

J&Y Webber Services Limited

Bluebird Care Harrogate

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

About the service: Bluebird Care Harrogate supports people with personal care needs in their own home. The service supported 17 people when we inspected. Some people were living with dementia and some had a physical disability.

People's experience of using this service: People's safety was maintained. The provider had sufficient staffing levels and travel time was adequate to enable staff to travel between visits. Staff had access to information about risks to people and used this to inform the support they provided.

People knew which staff would be visiting them. Information was shared effectively amongst the staff team to ensure people received consistent care. The provider worked with other professionals to help people receive coordinated support.

People gave consistently positive feedback about the way staff provided care. People and their relatives described the warm, courteous and respectful approach staff had. Staff were sensitive to people's needs and provided emotional support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received person-centred care and were encouraged to be involved in their communities. Staff spent time understanding people's pasts and supported them to reminisce.

No-one was receiving end of life care at the time of our visit. The registered manager and staff team had documentation and training that recognised this life stage.

The provider aimed to care for people as they would their own family members. Staff worked to achieve this goal. The registered manager and staff recognised their roles and responsibilities. Quality and safety issues were monitored across the service by the registered manager and the provider.

Rating at last inspection: This was the first inspection of the service since its registration in March 2018.

Why we inspected: This was the first scheduled inspection of the service.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Bluebird Care Harrogate

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector carried out this inspection.

Service and service type: The service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to adults of all ages.

Not everyone using Bluebird Care Harrogate receives a regulated activity. Care Quality Commission (CQC) only inspects the service being received by people receiving 'personal care'; help with tasks relating to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager registered with the CQC. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Inspection site visit activity started on 7 February and ended on 13 February 2019. We visited the office location to see the registered manager and office staff; and to review care records and policies and procedures.

What we did: Before the inspection, we reviewed information we had received about the service. This included notifications about incidents the provider must tell us about, such as deaths of people using the service. We reviewed the Provider Information Return (PIR). The PIR is information we require providers to send to us to give us key information about the service, what the service does well and improvements they plan to make.

We contacted Healthwatch and the local authority commissioning and safeguarding teams. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used this information to plan our inspection.

During the inspection, we looked at a range of documents including the provider's policies and procedures, compliments the service had received and quality assurance reports. We looked at the care files of five people who used the service and three people's medication records. We looked at the recruitment files of three staff and two staff personal files. We visited two people who used the service and one of their relatives in their own homes.

We spoke with the registered manager, administrator and seven staff. Following the inspection, we spoke with two people and two relatives by telephone. We received feedback from two professionals that work with the service; an advocate and a care provider. An advocate is someone who supports people to make sure their wishes and views are heard.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management.

- Key risks to people were highlighted in their care records, including allergies.
- Care plans described how people's health needs affected them. For example, one person's care plan described their epilepsy and how to support them if they experienced a seizure.
- Recognised tools were used to help identify risks to people, such as water low risk assessments to highlight people at risk of developing pressure sores.
- Risk assessments contained information on specific hazards to people and helped guide staff in how to keep them safe. One person was at risk of misusing alcohol, their care plan identified how staff would respect their lifestyle choice and monitor their safety.
- Staff knew where to find information on risks to people. A staff member said, "Risks are all on our electronic system, all the information we need is there and we get this before seeing someone, so we know what to look for."
- Where people had specialist equipment in place records were kept showing who was responsible for this and servicing dates.

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

- Staff were aware of the types of abuse people may experience and signs which may indicate there were concerns.
- The provider raised safeguarding concerns appropriately.
- The registered manager had arranged a 'scam' awareness day with the police, people, relatives and staff to alert people to the risk of fraud.

Staffing and recruitment.

- Safe recruitment practices were followed.
- Rotas showed there was sufficient staffing to cover care visits. Staff told us they were given adequate time to travel between visits.
- People received visits from a small team of staff wherever possible to ensure people received effective, consistent care. People received copies of the staff rotas in advance to inform them of which staff member(s) would be visiting them.
- People were introduced to new staff before they provided care to them. One relative said, "This is important because we don't allow strangers into our home."
- People were notified by phone if there would be a delay with their care visits. Letters were sent to people where planned disruption to the service was known, such as road works.

Using medicines safely.

- People received their medicines in a safe way and where support was needed. All staff received an annual medication competency as a minimum to support the safe and proper use of medicines.
- Additional competency assessments were completed by a nurse from the provider where staff carried out specific health tasks, such as supporting people with specialist feeding devices.
- Staff were aware of best practice for storing, administering and disposing of medicines.
- Some people had 'when required medicines'. Information was available to guide staff in when people may need these and possible side effects they may cause.
- Medicines errors were recorded and the registered manager reviewed action taken in response to these.

Learning lessons when things go wrong.

- The provider used an electronic care records system. The system sent alerts for any visits or care tasks missed. These were checked and addressed throughout the day by office staff and out of hours by the on-call worker.
- Staff responded appropriately when incidents occurred, seeking emergency medical attention when needed.
- The registered manager had a system for recording, monitoring and following up any accidents.

Preventing and controlling infection.

- Measures were in place to manage and reduce the spread of infection. Staff received training in infection control. Staff practices were observed and assessed.
- A staff member told us, "We wear personal protective equipment to prevent the spread of infection, I put this in a bag and a bin afterwards."

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care needs were assessed prior to them receiving support. Their care and support was agreed with them and their representatives.
- People were involved in writing their care plans and had access to these.
- The provider recorded which people had 'do not attempt cardio-pulmonary resuscitation' documents in place.

Ensuring consent to care and treatment in line with law and guidance.

- People were involved in setting up and agreeing their care plans. People signed consent forms and were asked if they had preferences around their information being shared with their relatives/representatives.
- Staff described obtaining verbal consent from people before providing their care. A staff member said, "We can't do things without their permission, we talk people through things, so they understand what we are doing."

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 the community this is authorised through the Court of Protection.

We checked whether the service was working within the principles of the MCA.

- Mental capacity assessments and best interest decisions were recorded in people's care files.
- Where people had representatives with the legal authority to act on their behalf the registered manager had requested copies of these.
- The registered manager was aware of when to submit deprivation liberty applications.

Staff support: induction, training, skills and experience.

- People felt staff had the skills and experience needed to support them. One person told us, "I'm happy with all the staff, they're all different but they're all good and professional."
- The registered manager had introduced an induction and probation programme for all new staff.
- New staff were required to complete mandatory training identified by the provider including basic life support and the MCA.

- Staff received monthly supervisions and annual appraisals to review their performance.

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

- People were supported to prepare food and drink when needed. Staff were aware of which people needed support to maintain their food and fluid intake. One person's care plan identified they needed encouraging to drink water. Records were maintained to show this had been monitored.
- Staff knew people's dietary requirements, including those who followed diabetic and vegetarian diets.

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

- Information was shared effectively with the staff team and people's relatives through care notes.
- Staff worked with other care providers to understand people's needs and aid their smooth transition between services.
- Care plans recorded which professionals were involved in supporting people.
- Staff contacted relevant healthcare professionals when needed.

Is the service caring?

Our findings

Our findings - Is the service caring? = Good

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

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.

- People and their representatives praised the consistently high standard of care they received.
- Staff understood when people required more emotional support. Where a family member of a person had passed away staff supported them with this bereavement and recognised the ongoing impact this had on them.
- Care plans detailed subjects people enjoyed talking about. For example, one person's care plan stated, 'I love talking about travelling as I've been to many places during my working life.' This helped staff build a relationship with the person.
- People and their relatives praised the positive manner in which staff provided care. One relative had sent a note to the staff team saying, 'Thank you to everyone who makes Mum's day a brighter one, you are all stars.' Another relative had written, 'You all radiate support, help, love and friendship and we really appreciate it.'
- Senior staff visited people at key holidays and events throughout the calendar year to share these celebrations with people. At Christmas the registered manager and senior staff had dressed in festive costumes and delivered Christmas presented to all of the people they supported.
- People and their representatives told us care staff checked they were comfortable before leaving. One relative said, "They always ask if there is anything they can do for me before they leave, which is very nice."

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect. Comments included, "They're very respectful and courteous."
- Care plans described how people wanted to be given privacy and the arrangements made for staff to access properties.
- Staff recognised the need to balance encouraging people to be independent where possible and being sensitive to their limitations. One person said, "They know my limitations without me telling them, I don't tell them because I don't want to dwell on it."

Supporting people to express their views and be involved in making decisions about their care.

- People were encouraged to make decisions about their care. Their views were respected. One staff member told us, "We give people as much control as we can."
- The registered manager understood the role of advocates, representing people's views and wishes. An advocate told us, "They understood broadly speaking the role of advocacy and were helpful and thorough when I contacted them."

- Staff considered people's communication needs. For example, cleaning a person's glasses to aid their sight.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People's care files contained person-centred details about them and how they would like their care providing. One relative told us, "They know [person] inside out and all their quirks, when the staff talk to me I can see they have listened to [person]."
- People told us their support was given in-line with their preferences. One relative said, "The staff know [person] wants their clock at night, they position it so [person] can see it."
- People's care plans had a 'what is important to me' section, describing their interests and religious beliefs. Staff knew what was important to people and provided support to facilitate this. One person had kept dogs throughout their life. Staff had arranged for the provider's therapy dog to visit. The person told us how much they enjoyed this.
- Staff helped people to remember their pasts. One relative said, "One of the staff found out where Mum lived and met her husband, they printed off information and talked about it together, it prompted memories."
- During our inspection, the staff team were making arrangements for a person to return to living in their own home. Careful consideration was given to what equipment, care and emotional support the person would need.
- Staff were aware of which people were at risk of becoming socially isolated. Support was arranged to help engage people in their communities.
- When people requested changes to their care these were accommodated. One person said, "They were very quick at making changes."
- The provider was aware of the accessible information standard and their responsibility to ensure information was available to people in a format appropriate for their needs.

Improving care quality in response to complaints or concerns.

- The provider had a compliments, complaints and concerns policy and documents available to show how feedback would be investigated and acted on.
- Reviews were used to check people's care was appropriate to their needs and wishes. A relative said, "We had the opportunity to say about anything we needed to change or any improvements."
- All the people and relatives we spoke with knew how to complain if needed. One person told us, "If I had concerns I'm sure it would be listened to."

End of life care and support.

- Staff received training in end of life care. Staff recognised this support required a unique approach.
- The registered manager had developed an end of life care plan. This acknowledged people's wishes and their care needs may change rapidly at this life stage.

- Staff had access to people's end of life care plans. One staff member said, "We get information about where they want to pass away."

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Working in partnership with others.

- The provider's aim was to respect people the way they would their own relatives. Staff worked to achieve this goal. One member of staff said, "I treat everyone as I do my relative."
- The registered manager was committed to improving the service. They had plans for developing the service to provide end of life care and facilitate hospital discharges. They were making links with other professionals to make these changes.
- The registered manager responded promptly and acted transparently to any requests they received to provide care.

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

- Staff understood their responsibilities and the expectations from the provider.
- The registered manager was motivated and had a clear understanding of their role and responsibilities. They told us, "I am excited to go to work."
- The registered manager was respected by people, their representatives and other professionals. A care provider that worked with the service told us, "The registered manager was very personable with great communication with people whilst we organised their care."
- People and their representatives could contact the registered manager. One relative said, "They have been easy to talk to and approachable."
- Staff felt supported and able to seek advice from the office and on-call if needed. Comments included, "I absolutely feel supported" and, "The office answer day or night if I have any questions."
- Staff received feedback on their work from the registered manager and senior colleagues. This identified positive practice and areas for improvement.
- Issues with staff performance and practice were effectively managed.
- The registered manager had developed a system of checks to monitor quality and safety within the service.
- Spot checks were completed weekly to ensure high-quality care was maintained.
- The registered manager accepted and acted on our suggestions to make further improvements to the service.
- The provider had completed an audit of the service. The registered manager agreed further checks would help make this more robust.

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

- The provider and registered manager engaged people and staff sending out six monthly surveys for feedback on the running of the service.
- Staff meetings were held monthly to share good practice and updates on people using the service. Group text messages were sent to share learning.
- Staff felt able to contribute to staff meetings and voice their views. A staff member said, "We are always listened to."