HD Care Limited

Bluebird Care (Leeds North)

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
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 13 and 14 December 2018 and was announced. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults.

Not everyone using Bluebird Care (Leeds North) receives regulated activity; The Care Quality Commission (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 take into account any wider social care provided.

There was a registered manager in post at the time of the inspection. 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.

Everyone we spoke with told us the service was safe. Medicines were managed and monitored safely, and staff had received training in safeguarding vulnerable adults. Staff were able to describe how they would identify and report signs of abuse.

Risks to people's safety were managed, however risk assessment processes did not always contain person-centred information.

People told us staff were well trained and competent to meet their needs. New staff received a comprehensive induction, and staff received appropriate support and encouragement from senior staff.

People's health and wellbeing was monitored and recorded effectively. Any changes to peoples' health and wellbeing was recorded and any actions taken by health and social care professionals cascaded to staff where relevant.

Staff were kind, caring and compassionate. staff understood how to protect and promote people's dignity and privacy, as well as support them to live independent lives.

Care plans contained good, person-centred information with lots of detail for staff on how people wanted their needs met. Care plans were reviewed regularly, and people or their relatives had access to their own care records through an app (an application downloaded by a user to a mobile device) where they could communicate any changing need and ensure this was acted upon immediately.

The service had policies and procedures in place for managing complaints. There were no formal complaints in 2018, however the service made the effort to record and thoroughly investigate verbal 'minor' complaints to ensure people's concerns were resolved before they escalated into formal complaints or

dissatisfaction.

There was a positive open culture at the service. Staff we spoke with were confident in the leadership of the service. The service gathered feedback from staff and people who used the service in order to monitor and improve the quality of the service.

There was a comprehensive system of quality assurance in place to monitor, analyse and improve the quality of the service delivered. There were regular audits and meetings held to discuss their outcomes.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were enough staff to meet people's needs, and staff were recruited safely.

Medicines were recorded, monitored and managed safely. There were safeguarding procedures in place and staff knew how to identify and report potential signs of abuse.

Risk was managed in a safe way however systems around risk assessment were not always clear.

Is the service effective?

Good

The service was effective.

The service worked under the principles of the Mental Capacity Act (2005). Consent was clearly recorded.

Staff received a comprehensive package of induction, training and ongoing support from senior staff.

People's nutritional intake and general wellbeing were monitored and recorded appropriately by staff, and any information from healthcare professionals was sent immediately to staff.

Is the service caring?

Good

The service was caring.

People we spoke with agreed that staff were kind, caring and compassionate.

People told us that staff had encouraged them to remain as independent as they wanted. Staff also understood the importance of protecting people's dignity and privacy.

The service protected and promoted people's diverse needs and characteristics.

Is the service responsive?

Good

The service was responsive.

Care plans contained good, person-centred information with clear guidance for staff. Care plans were reviewed regularly to ensure continuing efficacy.

People's social isolation was considered and measures were put in place to reduce social isolation, where necessary.

There was a process in place for managing complaints. People told us they knew how to raise complaints.

Is the service well-led?

Good

The service was well-led.

There was a range of checks, audits and meetings undertaken to ensure the quality of the service was constantly monitored and improved.

Staff spoke positively about the culture of the service. The service actively sought and acted upon feedback from staff and people who used the service.

The service understood its obligations to send notifications about events and incidents to The Care Quality Commission (CQC) which they are lawfully required to do.

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.

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity took place on 13 and 14 December 2018. We visited the office location to see the manager and office staff; and to review care records and policies and procedures.

This inspection was conducted by an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone using this type of care service.

We reviewed information we held about the service prior to the inspection, for example from statutory notifications (notifications the provider is obliged to send us about specific events or changes to the service), information from the local authority commissioners and local healthwatch. Healthwatch is the independent national champion for people who use health and social care services, and information from the PIR. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we reviewed a range of records relevant to people's care and the operation of the service. This included four staff personnel files, six people's care records, compliments and complaints, incident reports, meeting minutes and quality audit documents.

During the inspection we spoke with five people who used the service and two relatives of people using the service to gather feedback from their experiences. We also spoke with five staff, including the registered manager and care staff.

Good

Is the service safe?

Our findings

Everyone we spoke with told us they always felt safe and that they trusted staff. Comments from people and their relatives included, "I feel well looked after, it's good to know that I can be looked after in my own home rather than having to go into care", "We are so pleased our relative is safe and someone is taking care of them and they let us know if there are problems".

People we spoke with told us they had not experienced missed visits or frequently late calls. Most of the people we spoke with told us they were able to build good relationships with regular and consistent care staff. Staff we spoke with felt that staffing levels were safe. One staff member said, "I think we are a bit short at the minute but we all work together. Everybody gets their visits and the office update us regularly". The service had introduced a reward scheme for staff if they referred a friend to work for the service. Electronic monitoring was in place to ensure all visits were made in a timely way. The system alerted senior staff if visits were late, and the alert could not be resolved without being signed off by a senior member of staff after a reason had been provided.

Staff recruitment was safe. We reviewed four staff personnel files and found that appropriate background checks were carried out. This included professional references, verification of identity and a disclosure and barring service (DBS) check. The DBS is a national agency which uses the police national database to help employers make safer recruitment choices.

There were clear policies and procedures in place around safeguarding. Staff had received training in safeguarding vulnerable adults, and were able to demonstrate an awareness of key signs of abuse and how they would ensure concerns were recorded and reported appropriately. Incidents and accidents were recorded and investigated accordingly, and any referrals made to local safeguarding teams where necessary.

We reviewed the service's systems around medicines management and found them to be safe. Care plans contained detailed information on each medicine, its intended dose, what it was for any side effects. Where medicines were applied to the skin, topical medicines administration records were completed to show staff where to apply. Medicines care plans contained information on who was responsible for prescriptions, delivery, what equipment they needed to take medicines safely if any, and who else was involved for example if a family member helped give a person their medicines. Medicines administration records (MARs) were held electronically. We saw clear evidence these were reviewed regularly and any issues with recording explored appropriately.

We reviewed the service's systems and processes around risk management. We found that risk assessments in place lacked person-centred detail. We discussed this with the registered manager and pointed them towards best practice guidance. Risks to people's safety were constantly monitored through a customer action log and there were regular meetings held around risk management. This included people who had falls or skin integrity damage. There was a monthly risk meeting where all injuries, incidents and discussions with other health and social care providers were reviewed and information was cascaded to relevant staff

members.

The service had a business continuity plan with a scheme of delegation for staff in the event of a significant disruption to the business such as industrial action, adverse weather or natural disaster.

Staff received training in preventing the spread of infections, and staff told us they had good access to a range of personal protective equipment (PPE). The wearing of PPE and good hygiene practice was included as part of the spot check observations carried out by senior staff on carers at random.

Good

Is the service effective?

Our findings

People and their relatives told us that staff had the right training to meet their needs. People said that staff delivered care in a competent and professional manner.

Staff told us they felt the induction and training process was positive and helped them acquire the skills they needed to deliver care. New staff received an average of five 'shadow shifts' and six supervisions before the end of their probationary period. At the end of the probation period there was a review where staff discussed with the manager any further training requirements, sick days or any concerns and then if appropriate offered support. The induction process contained a high level of detail, with regular questionnaires to ensure information was retained and understood by new staff.

We saw that staff received regular training in areas the service considered mandatory, such as basic first aid and safeguarding vulnerable adults. There was a named staff member who had been trained in providing training by an accredited provider, and the service had equipment such as first aid dolls to ensure that the majority of training was provided internally. Staff we spoke with felt confident that they received the right level of training. One staff member said, "The induction and training are really, really good. We get the right skills, [Staff name] makes it really interesting".

Staff received consistent support in the form of spot checks, supervisions and an annual appraisal. Spot checks on staff conducted by senior members of the team included a number of observations such as documenting correctly, gaining consent, timeliness and feedback from the person receiving the service. There were recorded actions such as ordering a new ID badge, and emailing staff to remind them of expectations around wearing the uniform.

We found that not only did staff receive regular supervisions, but the language used in supervisions was positive and supportive, offering encouragement as well as discussing areas for improvement. One member of staff said, "We get regular supervisions and spot checks. Having worked for a previous provider, I can't tell you the difference in the level of support".

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). In domestic settings the Court of Protection authorises any deprivation of liberty. In their Provider Information Return (PIR) the provider told us three people had a court appointed deputy acting on their behalf and two people were subject to a Court of Protection order.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Staff received training on the principles of the MCA and demonstrated good awareness of promoting people's rights and choices. Consent to care and treatment, access to records and photographs were clearly recorded. Where necessary, people with legal power of attorney were clearly recorded and included in relevant decision making.

People's health and nutritional wellbeing was monitored. Because the care plans were electronic, staff were informed of immediate updates and could also provide immediate updates to people's health, this also included relevant updates from health and social care professionals, for example notifications from the local Warfarin clinic around medicines or information from the district nurse around pressure sores. Where people had been assessed as at risk of pressure sores, staff were reminded to check the person's skin integrity in vulnerable areas and report all concerns to the office. The service did not use nationally accredited tools such as the Waterlow skin integrity tool or malnutrition universal screening tool, however the registered manager told us they wanted to look at introducing them into their care plans.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were kind, caring and compassionate. Comments included, "I often get the same carer which is great but they are all lovely", "Staff are definitely kind, caring and professional", "I love Bluebird I really do!"

Staff we spoke with demonstrated a good knowledge of people, their personalities, habits, preferences and social networks. This indicated that they were able to build positive, trusting relationships with the people they cared for.

People and their relatives also said they found administrative and office staff equally helpful and caring. Comments included, "I phone the office all the time and must congratulate them on their patience with me when asking about my relative. I never feel like a nuisance", "The administrative staff are always pleasant and helpful".

Staff understood the importance of helping people maintain their independence. One member of staff said, "We always ask people if they are able to wash own face, hands and underarms, if they are I'll just be there to support them".

People we spoke with agreed, one person we spoke with said, "The carers have given me freedom through their wonderful care. I constantly worry about falling and their care and support helps me manage better".

Staff also demonstrated an understanding of the importance of protecting people's privacy and dignity. One staff member said, "For example when helping people wash we always put towels around them, ask if they are able to wash areas themselves, step out of the room if they want and just give people as much independence as they are able to manage". Another staff member said, "We use towels to keep people covered and always gain permission before removing people's clothing. We work in stages, top half, bottom half, just to ensure people's dignity is protected as much as possible".

The service took into account people's diverse needs and characteristics, and care plans contained relevant information about people's religious, cultural and spiritual needs.

The service recorded compliments it received from people for staff to read. One compliment read, 'I really appreciate the help and support I get, it makes me as a blind and disabled person able to attend meetings and groups I otherwise wouldn't be able to'.

Good

Is the service responsive?

Our findings

People and their relatives told us that they felt involved in care planning, and that care was reviewed regularly.

People told us they knew how to raise complaints and would be confident in doing so. Comments included, "Yes, we know how to complain, it's one of the first things we found out how to do however we have not had to use the process yet", "I do know how to complain and have rung about a couple of small things. Nothing major but I always get a call back".

The service not only had a policy and process for responding to formal complaints, but staff also ensured that any minor verbal complaints were recorded and acted upon. There were nine 'concerns' recorded in 2018, most of which were resolved on the phone. They included staff parking and rota amendments. Staff detailed the concern, the person's preferred outcome and what actions were taken. We saw an example where a person had expressed an opinion about the capabilities of a new staff member, the registered manager went on their next visit and the staff member demonstrated with the registered manager that they were fully capable of performing required tasks and that the person was recorded as having been reassured and happy with the staff member.

We reviewed seven people's care plans. The service had introduced electronic care plans so that information could be instantly viewed by senior staff and other staff attending each person. Staff members wanting to access and update a person's care plan could only log onto it by using an NFC (near field communication) tag found on the person's paper copy. An NFC tag is a small chip and antenna containing information that can be read and transmitted by electronic devices. This ensured staff were in the person's property when changes were made. The system also ensured that if tasks were missed they were alerted to senior staff in the office who would then challenge the staff member for an explanation or ensure one was recorded. For example, when one person did not receive their warfarin, it was noted that the warfarin clinic had sent instructions not to give that person the dose.

Care plans contained detailed, person centred information and clear instructions for staff on how to meet people's needs individually. Care plans contained detailed information on people's life histories, hobbies and preferences, and any religious or cultural needs they had and how they wanted staff to support them. Care plans were linked to goals people had set for themselves, for example one person's goal was to stay in their own home and remain independent, activities that were linked to this included encouraging the person to walk in the garden if the weather was nice. We saw people had 'social inclusion plans' where required, for example a person wanted to be supported with conversation during visits, and the plan discussed their presentation which may be misinterpreted as aggressive and topics of conversation that interested them.

This system also allowed people and their family members (once a consent form had been signed and permission given) to access their own electronic profiles so they could see in real time how care was

delivered and if there were any issues. One relative we spoke with said, "I live a great distance away from my parent and worry constantly about their wellbeing. I now have the App on my phone and it has transformed how I keep up to date with my relative's wellbeing. It is updated daily and I can see at a glance if there are any issues".

Staff had undertaken end of life training and the registered manager was aware of the service's responsibilities to work with other health and social care professionals when a person became near the end of their lives but there was no-one on an end of life care plan at the time of our inspection.

Good

Is the service well-led?

Our findings

People we spoke with told us that managers were available and they knew how to contact them, and that staff in the office were always pleasant and helpful. One person we spoke with said, "They do what they say they will do and that is reassuring for my family and me".

We reviewed the service's quality assurance processes. The registered manager demonstrated a commitment to driving improvement through a robust system of quality checks. The service had a system of audits which were both internal and external. These included care plans, daily notes, medicines, staff files, training and office systems reviews.

The registered manager held monthly risk meetings with senior staff from the franchise owner to supervisors in attendance. Staff discussed accidents, missed calls, medicines errors, safeguarding referrals, staffing levels and key issues with people using the service. At the last meeting in December 2018 there were no missed calls or medicines errors. Staff discussed updates to a person's health and social care support and some recording errors observed which had reduced as a result of the actions taken at the previous risk meeting.

Staff conducted regular analysis of trends and themes in a range of areas including risk, complaints and medicines errors, and documented what actions had been taken and what lessons had been learned. There was also a customer action log, a live document which showed a list of people who had an identified change in need or risk in order to monitor to them and demonstrate what actions were being taken. For example, a person was identified as a high falls risk, the log noted updates to their medicines made by their GP and that staff were now recording any concerns over their mobility.

The service evidenced that it asked people for their feedback on the quality of their service and used this information to make improvements. At the last survey in 2018 there were 69 surveys sent out and 41 were returned. The survey was overwhelmingly positive, with 98% of respondents rating care as excellent or good. The service sent a letter outlining the key findings back to people and their relatives along with what actions they were taking. This included amending a person's care plan, booking a care plan review and reviewing a person's rota to ensure better continuity of care.

The service also demonstrated that it asked staff for their feedback and acted upon information returned. In 2018 the service conducted a staff survey. Of 11 respondents, 100% felt the manager was approachable, that the office staff were polite and that they all felt listened to. Actions included exploring options for hot weather uniforms and ensuring new starters knew exactly who to contact for key HR needs.

Team meetings took place on a regular basis. At the last team meeting in June 2018 staff discussed the hot weather, care notes, reporting hazards, and there was a questionnaire on a recent training topic. All staff we spoke with told us they felt well supported, that they would recommend the service as a place to work and that there was an open, positive culture. One member of staff said, "We got an email with the information relayed from the surveys. I'm happy with everything. If I had an issue I'd bring it up. We are very much all a

team". Another member of staff said, "I was over the moon when the registered manager was appointed. They know the service inside out, and all the staff know they know what they are doing".

There was a staff newsletter which included a thank you to staff, information about referring a friend to work for the service, information on car maintenance and advertising the flu jab.

The registered manager ensured the service engaged with the community in a positive way where possible. For example, staff regularly contributed to a local carnival where they sold baked goods to raise money for charity. The service had a relationship with a local older people's group whereby every Friday staff from Bluebird Care (Leeds North) helped at coffee mornings.

The registered manager submitted notifications to The Care Quality Commission (CQC) in a timely and appropriate way.