

J&Y Webber Services Limited

Bluebird Care North East Lincolnshire & West Lindsey

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 10 and 11 March 2016. Before this inspection, we contacted the registered provider to give short notice that the inspection would take place to ensure they and the registered manager would be present for the inspection.

J&Y Webber Services Limited trading as Bluebird Care North East Lincolnshire and West Lindsey is a domiciliary care agency which is located in Cleethorpes. The service provides personal care and support to people living in their own homes in North East Lincolnshire and West Lindsey. At their last inspection on 19 February 2014 we found they were compliant with the regulations that we inspected.

The service had a registered manager in place. 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 were protected from harm and abuse and staff understood how to report concerns about potential abuse to management, local authority and CQC.

Staff were informed about people's preferences for their care. Support plans were in place and potential risks to people's health and wellbeing were identified to help inform staff and keep people safe. Relevant health professionals were contacted for help and advice to maintain people's wellbeing, where necessary. Environmental risks were assessed within people's homes to help protect all parties.

People's nutritional needs were understood by the staff. People were encouraged to choose what they would like to eat to aid their appetite.

Staff were training in medicine management and administration. This followed the local authority's guidance and the provider's policy and procedures. Training in all relevant areas was provided.

If people lacked capacity to make their own decisions then the principles of the Mental Capacity Act 2005 and codes of practice were followed to protect people's rights.

Staffing levels were monitored by the registered provider to make sure there were enough skilled and experienced staff to meet people's needs. Staff undertook training in a variety of subjects to maintain and develop their skills. Supervision and appraisals were provided for staff to identify any further training needs and allow discussion regarding their performance.

An 'on call' system was in place outside of office hours. This allowed people, their relatives or staff to gain help and advice, at any time.

Quality monitoring systems were in place in the form of audits and surveys. Senior staff undertook 'spot check' visits to observe how staff delivered care to people. People using the service were asked for their views and feedback was acted upon to maintain or improve the service.

A complaints policy was in place, people could raise any issues to be dealt with by the management team.

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. Staff knew how to report any signs of potential abuse. This helped to protect people.

People felt safe when they were being cared for by the staff. Risks to people's health and wellbeing were identified including those within the home environment.

Staff supported people with their medicines as prescribed.

There were enough skilled and experienced staff to meet people's needs.

Is the service effective?

Good ●

The service was effective. Staff gained help and advice from relevant health care professionals to maintain people's wellbeing.

People's nutritional needs were met.

Staff undertook relevant training to maintain and develop their skills. Supervision and appraisals were undertaken to support staff.

Is the service caring?

Good ●

The service was caring. People told us staff had a caring nature and they felt well cared for.

Staff promoted people's independence and choice and treated them with dignity and respect.

Staff had developed positive relationships with people and told us they enjoyed caring for the people using the service.

Is the service responsive?

Good ●

The service was responsive.

Staff provided person-centred care. People's individual likes, disliked and preferences for their care and support were respected.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

A complaints procedures was available for people to use to raise issues.

Is the service well-led?

Good ●

The service was well-led.

Staff understood the management structure of the service.

The management team was available to support people, relatives and staff at any time. An effective auditing system was in place.

People were asked for their views about the service to help the management team monitor, maintain or improve the service provided.

Bluebird Care North East Lincolnshire & West Lindsey

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 registered 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 was undertaken after contacting the registered manager and giving them notice that our inspection would take place on 10 & 11 March 2016. The inspection was carried out by one adult social care inspector. Telephone interviews were arranged to take place with a number of people using the service or their representatives. These were made by phone from the registered provider's office during the inspection.

Before the inspection, the registered provider was asked to complete a Provider Information Return [PIR]. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We considered this information during our inspection.

Prior to our inspection we looked at and reviewed all the intelligence the Care Quality Commission [CQC] had received. This helped inform us and assisted us to make a judgement about the level of risk present at the service. We also reviewed information received from the local authorities commissioning teams. No concerns were raised with us regarding this service.

During our inspection we spoke with the registered manager, registered provider and with four staff. We looked at the care records held on the computer system for three people, which included support plans, assessments undertaken before a service commenced, risk assessments, medication records and records made by staff following their visits to people.

We looked at records relating to the management of the service, quality assurance documentation policies and procedures and complaints information. We inspected staff rotas, five staff files and staff training, supervision and appraisal records. Information relating to staff recruitment was also inspected along with 23 quality assurance questionnaires which had been recently completed in relation to the service.

Is the service safe?

Our findings

People using the service told us they felt comfortable and safe in the company of staff. They told us staff wore uniforms and name badges to confirm they worked for the agency. People and their relatives said they had no safety concerns about the staff supporting them. One person said, "Safe care is provided." Another person we spoke with said, "Safety is maintained. I have no worries."

The Provider Information Return [PIR] which was received prior to our inspection informed us the registered providers expected staff to adhere to maintaining the safety and wellbeing of both their customers and other staff. This, they reported was achieved by implementing robust safeguarding and recruitment procedures and risk assessing and reviewing the care provided to people. This ensured people were kept safe from harm. Office staff were able to view the care staff delivered to most people as it happened through their computer system which highlighted any missed calls or lack of provision of care so this could be dealt with swiftly.

We saw that staff completed safeguarding training which helped them to identify and monitor people for signs of potential abuse. Staff we spoke with confirmed they would report any concerns to the management team, local authority or Care Quality Commission [CQC] straight away. The registered manager had made information cards for the staff to carry with them with their identification badge; this reminded them about vital safeguarding information. We saw there were detailed policies and procedures in place regarding safeguarding and this included a whistle blowing [whistle blowing is a way staff can report misconduct or concerns within their workplace]. The registered manager confirmed there had been no missed calls to people which had resulted in safeguarding issues being raised.

Staff wore uniforms and carried name badges which helped people recognise the staff were working for the registered provider. Information needed for staff to gain access to people's homes was kept securely, this included codes for safes staff had to access to gain the keys to people's property. These were changed so staff who left the company could not gain access to people's property.

Mandatory training was provided to staff to help maintain people's health and safety. This included information about what staff must do if a person was unwell or required a GP or ambulance. Risk assessments were in place regarding people's health and known risks to their wellbeing such as trips, falls or choking. Risk assessments about people's home environment were undertaken to help inform staff of any potential issues such as aggressive pets, trip hazards, electricity or gas supply issues. This helped maintain people's safety. Where medical equipment was in use we saw information was present about who maintained or serviced this and who dealt with faults or issues. We saw that staff were provided with personal protective equipment, such as gloves and aprons to help maintain infection control.

Staff understood their responsibilities regarding medicine management and the support people required with this. Before staff were able to help people with their medicines they had to successfully complete medicine training. Information was present regarding people's prescribed medicines which stated how and when medicine was to be administered. Any changes were notified to staff immediately by phone or by the

computer system and meant the changes could be implemented immediately. The management team undertook audits of people's medicine administration records [MAR] to ensure people received their medicines as prescribed and to ensure staff were following guidance regarding safe practice.

Staff we spoke with described how they dealt with emergency situations and told us they stayed with people and contacted the office staff and people's relatives. They also administered first aid, contacted GP's or the emergency services to protect people's wellbeing. Staff said they were supported by the management team and senior staff during and after emergency situations.

There was a business continuity plan in place which clarified how disruptions to the delivery of the service would be dealt with for example in a power cut or computer failure. We were informed that the registered provider could run the service from home or by the on call system. Staff rotas and schedule of calls booked were available in a backed up format to ensure this information was always available.

There was an 'on call' system in place manned by the management team outside of normal working hours. People using the service, their relatives and staff could phone for help and advice at any time. The 'on call' staff had access to all relevant information needed so they could deal with issues. Systems were in place to monitor the staff's attendance to calls which ensured people were receiving their calls in a timely way. Staff were monitored when travelling between calls and notified the office staff when going off duty. This helped to maintain the safety of all parties.

Recruitment was ongoing so that there was always enough staff to undertake calls to people. The senior staff registered manager and registered provider were able to step in to help to maintain the service if staff were absent, sick or on holiday or involved in an emergency. Traveling time was planned into the staff's rotas, people we spoke with said if staff were running late they were informed so they did not need to worry.

Thorough recruitment processes were in place, potential employees completed an application form and gaps in their employment history were examined. References were gained and a police check from the disclosure and barring service [DBS] was undertaken. Interviews were held and notes were taken of the responses. New staff were not permitted to start work until their pre-employment checks had been received and checked to make sure staff were suitable to work in the care industry.

Is the service effective?

Our findings

People we spoke with and their relatives told us that staff were effective at meeting their needs. They told us they felt the staff must have undertaken because they were skilled at supporting them effectively. One person we spoke with said, "They [the staff] have had training about dementia so can provide effective care. I am well looked after." A relative we spoke with said, "Mum had a thorough meeting so they knew Mum's needs, we felt comfortable with this. The family got detailed information before the package of care commenced."

People we spoke with told us they were encouraged to do what they could for themselves whilst being supported by the staff, which helped to maintain people's independence. Relatives we spoke with said the service provided to their family member was efficient and effective. One person had given written feedback to the registered provider which said; 'all the help for hospital visits received was invaluable.'

We saw that before a service was provided senior staff carried out an assessment of the person's needs. This helped to make sure that all parties had a clear understanding of the support required and service that could be provided. People and their relatives were able to ask questions and information from relevant health care professionals was obtained to ensure the package of care was effective in meeting people's needs. Support plans and risk assessments were created based on people's needs and preferences so staff were informed. People's home environments were risk assessed so effective care and support could be delivered.

We saw that care was provided by small teams of staff which ensured continuity of care was provided. This allowed staff to build up a professional relationship with people and their relatives which all parties found to be helpful.

The care records we inspected confirmed that staff acted appropriately to update people's care records as their needs changed. Information confirmed relevant health care professionals, for example, GP's and district nurses were contacted to gain help and advice so staff delivered effective care and support to people. Staff understood the need to monitor people's health care needs and act on any changes to help maintain their wellbeing. Staff told us they got to know people well so they were able to identify if someone was not quite themselves and this information was passed onto the office, relatives and other care staff for further observation and action to be taken.

People who needed support with meals and their nutrition had these needs assessed when they first accessed the service. Staff monitored and reviewed how people were maintaining their dietary intake. People's support plans provided information about specific dietary needs and any swallowing problems. If staff had any concerns health care professionals were contacted for advice to help maintain people's dietary needs.

The Mental Capacity Act 2005 [MCA] provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff confirmed they had completed training in the Mental Capacity Act 2005 [MCA]. Staff told us how they gained people's consent before providing help and support. If people lacked capacity relevant health care professionals and family members were involved in making decisions which helped to protect people's rights.

We saw that staff were provided with training at induction. New staff shadowed experienced staff which helped them gain skills to be able to care for people effectively. Before new staff were able to work independently they were assessed to ensure they were capable of this. All staff were provided with information about confidentiality and their conduct. Contracts were provided to staff so they were informed about what was expected of them.

Training was in place for all staff in a variety of subjects which included; safeguarding, health and safety, first aid, infection control, food hygiene, medicine management and fire safety. Training about other health conditions, for example; dementia, diabetes, epilepsy, end of life care, stroke and gastric tube feeds was provided to staff so they understood the conditions that people had whom they supported. A training plan was in place to ensure training was undertaken in a timely way and staff confirmed there was a lot of training on offer and this was helpful in developing and maintaining their skills.

Supervisions occurred regularly which allowed staff to discuss their training and support needs. Yearly appraisals took place where the management team gave formal feedback to staff to help develop their skills and to enhance their performance.

The registered provider's office was located above the second floor; however, office space was available on the ground floor so visitors could hold private conversations with staff. Parking was available in a small car park at the rear of the service or at a pay and display car park across the road.

Is the service caring?

Our findings

People we spoke with told us the staff had caring attitudes. They said the staff were helpful and asked if there was anything else they could do for them. We received the following comments: "The staff are very approachable." "All the ladies [staff] that attend are very good." "The carers are thoughtful and kind." "The staff are nice, a couple of carers are provided so Mum builds up a relationship with them." All the people we spoke with and their relatives said they felt the staff who attended to them, the office staff and management had their best interests at heart.

Staff working for the registered provider told us they would not want to work anywhere else. Staff told us how it was important to treat people as they themselves would wish to be treated. Policies and procedures were in place regarding providing dignity and respect to people using the service. There was a confidentiality policy in place which staff were aware of to help them maintain people's privacy. A member of staff we spoke with said, "I love it here, my customer base is always the same. My customers are all nice. Everyone is treated differently. I am the same if the person's family is present. I deliver the same service all the time. This gives the family peace of mind.

Staff we spoke with told us they felt they were cared for by the management team. Staff said they could speak in confidence with the registered manager of provider if they had any issues or worries in their work or own lives. They told us they always received the support needed which helped them care for people using the service because they were supported themselves.

Staff covered each other's holiday's sickness and absence. This ensured that people received continuity of care from staff employed by the registered provider. The registered manager and senior office staff carried out care calls when necessary to make sure people received their calls.

During our visit staff were able to describe to us people's individual's preferences, likes and dislikes for their care and support. They knew the small details people required for their individualised care which made the call meaningful for each person. This helped people feel well cared for.

On-going recruitment was taking place at the time of our inspections. The management team told us how they looked for caring qualities in the potential staff who were applying to work at the service. The registered manager told us that potential staff did not need to have a care qualification as long as they had a caring nature then this could be developed with help and support from the staff. We saw staff were flexible and made sure that calls to people were covered by covering any sickness, absence and holidays their colleagues were taking. This ensured that people received a service from staff who were knowledgeable about their needs and who cared that a service was maintained for people.

Staff we spoke with told us how they developed a professional bond with people using the service and their family. They told us they made sure that they kept in contact with people and their relations and acted swiftly and effectively to foresee any issues and take action to support people with the care they required at all times.

Is the service responsive?

Our findings

People and their relatives that we spoke with told us staff responded to their needs and confirmed they were satisfied with how support was provided to them. The following comments were received: "You could not make things any better. I am quite satisfied." and "I receive great help at the start of the day."

We saw that the management team and staff followed the assessment of people's needs which was undertaken at the start of the service. This information was used to create support plans and risk assessments to inform staff about people's individual needs and the care required. People's preferences, likes and dislikes were recorded in relation to their care. This information allowed staff to deliver individualised care to each person using the service and any changes could be updated immediately via the services computer system to ensure people's current needs were known and met. People we spoke with and their relatives told us they were involved in the care planning process and discussions were held with them about their changing care needs so they felt included and supported.

We saw that health care professionals were contacted by staff as people's needs changed. Care records held the contact details of people's GP's and relevant health care professional such as dentist's, chiropodists and district nurses so staff could gain timely help and advice to support people.

Care staff recorded in detail the care they provided to people at each call. People's care records gave staff up to date information detailing precisely how people liked to receive their care and support during each visit. Staff we spoke with said the computerised care records fully informed them of people's needs because they were 'live' records and were changed immediately when the person's needs changed. We saw that as soon as staff had finished their call information about the support provided was placed on the computer system so that it was up to date for the registered manager, senior staff and 'on call' staff to read. This allowed the management team to flag up with the care staff if an element of someone's care had not been undertaken. This helped to prevent inadequate care from occurring and reduced the risk of complaints.

We saw equipment that was required to support people was detailed in their care records along with contact details of the provider and servicing records. People had been assessed by relevant health care professionals for the use of special equipment such as hoists to aid transfers and pressure relieving mattresses for people who were at risk of developing skin damage due to immobility. Staff we spoke with told us how they monitored the equipment they used and reported any faults immediately so they could be fixed in a timely way.

A complaints policy and procedure was provided to people. It contained information about how to make a complaint to the registered provider and other agencies, such as the local authority or Care Quality Commission. Timescales for dealing with issues were present along with confirmation that the outcome of any issue raised would be discussed with the complainant. We found that there had been no complaints received. The registered manager told us how they would deal with complaints raised. People we spoke with and their relatives confirmed they had no complaints to raise.

Is the service well-led?

Our findings

People told us they were satisfied with the service they received. They said the staff and management team listened to their views and acted upon what they said. One person we spoke with said, "The management care and they are concise and proactive not reactive. They are absolutely excellent." A relative said, "The Bluebird carers were swopped around for our benefit. On the whole I am happy with the service, they would address any issues." Another relative said, They are very good and very approachable. I have no complaints."

An effective 'on call' system was provided staffed by the senior care staff and registered manager. People using the service, their relatives or staff could contact the 'on call' team outside of office hours for help and advice. People we spoke with, their relatives and staff confirmed this system was reliable and effective. A member of staff said, "There are robust systems in place for changes to calls etcetera. The on call system is brilliant."

The computer system in place logged the care calls staff attended as they were undertaken and completed to monitor the service. The exception was where the IT was not able to work in certain locations. This helped the registered provider to monitor the effectiveness of the service. Where the technology did not work staff used their phones to update the registered provider of these issues. The registered provider monitored the management arrangements that were in place to ensure effective leadership was in place.

The registered manager and registered provider made themselves available to people, relatives and staff. Staff we spoke with said they did not need to wait for a staff meeting to be held because they were able to speak with the management team about their views, at any time. Staff meetings were held, staff said these were effective and they held over different days and times to enable staff to attend to raise their views. Staff we spoke with told us their views were listened to and were acted upon by the management team. This helped staff feel supported. A member of staff said, "Staff meetings are held and issues are dealt with."

Staff we spoke with understood the ethos of the service and the management structure in place. They told us they valued the fact they were introduced to people before their service began and felt this was managed well and enhanced the service provided to people. There was a 'carer of the month' award in place. Staff were nominated after feedback from people using the service, after 'spot checks' or supervisions, or for being flexible. Vouchers were presented to staff for favourite shops or activities. Loyalty awards for long service were provided, these were appreciated by staff.

The registered manager was supported in their role by the registered provider and senior staff based in the office which made up the management team. They all worked together to ensure the service was maintained to people. Staff were recruited in a timely way to ensure there were enough staff to meet people's needs and provide a reliable service.

The management team undertook care calls to help support people, when necessary. This allowed them to observe how staff cared for people and to monitor the quality of the service provided. The senior staff

undertook 'spot check' observations of staff practice. Staff were observed delivering support to people this allowed the senior staff to see how care was delivered and how people consented to receiving their care. Staff we spoke with told us the 'spot checks' were unannounced, and they understood the reason for this and felt it was good at helping them develop their skills. The communication skills of staff were observed at the 'spot checks' along with compliance with the registered provider's uniform policy.

People were provided with contracts which contained information about the registered providers fees, terms and conditions. Short calls of less than half an hour were not provided because the registered provider wished to make sure people were supplied with sufficient time to undertake people's care and support without pressurising people or their staff.

The management team monitored the quality of the service. By undertaking a range of audits; care records, medication administration and computer records were monitored, assessed and reviewed. If any shortfalls were identified we saw staff created an action plan and made sure the issues found were addressed promptly. Accident and incidents were analysed and monitored, action was taken to make sure staff reassessed people's needs or contact health care professionals to help maintain people's wellbeing. The registered provider and registered manager told us they were always looking at how they could improve the service they provided to people.

People were sent customer questionnaires every six months to give their feedback. People using the service had reviews in week one, after the first month and then every three months. This helped people give timely feedback to the registered provider. We saw thank you cards and letters were sent in from people who had used the service.

Bluebird Care Franchise Support Centre have appointed Quality Managers who carry out an annual review and risk based audit of all aspects of the business using audit tools which were mapped against the Care Quality Commissions Fundamental Standards. This helped the registered providers to maintain compliance with the regulation.

We saw that the PIR told us that a robust business continuity plan was in place. We inspected this and saw it covered every eventuality that may occur. This ensured in an emergency the service would be maintained to people.