

Inspiring Generations Ltd

Bluebird Care (Wakefield)

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

Bluebird Care (Wakefield) is registered to provide personal care for people in their own homes. When we inspected the service there were 33 people who were supported with personal care. The inspection took place on 13 and 17 December 2018 and was announced. The last inspection was on 16 August 2017 and there was one breach of regulations, relating to recruitment of staff. This was because the provider's recruitment procedure was not operated effectively. At this inspection, we found the provider had taken sufficient action to address the breach and ensure systems and processes were more thorough.

At the time of this inspection, 50 people were using the service, 33 of whom were supported with personal care.

People felt safe with the care provided. Staff knew how to keep people safe and there were clear procedures and guidance in place for staff to manage risks. Risk assessments were clear and understood by staff. Systems for managing medicines were clear and audited regularly.

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

Staff were well supported and valued. There was regular communication with the management team through formal routes, such as supervision and meetings, as well as informal routes through continuous communication. Staff training was in place, although we made a recommendation training needed to be more robustly evidenced where staff supported people with specific needs.

There was a clear assessment process which ensured people had choice and involvement in their care and support. Staff demonstrated caring and compassionate behaviours and attitudes towards the people they supported and their families.

Staff were committed to positive outcomes for people and placed emphasis on supporting people as individuals. Staff told us they felt well cared for themselves and were therefore easily able to transfer a caring approach to their work.

Staff supported people's dignity and were respectful in verbal and written communications. Care was responsive to people's needs and very person centred. There was clear emphasis on involving and including people as active partners in their care and support.

Care records contained information which was accurately detailed and easy to locate. The provider needs to consider further ways to enhance communication with people about their care plans, through making information more accessible such as in picture format.

The complaints process was clear and there was evidence of complaints being responded to thoroughly and

transparently.

Partnerships and community working was evident.

Issues from the last inspection had been addressed and the management team was working to ensure further improvements could be made to the service.

The service was well run and the registered manager was aware of the strengths and areas to improve. Audits were clear with defined responsibilities and actions for improvement. Audits showed areas identified had been addressed.

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.

Written risk assessments for individuals were thoroughly completed and gave clear guidance for staff to be able to support each person.

Medicines were managed safely and there was clear oversight of staff competency.

Staff understood how to ensure people were safeguarded from potential abuse or harm.

Is the service effective?

Good ●

The service was effective.

Staff were supported through supervision, training and regular communication with each other and the management team.

People's choices were promoted in their care and support. Staff had regard for the Mental Capacity Act and understood how to obtain consent in line with legislation and guidance.

Is the service caring?

Good ●

The service was caring.

There was a kind, caring and person-centred approach.

Staff were respectful of people's privacy, dignity and their rights.

Staff were enthusiastic and motivated to provide inclusive support to individuals.

Is the service responsive?

Good ●

The service was responsive.

Care was person centred and staff had a clear focus on supporting people as individuals.

Staff understood each person's individual interests and preferences.

Complaints were managed thoroughly and with transparency.

Is the service well-led?

Good ●

The service was well led.

There had been action taken to address the issues of the last inspection and to drive improvement throughout the service.

There was a positive culture which promoted good communication throughout, internally and with other stakeholders.

Staff were happy and motivated in their work and felt valued and respected by the management team.

Bluebird Care (Wakefield)

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 checked 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.

The inspection was carried out by one adult social care inspector on 13 and 17 December 2018 and was announced. We gave the service two days' notice of the inspection site visit because we needed to be sure someone would be available for us to review records and speak with staff.

We reviewed information we held about the service, such as notifications, information from the local authority and the contracting team. We looked at the provider information return (PIR). This is a form which asks the provider to give key information about the service, what the service does well and the improvements they plan to make. The provider informed people using the service we were inspecting. There were 50 people using the service, 33 of whom were receiving personal care.

We looked at care documentation for four people, in electronic and paper format. We reviewed three staff files and records relating to how the service was run. We spoke with the nominated individual, the registered manager, the deputy manager and three care staff. We spoke with four people who used the service and/or their relatives by telephone after the inspection visit.

Is the service safe?

Our findings

At the last inspection we rated the service as requires improvement in this key question. This was because the nominated individual's recruitment procedures were not implemented robustly. The nominated individual had made sufficient improvements for the rating to be good. They told us new staff had a face to face interview in which standard questions were asked as well as a check of the candidate's work history and identity. There were safe systems in place to ensure staff were recruited safely. Staff records we looked at showed appropriate checks had been carried out to ensure staff were suitable to work with vulnerable people.

We saw a detailed recruitment tracker which showed each step of the recruitment process and how this was monitored.

People felt safe in the care of the service. One person we spoke with said, "I feel so safe knowing they are there for me" and another person said, "Safety is excellent, they know what they are doing and I trust them." One relative told us, "They understand about safety, they deliver a quality service".

Staff we spoke with told us people received safe care and they understood the risks to individual people. We saw care plans included detailed risk assessments and these gave clear guidance for staff to know how to support each person safely. Staff told us where people needed equipment, they were always shown how to use this.

Staffing levels were appropriately managed to ensure people received the care they needed. The nominated individual told us they did not use agency staff and had built up a reliable staff team following some staffing changes since the last inspection. Staff we spoke with said they felt there were enough staff to meet people's needs and there was additional support from the office staff, who were able to support where needed without the use of agency staff.

Accidents and incidents were appropriately recorded and where there were lessons to be learned these were identified and investigated to prevent a repeat of similar occurrences. Staff communication was clear within team meetings regarding people's safety. Staff we spoke with told us they discussed all matters of safety with one another so people were supported in the safest ways.

Safeguarding procedures were clear and known by staff. Staff knew the signs of abuse and how to ensure any concerns were reported. Staff were confident any concerns would be acted upon by the management team without delay. The registered manager was clear about any concerns which required referral to the local authority safeguarding team were promptly sent as well as notifications to CQC. We noticed one isolated historical issue which had not been notified to safeguarding or CQC, but this was before the new manager came into post. There were improved robust systems in place to identify matters to be reported and the registered manager and nominated individual assured us these would ensure all reportable concerns were referred without delay.

People were supported appropriately to receive their medicines. We looked at electronic records for two

people's medicines and found the systems for supporting and recording medicines were clear.

Staff who supported people with their medicines were appropriately trained. The registered manager told us, and we saw records to show, staff competency was checked to ensure people received continuous safe support. Audits of medicines were regularly completed and clearly documented.

Staff we spoke with were aware of when to use personal protective equipment (PPE) and this was in good supply.

Is the service effective?

Our findings

We saw detailed assessments of people's care and support, with evidence of consultation with each person and review of their needs. Staff clearly understood their roles and were well supported through regular training and supervision. Staff we spoke with said as well as regular formal meetings with the management team, all managers were readily approachable to discuss any aspects of people's care and support.

Staff training was overseen by the management team and discussed in staff supervision meetings. Staff we spoke with said they enjoyed opportunities to complete training and they felt they were encouraged to learn and develop in their roles. Staff were very clear about their roles and responsibilities. They told us this was explained at induction and throughout their probationary period. Records were clearly in place to illustrate spot checks and supervision for staff, including more regular supervision for new starters.

We spoke with the nominated individual who told us staff had a 12 week induction during which they received weekly supervisions. Staff training was a combination of e-learning and face to face sessions. We saw evidence in the training room of training materials from courses delivered, such as medication matters, dementia and dignity in care, moving and handling and basic life support. Spot checks were carried out to check on staff competencies in their work. Staff we spoke with confirmed the management team checked on their practice unannounced and they understood this was to ensure they delivered a high standard of care. When staff undertook training they had a knowledge check to ensure they had understood what was learned.

We saw staff training certificates on their files and there was clear evidence of regular training and refresher training for staff. The nominated individual told us staff had the necessary skills and training to meet people's individual needs and there was a set of mandatory training for all staff to complete. Where people had specific identified needs, such as sensory impairment, epilepsy or autism, the provider was not able to evidence as robustly, the specific training staff had undertaken. They assured us this was an area they were intending to address. We recommended the provider addresses this to ensure training of staff is robustly evidenced in relation to individual specific needs. Staff we spoke with told us they were committed to being 'dementia friends' and we saw evidence staff had completed this awareness training.

Staff told us they worked well together and there was very effective teamwork. Staff said they supported one another and this helped them to meet people's needs. Staff told us they had sufficient notice of their duty rotas to be able to achieve an effective work-life balance. Staff told us there was an effective on call rota where the management team could be called for advice and support outside the office hours.

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.

Staff had completed MCA training and staff told us they always asked for people's consent when providing care for them. Staff we spoke with had a good understanding of people's rights and the legislation around people's mental capacity. People's care records evidenced their mental capacity had been considered and assessed, where appropriate. One relative told us, "The staff always ask my [family member] what they would like support with, they never assume. They tell [them] every move they make."

Staff we spoke with said they were mindful of people's nutritional needs and made observations at each visit to ensure people had enough to eat and drink. Staff told us they understood when to refer to other professionals should people need additional healthcare support.

Is the service caring?

Our findings

Staff spoke with compassion, warmth and empathy for the people they supported. Staff spoke with us about the care they provided for people, as well as showing insight into the more holistic needs of people. For example, staff acknowledged the emotional and social benefit to people of care staff calling to support with personal care tasks. One member of staff said, "We might be the only visitor a person gets so it's important we make it a good experience."

People told us staff were kind and caring. One person said, "I have nothing but admiration for staff. They go over and above what I would expect from a carer and nothing is too much trouble." Another person said, "They very much care about me and I feel I am important to them." One relative said, "They do a super job, they are all lovely girls and they do this job because they genuinely care for people."

Staff told us they gave people the same care and respect as though they were their own family members and they felt the care people received was good enough for their own family. Staff told us they felt they made a real difference in people's lives through the quality of the service provided. Staff we spoke with said the best part of their work was 'the people' and they were easily able to describe in detail some of the people they supported. Staff smiled as they spoke about the people they cared for and they told us some of the anecdotes from their visits.

People's dignity and privacy were respected and our discussions with staff showed they understood people's rights. One member of staff told us, "I always think to myself, if that were my [relative] how would I want them to be cared for." People we spoke with and their relatives said staff were always polite, courteous and respectful. One person told us, "They always treat me with respect and that matters to me." One relative we spoke with said, "The staff treat my [family member] with the utmost dignity and respect."

The nominated individual told us dignity in care was a large priority for the service provision and they said staff were expected to sign up for 'dignity champion' as soon as they began their career with Bluebird Care. Staff we spoke with understood how to promote people's dignity and they gave us examples of when they did so.

Care records contained individual information about each person and the diversity of their needs. Staff were inclusive in their approach to meeting individual needs and acknowledged people's rights and preferences. The service had systems in place to ensure people's personal information remained confidential. Care records were securely maintained so they could only be accessed by staff and people who needed to see them.

Is the service responsive?

Our findings

There was clear and detailed assessment of each individual's needs and staff involved each person in all discussions and planning of their care and support. Care records were electronic and in paper format and clearly presented with information about each person's risks, abilities and preferences for support with care, as well as religious and cultural beliefs. We saw detailed instructions for people's personal support to guide staff as well as regular reviews of people's care.

The registered manager told us they ensured all the information was up to date and accurate. Staff told us they read people's care records to help them understand what people's risks were and how they preferred to be cared for.

We saw staff 'pen pictures', a one page profile with a photograph of the staff members, their aspirations and key strengths. These provided information and assurance to each person about the staff deployed to work with them and meet their needs.

Staff recorded care interventions on an electronic system, which raised an alert to the management team if care was not delivered. The nominated individual told us they offered a minimum call time of 30 minutes as they said this was required to deliver quality care responsive to people's needs. They told us staff travel time was factored in to the allocated deployment so staff had sufficient time to travel between calls and so people's care was not compromised. People we spoke with confirmed staff were reliably on time and they always took their time to deliver the right level of care. Staff we spoke with told us they felt they were able to deliver individual care without people feeling rushed. One member of staff told us, "If we were running late we would always make sure the customer is phoned, but we are usually on time unless there's a good reason."

The service was considering ways of how they could support people with specific communication needs in order to make their care plans and other information more accessible to all. Newsletters and surveys were sent to people and their relatives to provide and seek information and feedback. The nominated individual told us people's views were very important to ensure the service was as responsive to need as it could be. The management team and staff acknowledged people's needs were not just about support for physical care and they were aware to consider their needs for company and engagement in social aspects within the community. The nominated individual said they aimed to ensure the same care staff attended people's calls in order to provide consistency of care. People we spoke with said they usually saw the same care staff.

We saw where complaints had been received these were responded to thoroughly and with openness and transparency. People and relatives told us they were happy with the service and did not wish to complain, although they knew how to do so if necessary. One person said, "I've nothing to complain about whatsoever" and another person said, "If I had any complaints, which I don't, I know they would be dealt with straight away." One relative said all staff and the management team were approachable to raise any matters. They told us, "Whenever I've had even a minor niggle it's been sorted as soon as I've said anything." Another relative said, "Well I'd be the first to complain, but the service is excellent. I couldn't have managed

without them."

Is the service well-led?

Our findings

At the last inspection we rated this key question requires improvement because the auditing systems in place had not picked up on the weakness in the recruitment of staff. At this inspection we found issues from the last inspection had been addressed and the management team was working proactively to ensure continuous improvement of the service.

There was a registered manager in post who had registered with CQC since the last inspection. They had worked with the nominated individual to address the priorities from the last inspection and drive improvement throughout the service. The service was well run and the registered manager was aware of the strengths and areas to improve. The provider information return sent to CQC which was a realistic reflection of the service and what we found at this inspection.

The nominated individual and registered manager were very enthusiastic about the service and committed to ensuring people received high quality care. The nominated individual told us they had worked hard to address the issues from the last inspection and had recruited a competent registered manager to lead the staff team, which was key to driving improvements. There were clear lines of accountability and staff knew their roles and responsibilities.

The management team was proactive in demonstrating throughout the inspection how well the service was run and they were very well organised with making arrangements for staff to speak with us whilst ensuring the service was running without disruption to people's calls.

People, staff and relatives told us the service was very well run. One person said, "This is the third company I've had and it's by far the best." Another person said, "The management is really good, communication is excellent. There's always someone available in the office for me to talk to if I need to."

Staff were very complimentary about the way the service was run and said they felt there had been improvements since the last inspection. Staff we spoke with said the registered manager was very approachable and there was plenty of support for them to be able to do their work well and achieve a good work life balance. Staff told us the management team gave them confidence in their abilities and they felt highly valued.

There was ethos of ensuring open and transparent communication and teamwork in the service. The nominated individual was committed to working closely with partners in the community and supporting charitable fundraising. We saw the service had been involved with a 'Squares for Care' project, creating patchwork quilts with community groups for people living with dementia. Staff we spoke with said they enjoyed being involved in community and charity work associated with Bluebird Care. We looked at a 'celebration book' which depicted the values of Bluebird Care in a range of ways. The provider gave examples of engaging with external partners, such as a dementia action group.

Staff told us they felt valued by the management team and there was a very positive culture in the service.

Staff felt included in the way in which the service was run and the nominated individual told us they encouraged staff to own their work and be involved in any service improvements, welcoming any staff suggestions for this. Staff told us there had been improvements in the way the service was run and they gave praise for the new registered manager and in particular, the communication between the management team and staff. One member of staff said, "We are not just a number, and neither are the customers."

The nominated individual told us there were recognition schemes in place for staff, such as 'Gem of the month'. One member of staff told us they had been awarded Gem of the month and it had made them feel uplifted. Staff told us the management team were very supportive and helped them achieve a good balance between their personal life and their work responsibilities. We saw staff 'pen pictures', a one page profile with a photograph of the staff members, their aspirations and key strengths. This showed staff were recognised and valued as individuals.

Audits of the service provision were robust and the registered manager had a clear oversight of the quality of the provision. The nominated individual worked closely with the registered manager and empowered them to lead with autonomy, supporting their ideas. Audits were clear with defined responsibilities and actions for improvement. Accidents and incidents were recorded and monitored to identify where lessons could be learned.

Records to show how the service was run were well organised and up to date. We saw a legal grid which listed all documents the service had checked, such as staff MOT and insurance certificates. Policies and procedures were in place and the management team kept up to date with any amendments as necessary. These were available for staff to see in the office or on an 'app' on their phones.

The management team worked proactively to engage and involve other stakeholders involved in people's care and support. They maintained their knowledge of new legislation through keeping up to date with important matters such as general data protection regulations (GDPR) and NICE guidelines.

The registered manager was aware of their obligation to submit notifications to CQC in accordance with the Health and Social Care Act 2008.