Select4 Limited

Bluebird Care (Calderdale & Bradford South)

Inspection report

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20 March 2018
21 March 2018

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Ratings

Overall rating for this service	Good

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?	**Good**

Summary of findings

Overall summary

This inspection took place on 15, 16, 20 and 21 March 2018 and was announced. The provider was given short notice of our intention to inspect the service. This is in line with our current methodology for inspecting domiciliary care agencies to make sure the registered manager would be available.

At our previous inspection in October and November 2016 we rated the service as 'Requires Improvement' and identified one breach which related to safe care and treatment. Following the previous inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions in Safe and Well Led to at least Good.

Bluebird Care (Calderdale and Bradford South) is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to people over the age of 18 years. Not everyone using the agency receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection 71 people were receiving personal care.

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.

The majority of people and relatives we spoke with were happy with the care and support provided by staff. They said staff usually arrived on time and stayed the full length of the call. However, three people/relatives told us the timing of calls was a problem and staff did not always stay the full length of the call. The provider agreed to look into these concerns.

People and relatives told us staff were kind and caring. People's privacy and dignity was respected. Medicines management was safe, although further guidance was needed in relation to 'as required' medicines. Safeguarding procedures were in place to protect people from abuse. People were aware of the complaints procedure and knew how to raise concerns.

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

People told us they had been involved in the care planning process. Care records were personalised and showed the support the person required from staff at each call. Risk assessments showed any identified risks had been assessed and mitigated. People's nutritional needs were met and they were supported to access healthcare support as and when needed.

Staff received the induction, training and support they required to meet people's needs. Staff told us communication was good. Recruitment checks were completed before staff started working in the service.

The company directors and registered manager provided consistent leadership and management. Action had been taken to strengthen and develop the governance systems to improve the overall quality of service delivery. This process was in the early stages and the company directors recognised these systems needed to be fully embedded to ensure all issues were fully identified and 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?

Requires Improvement

The service was not always safe.

Staff recruitment processes ensured staff were safe to work in the service. There were enough staff to provide people with the care and support they required, although the times and durations of calls needed to improve.

Medicines management was safe.

Safeguarding systems helped protect people from abuse. Risks to people's health, safety and welfare were properly assessed and mitigated.

Is the service effective?

Good

The service was effective.

Staff had received the training and support they required for their job role and to meet people's needs.

People's rights were protected because the registered manager and staff understood their responsibilities under the Mental Capacity Act 2005.

People received support to ensure their healthcare and nutritional needs were met.

Is the service caring?

Good

The service was caring.

People and relatives told us staff were kind and caring.

People were treated with respect and their privacy and dignity was maintained by staff.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and support plans were person-

centred and reflected people's needs and preferences.

A complaints procedure was in place and people knew how to make a complaint.

Is the service well-led?

Good

The service was well-led.

A new quality audit framework had been introduced to assess, monitor and improve the quality of the service.

The registered manager provided effective leadership and promoted an open and inclusive culture.

Bluebird Care (Calderdale & Bradford South)

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 15, 16, 20 and 21 March 2018 and was announced. The provider was given notice because we needed to be sure that the registered manager was available. The inspection was carried out by two inspectors, an assistant inspector and two experts 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.

Two inspectors visited the agency office on 20 March 2018. The experts by experience made telephone calls to people who use the service and/or their relatives on 15 and 16 March 2018. The assistant inspector made phone calls to staff on 21 March 2018.

Before the inspection we reviewed the information we held about the service. This included looking at information we had received about the service. We also contacted the local authority contracts and safeguarding teams.

We asked the provider to complete a Provider Information Return (PIR). 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. The provider returned the PIR and we took this into account when we made judgements in this report.

During our visit to the agency office we spoke with a supervisor, the registered manager and two of the providers. We looked at five people's care records, three staff recruitment files, training records and other records relating to the day to day running of the service.

We spoke on the telephone with 22 people who used the service and/or their relatives. We also spoke with nine care staff.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection we identified a breach in safe care and treatment which related to medicines. At this inspection we found improvements had been made and there was no longer a breach.

People who were supported by staff with their medication were satisfied with the arrangements in place. One person said, "This (medicine) is given to me on time. I have no issues with the medication." One relative told us, "They deal with all his medication in a morning and in the evening, and there's never been a problem."

We found medicines were managed safely. The service used an electronic recording system whereby medicines to be given on each call were listed including the dose, frequency of administration, uses and side effects. Each person had a medicine assessment which clearly showed who was responsible for each process. We found these records were well completed. Where creams or lotions were prescribed there was clear information about how and where to apply the cream.

If the medicines were not signed as administered on the electronic system, this triggered an alert and action was taken to investigate. We saw records which showed appropriate action had been taken in response to alerts. However, we found one person's pain relieving patch had been administered in the morning rather than the prescribed time of evening. Although an alert had been triggered there was no explanation about why this had happened. The provider investigated this immediately. Discussions with the person concerned, the staff and the pharmacist confirmed the person was able to choose when during the day the patch was changed and support records were updated to reflect this. No harm was caused to the person, however, the company director acknowledged this should have been identified and addressed at the time of the alert and took steps to ensure this would not re-occur.

Where medicines were prescribed on an 'as required' basis, staff recorded when the medicine had been administered however there were no protocols in place to provide additional guidance. The registered manager said they would address this straightaway.

Staff told us they had received medicines training and this was confirmed by the training matrix and in the staff training records we reviewed. We also saw evidence of spot checks carried out by supervisors to make sure staff were following correct medicine procedures.

People who used the service told us they felt safe with the staff who visited them from the agency. Comments included; "Yes I am definitely safe. They have a good relationship with me"; "Oh goodness, yes I am certainly safe" and "Yes, I have no real issue about safety, they are lovely girls."

There were enough staff to support people safely and meet their needs. The provider told us staff were organised into teams covering small geographical areas. Each team was managed by a supervisor and the provider said this arrangement worked well in ensuring continuity of care. Each care worker had a mobile phone which recorded when the staff member arrived at the person's home, the tasks they completed and

when they left. If a call or a task was missed, the system alerted the office. The provider told us this system was monitored daily by one staff member to ensure prompt action was taken in response to any alerts raised.

People and relatives told us they had regular care staff who usually arrived on time and stayed the duration of the call. One person said, "I feel very safe with the carers especially because I tend to have the same ones". People said if staff were going to be late they let them know. Those who required two care staff on their calls, said two staff always attended.

However, one person and two relatives told us there were sometimes insufficient gaps between calls and staff did not always stay the full duration of the call. Our review of these people's call times confirmed staff were not always staying the full duration of the call. Sometimes the call was only a few minutes short and there were explanations recorded such as the person having visitors. However, this was not always the case. For example, the calls for one person over a period of a week in March 2018 showed staff were staying between seven and 22 minutes for a 30 minute call. We saw audits in February 2018 had identified and addressed issues around call times and one relative told us things had improved since Christmas however, these more recent instances had not been addressed. We raised this with the company director who agreed to look into these matters and to review the call monitoring system to ensure these issues were identified and addressed promptly.

Our discussions with staff showed they were generally satisfied with the staffing arrangements. When we asked one staff member if they thought there were enough staff they replied, "I would say so, yes definitely. This company is brilliant. If you need cover, someone is always there." They said they had regular people they visited and felt there was usually sufficient time planned in for travel. One staff member said, "Yes, we have enough time. Areas are shared based on geography, it's manageable." However, other staff told us travel could sometimes be a problem and said at times they struggled to keep up with their calls. They felt this was an area that could be improved. On call arrangements were in place and the majority of staff told us these worked well.

Staff files we reviewed showed recruitment checks had been carried out before new staff started employment. We saw evidence of interview notes, proof of identity, criminal record checks with the disclosure and barring service (DBS) and two references. We found one person's application form showed gaps in employment and there was no evidence to show these had been explored. The registered manager said this would be addressed straightaway. The other four staff files we reviewed showed any gaps in employment had been explored at interview.

Safeguarding procedures were in place. Staff confirmed they had received safeguarding training. They understood the different types of abuse and whistleblowing procedures. Staff were confident any concerns they reported would be dealt with appropriately. We saw safeguarding incidents had been referred to the local authority safeguarding team and notified to CQC. Systems were in place for the reporting of accidents and incidents.

Effective infection control procedures were in place. Staff told us they were supplied with personal protective equipment such as gloves and aprons and people who used the service confirmed these were used by staff appropriately.

Risks to people were assessed, monitored and managed to help keep them safe. Risk assessments were detailed and covered areas such as the environment, moving and handling and medicines. Areas of risk were identified with clear guidance for staff on how to mitigate the risk and keep people safe. For example,

we saw each person who used the service was given an emergency rating of red, amber or green. This was to make sure that, in difficult circumstances such as very bad weather; people at highest risk could be easily identified and prioritised for a call.

We also saw a list of national safety alerts was maintained showing the action taken in response to make sure people who used the service were safe. For example, when a safety alert had been received about a specific type of hoist, staff had checked to make sure this model was not being used by anyone.

Good

Is the service effective?

Our findings

People told us staff were well trained and knew how to provide the care and support they required. Comments included; "Yes they are trained. They do the tasks right. I have no complaints here"; "They are fully trained and skilled. I've no issues with this" and "They are very good. They also have care workers who come to shadow. They do all the tasks with skill. I have no issues whatsoever about the training of staff."

Relatives were equally positive and comments included; "The care workers do know what they are doing. They're well trained and are very skilled with my relative. They are good for us" and "They certainly know what they are doing. There are no issues in this area at all."

The registered manager provided the training to new staff which consisted of one to two days induction followed by a period of shadowing with senior staff before they worked alone. The registered manager told us the shadowing was tailored to meet individual needs and continued until the staff member felt confident and competent to work unsupervised. New staff members also completed e-learning training and those who had no previous care experience were enrolled on the Care Certificate. The Care Certificate is a set of standards for social care and health workers aimed primarily at staff who do not have existing qualifications in care such as an NVQ (National Vocational Qualification).

Staff told us the induction they received prepared them for their role. One staff member said, "It was helpful, it's my first time being a carer and I learned a lot." Another staff member said, "I was shadowing for two weeks. They said that when I was comfortable I could go out and give care." The registered manager told us of changes they were implementing to improve the induction and ongoing training process. This included the employment of a training officer who would provide a week's induction training for all new staff before they began shadowing. The registered manager told us they planned to have this in place by June/July 2018.

Staff told us their training was kept up to date and covered a wide range of topics including moving and handling, safeguarding, infection control, basic life support, dementia awareness, equality and diversity and nutrition. We saw evidence of this training in training matrix and the staff files we reviewed.

Staff said they felt supported in their roles and confirmed they received supervision and appraisal. We saw evidence of this in the staff records we reviewed. When we asked one staff member if they felt supported they replied, "Definitely, they always ask me how I am. Even the other carers ask me. I've had an appraisal, she asked me how it has been so far. Supervisions are common."

Care records we reviewed showed people's needs were assessed before the service commenced. We saw the initial assessment was very thorough and covered a range of areas including nutrition, personal care, mobility, moving and handling, communication and social inclusion. Details of important contacts such as GP and district nurse were recorded along with names and contact details of people involved in the person's support network.

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.

The registered manager understood their responsibilities under the MCA 2005 and staff had received training in the MCA. The registered manager told us none of the people they supported with personal care were subject to a Court of Protection order. One person's care records showed they had been assessed as having capacity however a relative was recorded as their representative for making best interest decisions. A supervisor told us the relative had said they held power of attorney (POA) for the person in respect of health and welfare but had not provided proof of this. The supervisor said they would arrange for the person's care records to be amended until they were provided with proof of the POA.

Care records we reviewed showed people's consent to care and treatment had been recorded. Mental capacity assessments were in place where people lacked capacity to make particular decisions. Where best interest decisions were needed there was a framework in place to make sure the right people were involved and that the decision was in the person's best interests.
Where people needed support to make decisions this was detailed in their care plan. People's choices about their care and support were well reflected in the care plans. For example, one person's care plan said, "Please don't open or close the blinds before you leave as this is disturbing me and stopping me from sleeping."

People who required support with their nutritional needs felt these needs were met. Comments included; "They do prepare the food and it is nice. It is what I would like to eat"; "They make breakfast for me, just as I like it" and "I have no issues when the care workers make the food for me." One relative told us the food was 'a bit hit and miss' for their family member. They said they had raised concerns about this and things had improved a lot since Christmas.

People's food and drink preferences and the support they required was recorded in the care plan. For example, one person's care plan said, 'I can only eat on my left hand side. Please ask what I would like to eat and drink'. Staff told us they recorded in the care records what people had eaten and drunk on each call so all staff were aware when they visited. We saw this in the care records we reviewed.

A supervisor told us staff had raised concerns about one person who had been losing weight. The supervisor contacted the person's GP who prescribed nutritional supplements. The supervisor told us this person was now gaining weight as a result of their intervention. We saw detailed information about this in the person's care plan.

Care records we reviewed showed people were supported to access healthcare services such as GPs, district nurses and social workers. People's healthcare needs formed part of the initial assessment and a full list of their medical history was included. We saw examples of how staff had been pro-active in accessing health care professionals on behalf of people when they had concerns about their well-being. For example, when staff reported their concerns about a person to the supervisor, the supervisor asked an experienced care staff member to visit the person and assess the issue. As a result of this visit the supervisor then contacted the person's GP who attended and admitted the person to hospital with a potentially very serious medical condition.

Good

Is the service caring?

Our findings

People spoke very positively about the care staff who visited them and the care they received. Comments included; "Brilliant, caring and very gentle. They have a good relationship with me, always asking if I need anything else"; "The care workers are very pleasant and caring. They're always very kind to me when they carry out tasks" and "The carers are lovely. Sometimes they have time to sit and chat, it depends on if they're running a bit late or not, but they always chat to me whilst they're working."

The majority of relatives also praised the staff and the care provided to their family members. Comments included; "The carers are very good. They treat her very well and she treats them better than she does me"; "Brilliant and respectful. The consistency has helped my relative to settle and build a great relationship" and "The carers are all very friendly, polite and chatty. I like the cheerfulness of the people that come, it makes all the difference. I appreciate them having a smile on their faces. I feel I can talk to them about (family member) so it helps to relieve my worries and stress."

One relative was very complimentary about the regular care staff who visited describing them as 'very kind and caring' however they felt new staff tended to speak amongst themselves and left their family member out of the conversation.

People told us staff treated them with respect and maintained their privacy and dignity. One person said, "They always give me dignity and respect when they do things." Another person said, "They help me with my shower and they're always very respectful and put me at ease. I tend to have regular carers in the main and I only have female carers,that's my preference."

One relative described the staff as, "Absolutely great. They are respectful, kind and caring. They do not rush my relative and always give him dignity." Another relative said, "They always give my relative dignity and respect. They're kind and can't do enough for her." A further relative told us, "Two carers come. They wash him and always treat him respectfully. They never rush him, they're very patient with him. He can be difficult, not aggressive but can use bad language to them and they always remain very calm in their approach and never retaliate. He's certainly very safe with them. They are also very respectful towards me and our home."

Staff we spoke with were respectful, compassionate and caring when they were talking about the people they supported. They clearly knew people's needs well and were able to describe how they maintained people's privacy and dignity.

People were asked if they would like their care plan and care notes made available to their family. If the person said they did, arrangements were made for identified people to be able to access the electronic care documentation. The provider told us how this had helped when a relative lived away or the person was living with dementia and may not recall having received care. The initial needs assessment also considered if the person would benefit from advocacy services, for example, if the person did not have family or friend support. A supervisor told us they would contact an advocacy service on the person's behalf.

Care documentation included a 'Privacy Statement' which detailed how information about the person would be kept and who it could be shared with. For example, in the case of emergency, staff might share details with health care professionals. The Privacy Statement also informed the person that their information might be viewed by CQC as part of their regulatory activity.

Good

Is the service responsive?

Our findings

People told us they had been consulted and involved in planning their care and support. Comments included; "Staff have been out to discuss the care plan with me. They are good"; "The office are very good with me. I have been through the plan with my (relative) and the company. They do ensure my needs are met" and "Staff have carried out the assessment and discussed the care plan with me. They do contact me to check all is well."

Relatives also told us of their involvement in the care planning process. One relative said, "The office staff are approachable. We have been through the care plan and if I need anything they are there for us." Another relative said, "Staff are approachable and they listen. We discussed the care plan and they work around my relative."

We saw care plans were person centred and drawn up in consultation with the person and/or their representative. They provided clear instructions to staff about the support required to meet the person's needs safely and in the way they preferred. Care plans reflected what was important to the person, how they communicated, any concerns or difficulties they might have and what they would like to achieve from receiving care at home. Where people used equipment such as mobility aids, safe use of this equipment was detailed in the care plan.

We looked at the care plan for a person living with a particular medical condition. Information about the condition was included within the care plan and the support they needed was detailed and personalised. For example, the person had particular moving and handling needs which they had communicated to the staff member completing their assessment. This staff member ensured all staff providing support to the person had been trained to carry out this procedure safely and in accordance with the person's wishes.

People's individuality was reflected. For example, care plans included an overview of the person which detailed their personality, social preferences and personal circumstances. People's social needs were considered. Care records included details of people's lifestyle including religion and social interests. Where people might experience loneliness we saw this was highlighted. For example, one person's care plan said, 'Please try to sit with (person) and have a chat as (person) is on their own most of the day'. Another's care plan stated, "Please ask if I would like company for remaining time of the call."

Care notes were recorded electronically. A senior manager told us this had been identified as an area for development to make sure the notes fully reflected the care and support staff had delivered and they were in the process of organising training for staff in this area.

The service had a complaints policy. People and relatives we spoke with all knew how to make a complaint and some had done so and were satisfied with the way these had been handled. Comments included; "They're fine at the moment. I've no complaints at all. We've had a few hiccups along the way with timings and not knowing who's coming but it's all sorted now"; "I haven't complained for a long time now, there's been no need to but they do listen if you ring them and they're always very polite and helpful on the phone";

"There was a period last year where we had some hiccups with the timings. I complained at the time and actually wrote a letter, but they sorted it out and the times have settled down now" and "I made a complaint last year during Christmas. Things have got much better." However, one relative told us they did not have confidence in the complaints system as they felt nothing had changed when they had complained.

We saw the service maintained a complaints log which showed the action taken in response to complaints received. However, in respect of one complaint we found no evidence to show the stated action had been completed. This related to a staff member's practice which the log stated had been addressed with the staff member at supervision, yet there was no record of this discussion. The registered manager acknowledged there was no evidence to show the action taken and said they would look into this straightaway.

The registered manager told us none of the people the staff supported currently were receiving end of life care. The training matrix showed the majority of staff had received training in end of life care.

Good

Is the service well-led?

Our findings

The majority of people and relatives we spoke with felt the service was well managed and said they would recommend it to people looking for care at home. Comments included; "It's an excellent service"; "I'm quite happy with them as a service. I would recommend them to anyone, the girls are really lovely"; "Management are nice and pleasant. I can certainly recommend them"; I am extremely happy with the service. I can recommend the service to others" and "Very pleased with the service, very satisfied. We can certainly recommend the company to others." As stated elsewhere in this report two relatives and one person who used the service raised concerns about the times and duration of some calls.

We found the registered manager had already identified governance as an area for improvement in the provider information return (PIR) they had submitted prior to the inspection. We saw actions had been taken to improve the overall quality of the service. The service had a registered manager who had been in post since the service first registered. Previously only one of the company directors had been actively involved in the day to day running of the service. However, in December 2017 another company director took on the governance role and had put systems in place to develop and improve the quality assurance processes. We saw a quality audit framework had been put in place identifying the type, frequency and scope of audits. Audits we reviewed showed issues around timings and duration of calls were being identified and addressed. For example, an audit in February 2018 noted a call where a care worker had only stayed five minutes for a fifteen minute call and that no reason had been recorded in the care records. The audit showed action had been taken to address this with the care worker. The company director also told us additional face-to-face training was being organised for all care staff to improve the recording of care and support. Similarly medicine audits were also identifying issues and showed action taken in response. Our discussions with the company directors showed they were committed to improving the quality of the service and recognised further work was needed to ensure these systems were fully embedded and worked effectively. The local authority commissioners told us they visited in January 2018 and recognised the improvements the service had made since 2017.

Staff told us they enjoyed working for the company and were well supported. They said communication was good and they were kept informed and updated about any changes through staff meetings, supervision and secure messaging systems. All said they would recommend the service as a place to work and would be happy for their relative to receive care. One staff member said, "She's (the manager) brilliant, you can go to her with anything, and she sorts it out straightaway. This is the best company I've worked for. They listen to you. I have recommended Bluebird to a friend to work here." Another staff member said, "I feel supported. It's one of the best companies I've worked for." When we asked a further staff member what it was like working at the service they replied, "Absolutely fantastic, I love my job. I get satisfaction from when I've done my calls as I know I've made a difference."

We saw records which showed spot checks had been carried out on staff while they were working in people's homes. These were completed by supervisors to make sure care and support was being delivered in accordance with the person's care plan.

People told us their views were sought on the care and support provided through care plan reviews and some people told us they had in the past completed satisfaction questionnaires. The company director told us they were planning to send out satisfaction questionnaires to people who used the service and relatives in the near future.