

Inspiring Generations Ltd

Bluebird Care (Wakefield)

Inspection report

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17 August 2017
21 August 2017

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 16, 17 and 21 August 2017 and was announced. At the last inspection in April 2015 we found the provider was meeting the regulations we looked at; the service was rated as good.

Bluebird Care (Wakefield) is registered to provide personal care to people in their own home. At the time of the inspection 42 people were using the service. The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe and the care provided was good. They were complimentary about the care workers and management team. However, the registered provider did not always do everything they should to keep people safe because robust recruitment checks were not always carried out before employing workers. Medicines were usually managed safely; additional checks were being introduced to make sure any errors on the medication administration records were identified.

People made decisions about their care and support. Care plans contained information about what was important to the person and how care should be delivered. Risk was assessed and managed. Assessments were detailed and showed each area had been considered and where risk was identified measures were in place to remove or reduce risk. An electronic system was used which ensured staff had up to date information. The management team used the system to make sure the staffing arrangements were meeting people's assessed needs.

Staff understood their responsibilities under safeguarding people from abuse procedures and were confident the management team would act swiftly and deal with any issues appropriately. Staff said they were supported in their role and the provider sent us records after the visit to the office which confirmed this.

People who used the service, relatives and staff said they would recommend the service to others. Everyone had opportunity to share their views about the service. People said they would feel comfortable raising any concerns or complaints. Staff told us the registered manager led the service well and the management team worked alongside staff and were accessible. The registered manager and provider had developed and continued to further develop effective partnership working.

The provider had effective systems in place to monitor most areas of the service; however, issues around recruitment had not been picked up through the auditing processes.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. This related to recruitment of workers. You can see the action we have told the provider to take at the end of this

report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

The provider was not carrying out appropriate checks before staff were employed.

Medicines were usually managed safely; additional checks were being introduced to make sure any errors on the medication administration records were identified.

Risk associated with people's care was identified and managed. Staff understood how to keep people safe.

Is the service effective?

Good ●

The service was effective.

People told us staff who cared for them were competent. Staff said they were supported in their role and the provider sent us records after the visit to the office which confirmed this.

Effective systems were in place to promote choice and assist people to make decisions when they needed help.

When required people received appropriate support to make sure their nutritional and health needs were met.

Is the service caring?

Good ●

The service was caring.

People were complimentary about the care workers. Staff's caring and committed approach was a key strength of the service.

Staff told us the service provided a good standard of care to people.

Care plans contained good information about what was important to people, which ensured staff understood people's needs and preferences.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care.

People's care and support needs were assessed and plans identified how care should be delivered.

Concerns and complaints were thoroughly investigated and resolved where possible to the person's satisfaction.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The provider had effective systems in place to monitor most areas of the service; however, issues around recruitment had not been picked up through the auditing processes.

People's feedback was positive about the way the service was managed. Staff we spoke with told us the registered manager led the service well.

People were given opportunity to share their views about the service.

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we reviewed all the information we held about the service including statutory notifications, and contacted the local authority, Healthwatch, the local safeguarding authority and the local clinical commissioning group. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider had completed a Provider Information Return (PIR) in September 2016. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We asked the provider for an update at the inspection.

An adult social care inspector and an expert-by-experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection took place on 16, 17 and 21 August 2017 and was announced. We telephoned the service and gave them notice on Monday 14 August 2017 because we needed to make sure someone was at the office.

During the inspection we spoke with, on the telephone, two people who used the service, ten relatives and six members of staff. When we visited the office we spoke with four staff and the registered manager. We looked at documents and records that related to care and support and the management of the service. The nominated individual, who has operational involvement with the business, was on leave at the time of the inspection; they contacted us after the visit and provided additional information. They also explained the service was short staffed in relation to office staff during the inspection, which included the administrator who was on short notice leave. A nominated individual has responsibility for supervising the management of the regulated activity.

Is the service safe?

Our findings

Staff told us pre-employment checks had been carried out before they started work which included attending an interview. However, when we looked at three files for staff who had been recruited in July 2017 we found robust recruitment procedures were not followed. Proof of identity checks had been completed for each candidate.

The provider's recruitment policy and procedure stated candidates should provide an employment history and a form should be completed for checking employment continuity and flag up matters for further investigation. In each of the three files we reviewed we saw a full employment history was not provided. One member of staff only provided two years employment but it was evident they had worked for more than two years. Another member of staff had not included all their previous employment.

The provider's policy and procedure stated in no circumstances must they proceed unless a Disclosure and Barring Service (DBS) is satisfactory. At the visit to the provider's office the management team were unable to confirm that satisfactory DBS checks were carried out for two staff who had been recently appointed. The nominated individual contacted us after the visit and explained both members of staff had a satisfactory DBS first check which confirmed care workers could start work, as long as they were supervised.

Safe recruitment practices must include satisfactory evidence of conduct in previous employment. The provider's policy and procedure stated in no circumstances must they proceed unless at least two references had been received including one from the last employer. In each of the three files we reviewed we saw they had not received the required references. In each file there was a reference from a previous employer but none had references from the last employer. Two files had a character reference from a friend which the registered manager acknowledged were not appropriate referees.

We concluded the provider was not operating a robust recruitment procedure. This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed.

The registered manager acknowledged there were gaps in the recruitment process and by the end of the inspection they had begun to take action to address the shortfalls we identified at the inspection.

We asked people who used the service and their relatives if they felt safe; everyone told us they did. Comments included; "Yes we are very pleased with them" and "Yes I am sure she is safe with them. I am here so I would know if not". Several commented that staff made sure the premises were secure before they left.

Staff told us they had received safeguarding training and were familiar with safeguarding procedures. They were confident if any concerns were reported to the management team these would be acted on promptly. We saw they had recently discussed safeguarding at a team meeting and everyone was given a safeguarding booklet. Staff had a safeguarding app installed on their work phones. One member of staff said, "We have the app which has the safeguarding adults guide. It covers things like what is abuse."

Before the inspection we reviewed notifications that were submitted by the provider to CQC. These showed any safeguarding concerns had been reported to the local safeguarding authority and dealt with appropriately. The registered manager told us there were no open safeguarding cases at the time of the inspection.

Staff told us the management team promoted safety and ensured staff worked in a safe environment. The provider had introduced an electronic care recording system which included individual and environmental risk assessments. We saw where risks were identified there was guidance around how these should be managed. Records showed what equipment was required to keep people safe.

People told us staff usually arrived on time and the same care workers usually visited. Comments included; "They are a bit late on odd occasions but the times suit [name of person] fine. They have never let her down", "They arrive on time and don't rush at all", "Usually they are on time. If they are going to be late they let me know. They are never rushed. They missed a call in the past which was a concern but they responded appropriately", "Yes they arrive on time and do everything we need", "We have the same one usually. They cover holidays ok", "They seem to have had a high turnover of staff. Although we seem to have settled with the same four now" and "We have the same ones most of the time". One person told us staff could sometimes arrive up to an hour early at lunchtime. We asked the registered manager to respond to these comments; they told us they checked their records and no concerns had been raised. They said the lunch visits were consistent and met people's requests.

Staff told us the visit arrangements worked well. They said they had adequate travel time in between calls and never had to rush when they were providing care. The provider had introduced an electronic system where staff logged their arrival and leaving times; the management team used the system to make sure the staffing arrangements were meeting people's assessed needs.

People had detailed care plans that identified the support they required with their medicines. We saw in one person's care plan there was guidance around applying topical creams; instructions were specific and identified the cream should be applied sparingly and to which parts of the body. In another person's care plan there was clear guidance around making sure medicine was administered before the person got out of bed.

People had electronic medication administration records (EMARs). We saw these were generally well completed. The electronic system enabled the provider to effectively audit the administration of medication and manage any issues that may arise through error by care workers or external agencies. When a task was missed or not completed an alert was raised. For example, a member of staff had accidentally clicked on the incorrect box; the management team had picked this up and taken action to correct the EMAR. The provider also reviewed medication issues at handover meetings, weekly risk meetings and from monthly monitoring reports. The provider sent us a report from July 2017 that showed where medication alerts were raised an investigation was carried out to establish if there were any patterns or trends. We saw they had also taken remedial action.

We found errors with two people's EMARs which had not been picked up by the provider. One person had been in hospital; staff had not used the correct recording code so the EMAR did not reflect the reason medicine was not given. We also saw another person's medicines had not been administered; the reason was not recorded. After the inspection the provider wrote to us and said from September 2017 they would be introducing an additional audit where they would sample a minimum of people who are supported with medication; they explained this was being implemented as part of the transition project to new policies and procedures.

Staff we spoke with said they had received medicine training. Records we reviewed when we visited the provider's office and other records that were sent to us after the visit confirmed training and competency assessments had been completed.

Is the service effective?

Our findings

People told us the staff were competent. Comments included, "Yes we think they are well trained", "We have no problems with the staff", "I can't fault the carers. They are very good", "Some are better than others". One person said, "The staff are well trained but some seem to lack common sense. They don't make the bed properly and don't wipe round the basin when they have finished."

Information that was relevant to staff roles and responsibilities was displayed in the office. This included moving and handling, basic life support, medication, dementia and dignity in care. Staff we spoke with said they used the training room and were familiar with the information displayed.

Staff told us they felt well supported by the management team and colleagues. They said they met with their supervisor where they had opportunity to talk on a one to one basis about their role and received feedback about their performance. They said they received regular updates via email which helped ensure they had up to date information. We saw recent updates had included driving safely, security and equality and human rights. In May 2017 staff had received training around 'financial scams'; this was provided by Trading Standards.

When we visited the provider's office we could not establish what training and supervision some staff had completed because the management team could not find some of the recent training and supervision records. Individual staff files did not always contain relevant information and a training overview was not available. Attendance sheets when staff received training were not always filled in. After the inspection the provider sent us records which confirmed staff were appropriately supervised and trained. We saw from the information provided staff training included safeguarding, moving and handling, basic life support, infection control and food safety.

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.

We saw from meeting minutes, staff had discussed MCA at a team meeting, which include the principles of mental capacity, best interest decisions and least restrictive options. Several staff told us they also had an app on their mobile phone which provided information about safeguarding and MCA. One member of staff said, "I'm looking at it now as we chat on the phone and can see the five principles that underpin the MCA."

People's care records showed the principles of MCA were being followed and people had consented to care and support. Care plans contained information about promoting choice and supporting people to make decisions. Where people did not have the capacity to make decisions about different aspects of their care and support this was assessed and recorded. We saw there was a clear record when other individuals had been appointed to help people make decisions or to make decisions on their behalf. These are called a

lasting power of attorney (LPA).

People told us where they received appropriate support where they required assistance with nutrition and fluids. One relative said, "[Name of person] does not eat well so carers try hard to encourage her to eat. I cook meals and they warm them up. They do make sure she has a drink before they leave." Another relative said, "Yes they will get whatever [name of person] fancies for lunch and they leave drinks as well."

We saw people's care plans covered the assistance they required with meals and drinks, and their medical history. For example, one person's nutritional care plan had clear guidance around staff preparing breakfast. Staff told us before they left their visit they made sure people had access to food and drink.

Is the service caring?

Our findings

People we spoke to said they were treated with kindness and compassion. They said care workers were polite and pleasant. Comments included, "They are the best carers", "the staff are very helpful and go out of their way to help", "Definitely. They are lovely girls, one in particular" and "They are all very kind and caring people. I do feel they listen to us". People also said their dignity and privacy was respected. Comments included, "Very respectful, all of them", "Very much so, yes" and "Most of them are very respectful. I wish some would speak slower to [name of person] though, so she can understand them". People said care workers did not rush when they were providing personal care.

We looked at people's care plans. These were person centred and contained information about what was important to the person. Each person had information about 'what you need to know and do to respect my lifestyle choices' and included religious and cultural preferences, how I like to live my life, and family and important relationships.

Staff we spoke with said the service was very caring and good standards of care were promoted. One member of staff said, "They choose the right staff so everyone who works here is on the same lines." Another member of staff said, "People are happy with the care and that's important."

Staff told us they had received training around how to deliver good care and often spoke about this in team meetings and during supervisions. In April 2017 staff received an update reminding them that people must be treated with fairness and respect and dignity at all times. The update included the protected characteristics covered by the Equality Act, for example, race, religion and age. We saw staff had recently discussed equality and diversity at a team meeting in May 2017.

We saw information displayed in the office which showed the service focused on good care principles. Staff were dignity champions and had signed up to the 'social care commitment' which is a promise made by people who work in social care to give the best care and support they can. Bluebird Care Wakefield had worked in partnership with other organisations to create 'squares for care'. These are textured fabric quilts that provide sensory stimulation to people with dementia.

Is the service responsive?

Our findings

People told us the care provided by Bluebird Care (Wakefield) was person centred care. They said they had a care plan and the care delivered met their needs and preferences. One person said, "My care plan has been reviewed recently." A relative said, "We are involved in the care plan. We recently had a meeting and we all said what we wanted from the carers." Another relative said, "They came and we had a long discussion about [name of person]'s needs."

The care plans we reviewed contained good information about tasks to complete at each visit, and how staff should deliver care. We saw specialist equipment was clearly identified such as walking aids and pendant alarms. Guidance for staff was specific which helped ensure care was personalised. For example, one person's care plan stated staff must not overfill the milk jug and outlined when they person should have privacy in the bathroom. Visit notes completed at each visit were detailed and confirmed the care outlined in the plan had been delivered.

Staff told us the care planning system worked well and they used care plans to make sure they were providing appropriate care to people. The electronic system provided a summary of key tasks that had to be completed at each visit. Staff accessed these through their telephones when they arrived and then recorded tasks as completed when they finished. Any tasks that were not completed would trigger an alert to the management team. One member of staff said, "The information is there at your fingertips. It's a good way of working." Another person said, "It's a good system. You find out what to do on the call what equipment to use and you also find out about the person."

People we spoke with said they would feel comfortable raising any concerns or complaints and knew who to speak with if they wanted to contact the agency. One person said, "Yes we do know how to complain. The communication is very good." Another person said "They always investigate any complaints and get back to us."

People gave us examples where concerns raised had been dealt with to their satisfaction. A relative said, "We had a problem with medication and the director themselves rang me to sort it out. They came to my house. I am very satisfied." Another person told us they had raised a concern which was "handled well" and the service had "apologised". One person told us a concern was being dealt with at the time of the inspection.

A record of concern was completed each time an issue, minor or serious was raised. We reviewed these and saw very detailed reports with supporting evidence that demonstrated thorough investigations were carried out and action was taken to resolve issues. Although we saw these were very detailed it was difficult to establish which concerns were raised and investigated as a formal complaint because there was no formal system to differentiate the type of complaint/concern. We saw some concerns were raised by customers and other concerns were raised by staff, sometimes around the health and welfare of people who used the service. The registered manager said they were unsure how many formal complaints had been received and would introduce a system that separated the different type of issues.

Is the service well-led?

Our findings

The service had a registered manager. They were supported by a management team which included a field care supervisor, care co-ordinator, support care co-ordinator and administrator. They all dealt with day to day issues and had clear roles and responsibilities. The registered manager oversaw the overall management of the service. The nominated individual who is the director of the organisation visited the office regularly and supervised the overall management of the service.

The registered manager explained the structure of the management team and said they had identified the field care supervisor was covering a large role. To address this they were recruiting additional supervisory staff.

People we spoke with said they would recommend the service to others. People were complimentary about the management team and told us the service was generally well led. Comments included, "I know the manager and she will help me as much as possible", "If we have any concerns [name of registered manager] is very helpful", "We have little niggles but on the whole it is good", "We have no complaints", "I do think it is well managed. Any problems are sorted out straight away". An agency told us, "I find them to be a very responsive, professional service. They are very much a caring organisation with clients, their families, staff and the wider community. It is a pleasure to work with this provider."

Staff we spoke with told us communication from the management team was good. They said the registered manager led the service well, and the management team worked alongside staff and were accessible. One member of staff said, "I've worked with [name of registered manager]; she often provides care." Another member of staff said, "There is a fantastic on call system. They are always there as a back-up." Staff said team meetings and regular supervisions were held. We reviewed team meeting minutes and saw topics around the electronic care records, safeguarding, equality and diversity, rotas and the compliance management system had been discussed.

At the time of the inspection the provider was introducing new policies and procedures. Clear plans were in place to make sure these were rolled out gradually and communicated to staff so they understood how they were relevant to their role and responsibilities. After the inspection visit the management team sent us information and guidance they had to support staff. For example, career development and how staff can progress with the provider. One member of staff told us they had been supported and progressed with the organisation. Another member of staff said, "They use experienced staff to help others learn. It works really well. And you feel valued."

The provider and management team carried out a range of audits and checks to help make sure people were receiving a safe, quality service. The electronic care recording system enabled the management team to monitor service delivery. We saw this was effective. For example, care notes and care workers attendance was checked; any issues were identified and actioned. Additional audits were also completed by the management team. For example, in June 2017 an audit of care worker reviews and appraisals was completed; this showed only one member of staff had not received an appraisal. In July 2017 an audit of

'staff compliance support' was completed and included 'shadow', '12 week feedback' and 'medication spot check'. This showed the majority of staff had completed these; six out of 27 staff were recorded as 'on-going' in relation to 12 week feedback. Areas of improvement were identified, followed up and recorded.

The registered manager and nominated individual shared with us clear information about the vision for the service and the focus on delivering high quality care. The registered manager provided examples of networking and effective partnership working. A meeting with the fire service was being held which was part of a project to help keep people in the community safe. The registered manager had an action plan which identified objectives and key actions. We saw this linked to national guidance for example, National Institute for Health and Care Excellence (NICE) guidance who provides recommendations for good practice. It also identified how partnership working could be further developed.

Although we found the provider had some effective systems in place to assess and monitor the quality and safety of the service. Recruitment processes were not robust. The management team were unable to locate some recent staff training and supervision information when we visited the provider's office. After the visit information confirming appropriate training and support was sent to us. The provider told us they had already started taking action to ensure information was much more accessible. The nominated individual told us the administrator would have located the information at the time of the inspection but was on short notice leave.

People who used the service told us they had opportunity to share their views. They told us they contacted the office and members of the management team visited. The provider shared with us results from a survey carried out between April and July 2016. This showed 31 people had responded and feedback had been positive; 96% said they were satisfied with the service and care workers treated them with respect and politeness; 82% said care workers arrived on time; 93% said tasks were carried out properly and professionally. Only 44% said they were informed if there was a change in their care worker. The provider had identified that continuity with care workers was an area to develop. The registered manager told us another survey was being carried out; questionnaires were issued on 12 August 2017.

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	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider's recruitment procedure was not operated effectively