

DSLIS Ltd

# Bluebird Care Selby & part East Riding

## Inspection report

Unit 5  
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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service: Bluebird Care Selby and part East Riding is a domiciliary care agency. This service provides care and support to young disabled adults and older people, either living with their family, in care or independently. They can provide companionship and assistance with household tasks, everyday activities, hobbies, outdoor pursuits and personal care. There were 16 people being supported with personal care at the time of our inspection.

People's experience of using this service: The service had been inconsistent in the quality of the care and support they provided.

Medicines were not always managed safely and the management team had raised safeguarding alerts about these with the local authority.

Care plans and risk assessments lacked detail and were not robust. Quality of record keeping varied and some care records did not have the right information in them to manage people's care safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, the recording of this in the care plans was inconsistent and needed to be better. We have made a recommendation around this.

Accidents and incidents were being recorded and action was taken to reduce risk when issues occurred. However, the management team were not analysing the information to look for trends and patterns.

People told us they felt safe and well cared for and staff afforded them respect and dignity. Staff had positive links with healthcare professionals which promoted people's wellbeing.

People said they received care in a timely way from a regular team of care workers and they had good communication with the office. Although they were not given information about which care staff would be making their visits, they were satisfied with the support they received.

Staff had received appropriate induction, training and support to enable them to carry out their role.

The provider and manager worked with the staff team and led by example to ensure people received a good service. People and staff told us the management team were approachable and listened to them when they had any concerns. Feedback from people and relatives was being used to make continuous improvements to the service.

Recent changes to the management team had been positive and resulted in better and consistent care being provided. The provider demonstrated their motivation to improve by working with us during the inspection.

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

Rating at last inspection: There is no previous rating for this service. The service registered with CQC in February 2018. This is the first inspection of the service since it registered.

Why we inspected: This was a planned inspection based on it being a 'new' service.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 around safe care and treatment and good governance. Details of action we have asked the provider to take can be found at the end of this report.

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.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Bluebird Care Selby & part East Riding

## **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:** Two inspectors carried out the first day of inspection and one inspector completed the inspection on day two.

**Service and service type:** Bluebird Care Selby and part East Riding is a domiciliary care agency. It provides personal care to people living in their own homes and specialist housing. It provides a service to older people and younger disabled adults.

Not everyone using Bluebird Care Selby and part East Riding receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. For these people we also take into account any wider social care provided.

The service had a manager registered with the Care Quality Commission. 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. However, at the time of our inspection an application to deregister the registered manager had been received by CQC and an acting manager was in place. We have referred to the acting manager as 'the manager' throughout this report.

**Notice of inspection:** 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 available.

Inspection site visit activity started on 23 January 2019 and ended on 24 January 2019. We visited the office location on both dates to see the manager and office staff; and to review care records and policies and procedures.

What we did: Before the inspection we reviewed information available to us about this service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. The provider sent us part of the provider information return prior to the inspection, but not the full documentation required. 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. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we spoke with the provider, the manager, deputy manager, training manager, two office staff and two care staff. We also made home visits to three people after obtaining their consent for this. We looked at nine people's care records including medication administration records and a selection of documentation about the management and running of the service. This included recruitment information for three members of staff, staff training records, policies and procedures, complaints and staff rotas.

# Is the service safe?

## Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely.

- Medicines were not managed safely.
- Recording on the medicine administration records (MARs) was inconsistent and left people at risk of harm. For example, staff did not always sign when administering medicines. Hand written entries did not give staff clear instructions on the type of medicine, strength and how to administer it. Staff were not using administration codes correctly and when medicines were not given the staff failed to document why.
- The medicine audit process was not robust; poor practice was not being picked up quickly and improved.

The lack of robust management of medicines meant people were at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – safe care and treatment.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- Staff understood where people required support to reduce the risk of avoidable harm.
- Care plans contained basic explanations of the control measures for staff to follow to keep people safe. However, some aspects of care required more robust risk assessment such as catheter and pressure area care, and safe moving and handling. The provider told us the care files were being updated and this would include more in-depth risk assessments.
- The management team discussed risk and checked appropriate action was taken.
- Staff reported and recorded accidents and incidents appropriately, but there was a lack of written analysis to look for trends and patterns to reduce risk. The manager planned to introduce a more detailed risk monitoring tool.

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

- Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information.
- Staff demonstrated a good awareness of safeguarding procedures; they knew who to inform if they witnessed or had an allegation of abuse reported to them. The provider had carried out internal investigations (where appropriate).
- People who used the service felt safe, confident and happy when being supported by staff. One person said, "I have no concerns about the staff, they are all lovely. They know what they are doing and I feel safe with them."

Staffing and recruitment.

- People told us they received care in a timely way. They were usually notified if calls were going to be late.

One person said, "It's not very often they are late. They are nearly always here on time."

- Staff covered for each other and worked together well. People had a core team of staff who supported them. One person told us, "You develop a rapport when they come to you often enough so they know your likes and dislikes."
- Staff were recruited safely and appropriate checks were carried out to protect people from the employment of unsuitable staff.

Preventing and controlling infection.

- Staff followed good infection prevention and control practices; they used personal protective equipment to prevent the spread of healthcare related infections.

# 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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations were met.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. Applications must be made to the Court of Protection when people live in their own homes. None were required for the people supported by the service when we inspected.

- People could make individual choices and decisions about their daily lives.
- Detail of people's mental capacity and where they had Power of Attorneys in place was inconsistent and not always clearly recorded.

We recommend the service considers guidance and best practice on MCA, in relation to people who lack capacity, and take action to update their documentation appropriately.

Staff support: induction, training, skills and experience.

- Staff had not received training in challenging behaviour or break away techniques. The provider agreed to source this training.
- A staff induction and training programme was in place.
- Staff had opportunity for supervision and appraisal. Staff told us they felt supported.
- People told us staff had the right skills to look after them. One person said, "They are good and seem to know what needs doing."

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

- Care files did not always contain sufficient information about each person's health needs and the support they required. For example, one person's ability to weight bear was described as, 'Only when using the standing hoist'. However, there was no risk assessment or guidance on how the equipment should be used.
- The provider was updating and improving the quality of all the care files. They planned to give priority to the files of people who were known to be at risk.
- Where people required support from healthcare professionals this was arranged and staff followed their guidance. Information was shared with other agencies if people needed to access services such as hospitals.
- Staff recognised where professionals could support people to become more independent and made

appropriate referrals, for example to occupational therapists.

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

- People were positive about their care and support and they felt safe when staff used equipment during their visit. People said, "Staff stay for the right length of time, and are not rushing", "There's always two people to get me up and put me to bed" and "I definitely feel safe with them using the equipment."
- Assessments of people's needs were completed and care and support regularly reviewed.

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

- Where staff needed to support people with their meals this was carried out in a way which ensured the person used their skills as much as possible to maintain independence.
- People told us, "They ask what I want and cook it well" and "They always fill my water bottle up. If I need anything out of the freezer they sort it for me."

# Is the service caring?

## Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- People appeared comfortable and well looked after; staff demonstrated a friendly approach which showed consideration for their individual needs.
- Staff communicated with people in a caring and compassionate way. They gave time for people to respond.
- Staff spent time getting to know people's preferences and used this knowledge to care for them in the way they liked. For example, one person's preference for having female care staff was respected and clearly documented in their care file. One person said, "Staff read the care plans to see what you like and dislike because they do want to provide a good service."
- Staff treated people on an equal basis; equality and diversity information such as gender, race, religion, nationality and sexual orientation was recorded in the care files.

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

- Staff supported people to make decisions about their care, and knew when people wanted help and support from their relatives. Where needed, they sought external professional help to support decision making for people.
- Staff directed people and their relatives to sources of advice and support or advocacy; and provided advisors or advocates with information after getting permission from people.

Respecting and promoting people's privacy, dignity and independence.

- People were treated with compassion, dignity and respect. Staff addressed them by their preferred name, gave them eye contact when conversing with them and were always polite and respectful when in their company.
- People appeared comfortable and their personal care needs were met. They told us staff demonstrated a friendly approach which showed consideration for their individual needs. One person said, "All of them are very kind and respectful. That's what I like about them. It is a vocation rather than a job for them."
- People said staff were supportive in helping them to remain as independent as possible. They were offered choice and control in their day to day lives.

## Is the service responsive?

### Our findings

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

People's needs were not always met. Regulations were not met.

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

- Care plans and risk assessments were not robust in relation to equipment use and specific needs such as catheter and pressure area care. For example, one person had no skin integrity risk assessment despite them being sat in a wheelchair for long periods of time. Their care file lacked information about their medical conditions, health needs and why they were using a wheelchair.
- The provider and manager were aware of the Accessible Information Standard (AIS). However, they had not made an assessment of people's information and communication needs. Some care plans and records had details of people's needs, but these were not systematically recorded.

The lack of robust risk assessments and care plans meant people were at risk of receiving poor quality care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – good governance.

- Staff knew people well and had a good understanding of what their wishes and choices around care were. Staff could tell us about people's abilities and support needs.
- Feedback from people was positive about their care. They told us they had choice and control over their daily lives and staff respected their decisions. One person said, "I look forward to them coming. They are really, really, good."

Improving care quality in response to complaints or concerns.

- There was a complaints procedure and information was provided to help people understand the care and support available to them. In the last 11 months we had been notified of seven complaints, all of which had been investigated and resolved.
- People and families knew how to provide feedback to the management team about their experiences of care; the service used a range of accessible ways to enable this to happen. This included one-to-one meetings to discuss care, satisfaction questionnaires and telephone calls.
- People told us, "I would recommend them, they are all right" and "I haven't had to ring about complaints. I asked them to change the times of my visits and they did, they are quite accommodating. I could definitely speak to [Name of provider and management team] if I did have a complaint."

End of life care and support.

- Staff were aware of good practice and guidance in end of life care, and knew to respect people's religious beliefs and preferences.
- When required, people would be supported to make decisions about their preferences for end of life care. Professionals would be involved as appropriate to ensure people were comfortable and pain free.

## 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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations were not met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The provider failed to submit key information we require them to send us at least once annually about the service, what the service does well and improvements they plan to make.
- The auditing of medicine records and monitoring of staff practice around medicine management was poor. This had impacted on people's quality of life. Families had raised concerns with us regarding errors in medicines management; these had led to safeguarding investigations by the local authority.
- There was a lack of robust environmental and equipment risk assessments, which left people and staff at risk of harm.
- The medicine policy and procedure did not reflect best practice guidance.

The lack of robust quality assurance meant people were at risk of receiving poor quality care and should a decline in standards occur, the provider's systems would potentially not pick up issues effectively. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – good governance.

- The provider and manager were open and honest about the mistakes that had been made over the last 11 months. Following the change of manager, the number of complaints and safeguarding issues had reduced and those made were dealt with quickly and effectively.
- People received good support from the office. One person said, "I have contact details for the office and the on call for emergency. It is usually [Name of office worker] I contact, but if they are not there [Name of manager] is. There is always someone who answers."
- The provider had received support and advice from the Bluebird Care company, who had audited the service and produced a report and action plan for them to follow.

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

- The provider and manager demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service, relatives and health care professionals.
- In January 2019 satisfaction questionnaires were sent out and responses were still coming back in. An example of the responses received so far includes, "We are happy with the service but feel it could be improved by informing us if the care worker is going to be late", "Staff are always helpful and polite" and "We value the consistency when a regular person comes rather than lots of different people."

#### Continuous learning and improving care

- The provider and manager demonstrated an open and positive approach to learning and development. Improvements had been made recently to ensure people received good quality care.
- Work was ongoing to ensure new ways of working were embedded in practice.

#### Working in partnership with others

- The service had good links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not provided in a safe way for people who used the service. Risks to people's health and safety and the mitigation of those risks were not sufficient to keep people safe from harm, including those around medicines management.</p> <p>Regulation 12 (1) (2) (a-b) (g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance and record keeping processes were ineffective in monitoring and improving quality and safety of the service, assessing and mitigating risks to people who used the service and maintaining an accurate, complete and contemporaneous record in respect of each person using the service.</p> <p>Regulation 17 (1) (2)</p>