

L&N Services Limited

L & N Services Ltd t/a Bluebird Care (York)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an announced comprehensive inspection of this service on 19 October and 3 November 2016. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Well led.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for L & N Services Ltd t/a Bluebird Care (York) on our website at www.cqc.org.uk.

This service is a domiciliary care agency. It provides personal care to people who live in their own homes in and around the city of York. At the time of the inspection there were 62, predominantly older people receiving care and support services.

Not everyone using L & N Services Ltd t/a Bluebird Care (York) receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

There was a registered manager in place who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

The provider had made improvements to the recording of people's information. They had fully implemented an electronic system to record information about people's care and support and information was accessible to everybody who required access.

The systems and processes in place enabled the provider to monitor and mitigate risks relating to people's health and safety. Staff used the information to provide people with safe care and support.

The provider had implemented a new system and process that ensured policies and procedures were available as a point of reference for staff and these were kept up to date with the latest regulatory requirements and best practice.

There was positive feedback about the leadership and management of the service from everybody we spoke with.

The registered provider had systems and processes in place to obtain feedback on the service and this was

evaluated with resulting actions implemented.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

Good ●

The service was well led.

We found that action had been taken to improve the electronic systems and processes that were used to record and manage people's care and support. Information held electronically was protected and only accessible to other health professionals and individuals where this was required.

We found that action had been taken to improve the range of quality assurance audits and checks to maintain standards and to demonstrate a commitment to continuous improvement.

We found that action had been taken to improve policies and procedures that were available as a point of reference for employees. These were managed electronically and staff received updates when any changes occurred.

L & N Services Ltd t/a Bluebird Care (York)

Detailed findings

Background to this inspection

We undertook an announced focused inspection of L & N Services Ltd t/a Bluebird Care (York) on 27 June 2018. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection had been made. The team inspected the service against one of the five questions we ask about services: is the service well led. This is because the service was not meeting some legal requirements.

No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in 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.

Inspection site visit activity started on and ended on 27 June 2018. The inspection team consisted of one adult social care inspector. We visited two people in their own homes. We visited the office location to see the registered manager and office staff and to review care records, policies and procedures.

The registered provider had not been asked to complete a provider information return (PIR). A PIR 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. However, we reviewed an action plan, submitted by the provider in February 2017 which provided details of the actions the provider intended to take to improve the key question of well led to at least 'Good'.

We reviewed other information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales.

We sought feedback from the local authority commissioning and safeguarding teams, and Healthwatch. Healthwatch is the consumer champion for health and social care.

During the inspection, we spoke with the director, the registered manager and four care staff.

We reviewed the electronic recording system in place and looked at three care plans. We looked at audits and quality assurance checks in place to manage people's medicines, staffing, recruitment, training, spot checks, business oversight, care plans and surveys. We reviewed the system and process in place to ensure staff had access to policy and procedures to ensure they provided care and support in line with national guidance.

Is the service well-led?

Our findings

At our previous inspection completed in October and November 2016, we found the provider to be in breach of Regulation 17. of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Well led.

At the previous inspection we found audits and quality assurance checks were in place, but they were not always effective. They failed to identify inconsistencies in information to manage people's risks and their medicines that was recorded both on paper and in electronic records. This meant staff may not always provide people with the care and support they required.

A system and process was in place to manage policies and procedures that provided associated guidance involved with the operation of a care service. However, we found information was not always up to date which meant that policies and procedures that were available as a point of reference for employees were not maintained and amended in line with current legislation and guidance.

During this inspection we checked and found the provider had completed an action plan to implement measures to become compliant with this regulation and to improve their rating under Well led to at least Good. This meant the provider was no longer in breach of Regulation 17. of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Well led.

An electronic system and process was in place and used to assess monitor and mitigate risks relating to the health and safety of service users. Staff had received appropriate training and any changes in people's daily needs was updated in real time. Daily checks on the system ensured calls to people's homes could be monitored to ensure they were provided on time and for the correct duration.

The electronic system generated tasks for completion by staff and this was checked by office staff for completion or omission. Staff were required to confirm all tasks had been completed before they could leave the person's home. This meant people received care and support as assessed. Tasks included help with medicines, meal preparation and personal care. One staff member said, "The system is really easy to use, everything is available at the touch of the button. We can read up about people before we go into their homes; it saves time and means we are prepared with the right information to support people." Another staff member said, "The system is monitored by the office so if we are late the office can let people know or if people's medicines change it is updated straight away."

Everybody who needed to had access to the information held electronically. The provider had taken steps to ensure health professionals or emergency responders could access the information held about people. In people's homes, a care file included a printed copy of the front page from the electronic care plan. This included the person's name, emergency office contact information and instructions on how to access certain electronic records where necessary. Individuals were required to download an application to their mobile phone and scan a code on the printed copy. This in turn sent a request to the office where staff were alerted and could, if required obtain the person's consent and provide access. The provider told us all

information was accessible by office staff or by staff on call. They told us they were looking to add some health and medical information to the printed page to ensure individuals could access and share some agreed information in times of emergency for example, a hospital admission. This meant people's data was protected but appropriate information was available to enable people to transfer between services and receive continuation of care.

The registered manager completed audits to check on the quality of the service. We saw these checks included a 'customer audit log'. Where concerns were highlighted the provider was pro-active in working with other health professionals and the commissioning body. For example, to increase the number of hours of support to people. The provider maintained case studies which demonstrated how the monitoring of people's care and support had led to positive outcomes. One example included the monitoring of one person who was provided with an increased care package and a named care worker due to their Mental Health. Initially the person had support from a therapist but this was no longer required. The provider told us the mental health team had stated this was a direct result of the providers care and support and the staff members interventions.

The provider showed us how they maintained and improved standards and performance by completing other quality assurance checks and audits. Weekly audits were completed to check medicines management and administration followed national best practice guidance and ensured people received their medicines as prescribed. Systems and processes were in place to ensure appropriate pre-employment checks were completed. Supervisions, appraisals and spot checks were well planned to ascertain staff competences that were supported by regular training deemed mandatory and specific to support the individual. Further oversight and annual audit was completed by the franchise and this identified an improvement from 88% to 93% in January 2018. The registered manager said, "We are always looking to improve and have a dedicated team." An action and improvement plan confirmed all issues arising from audits and checks were recorded with actions implemented and reviewed for effectiveness in a timely manner.

The provider had a contract in place with an external service who provided policies and procedures for staff to reference to ensure care and support was provided in line with national guidance and regulation. Updates were provided where guidance changed and this was accessed by staff. The provider had checks in place to ensure staff had spent time reading and understood this information which meant they were clear on meeting regulatory requirements.

There was a registered manager in place. The registered manager was on duty and along with the director; they supported us during the inspection. Management knew about their requirements under their registration with the Care Quality Commission (CQC) and understood the circumstances in which they needed to submit a notification. The Health and Social Care Act 2008 (HSCA) requires providers to notify CQC of certain incidents and events.

There was a clear management structure in place and staff appeared to understand their roles and responsibilities. Staff we spoke with provided us with a positive response about leadership and how the service was run; empowering them in their role to provide good outcomes for people. Comments included, "It's a great place to work. I feel very well supported." And, "With the support and training I have received, and the focus on people's wellbeing, it has made me realise that I would like to make caring a career." And "I feel like I make a difference to people's lives working here; the management is spot on and very responsive to our needs." People we spoke with provided similar feedback speaking highly of the service they received and the way the service was managed. One person said, "I cannot speak highly enough of the staff and management." Another person told us, "It's wonderful, I look forward to every visit. They [staff] are all so helpful and kind; I am never rushed."

The provider had engaged the views of staff and people they supported to improve the service provided. Full team meetings took place quarterly to share information and discuss any issues or ideas. The registered manager showed us their most recent 2017 customer satisfaction survey and staff survey. Both surveys had been evaluated and a summary of positive and negative feedback was recorded. Where any negative feedback was apparent, the provider had implemented improvement actions. For example, some people were unhappy that when they had a change of staff they were not always informed. Monitoring showed this had improved after changes had taken effect by the staff office co-ordinator.

The registered provider had a length of service awards programme where they gave staff a certificate, flowers and a gift as a thank you and recognition for each full year of service. Staff told us they looked forward to this and other events, which upheld the vision and values of the service. They told us they took part in community linked events for example 'race for life', coffee mornings, and a Macmillan fund raising event. A staff member told us, "We promote and hold coffee mornings in the downstairs office. We bake cakes and where required offer people a lift who struggle to get in. We are planning a bake-off and have asked a TV celebrity to be the judge."

The director showed us information which they used to positively promote the service in the community and raise levels of positive employment for prospective employees in the care sector. A variety of events had been completed which included charity dances raising money for York Against Cancer. Staff had attended a dementia bus event which provided them with experiences to simulate what life is like for people living with dementia. A staff member said, "It really put a perspective on dementia; it helped me to understand why people may act a certain way and enables me to support people better."