

Blue Yorkshire Limited

# Bluebird Care (Harrogate)

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 9 June 2016. The provider was given 48 hours' notice because the Bluebird Care (Harrogate) provides a domiciliary care service and we needed to be sure that someone would be available when we visited.

At our last inspection on 12 February 2015 the provider was meeting all the regulations that were assessed. Although some further improvements were required the provider had made improvements in relation to the care and welfare of people, staff recruitment and training, record keeping and quality assurance.

Bluebird Care (Harrogate) is registered to provide care and support to people who live in their own homes. At the time of our inspection, there were 38 people receiving a service.

There was a new manager in post who was required to submit an application to the Care Quality Commission (CQC) to be the registered manager. A registered manager is a person who has registered with the CQC 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.

Staff reported the manager was supportive and they had attended recent staff meetings, training and supervision sessions with them. We could see the new manager had introduced management systems and regular contact with people using the service, to check they were satisfied with their care packages. However, these had yet to be fully established for the service to be able to demonstrate continuous development.

We received conflicting information from staff about the quality of training. Some staff told us they would like more training while others commended the level of training they received. A new training programme was being developed to provide staff with the knowledge and skills to support people effectively. Staff had undertaken training on a range of topics in June 2016. This included awareness training to enhance their knowledge and understanding of their roles and responsibilities under the Mental Capacity Act (MCA) 2005.

People were positive about the care staff and said they received consistent support from caring and kind staff. When we spoke with staff they understood the importance of people being supported to make decisions for themselves. Staff liaised with healthcare professionals at the appropriate time to help monitor and maintain people's health and wellbeing.

Although there had not been any safeguarding issues the staff understood their responsibility with regard to safeguarding and said they would raise any concerns with managers. Recruitment checks were in place for the safe recruitment of new staff. These checks were undertaken to make sure staff were suitable to work with people who used the service.

There were systems in place for assisting people to take their medicines and the manager had put in place a system of audits to monitor medicines administration.

People were consulted about their health and care needs before a service was provided. This meant that people were involved in planning the care and support they wished to receive. Care plans were sufficiently detailed to provide information for staff on how to carry out individual care and support for people. Care plans and daily records were maintained on a mobile system and we saw that staff were confident in the use of this system. When people were identified as being at risk, their care plans showed the actions required to manage these risks. We saw that records were updated when people's care and support needs had changed. This meant staff had up to date information to deliver consistent care and support. People told us how their service was effective in meeting their needs.

Appropriate systems had been introduced to be able to gather feedback from people using the service via questionnaires and we saw the provider acted upon the results of this feedback.

People we spoke with said they had not needed to raise a complaint. However, they felt confident that the provider would act upon any concerns raised with them. In their written feedback to us people said that when they raised concerns these had been addressed appropriately.

## 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. The provider had a recruitment policy and the new manager was using this in practice to safely recruit staff.

Staff we spoke with knew about the policies and procedures in place. People who used the service and their relatives reported improvements in staff continuity and support.

Care workers received safeguarding training in the induction period and updated training.

There was a medicines policy in place and the manager had an audit system in place to ensure that medicines were administered consistently and safely.

### Is the service effective?

Good 

The service was effective.

Records showed staff had received updated training and supervision in June 2016 to provide them with the skills and knowledge to carry out their roles effectively.

People who used the service were supported to make decisions and to give their consent. The registered provider was aware of the importance of legislation to support this process.

Staff liaised with healthcare professionals at the appropriate time to monitor and maintain people's health and wellbeing.

People's health needs were monitored and the service sought advice and up to date information from relevant healthcare professionals.

### Is the service caring?

Good 

The service was caring.

Staff were enthusiastic and spoke positively about the people they supported. They were provided with sufficient information about people's needs, preferences and personal histories to

enable them meet people's care needs effectively.

People who used the service reported staff consistency was improving and they valued the care and support offered to them.

People told us they were treated with respect and dignity.

### **Is the service responsive?**

**Good** ●

The service was responsive.

A mobile electronic system was used to update people's records and we saw staff were using this system with confidence.

There was an effective complaints procedure in place and people's complaints were dealt with promptly. People using the service were given opportunities to provide feedback on the service.

### **Is the service well-led?**

**Requires Improvement** ●

The service was not consistently well led.

Since the previous inspection a new manager had been appointed. The manager was required to register with CQC.

The manager had put new management systems in place to review and audit the service. However, these were not sufficiently established to demonstrate their effectiveness and consistency.

Staff spoke positively about the manager and said they were helpful and supportive.

# Bluebird Care (Harrogate)

## 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.

This inspection took place on 9 June 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the location offices when we visited. The inspection was carried out by one adult social care inspector.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed. The PIR 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 sent surveys to people who used the service, relatives, staff and health and community professionals to feedback on their experience of the service. We reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the registered provider had informed us of. A notification is information about important events which the registered provider is required to send us by law.

During our inspection, we spoke with the provider, the new manager, and four members of staff. We spoke with five people who used the service and two relatives by telephone to seek the views and experiences of people using the service. We reviewed the records for three people who used the service and staff recruitment and training files for three staff. We checked records relating to the management of the service including staff rotas, staff meeting minutes, quality assurance visits, annual surveys, the staff handbook and the Statement of Purpose. We also looked at a sample of policies and procedures.

# Is the service safe?

## Our findings

People who use the service reported that they felt safe and were supported by a consistent staff team. One person said, "I'm always introduced to new staff," and another person said, "New staff always shadow more experienced staff before they work alone."

At the last inspection in February 2015 the provider informed us that arrangements were in place to provide staff with updated training including safeguarding training. At this inspection we saw all staff had undertaken training on safeguarding in June 2016. Records confirmed the date the training was undertaken and the date of renewal. In addition, the manager told us that safeguarding would be discussed with staff during spot checks, at supervision and in staff meetings. We discussed keeping a record of these discussions so that individual training needs could be identified more easily. The service had a safeguarding adults and children's policy with associated procedures which were available for staff to refer to. It contained all the information and details of who to contact in the event of an allegation of abuse.

Staff confirmed they had received safeguarding training and were able to tell us what they would do if they had concerns. They told us they would speak with a manager straightaway if they had any concerns. The manager told us that they had not dealt with any safeguarding issues since they started work at the agency three months ago. However, they said they knew to make referrals to the local authority safeguarding team in these situations.

We saw risk assessments had been completed to minimise the risk of harm to people who used the service and staff. We saw health and safety checks and risk assessments for the environment, for example with regard to access to the property and trip hazards. We also saw individual risk assessments on daily activities and personal care undertaken with people. For example, for specific medical conditions, medication and moving and transferring.

We saw risk assessments had been reviewed and amendments made when people's needs had changed. For example we saw where someone's needs had changed that they now required specific staff to support them with their care. One care worker who did not drive told us the rota was organised in such a way to ensure they were not left to walk home alone at night. This demonstrated the provider had given consideration to areas of risk and had responded appropriately to keep people who used the service and the staff safe. The provider told us they had policy and procedures in place to report any accidents or incidents. Any reports would be analysed and action taken, however we were told none had taken place since we last inspected.

We asked the manager about staffing levels. They told us about the new members of staff they had recruited and felt confident that they met their contractual arrangements with people who used the service. The manager told us recruitment was an ongoing process. They told us that as they made new appointments they planned to change the way staff were allocated work to ensure people had a consistent staff team. One community professional said "There is a shortage of workers but they know how important it is for children to have a familiar face and they wouldn't send a member of staff that did not know the family or child." This

was confirmed in feedback received from family members of children who received a service.

Improvements had been made to the call monitoring system which we saw at the last inspection. This was used to evaluate continuity of care, call time accuracy and length of calls. Staff told us that call timings were monitored and people were contacted and advised of calls moved by more than 15 minutes. People we spoke with confirmed that staff were usually on time but staff contacted them if they were going to be late. One person said, "It is usually when a big event is on like the Yorkshire Show this week; everyone is running late but they will ring and let me know." The provider told us the call data was discussed in the managers meetings, which were held each week. This illustrated that staffing levels and travelling times were being kept under review and action was being taken to improve the service.

Staff told us that there were very few missed calls but some calls were unavoidably delayed owing to staff shortages and traffic problems at specific times. One staff said, "Staffing is a problem everywhere but we are doing the best we can and I think people appreciate that." People we spoke with told us this aspect of the service had continued to improve and they felt that staffing was increasingly consistent and reliable. One person said, "I know there have been problems but I have always found them quite reliable."

We looked at the recruitment records for three members of staff and discussed the recruitment processes with the manager. We saw the service had procedures in place for the safer recruitment of staff and saw evidence that the manager had followed these recruitment processes in the staff files we reviewed. New staff had completed an application form with a detailed employment record and references had been sought. Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff starting work. DBS check people's criminal record and also check to see if they have been placed on a list of people who are barred from working with children or adults who need care and support.

There was a medicines policy in place. The manager confirmed the service was not responsible for ordering or storing medicines. However, staff may support people to take their medicines when they visited. The manager was in the process of introducing new management monitoring systems including medicine audits. They told us that the medicine administration records (MAR) would be audited on a monthly basis to make sure they were up to date and care workers were administering medicines consistently and safely.



## Is the service effective?

### Our findings

We had conflicting feedback from people who used the service. Some people told us that the office staff were hard to get hold of and they often had to leave a message on the answerphone. However, other people told us they thought they received a good service from a consistent staff team. One person told us, "I have every confidence, "and another person said, "I have a steady group who know what they are doing."

In their PIR the provider told us that care workers received appropriate training to meet people's care needs effectively. For example, for one child with diabetes both care workers who provided care and support had had received diabetes training. Similarly, staff who supported people living with dementia had dementia awareness training.

The manager told us that each member of staff had undertaken a range of training in the past few weeks before our visit. They explained that they had reviewed the training staff had undertaken. They were working with a new training provider to introduce the Care Certificate, which they said all staff would be required to undertake. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working. This demonstrated how care workers were supported to understand the principles of care. It assessed the skills, knowledge and behaviours that are required to provide safe, effective and compassionate care.

Records showed that staff had undertaken distance learning with assessment of a completed work book in June 2016 on a range of topics. Examples included first aid, moving and handling, food handling and hygiene, safeguarding and infection control. In addition, the manager said staff received training through eLearning, in staff meetings and face to face in spot checks and via supervision. We discussed the importance of recording this training with the manager in order to be able to demonstrate specific training needs for staff were identified. One member of staff told us they had received a good induction and had worked alongside a more senior member of staff until they felt confident enough to work alone. They said, "I was a bit anxious because it was my first care job but I got a lot of help and I didn't feel out of my depth at all."

When we looked at staff files we saw certificates to demonstrate staff had completed client specific training. Examples included child protection, paediatric first aid and autism. In their feedback some care workers said they would like more training but others told us they had received appropriate training relevant to their role. The staff we spoke with told us they were encouraged to undertake specific training such as the principles of working with individuals with learning disabilities, mental health and dementia awareness to enhance their learning.

The new manager told us they had completed a supervision session with each member of staff. They said the care co-ordinator also carried out a sample of spot checks and observed care practice each month. The care co-ordinator confirmed that because of recent changes recent spot checks had not always been carried out at the intervals they would like to aim for. The manager had plans in place to improve upon the frequency of staff supervision and we were told this would improve once the new management team were

established in post.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people over the age of 16 years old 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 make particular decisions, any made on their behalf must be in their best interests and least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

For people living in their own home, this would be authorised via an application to the Court of Protection. At our last inspection in February 2015 we recommended that the provider referred to best practice guidelines on how to comply with their responsibilities under the MCA.

When we visited the manager told us that they had reviewed staff training including training on the MCA. They stated the new training package included training on MCA to ensure all care staff had received up to date information and training on the Act. Staff we spoke with had a satisfactory understanding of involving people in decision making and acting in their best interests and we saw they had completed basic MCA training. People's care records showed that people's capacity to make decisions was considered and if able to, they had signed their care plans to indicate they were happy with their planned care.

Staff told us they monitored the food and drink intake of people who used the service if that was necessary. They wrote down everything people had to eat and drink during a visit and also noted any changes that may have impacted on the person's health and well-being in the daily records. The staff we spoke with said they also followed up any concerns with a telephone call to the office so that they could be confident any concerns were shared and acted upon.

Staff told us that any relevant information was shared with health and social care professionals working with the person. In the event of concerns around a person's health the information was recorded in the daily notes, managers were informed and referrals to health or social care professionals made. The staff we spoke with described the process they would follow and in addition said they would update the records for that person in accordance with any changes. They said this information was included in the person's electronic record and also in the daily record, which was kept in the person's home. They felt that this method was effective and kept everyone visiting the person informed and updated.

## Is the service caring?

### Our findings

The Statement of Purpose stated Bluebird Care (Harrogate) aimed 'to respect and treat customers in the way that we and our own relatives would expect and wish to be treated'. People told us they liked the staff and said that they were caring and kind. They said they were treated with politeness and respect.

Staff were animated when speaking about the people who they supported. Staff told us it was important to be sensitive to people's moods and how they felt on the day when they planned a session. They were able to tell us about people's likes and dislikes. For example, for one person a staff member said, "[Name] loves ice-cream so we always do that when we go out."

We asked staff whether they thought people were cared for well. They told us "We do this job because we care," and, "I try and take a friendly approach with everyone." One community professional said, "All the staff are lovely and [I believe] they have the clients' best interest at the forefront."

One staff member described their approach, "I try to join them [the people who use services] in their world. I try to be cheerful and always ask myself would I want this person to look after my gran or grandad?" They were able to provide clear examples and spoke with confidence about the different needs of people they cared for. Examples included always asking people what they preferred, ensuring that they weren't rushed, talking with people and giving people time to respond.

At our last inspection in February 2015 people stressed the importance of continuity when they assessed the quality of the care they received. This remained a factor at this inspection to some extent. However, people reported staff consistency was improving and this helped to raise their overall satisfaction with the service and the quality of the care they received. Staff we spoke with demonstrated they knew people's needs and preferences well. One member of staff said, "I spent the first week shadowing a more experienced member of staff so on the second week I knew the routine I needed to follow." They said this helped to "Generate trust," and was important for continuity. They told us they had access to people's care plans electronically and this meant that they had immediate access to the tasks they need to complete for each person. We saw that the record contained information about what was important for them. For example, for one person they had included a quote about their medical history and how it affected them.

Since their appointment the manager told us they had visited people to gather feedback on the support they received including staff attitude and care. The people we spoke with were aware that there was a new manager however no one could recall having met them. They confirmed that they had been consulted about their care package, the level of support required and how they wanted this support to be provided.

The manager showed us that the planned staff training included privacy and dignity together with equality, diversity and inclusion. Staff we spoke showed a good understanding of these aspects of care. When asked comments included, "I am a visitor in their home," and "I always check people are happy for me to provide personal care, I respect their wishes."

## Is the service responsive?

### Our findings

People confirmed they were given a service user guide before they started a service. This gave people information about what to expect and also explained the ethos of the service and how they aimed to provide quality care to people.

When we inspected in February 2015 we found care planning had improved. We recommended that the registered person developed a review system to ensure that people's needs and outcomes remain under review and continue to be met. At this inspection we identified that improvements had been sustained. Staff could access the care plans and daily records on the new mobile system. This system allowed them to check on the tasks they needed to complete and record their visit. The information could also be accessed by staff in the office, which meant that records were being constantly reviewed and updated in 'real time'. When we visited we saw new staff were using this system confidently. People's records were personalised to their needs. They included information about the person and contact numbers together with a summary of their care, communications and medical history.

The manager told us that prior to a service being offered they completed an assessment, which detailed what support people needed. Following this a detailed care plan had been written with the person using the service or their relative. People we spoke with said, "They consulted me regarding my care," and, "I would ring the office if anything needs changing."

Care plans included the approach care staff needed to take to ensure that people received consistent, safe care. They covered areas such as personal care needs, nutritional needs, and support with medicines. We saw care plans were personalised to the individual's needs and preferences. Staff we spoke with said a written record was also kept in people's homes so that the person had a record of their care.

When asked, one member of staff told us they used the care plans to ensure that the support they provided was up to date and appropriate to meet people's needs. However, they said when they visited they always checked with the person how they liked things to be done. They said this made sure that the care provided always met people's preferences and needs. Care workers we spoke with said that they had positive relationships with relatives, some of whom they spoke with on each visit.

Information about how to contact the agency was made available to people who used the service. People we spoke with said they had used this on occasion when visits to them were delayed. There was a mixed response as to the effectiveness of this with some people saying they had been unable to contact the office.

The service had a complaints procedure, which was included in the information pack given to people at the start of their care package. People told us they had not needed to make a complaint however they said they would contact the office if they had any issues to discuss. One person said, "I can't fault them."

The registered provider maintained a complaint log which detailed the action taken within the complaints procedures guidelines. We could see from the complaints that complainants had received a response within

timescales and those details and outcomes of investigations had been completed and complainants advised of this in writing. In their feedback one person reported that their concerns relating to certain care staff had been addressed promptly and they were resolved to the person's satisfaction.

People had been sent questionnaires in May 2016 to seek their views about the service and enable the service to evaluate their effectiveness. We saw that the provider had produced an analysis of the data and this showed people were satisfied with the service they received and that it met their needs. People were positive about the individual staff who supported them.

## Is the service well-led?

### Our findings

At our inspection in February 2015 we identified that improvements had been made to the management systems. We found that a quality improvement plan was used to measure and evaluate management systems on a monthly basis. Managers had a weekly meeting where they could discuss progress against the improvement plan. People using the service and their families had been asked for their feedback on the service and we identified action was being taken in response to the issues people had raised. This meant that arrangements were in place for the provider to be able to continuously improve service delivery.

At that time there was an acting manager who had been in post for several weeks. This person was subsequently registered with CQC to be the registered manager however they are no longer working at the service.

At this inspection there was a new manager in post. The manager told us they were aware they needed to apply to be registered as the manager with CQC and said they had begun the process to be registered. However, when we visited a valid application for registration had not been submitted to CQC even though the manager told us that they had been in the post for three months. The provider had not formally notified CQC of a new manager as they are required to do. Following our visit to the service the provider submitted a notification telling us of the change.

The manager had put in place a number of new management systems to monitor and audit the service. The manager told us that they aimed to stabilise and make effective the service's management and leadership and consider how best to support and value the staff delivering the service directly to people. However, these management systems were not yet fully embedded to enable us to make a judgement about the effectiveness and consistency of these.

The staff we spoke with told us managers were approachable and they said they felt well supported. Staff confirmed they attended supervision sessions and staff meetings, the most recent being held the week we visited. Records confirmed the issues raised and the action taken. These sessions gave staff the opportunity to reflect on their own practice and share information to ensure they were adequately supporting people who used the service. Staff were enthusiastic about their work, they were keen to undertake more training and they talked respectfully about the people they supported. People who used the services and relatives spoke positively about the quality of the service they received. People explained that they were familiar with the service and knew the staff who supported them very well.

All staff we spoke with said they were committed to provide a high quality service for people and said the manager was approachable and supportive. One care staff said "If I have got a problem, I would be confident to go to them [the manager] at any time." Care workers told us that they worked together well as a team and covered for each other in the case of staff absence owing to sickness or leave.