection. They told us they were making improvements to systems and processes: this will need to be embedded and sustained.

A safeguarding policy was in place, and people told us they felt safe and comfortable with staff. Staff followed government guidance in relation to personal protective equipment (PPE). Safe recruitment practices were in place to ensure staff were appropriate for the role.

People's preference, interests and care and support needs were included in their care plan records. An electronic call monitoring system was in place to ensure people received visits on time and for a duration in line with their assessed care needs. People told us they did not have cause to complain but were able to do so if required. Where concerns had been raised in the past, they had been resolved to people's satisfaction. The service had considered how to ensure information was accessible to all people being supported by the service. A policy was in place for end of life care.

The service worked with other organisations and professionals where appropriate.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 14 May 2019) and there were multiple breaches 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 we found improvements had been made in some areas and the provider was no longer in breach of regulations 12 (Safe care and treatment) and 16 (Receiving and acting upon complaints). However, improvement had not been made in regulation 17 (Good governance) and the provider was still in breach of this regulation.

The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

Why we inspected

We carried out an announced comprehensive inspection of this service on 3 April 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, receiving and acting on complaints and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained as requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bloomsbury Home Care - Essex on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a continued breach in relation to good governance.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

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 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 ●

Bloomsbury Home Care - Essex

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

This inspection was announced. Much of this inspection was carried out remotely to help reduce the risk of COVID-19. We gave a short period of notice of the inspection site visit to ensure the registered manager would be in the office to support the inspection.

Inspection activity started on 28 April 2021 and ended on 14 May 2021. We visited the office location on 5 May 2021.

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us 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 and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with eleven people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including care assistants, team leaders, the office manager, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and multiple medicine records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We received updates from the provider and the registered manager on improvements put in place following our inspection feedback.

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.

At our last inspection people did not always receive their medicines in the correct and safe way. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

Learning lessons when things go wrong

At our last inspection we recommended the provider look at the ways lessons are learned and how they can be communicated widely to support improvement. Sufficient improvement had not been made.

- Sharing of lessons learned was inconsistent. For example, a lack of effective analysis or identification of themes and trends in areas such as accidents and incidents or safeguarding meant there was limited opportunity for sharing this learning with the wider staff team, in order to reduce the risk of reoccurrence and improve practice.

Assessing risk, safety monitoring and management

- Risk assessments had been undertaken in order to guide staff on safe care, and included areas such as people's medicines, finances, mobility and home environment.
- Generic information sheets on a wide selection of areas such as diabetes, dementia, falls and palliative care had been drafted for staff to access. The Nominated Individual told us this information was in line with national best practice guidance and was regularly reviewed.
- However, at our last inspection, we found individual risk assessments did not always contain sufficient detail on how to mitigate the risks identified. This continued to be the case. For example, where one person was at risk of falls, the risk assessment only stated, "[Person] is aware of the risks involved and will consciously be able to make the decision as to how to mobilise on a daily basis." No further information was available to care staff on how to mitigate risk or action to take in case the person did fall. The Nominated Individual told us people had a separate falls protocol in their care records available to staff, however, these were not personalised to the individual.
- The registered manager told us they had begun implementation of a new electronic care planning and risk assessment system, which was being trialled at the time of inspection. This would lead to improvements in quality and accessibility of care records, which could be reviewed in 'real time'.

Preventing and controlling infection

- Whilst we did not receive concerns about infection and control practice and there was no information to suggest people had been harmed, IPC and COVID-19 policies, procedures and risk assessments at the service were either not in place or lacked detail. This meant formal systems for providing staff with up to date guidance were not effective.
- The registered manager told us they ensured staff had access to sufficient and adequate supplies of appropriate personal protective equipment (PPE) to carry out their role safely and in line with government guidance. Staff confirmed this to be the case.
- Feedback described staff wearing appropriate PPE whilst supporting people in their homes. One person told us, "[Care workers] respect COVID-19 by wearing masks, they have them on when they come in." Another person told us staff always wore the correct PPE, "That's why I have kept safe."
- Staff had received training on infection prevention and control (IPC) and additional training on COVID-19. Information and guidance was regularly shared by the registered manager with the staff team.

Using medicines safely

- Medicine Administration Records (MARs) were completed to show people received their medicines safely. These records were regularly audited, with any issues identified followed up and learning shared with the wider staff team.
- Where staff supported people by applying topical creams, the areas for application were recorded on the person's body map for staff to refer to.
- If people needed to take medicines for pain relief on a 'as required' basis, there was a separate protocol in place for staff to follow.
- People gave positive feedback about the support they received with their medicines. One person told us, "They do the paperwork. It's all written down what tablets and creams I am having." Another person said, "They do put cream on morning and night and eye drops in the night." They confirmed staff recorded the support they had given.
- Staff received annual training on medicines and could explain how they would support people. One staff member told us, "We have the MAR chart, we have to check it before administration."
- Whilst staff practice was reviewed as part of 'spot checks' or supervisions, at our last inspection we found medicine competency assessments could be more detailed to include the areas of practice being observed. We raised this with the provider as the assessments were still not thorough. The provider confirmed they would include additional detail in the assessments going forward to evidence the checks being completed.

Systems and processes to safeguard people from the risk of abuse

- A safeguarding policy was in place at the service, and staff received training in this area.
- Staff told us they felt comfortable sharing concerns about people's safety with team leaders, the registered manager or the nominated individual and felt this would be acted upon. One staff member told us, "If they didn't act on [the concerns raised] I would go to CQC". Another staff member told us, "I would go to the police, I have training for that."
- People told us they felt safe. One person said, "No one has ever been nasty to me. To be quite honest I was very nervous about having someone come in but I know they won't hurt me."

Staffing and recruitment

- Recruitment was being completed safely and this was reflected in the records we reviewed. The registered manager audited recruitment files to ensure all necessary checks and documentation had been completed before staff started work. This included Disclosure and Barring Service (DBS) criminal background checks.
- We received positive feedback from people about staff punctuality and the length of visits. One person's relative told us, "The timing of the visits has been aligned well with my [person's] routine and are consistently on time every day."

- If staff were not able to be on time for a visit, people told us they were informed of this promptly. One person said, "If they can't manage it due to an emergency, they will always ring me to let me know they will be late."
- Some people told us they did not always know who would be supporting them, which could have an impact on the quality of their care. We raised this with the provider who explained small staff teams had covered one another during periods of illness or self-isolation during the COVID-19 pandemic.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

At our last inspection complaints or concerns were not always resolved effectively, because when people had made a complaint they had not always been provided with written outcomes. This was a breach of Regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 16.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place for people to access.
- Most people we spoke with told us they did not have reason to complain but knew how to do so if required. One person told us, "I've got no complaints about [the service], but I would just report it to the team leader. We have got numbers we can contact if we have a complaint."
- Where people did have cause to complain, they told us this has been resolved to their satisfaction and improvements made to the quality of their care as a result. One person told us, "[Care worker] was coming at 8.00pm and I said it was too early. [They] said you can go to bed anytime you like, now [they] come at 9.00pm."
- A log was kept of complaints received, including the action taken and whether people received an apology or were otherwise satisfied with the steps taken.
- The service had also received a number of written compliments from people and their relatives about the support provided.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- An electronic call monitoring system was in place to plan and provide oversight of visits being completed, with staff logging in and out of visits using a secure App on their mobile telephones.
- This electronic system was monitored by a central 'alerts team' in real time, so any issues such as late visits could be identified and followed up to ensure people's assessed care and support needs were met.
- People's preferences, interests and care needs were set out in their care plan records.
- People told us care staff spent time with them during visits and felt they were treated as an individual. One person said, "I don't see anyone apart from the meals service, so this service is very important to me because they sit and talk to me." Another person told us, "They spoke to me like a person and not a number. Anything I asked them to do they did it. I didn't feel like it was a slot in the diary."

- The registered manager explained how staff support people to participate in holidays and festivities in the community, such as delivering chocolate eggs to people as part of Easter celebrations.

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 service had considered ways to ensure people could access the information they needed. For example, the guide for people using the service was available in large print, braille or audio.
- Additional considerations around people's communication needs and preferences were also documented in their care plan records for staff to access.

End of life care and support

- At the time of the inspection, the service was not supporting any people who were at the end of their life. A policy was in place setting out considerations for staff if this were to change, including the need to work with other professionals and develop specialist care plans.
- Training records showed staff were trained in end of life care. One member of staff confirmed they had received training in this area.

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.

At our last inspection the provider had been rated requires improvement for three consecutive inspections. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Oversight and governance systems were not always in place to effectively monitor and assess the safety of the service. Systems were inconsistent, with some being effective, such as the recruitment auditing process, whilst others were not, including systems for COVID-19 oversight.
- A spreadsheet used for checking and recording whether staff members had completed a weekly COVID-19 test in line with government guidance was not up to date, which meant any missed tests could not be promptly identified and followed up. The registered manager told us that staff would inform the office if they received a positive test result, but acknowledged the spreadsheet needed to be kept up to date and this would be completed straight away.
- Formal risk assessments had not been undertaken on staff who were at an increased risk of COVID-19 complications, to document possible risk factors such as underlying health conditions had been reviewed. This was despite there being staff employed at the service within this risk group. We signposted the registered manager to resources to develop their approach.
- Some policies and procedures were either not in place or lacked significant detail. There was no infection prevention control (IPC) policy in place at the time of inspection, and the COVID-19 policy was not robust. This is despite the COVID-19 pandemic having been ongoing for the past year. We gave the service the opportunity to draft and provide an IPC policy during our inspection, but the document was still lacking detail.
- Some of the recommendations made and shortfalls identified at the previous inspection had not been fully implemented, including more robust medicine competency assessments for staff, greater detail in people's risk assessments and sharing of lessons learned across all areas of the service. This meant the opportunity for improvement and development had not been fully taken.
- Notifications had not always been made to the Care Quality Commission (CQC) when there had been instances of abuse or alleged abuse. These are required by law so the CQC can monitor the safety of the

service. We identified a discrepancy between the service and the local authority records of safeguards. We asked the registered manager to follow this up and send a notification if required.

We found no evidence that people had been harmed however, the provider had failed to ensure there were effective systems in place to assess, monitor and improve the quality and safety of the service. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider was open to discussing these matters and to making improvements. However, they had not independently identified them as part of their audit and governance systems, or in any ongoing improvement plans for the service. In addition, some areas had been discussed at prior inspections. This did not demonstrate an approach based on sustaining and building on improvement. To demonstrate good practice going forwards, the service will need to demonstrate that improvements to governance and oversight systems and processes have been successfully implemented, embedded and sustained.

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

- A new registered manager was in post since the date of our last inspection, and they were open and responsive to suggestions and recommendations on how to improve the service. When sharing an example of how staff had ensured a positive outcome for someone, they told us, "That's what it's about, making a difference to people's lives."
- Staff meeting minutes demonstrated examples of how the management team shared their appreciation of staff members with them to boost morale. Resources, links and training were made available to the staff team to support their wellbeing during the COVID-19 pandemic.
- A staff survey was also being planned to seek staff member's views.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

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

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Quality surveys were sent out to check whether people were satisfied with their care. However, analysis of the responses was lacking in some detail, and did not demonstrate overarching actions taken to improve the service.
- On an individual basis where people had shared their views, they described positive action being taken as a result. One relative told us, "We have telephone calls from head office every 6 months to do a quality check. Any little problems have always been passed to the management and ironed out." However, it was not shown that wider analysis or improvements were shared with survey respondents.

Working in partnership with others

- The service worked with other organisations and healthcare professionals where required. This included contingency planning with the local authority in case of severe staff shortages during the COVID-19 pandemic.
- The registered manager told us they were also seeking further input from the local authority quality

improvement team.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We found no evidence that people had been harmed however, the provider had failed to ensure there were effective systems in place to assess, monitor and improve the quality and safety of the service.</p>

The enforcement action we took:

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