

J.W.S. Services Limited

# Bluebird Care (Bradford North)

## Inspection report

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22 November 2019

17 December 2019

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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?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Bluebird Care (Bradford North) is a domiciliary care service providing personal care to people in their home. 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. The provider told us at the time of the inspection 51 people received personal care.

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

People were not always safe. Risks to individuals were not assessed and appropriately managed, and lessons were not learned when things went wrong. Medicines were not managed safely. Staff sometimes arrived at times that were not always suitable to the person. Recruitment practices were robust and ensured staff were suitable to work at Bluebird Care (Bradford North).

Staff felt supported in their role. Staff completed induction and annual refresher training although some was overdue. People received assistance with meal preparation and to live healthier lives as required. 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 told us staff were kind, caring and treated them with respect. They said the same staff usually visited and knew them well which meant they received personalised care.

People's care plans had very limited information about how care should be delivered although there was a list of tasks that staff should complete during their visit. There was no information in people's care records to show how the service has explored people's preferences and choices in relation to end of life care. The provider had identified care plans were generic and needed more information about people's individual needs. Systems were in place to deal with concerns and complaints.

Management systems were not implemented consistently and effectively. Some members of the management team and staff did not fully understand how to operate the electronic care system. People had opportunities to share their views about the service but these were not always acted upon. The nominated individual was knowledgeable and had a clear vision around how they wanted to develop the service. They had been involved with the service since September 2019. They were responsive to the inspection findings; an action plan was received and when we completed day two of the site visit some positive changes had been introduced.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 19 April 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

### Follow up

We will request another action plan from 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 not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Bluebird Care (Bradford North)

## 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

An inspector, an assistant inspector, specialist advisor in governance and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

The service did not have a manager registered with the Care Quality Commission. The provider told us a registered manager from a sister service would also be applying to register as manager of Bluebird Care (Bradford North). A registered manager 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 short notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection. Inspection activity started on 5 November 2019 and ended on 17 December 2019. We visited the office location on 5 and 22 November 2019.

#### What we did before 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 the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service about their experience of the care provided. We spoke with thirteen members of staff including the nominated individual, manager, assistant manager, administrator, team leader and care workers. 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 five people's care records and multiple medication records. We looked at four 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 quality assurance records and action plans sent to us after the inspection.

# 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 good. At this inspection this key question has deteriorated to requires improvement: 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

- Risks to people were not appropriately assessed or managed which placed them at risk of harm. For example, one person's skin care plan stated they had previously suffered a pressure sore. However, there was no risk assessment or other care record to show what action was being taken to prevent this from happening again.
- The service used formal risk assessments which made reference to 'hazard, risk and control measures' but these did not always relate to the actual activity. For example, one person's record stated they would forget to eat but staff had recorded the hazard as 'hot water' and risk as 'burn'.
- Some people had equipment to help keep them safe but there was not always guidance for staff to help them understand how to manage risks. For example, one person required support with moving and handling but there was no information in the care records to show how staff should use the equipment safely.

The lack of identifying, assessing and managing risk meant people were not safe. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded during and after the inspection. They took action to address the issues we raised during the inspection and told us they had prioritised others who were at risk. They said they had 'risk assessed all care plans and applied a RAG (Red, Amber or Green) rating to every customer'. A copy of their RAG assessment was shared with us.

- Assessments were completed to make sure people lived and staff worked in a safe environment.
- Records were made when accidents and incidents occurred. These described what happened and showed staff were responsive.

Learning lessons when things go wrong

- Individual accident and incident reports were not monitored by the management team to determine if there were any lessons to be learned. This meant when things went wrong there was no evidence of learning.
- The provider did not have an overview of incidents and accidents that occurred so could not identify if there were any patterns and trends. Therefore, potential causes were not investigated.

The lack of learning meant people were at risk of avoidable harm. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Using medicines safely

- Medicines were not managed safely.
- People did not always get their medicines as prescribed. One person was prescribed a medicine which should have been administered with a four-hour gap between doses. However, the electronic records showed this was not the case. The medicine administration record (MAR) showed this medicine was sometimes given with less than a three-hour gap.
- There were gaps on MARs and the management team could not explain why the records indicated people had not received their medicines. For example, staff had signed to show one person had received their medicines only three out of four days. Staff had noted that another person ran out of stock on two occasions but had administered medicines in between. A member of the management team said the likely explanation was that staff could not find the medicines.
- People's MARs sometimes had details of the medicines, dose and side effects but this was not consistent. For example, one person's MAR stated they received one medicine three times daily but for two other medicines there was no instruction about the dose.

The lack of managing medicines appropriately meant people were not safe. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded during and after the inspection. They took action to address the issues we raised during the inspection and told us they had checked other people's medicines to make sure there were no similar problems.

### Staffing and recruitment

- People's agreed visit times were inconsistent and staff arrived at times that were not always suitable to the person. For example, some people received medicines at the wrong time. The provider addressed this straightaway and introduced daily monitoring via the electronic call system. They told us on day two they had seen an improvement in visit times and would continue to monitor these closely.
- Staff had time to support people and did not have to rush.
- Visits were planned based on the person's preferred time of call, and the experience and geography of care workers.
- Staff were only given short notice about their rota which was sent through their work mobile phones. The management team said they were trying to improve this and give staff more notice.
- Staff were recruited safely; appropriate checks were carried out to make sure staff were suitable.

### Preventing and controlling infection

- Systems were in place to prevent and control infection. Staff completed training and had access to personal protective equipment such as plastic gloves and aprons.

### Systems and processes to safeguard people from the risk of abuse

- People felt safe. One person said, "Yes, I do feel safe." One person told us they felt safe now but had not felt safe in the past.
- Staff knew how to respond to safeguarding incidents. They said they would report any safeguarding concerns and were confident the management team would deal with any issues promptly and appropriately.
- The service had notified us about one allegation of abuse; the records showed this was dealt with properly and the person involved was protected

# 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: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

### Staff support; induction, training, skills and experience

- Staff were supported in their role. The manager had recently started working at the service so staff had been mainly supported by the assistant manager and supervisor. One member of staff said, "I do feel I'm quite supported by them. If I am unsure about something, I can pick up the phone and speak to them."
- Newly recruited staff completed the provider's induction programme before they could work unsupervised; this involved training and shadowing experienced staff.
- Staff completed annual refresher training although some was overdue; the provider said everyone would have completed their refresher training by the end of November 2019
- Staff received annual appraisals and quarterly supervision sessions, which included observations when they were delivering care and face to face discussions. One member of staff said, "Yeah I find them useful because it gets things off people's chests. We discuss how things have not been right and how to improve them."

### 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The service obtained people's consent to care although the service did not always check the person signing the care records could legally represent the person. The provider agreed to follow this up.
- People had a section in their care records around when they needed help with decision making and daily decisions such as what to wear and what to eat. These records were completed although often basic. For example, "I know what I want."
- One person's care records stated they did not need any help with decision making. In their medication record it stated they 'must be observed taking' but there was no explanation why or who had requested this. The provider agreed to follow this up.
- People could make decisions and choices about their care. One person said, "Yes, like for breakfast they make anything I want."

- Staff encouraged people to make day to day choices. One member of staff said, "I will say things like, what would you like to wear, would you like a shower or a bath?"

Supporting people to eat and drink enough to maintain a balanced diet

- People who required help with meal preparation and support received good support. One person said, "They make breakfast for me. I am happy." Another person told us staff always made sure they had access to drinks throughout the day.
- People had information in the care records about their nutritional and hydration needs although this was basic. For example, one person's support plan stated, 'Types of drinks I like and dislike- I enjoy most drinks' and 'Preparing food and drinks- I require support'.

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

- People's care records had limited information about their medical history. The provider was adding further detail as they reviewed and updated care records to make sure all the relevant information was available.
- People accessed support from other professionals such as GPs, district nurses and social workers. The management team told us most people accessed services independently or with support from their family and friends. The manager said they would provide assistance if requested.
- Staff liaised with health professionals as appropriate and shared concerns about people's health with the management team which included contacting on-call when out of hours.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service.
- The provider used an electronic care recording system, which linked to staff mobile work phones; this enabled care workers to confirm care was delivered in line with the care plan during the visit.

# 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

- Feedback from people was generally positive. They told us staff were kind and caring. One person said, "Yes they are caring. They are patient too. They respect things and how I want them."
- Staff were confident people were treated well. One member of staff said, "I do believe in treating everyone with equality and treat them as you would treat your own family. This is why I really love this job. Some service users say to me, you actually do this job because you want to."
- People's care records had a 'what is important to me' section although information was generally basic. The management team said they were expanding information and on day two of the inspection this work had commenced. One person's care record showed they lived alone, enjoyed watching television, had a pet, wore a pendant alarm and was a practicing Christian.
- Through talking to people who used the service and staff, and reviewing people's care records, we were satisfied the rights of people were protected and care was delivered in a non-discriminatory way.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Staff were respectful and ensured people's dignity was maintained. One person described how staff assisted them to wear their dressing gown before showering to preserve their dignity. Another person said staff always closed curtains to maintain their privacy.
- Staff understood how to promote choice. One member of staff said, "I ask the client if it's ok for me to pursue a task such as medication. I say would you like your medication? If they decline, I can't force them. If they declined, I would try to encourage them. I would make a note of this in the phone. We record everything there. I always ring my manager and let them know of any concerns or I call my supervisor."
- Staff received training which helped them understand how to provide high quality care. The sessions included, 'work in a person-centred way', 'communication', 'compassion', and 'dignity and privacy'.
- People's independence was promoted. One person said, "Yes they do. In the shower [name of care worker] only washes my back and I wash the front. She will moisturise my back and I do the front. They let me make my tea myself and where I need help they will help me." A member of staff told us, "I let them do what they can do for as long as they possibly can with encouragement. I am a big believer in independence. When I see new people I always say we are not here to take over."

# 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 deteriorated to requires improvement: This meant people's needs were not always met.

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; End of life care and support

- People told us the same staff usually visited and knew them well which meant they received personalised care. One person said, "My carers are very experienced." Another person said, "They know what to do."
- Staff used work mobile telephones to find out about the care people required. They said the list of tasks to complete at each visit such as supporting a person with their medicines was always included. Staff feedback about the system was positive.
- Electronic care records stated what staff should do during the visit, for example, help with meals. However, people's care plans were basic and lacked guidance around how to support people, for example, one person's plan stated they needed help with washing and dressing but there was no detail about how support should be provided.
- The provider had cared for people at the end of life and at the time of the inspection was supporting one person who had a serious illness and was assessed as may be in their last year of life. However, there was no information in people's care records to show how the service had explored people's preferences and choices in relation to end of life care.
- The management team had identified people's care plans were generic and required more information to ensure individual needs were reflected. A member of the management team said, "We know we need to add person centred information such as more detail about how to support people, and the assistance required." On day two of the inspection this work had commenced.

### 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.

- People had a 'communication methods' section in their care plan which contained basic information about how to meet people's communication needs. The provider said detail was being expanded as people's care plans were being reviewed.
- A member of the management team said people received information about the service which was provided in a standard format, but if they identified people would benefit from having the information about the service presented in an alternative format this would be reviewed.

### Improving care quality in response to complaints or concerns

- The provider had a system for dealing with complaints and concerns.
- At the time of the inspection they were dealing with one formal complaint and one concern; these were being followed up and arrangements were being made to speak with all relevant parties. When we completed day two of the site visit the management team said in relation to the concern, the person confirmed they were happy with the care and the issue had been resolved.

# 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 good. At this inspection this key question has deteriorated to requires improvement. 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.

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

- Management systems were not implemented consistently and effectively. Members of the management team did not fully understand how to operate the electronic care system which meant records were not set up currently and data was not checked.
- Electronic audits were not recent. For example, the last medication audit was completed in December 2017. Care plans and care notes were not audited.
- Over the previous 30 days 4656 electronic alerts were generated and included 846 medication alerts of which 209 were over the previous seven days. The excessive volume of alerts meant the provider could not monitor the service and the investigation process of checking why alerts were received was not robust. Alerts were sent to the office when a person had not received the care that should be delivered.
- The provider did not always respond when areas for improvement were identified. They had received feedback from people in September 2019 which indicated improvements were required. Some of the areas of concern were the same as those found at the inspection. For example, inconvenient visit times which meant people could not take their medicines on time.
- The provider's plan for improvement was not effective. They had identified some issues with the service and developed an action plan in September 2019. However, this did not identify many of the key issues or drive the necessary improvements.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the time of the inspection there was no registered manager. A manager was in post although no registered manager's application had been received.
- The provider's statement of purpose was dated June 2014 and made reference to a previous provider's name and the address for sending correspondence was incorrect.
- The care system was not set up to accurately record which staff had written and updated people's care plans and assessments. One person's name was used against all documentation, which meant no one knew who had assessed and reviewed people's needs.

We found no evidence that people had been harmed however, the lack of robust quality assurance meant people were at risk of receiving unsafe, poor quality care. This was a breach of Regulation 17 of The Health

and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded during and after the inspection. They sent us an action plan and told us they were making changes to improve their governance arrangements, which included closely monitoring care visits. When we completed day two of the site visit most staff had received training on the electronic care system. The provider had reduced the number of alerts.

Continuous learning and improving care

- The provider was knowledgeable and aware of good practice guidance. They had a clear vision around how to achieve and deliver high quality care. They had been involved with the service since September 2019 and outlined many of the challenges they had faced which had hindered progress.

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

- People were generally complimentary about the management team. One person said, "The management is already doing things. They are trying to make things better for clients and carers."
- The provider completed a customer feedback survey in September 2019; responses were mainly positive. Everyone said they were happy with the care they received and would recommend Bluebird Care (Bradford North) to others.
- Staff said they had opportunities to discuss the service and share their views. One member of staff said, "The meeting we had recently, it was very good. We learned a lot about their expectations and we had a lot of questions to ask." The provider said the last team meeting was held in September 2019, however, minutes were not available.

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 12 HSCA RA Regulations 2014 Safe care and treatment  People's needs were not assessed and managed. People did not always receive their medicines as prescribed.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Quality management systems were not implemented consistently and effectively.