HD Care Limited

Bluebird Care (Leeds North)

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 20 April 2016 and was announced. At the last inspection in September 2013 we found the provider was meeting the regulations we looked at.

Bluebird Care (Leeds North) is registered to provide personal care to people in their own home. At the time of the inspection, the service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People we spoke with were generally very happy with the service they received and complimented the staff who supported them. They were treated with dignity and respect. People's care and support plans contained information about what was important to them and how care should be delivered. Staff were supported to provide appropriate care to people because they were trained, supervised and received appraisals.

Staff knew how to keep people safe. They understood their responsibilities under safeguarding procedures and were confident the management team would act swiftly and deal with any issues appropriately. Arrangements were in place for managing some areas of risk effectively but other areas of risk were not assessed which could result in unsafe or inappropriate care. The provider had effective systems for managing some areas of medicine management but others needed developing to ensure people received their medicines safely.

There were enough staff to keep people safe. New care workers had recently been recruited to help make sure appropriate staffing arrangements were maintained. Safe recruitment practices were followed.

People made decisions about their care and we saw they or their relative or friend had signed to say they consented to care. Staff and management were confident that people's capacity was taken into consideration when care was planned and any decisions made on their behalf were in their best interests. The registered manager said they needed to develop the formal assessment part of the process where people lacked capacity. They showed us the mental capacity assessment tool they would be using.

The service was well led. Staff felt well supported and praised the registered manager who was described as approachable and professional. People had sent 'thank you cards' and letters complimenting the service. Complaints and concerns were investigated and responded to appropriately. Compliments and complaints were used as a learning tool to drive improvements and to provide additional information regarding the standard of the service. Systems for monitoring quality were generally effective.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was safe.

The provider had effective systems for assessing certain types of risk but needed to develop others to ensure risk was being properly managed.

Staffing arrangements were flexible and sufficient to meet people's needs.

The provider had effective systems for managing some areas of medicine management but others needed developing to ensure people received their medicines safely.

Is the service effective?

Good

The service was effective.

Staff were supported to provide appropriate care to people because they were trained, supervised and received appraisals.

People made decisions about their care and support. The registered manager said they were developing systems to make sure, where people lacked capacity, they carried out formal assessments and recorded the outcome.

The service provided support when required to ensure people's nutrition and health needs were met.

Is the service caring?

Good

The service was caring.

People were happy with the service and complimented the staff who supported them.

People were treated with dignity and respect.

Staff were confident people received good care.

Is the service responsive?

Good

The service was responsive.

People received personalised care.

Care and support plans identified how care should be delivered.

Systems were in place to make sure people's complaint and concerns were investigated and resolved where possible to the person's satisfaction.

Is the service well-led?

Good

The service was well led.

People told us they were happy with how the service was managed.

Everyone was given opportunity to share their views about the service. Staff were very complimentary about the registered manager.

Systems for monitoring quality were generally effective.

Bluebird Care (Leeds North)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted the authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We sometimes ask providers to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. On this occasion we did not ask the provider to compete a PIR.

The inspection was announced. We announced the visit on 13 April 2016 because we wanted to arrange contact with people who used and worked at Bluebird Care (Leeds North). The inspection took place over four working days. On 15, 18 and 19 April 2016 we telephoned people the used and worked at the service. On 20 April 2016 we visited the provider's office where we spoke with members of staff and the management team. We looked at documents and records that related to people's care and support and the management of the service. We looked at four people's care and support records. During the inspection we spoke with 12 people who used the service, one relative, and 13 staff, which included the registered manager.

An adult social care inspector, a 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. At the time of this inspection there were 92 people receiving personal care from Bluebird Care (Leeds North).

Requires Improvement

Is the service safe?

Our findings

Everyone we spoke with said they felt safe when the care workers visited. One person told us, "I feel very safe with them. They know what they are doing." Another person said, "Yes I feel very safe with them." Everyone told us they were confident they could speak with someone at Bluebird Care (Leeds North) if they had any problems or concerns.

The provider had safeguarding procedures which were available and accessible to members of staff. The management team and staff we spoke with were aware of their responsibilities to safeguard people who used the service. Staff told us they had received training to help make sure people were protected from abuse and the training records we reviewed confirmed this. We saw staff were reminded about whistleblowing procedures through their monthly newsletter. 'Whistleblowing' is when a worker reports suspected wrongdoing at work.

The registered manager told us there had been no safeguarding incidents which required reporting to the local authority or the Care Quality Commission. An incident relating to medication had been shared with the provider several months prior to the inspection; this was dealt with appropriately and action was taken to reduce the risk of repeat events.

Staff told us good systems were in place to keep people safe. They said if they had any concerns advice was on hand, and if they had queries these were responded to well. Before people received a service from Bluebird Care (Leeds North), a member of the management team visited the person and obtained information about their needs. We saw various assessments were completed to make sure they received safe care. For example, staff risk assessed the environment and any requirements which related to moving and transferring. However, when we reviewed care records we noted some types of risk were not formally assessed. For example, one person's care plan stated staff 'should assess skin viability on each visit' but there was no information to show how they had assessed the level of risk. General skin assessment guidance was displayed in the office to help staff awareness but information specific to the person should also be available. Another person's notes showed they sometimes displayed behaviours that challenged and had been threatening towards the members of staff who were supporting them. Staff had recorded the incidents in detail and it was evident they had contacted members of the management team when they had wanted support and advice. The person did not have a risk assessment or care plan to help ensure they received safe and appropriate care. The management team agreed to address the areas we raised at the inspection straightaway. They had systems in place for reviewing people's care, and said they would cover the key areas of risk at future reviews to make sure none had been overlooked.

People who used the service and their relatives who we spoke with were mainly positive about the staffing arrangements although some people commented staff were sometimes late to arrive. One person said, "They are on time 75% of the time." Another person said, "They can be late because of traffic but they do let me know." Another person said, "They can be late but they don't get enough travelling time." A relative told us, "They are sometimes late and don't let my parents know." Other people told us staff arrived promptly. One person said, "They are always on time." Another person said, "Yes they arrive at 7.00 am, no problem."

People were satisfied care workers stayed the agreed length of time. No-one said any of their visits were missed.

Most of the members of staff we spoke with told us they were able to spend sufficient time with people and did not have to rush when providing care and support. Most told us the visits were well planned and they usually arrived on time. Two members of staff said they had experienced visits that were sometimes not well planned because they did not have enough travel time in between visits. Staff explained they used an electronic telephone system for call monitoring; arrival and leaving times were logged. They said their rota was displayed on their telephone.

We looked at sample rotas when we visited the office and saw that sufficient time was allocated for travel time between calls. The member of the management team who was responsible for rotas said they used the 'navigation system' to check the distance and travel time between calls. They told us staff were encouraged to inform the office if they were experiencing problems with travel time, for example traffic, car breakdown, lost, running over previous call etc. Staff we spoke with confirmed this. The registered manager said they had the flexibility to bring in additional staff if necessary.

The registered manager said they had recently recruited care workers to help ensure they maintained appropriate staffing arrangements, and had an ongoing recruitment campaign. We saw several new care workers were completing their induction at the time of the inspection.

We spoke with five members of staff who had started working for the agency in the last six months. They all said they had gone through a robust recruitment process and could not start working for the service until all the checks were completed. Everyone said they attended an interview. We looked at the recruitment records for four staff; these showed that recruitment practices were thorough and included applications, interviews and references from previous employers. The provider also checked with the disclosure and barring service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people.

We looked at the arrangements in place to assist people to take their medicines safely. Staff told us they only ever administered medicines and creams that were prescribed, and always recorded this on a medication administration record (MAR). They said they had completed training which had provided them with information to help them understand how to administer medicines safely.

We looked at people's care records and saw these made references to their medicines. It was recorded when people needed staff to assist or administer their medicines. Some information was detailed but some was brief and did not provide enough guidance to help make sure people received their medicines safely. One person had pain relief patches that staff changed every three days. The care plan stated how staff must do this and there was clear instruction that the patches must be placed on 'the opposite side as to the one that has been removed'. The registered manager agreed to look at introducing an application chart to help ensure there was sufficient gap between patches being applied to the same area of skin. One person's care and support plan stated they had their medicines administered by staff because there was a risk of potential overdoses or missed medication. They person had been prescribed antibiotics. Staff were leaving a dose out for the person to take independently but there was relevant no risk assessment or care and support plan.

One person self-administered some of their medicines and staff administered others, however there was no reference to this in their care and support plan. They were prescribed a medicine that must be administered before food but there was no guidance around this and the records we reviewed indicated they were being given the medicine at the same time as their meal. The management team agreed to address the areas we raised at the inspection straightaway. They said they would review people's medication care and support

plan to ensure there was sufficient guidance for staff to follow and ensure people were receiving their medicines safely.

Good

Is the service effective?

Our findings

Most people said that staff were competent and well trained. Comments included, " Oh yes they are well trained", "They are well trained and they know what they are doing" , " I think they have a good idea when they have new staff shadow the other ones". One person said, "Some staff know what they are doing but some don't. I think new ones need more shadowing."

Staff we spoke with felt well supported by the management team and said they received regular supervision. Those who had been employed for at least a year said they had an annual appraisal. Supervision is where staff meet with a supervisor to discuss their performance and are supported to do their job well. Staff told us, periodically, they were observed when they were providing care to make sure they were delivering it appropriately and safely. Staff told us the support systems worked well. Staff said they received training and all training was up to date. Some felt the quality of training could improve.

We looked at training, supervision and appraisal records. These showed staff had received regular support. Training covered key areas such as food hygiene, infection control, safeguarding and whistleblowing, moving and handling, medication and catheter care. The provider used an electronic training matrix, which was colour coded to show when training was due. Staff who had recently started working at Bluebird Care (Leeds North) said they had completed or were in the process of completing the 'care certificate', and training records we reviewed confirmed this. The 'care certificate' is an identified set of standards that health and social care workers adhere to in their daily working life.

The registered manager went through a training package they were developing which was being introduced in May 2016. They told us they were revamping the training by introducing more workshops where they would encourage staff to think about different aspects of care, and when out delivering care to better respond to the needs of customers and communicate back to the office. They told us that they were sourcing specialists to support their training programme, for example dementia, Parkinson's disease and multiple sclerosis. We saw ten staff had been allocated a place for a 'principles of dementia care' course which was due to begin a few days after the inspection.

Staff covered people's right to make choices as part of their training but did not complete specific Mental Capacity Act 2005 (MCA) training. 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 told us they made choices about their care and said staff asked before providing care to make sure they were happy for the care delivery to go ahead. People told us they were asked what they wanted to eat and wear, for example. One person said, "They help me shower, dress and get my breakfast. They are very good and ask before they do anything." Another person said, "They always ask me what needs doing today." A relative said, "They talk to mum constantly and ask and say what they are doing next."

Staff gave examples of how they supported people to make decisions about their care such as offering choice of clothes when assisting a person to get dressed. Staff told us they always checked people were happy with the care provided and if anyone indicated otherwise they would stop and discuss their concerns with a member of the management team. Although staff demonstrated they provided opportunities for people to make decisions and promoted choice, knowledge around the MCA was not fully understood. The registered manager agreed to look at how they could develop staff understanding.

We looked at care records and found that people or their relative had signed to confirm they had been involved in drawing up the care and support plan and gave consent for the care to be provided as described in the plan. Some people's care records clearly showed they made decisions about their care. Other people's care records showed family members were signing to agree care needs, however, there was no information about why the person receiving care was not involved in this process. Formal mental capacity assessments were not carried out when people lacked capacity. Mental capacity assessments help protect people who lack capacity to make particular decisions and maximise their ability to make decisions.

A member of the management team who was involved in the assessment and care planning process told us they used the commissioner's initial assessment and support plan to develop their assessment, and care and support plan. They said these identified where people lacked capacity. They also said if they had any concerns regarding a person's capacity they would contact adult social care or a health professional and request support.

The registered manager was confident that people's capacity was taken into consideration when they planned care and any decision made on their behalf was in their best interests. They said they needed to develop this part of the process and make sure, where people lacked capacity, they carried out formal assessments and recorded the outcome. They showed us the mental capacity assessment tool they would be using.

Care and support plans we reviewed identified where people required assistance with meals and healthcare; plans had sections titled 'medical history', 'health treatments' and 'nutrition and hydration'. Some people received help from relatives with these aspects of care but it was clear when people received assistance as part of their care package. For example, one person's plan stated staff were to ask the person what they wanted to eat and drink, and prepare breakfast. It also stated a drink was to be left to hand at every visit. Staff told us before they left their visit they made sure people had access to food and drink.

Good

Is the service caring?

Our findings

People we spoke with were generally very happy with the service and complimentary about the staff who supported them. Comments included, "They are excellent", "They are very good", "We always have a chat; they are really nice", "They are lovely, very polite", "They do a marvellous job", "They are good, very helpful and we have a laugh", " Yes they do everything I ask them to do", "They always ask if I need anything else doing; they could not be more helpful". A relative told us, "They talk to mum all the time and this is important to her." One person told us they had a problem because two care workers who visited them "spoke very poor English" and "had no end of problems"; they confirmed this had been resolved.

People told us staff always respected their dignity and were polite. One person said, "They help me shower and dress and then get ready for bed later. They are very good and respectful." Another person said "They always knock before they come in even if the door is open." A relative said, "They are very good with mum when they help her shower and dress."

People told us they were encouraged to maintain their independence. One person told us their care package enabled them to go to work. Another person said, "They help me go shopping." A relative said, "They always encourage mum to feed herself, as much as possible." Everyone we spoke with said they felt involved in their care and were receiving appropriate care.

Staff we spoke with told us Bluebird Care (Leeds North) was caring and they were confident people received good care. One member of staff said, "Customers come first." Another member of staff said, "There is good communication. We are kept up to date. It's a good organisation." Staff told us they had discussed how to provide good care at team meetings. We looked at team meeting minutes and saw they had discussed topics such as 'confidentiality and professional boundaries' and recording visit notes so people could understand and read them.

We looked at people's care and support plans. These were person centred and contained information about what was important to the person, communication methods and how they were supported to make their own decisions.

The service had a customer guide 'your life, your care, your way'. This outlined the services provided and what people could expect. It included being treated with dignity and respect, providing care and support in the way people want it, respecting personal beliefs and life choices, and listening to what people say. The feedback we received indicated the service was successfully achieving the standard of care they outlined in their customer guide.

Good

Is the service responsive?

Our findings

People told us they had up to date care plans which reflected the care they needed. They also said care workers asked if they needed anything more doing. One person said, "They always ask what needs doing today." Another person said, "They talk all the time and ask if I need anything else." One person said they were unsure if they had a care plan but said staff write in the book every day."

We reviewed care and support plans and found these were personalised. They identified how care should be delivered and what equipment was used to support the person. People's likes and preferences were recorded and staff told us this information helped them get to know the person and generate discussions. One person's care plan stated their family was important and had 'a lot of input' in their care needs; it was evident from other records this was accurate. There was information about the help they required to transfer from chair to bed and what they enjoyed doing during the day. Another person's care plan stated they enjoyed going shopping and their visit notes showed they were supported with this activity.

The provider had introduced an electronic care recording system, which had only gone fully operational a few days before the inspection. All staff used a telephone which contained information about the basic tasks that were required, and at the time of the visit they confirmed tasks were completed via the electronic system. Staff told us they were getting used to the new care system which they felt was a positive introduction.

People we spoke with told us they felt listened to. We saw a range of 'thank you cards' and letters where people had complimented the service. Comments included; "I would just like to say a big thank you for the care that you gave to [Person] over the last few months", "Thank you for the excellent care you have provided for [Person], we are really grateful to everyone at Bluebird for the excellent care and warmth they have shown [Person]", "I want to say a very big thank you, everyone that came to help me was courteous, kind thoughtful and caring, none of you left the house without asking me if there was anything further you could do for me and that you were certain I was happy, thank you for your love and care".

People we spoke with told us they did not have any formal complaints about the service but knew how to complain, if the need arose. People generally felt complaints and concerns were dealt with in a responsive manner. One person told us, "I did complain about some staff members and they (management) did, eventually, listen to me." Two people raised areas where they thought the service could improve but felt these were minor issues. One person said, "We have no serious complaints but sometimes different staff turn up to who is on the rota for that day. We have mentioned it." Another person said, "My only complaint is that they don't pass messages on. I sometimes change my time because of appointments but the carers still turn up."

The provider had a complaints procedure which we saw was displayed in the office and referred to in the 'statement of purpose', which the registered manager said was made available to each person when they started receiving a service. The 'statement of purpose' is a document that outlines the provider's vision, values, aims and objectives.

The registered manager told us they had not received any recent formal complaints. The complaints record detailed one complaint that had been received in November 2015. The person was satisfied with how the complaint was handled and the outcome. The provider maintained a concerns summary record where five concerns were logged in the four week period prior to the inspection. The nature of concerns related to fluid intake, late calls and a changed task. We saw the concerns had been responded to within 48 hours and satisfactorily handled. The registered manager told us they regularly reviewed concerns to detect themes or trends and no themes had been identified. Concerns were shared with staff at team meetings and via the staff newsletter. We found compliments and complaints were used as a learning tool to drive improvements and to provide additional information regarding the standard of the service.

Good

Is the service well-led?

Our findings

People told us they were happy with how the service was managed. Comments included, "I just phone them if I have a problem", "The care manager comes out to check sometimes", "If I had reason to complain I would just ring them", "The manager has been out. They can't do enough for you", "I have had no reason to contact them". People said they had received information about the service. One person said, "Yes there is an information pack in the folder." Another person said, "We received plenty of information about the service; the complaints procedure, CQC etc."

People told us they would recommend the service to others. One person said, "I would definitely recommend to other people. Another person said, "I am very satisfied and would not hesitate to recommend it." Another person said, "I would recommend it, absolutely." One person said based on some care workers, "yes" but based on other care workers, "no".

The service had a registered manager who was supported by a management team. They all dealt with day to day issues. The registered manager oversaw the overall management of the service. We spent time talking to three members of the management team who were based in the office. They all had clear roles and responsibilities. The registered manager talked about the management of the service and it was evident from our discussions they were knowledgeable and fully understood their role and responsibilities in relation to managing the community care service.

Care workers and members of the management team provided very positive feedback about the manager who was registered with CQC in February 2016. One member of staff said, "[Name of registered manager] is brilliant. She's professional and has got a good team." Another member of staff said, "[Name of registered manager] is doing really well. She's easy to talk to and organising things well." Another member of staff said, "She's very, very nice; approachable." The registered manager said they were very well supported by the two directors of the organisation.

Staff and the management team told us communication was effective. Regular team meetings were held where attendees had chance to receive information about the service and share their views. Office staff had weekly meetings which had commenced in March 2016. We saw from meeting minutes they had discussed the electronic care system, new starters, induction, training, on call system, sickness and customer reviews and staff/customer file. 'Field based' staff meetings were held quarterly. Meeting minutes showed discussions had been held around reporting of accidents/near misses, new starters achieving the 'care certificate' and fitting in well, adult social care qualifications, good record keeping, supervision and appraisals. Staff had been given leaflets around skin assessment and pressure ulcers, and key contact cards which detailed telephone numbers for adult social care and CQC.

A staff newsletter was sent out monthly and helped to keep staff up to date. They had covered a range of topics including, refer a friend scheme, care certificate congratulations, the silver line helpline for older people (support loneliness), electronic care recording system, thank you, folder to store medication administration records (MARs) and daily record sheets, uniform, absence policy reminder; attendance

targets, staying in touch when absent, drop in sessions and office structure.

The registered manager had clear plans for improving and developing the service which included, 'revamping the way update training was delivered' , 'increasing support for staff in the field of dementia care' and carrying out more 'specific and targeted assessments'. They were extending the 'care ambassador' role to assist with recruitment. Care ambassadors are a national team of care workers who talk about what it's like to work in social care. We looked at a copy of the training proposal and saw they had a timescale of May 2016 to develop materials.

We looked at how the provider monitored the service. They used a key performance indicator tracker, which covered a range of areas such as the number of customers, care workers, hours of care delivered, visits, care cancelled, new packages, six monthly customer reviews, external web reviews, staff interviews, and complaints and compliments. They also checked call visits including the start and end of calls. The data we reviewed showed the service was being monitored on a two weekly basis by the registered manager, and thereafter discussed with the directors to discuss trends and actions.

The provider conducted a monthly audit of the care records, daily log sheets and MARs. We saw they had identified some shortfalls when they recently reviewed daily log sheets and MARs. These were followed up to prevent similar shortfalls from recurring. For example, they found there were inconsistent recording of initials, times and codes on the MARs. Staff were sent a statement reminding staff how to complete MARs, which they were asked to sign and return. Spot checks were carried out when staff were supporting people with care. These included observing medication administration and moving and handling observations. We saw these were planned for 2016.

The provider had an accident and incident policy which had been updated in January 2014. There had only been one minor accident which was documented in the accident book. The registered manager told us if the volume of accidents increased they would introduce and maintain an accident log to analyse accidents to identify trends and patterns. We saw incidents such as events where people had displayed behaviours that challenged had only been recorded in daily notes. The registered manager said they would introduce 'an incident form' to ensure these were appropriately monitored and managed.

The provider had sent out surveys, in April 2016, to everyone who used the service or their relative so they could express their views about their experience of using the service. At the time of the inspection only seven had been returned. The registered manager told us they were in the process of analysing the results and would then use the information and develop appropriate plans to maintain and enhance the quality of the service.

The provider had a number of policies and procedures in place to govern activity; these were available to staff on the computer, together with paper copies in the office. Some policies, such as the safeguarding policy, the whistleblowing policy and the restraint policy, had not been reviewed since 2013. The registered manager said they would check these were up to date.