

J&Y Webber Services Limited

Bluebird Care North East Lincolnshire & West Lindsey

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Bluebird Care North East Lincolnshire & West Lindsey is a domiciliary care agency providing support to people living in their own homes. At the time of the inspection, the service supported 55 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection, the service provided personal care to 41 people.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not support anyone whose primary need was a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Support: Records did not assure us that staff supported people with their medicines safely. Medicine records were not always clear, accurate or complete. On 2 occasions the provider had not been able to attend a series of calls due to staffing issues. The provider had recruited and told us contingency plans were in place, they had sufficient staff to cover the care packages and were actively reviewing the care packages and staffing levels. Risks to people were generally assessed, monitored, and managed. People were supported to build relationships and take part in activities.

Right Care: Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. However, oversight and records in this area were not always robust and we have made a recommendation about this. People were asked how they liked to be supported with communication and what their preferred method of contact was. People's support plans were person-centred. People were generally happy with the care workers and described them as 'kind' and 'caring'.

Right Culture: Quality assurance systems were limited, and actions were not always implemented following audits. Staff morale was low, and staff did not always feel supported or listened to. The provider informed us one of the directors would spend a number of days at the location to be available to speak with staff, provide reassurances and address any concerns they may have. Some people were anxious about whether the service would be able to continue to meet their needs. We have made a recommendation about this. Staff involved people with their support plans and liaised appropriately with professionals.

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

Rating at last inspection

The last rating for this service was outstanding (published 11 December 2018).

Why we inspected

We received concerns in relation to staffing, the quality of care, the ability of the service to respond to people's needs and the governance of the service. As a result, we undertook a focused inspection to review the key questions of safe, responsive, and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from outstanding to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bluebird Care North East Lincolnshire & West Lindsey on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to staffing, record keeping and oversight at this inspection.

We have made a recommendation about the management, recording and oversight of safeguarding concerns. We have made a further recommendation about ensuring people's needs are met.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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 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 North East Lincolnshire & West Lindsey

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

This inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been in post for 1 week at the start of our inspection.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we carried out the inspection remotely and needed to arrange an initial video call with appropriate people from the management team.

Inspection activity started on 24 May 2023 and ended on 9 June 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls, telephone calls and emails to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

During the inspection we spoke with 5 people who use the service and 5 relatives about their experience of the care provided. We spoke with and obtained feedback from 10 members of staff including the manager and 9 support workers. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 3 people's care records, 3 staff recruitment files and medication records for 3 people. A variety of documents relating to the management of the service, including policies, audits and training records, were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant 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; learning lessons when things go wrong

- Systems were not in place to ensure accurate and complete medicine records were maintained. We therefore could not be assured medicines were managed safely. This placed people at risk of harm.
- Medicine administration records (MARs) were not always clear, accurate or complete. Prescribed dosages were not always recorded accurately, and prescription instructions were not always transferred to the MARs.
- Some MARs duplicated recordings, so it appeared that people received their medicines twice.
- Some people were prescribed medicines on a 'when required' basis. Again, the MARs for these medicines were not always clear and did not always contain sufficient information or guidance for staff. There was no clear recording of why these medicines were administered or whether they were effective.
- The recording of patches and creams did not assure us that people always received these as prescribed. Updated information about the application of people's creams and patches was recorded in a separate communication book but the MARs were not updated to reflect these changes.
- There was no robust quality assurance system in place to ensure medicines were managed safely and that issues could be identified and resolved.

Systems were not in place to ensure clear, accurate and complete medicines records were maintained. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our feedback, the manager confirmed a review of the MARs would be completed. The provider confirmed additional medicines audits would be put in place.

Staffing and recruitment

- There had not been sufficient staff to cover calls for 2 people over 1 weekend period. These people were given short notice that their calls could not be covered due to a lack of staff, and they had to make other arrangements. The provider told us contingency plans were in place, but they had not been made aware of this staffing issue at the time.
- Several staff had recently left the service. People told us their regular staff had left and they were being supported by lots of different staff. One person told us, "Something is a bit wrong at the moment and rotas are being changed at the last minute. There are lots of new staff members and then I have to show them what to do. Lots of staff have gone."
- Some people spoke about the negative impact that lots of new staff was having on them. A relative told

us, "[Person] gets stressed if too many new people come, and [person] can't talk. It's especially difficult when they don't know what they are doing. Sometimes they have never been before and [person] can't tell them the routine." People told us, "Sometimes it's different people and it's not great then, I'd like the same people" and, "[Staffing] is so unpredictable."

Systems had not been effective in ensuring staff absence was appropriately covered. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider informed us that new staff had been recruited and recruitment was ongoing. The provider informed us they had sufficient staff to cover the care packages and were actively reviewing the care packages and staffing levels.
- Staff were recruited safely. Appropriate pre-employment checks were carried out.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from the risk of abuse. However, records and oversight were not robust in this area.
- The new manager and provider could not locate any documentation relating to safeguarding concerns from the previous 12 months. However, professionals informed us of a safeguarding referral made within the last 12 months. The provider had not notified us about this referral and no documentation was provided around this. It was therefore not possible to see how this safeguarding referral was dealt with.

We recommend the provider consider best practice guidance and obtain advice from a reputable source around the management, recording and oversight of safeguarding concerns.

- The previous registered manager had notified us of 1 safeguarding concern in the last 12 months and the notification suggested the concern was dealt with appropriately.
- Staff had access to relevant policies, had received appropriate training and knew what to do if they suspected abuse. Staff told us the number for the local safeguarding team was on the back of their badges and they would "report anything immediately to the office."

Assessing risk, safety monitoring and management

- Risks to people were generally assessed, monitored and managed.
- People had support plans in place which were regularly reviewed. Key risks to people were assessed including environmental risks, risk of falls, skin integrity, moving and handling and choking. Appropriate plans were implemented in response to risks identified.
- Where people were at risk of exhibiting behaviours when they were distressed, more detailed guidance for staff was needed around potential triggers and de-escalation techniques relevant to each person.

Preventing and controlling infection

- Processes were in place to manage the prevention and control of infection.
- Staff had access to appropriate guidance, training, and PPE, and understood their responsibilities. One staff member told us, "We have had sufficient training including around hand washing and personal hygiene. We always wear PPE as required."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs had not been met on 2 occasions where their calls could not be covered due to staffing problems.
- Some people were anxious about whether the service would be able to continue to meet their needs. People told us, "They have problems with the staff, and I'm scared they will leave" and, "My fear is that if they don't get the quality of staff they will go downhill, one or two who have left were fantastic."

We recommend the provider takes appropriate steps to ensure people's needs are always met.

- People's needs were assessed, and support plans were created around those needs. Support plans were individual and person-centred, and contained information about people's likes and dislikes.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider complied with the Accessible Information Standard.
- People's communication needs were assessed, and appropriate plans were put in place. People were asked how they liked to be supported with communication and what their preferred method of contact was.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to build relationships and take part in activities. The provider celebrated key events such as Valentine's Day, Easter, and the Coronation, and involved people in activities such as competitions and parties.

Improving care quality in response to complaints or concerns

- The provider informed us there had been no formal complaints over the last 12 months. No-one we spoke to had needed to make a complaint.
- A complaints policy and procedure was in place and relevant information was given to people who use the service to support them to raise concerns if they wished.

End of life care and support

- There was no-one receiving end of life care at the time of the inspection.
- People's wishes and preferences for end of life care were discussed where appropriate, and recorded in people's support plans.

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.

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There was a failure to have effective oversight and governance systems in place to monitor and improve the quality of the service.
- Actions to be completed were not recorded following audits, and there was no evidence of any action being taken to improve the service following audits.
- Audits referred to a 'Quality Improvement Plan' being in place. However, the provider was not able to locate this document during the inspection.
- Quality assurance systems were limited, and the provider did not have effective oversight of the management of the service.
- The quality of the service had deteriorated following our previous inspection.

Systems were not in place to ensure effective oversight and governance, and to monitor and improve the quality of the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service did not always comply with regulatory requirements. Services that provide health and social care are required to inform CQC of important events which happen in the service by submitting a 'notification'. During inspection we found the service had failed to notify CQC of 1 safeguarding incident and when they were unable to cover calls for 2 people.

This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We are dealing with this matter outside of the inspection process.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff morale was consistently low at the time of the inspection. Staff comments included, "They've stopped caring about staff as much as they used to", "Staff are feeling really stressed, going off ill or leaving without any notice" and, "The staff team is really unhappy."
- Staff did not always feel supported or listened to. Staff comments included, "Concerns have been voiced by staff, but it has not got us anywhere" and, "Management are not approachable, staff feel they cannot voice their concerns without judgement or criticism."
- The provider informed us one of the directors would spend a number of days at the location to be

available to speak with staff, provide reassurances and address any concerns they may have.

- People were generally happy with the care workers and described them as, "kind, caring, helpful, polite and respectful."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- Staff were not always fully engaged and involved with the service. Staff meetings had not taken place since the COVID-19 pandemic, although staff did receive a weekly email with updates. Staff told us the frequency of supervisions had decreased since a number of supervisors had left.
- People received a monthly newsletter and were involved in reviews of their care.
- Staff liaised appropriately with other professionals where needed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood and applied the duty of candour.
- The provider acknowledged during the inspection where things had gone wrong, where there were areas that needed to be improved, and told us they were committed to do so.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to have systems in place to ensure clear, accurate and complete medicines records were maintained.</p> <p>The provider failed to have systems in place to ensure effective oversight and governance, and to monitor and improve the quality of the service.</p> <p>Regulation 17(1) and (2)(a), (c) and (f)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider failed to ensure staff absence was appropriately covered.</p> <p>Regulation 18(1)</p>