Shropshire Care Limited

Bluebird Care Shropshire

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service: Bluebird Care Shropshire 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 younger and older adults including people who live with dementia or learning disabilities. At the time of inspection 40 people were using the service.

People's experience of using this service: At this inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to safe care and treatment and governance.

People said they felt safe with the service provided. However, systems were not robust, staffing capacity was not sufficient and staff deployment was not effective to ensure people's needs were met in a safe, timely and consistent way.

Records did not all provide guidance to staff to ensure people received safe, person-centred, appropriate care and support. Systems were not all in place for people to receive their medicines in a safe way.

A robust quality assurance system was not in place to assess the standards of care in the service. Audits that were carried out were not effective as they had not identified issues that we found at inspection.

Systems were not all in place to treat all people with dignity and respect to ensure they were kept informed and received consistent care from the same staff.

Information was accessible to involve people in decision making about their lives.

People had the opportunity to give their views about the service. There was consultation with staff and people. People said they knew how to complain. However, some people said they did not always feel listened to.

People were involved in some decisions about their care and staff supported them in the least restrictive way possible. However, some improvements were required to support people to have maximum choice and control of their lives. The policies and systems in the service currently did not all support this practice.

Staff knew about safeguarding procedures. There were other opportunities for staff to receive training. We have made a recommendation that all staff receive specialist training to give them more insight into the needs of the people they support.

Staff worked well with other agencies to ensure people received care and support.

All people were complimentary about the care provided by support staff. They trusted the workers who supported them. They said staff were kind, caring and supportive of people and their families.

Communication was effective and staff felt listened to. Staff said they felt well-supported and were aware of their responsibility to share any concerns about the care provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected: This was the first inspection of Bluebird Care Shropshire since it was registered in October 2016.

Follow up: We identified concerns at this inspection. We will therefore re-inspect this service within the published timeframe for services rated requires improvement with two breaches.

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
Details are in our safe findings below.

Is the service effective?

Good

The service was effective.
Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.
Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.
Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.
Details are in our well-led findings below.

Bluebird Care Shropshire

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of one adult social care inspector and an Expert-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.

Service and service type: This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. Not everyone using Bluebird Care Shropshire receives a regulated activity; CQC only inspects the service being received by children and young people provided with personal care; help with tasks related to personal hygiene and eating. For people the provider helps with tasks related to personal hygiene and eating, we also consider any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 24 hours' notice of the inspection visit because we needed to be sure that the registered manager would be in the office.

Inspection activity started on 22 March 2019 with a visit to the office location by the inspector. We made telephone calls to people, staff and relatives on 26 March 2019 and 3 April 2019.

What we did: Before the inspection the provider sent us a Provider Information Return. Providers are required to send us information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information we held about the service and events which the provider is required to tell us about by law. We contacted commissioners to seek their feedback. We received no information of concern.

During the site visit we spoke with the registered manager and the care manager. We reviewed a range of records. These included three people's care records. We also looked at two staff files to check staff recruitment and their training records. We reviewed records relating to the management of the service. After the site visit we contacted 14 people and five relatives of people who use the service and five support workers.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations were not all met.

Staffing and recruitment.

- Although people told us they felt safe there was not sufficient staffing capacity and staff were not appropriately deployed to support people in a safe and timely way to ensure they received safe care.
- Several people and relatives told us there were issues regarding the variety of carers and the timings of their calls. Their comments included, "It's the one bugbear-time keeping. They [staff] are not good at this and they don't let me know if they are going to be late" and "[Name] is let down when the office ask can we do it another time as the worker is off sick. [Name] gets so excited about going out and all of a sudden, they can't go."
- As calls were late this had an impact upon the time some people received their support with medicines, so they were not always received at the intended time. Some relatives and people reported there had been missed calls, which we followed up with the registered manager immediately after receiving people's feedback. We were told these had been identified by the provider.
- Staff were not always allocated to the same people with the same staff providing continuity of care at each visit. People's comments included, "I don't see regular workers. I had nobody at all on Sunday so I crept back under the duvet. I'm sick and tired of seeing the changes", "There is a variety of workers. We get a roster but there is a lot of change" and "We do get a roster but it varies."
- We discussed people's comments with the registered manager who told us recruitment was ongoing and more staff were being recruited to the area. However, robust systems were not in place to ensure people received safe, timely and consistent care from the same workers who knew people's needs.

Using medicines safely.

- Due to the lateness of some calls people did not always receive their medicines in a safe and timely way, where support was required.

Learning lessons when things go wrong.

- Systems were not effective for making improvements for the monitoring of late and missed calls to ensure people received safe care and support. Where some relatives and people reported there had been missed calls, we informed the registered manager and were told some of these had been identified by the registered manager and action was taken. One person commented, "I have phoned the office to try and get things sorted and they say they will try but they haven't so I have given up. I don't phone them now because nothing changes."

This was a breach of Regulation 12 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

● Most systems were in place to support people safely as any incidents were recorded and monitored. Accident and incident reports were analysed, enabling any safety concerns to be acted on.
●There were safe and effective recruitment practices in place but we did note that only one staff member interviewed prospective staff. We discussed that two staff members interviewing prospective staff promoted equal opportunities and safeguarded people. The care manager told us this would be addressed.
● Systems were in place to protect workers. However, staff records showed a lone worker risk assessment had not been completed for all staff to ensure they were kept safe. We discussed this with the care manager who told us it would be addressed.
● Safety issues were discussed with staff to raise awareness of complying with standards and safe working practices.

● Staff received regular medicines training and systems were in place to assess their competencies.

Assessing risk, safety monitoring and management
● Risks to people`s health, safety and well-being were identified. An electronic record system was used which included tasks that staff carried out with the person to provide care and support. One of the tasks for people on the system stated 'keep me safe' but didn't say how. We discussed this with the registered manager and care manager that more information should be available about how to keep people safe, where there was an identified risk. We received information that this had been addressed straight after the inspection.
● Where people required equipment to keep them safe, these were in place.
● An on-call service was available when the office was not open. The registered manager told us this had become localised so people on-call knew the needs of people supported by the Oswestry service. One person commented, "I have a telephone number for out-of-hours if I need to contact staff at weekends."

Systems and processes to safeguard people from the risk of abuse.
● Systems were in place for people to be protected from the risk of abuse. People and relatives told us people felt safe with staff support and trusted staff. Their comments included, "I do feel safe, I wait for the staff to come before I get out of my chair and they make sure I walk safely" and "I feel safe and trust all the staff. They get me shopping and always bring me change and receipts."
● Staff completed and updated their safeguarding adults and children training regularly and had access to up-to-date policies and procedures. Staff were aware of their responsibility in keeping people safe.
● The registered manager was aware of their duty to report any safeguarding incidents to ensure people were kept safe.

Preventing and controlling infection.
● Effective systems were in place to reduce the spread of infection. Staff received training in infection control to make them aware of best practice. Disposable gloves and aprons were available for use as required to help reduce the spread of infection. One relative told us, "Staff put gloves and aprons on. They dispose of them in the bathroom and then use fresh gloves in the kitchen."

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.
● Before people received care, their needs were assessed to check that they could be met. This included information about their medical conditions, eating and drinking requirements and other aspects of their daily lives. One person told us, "A staff member came out just after I came out of hospital to do my assessment and care plan."

Supporting people to live healthier lives, access healthcare services and support.
● People were supported to maintain their health and well-being. One person commented, "Staff have rung the Shropdoc for me a couple of times when I've felt unwell and have stayed with me and called a friend for me."
● Records showed there was information in place to promote and support people's health and well-being.

Supporting people to eat and drink enough to maintain a balanced diet.
● People were supported with their food and drink where needed.
● Staff supported people with the preparing of their meals and drinks. One person told us, "Staff heat a ready meal for me that I choose and they clear up and always leaved me with fruit juice and tea or coffee."
● Information about people's food likes and dislikes was available for staff.

Staff working with other agencies to provide consistent, effective, timely care.
● Staff had developed links with health care professionals to help make sure people received holistic and effective care. One person said, "Staff gave the district nurse a ring as they wanted them to come and look at a reddened area that had developed."
● Assessments had been completed for people's physical and mental health needs.
● Staff followed professional's advice to ensure people's care and treatment needs were met. One person told us, "The occupational therapy service came out with the care manager and explained to them how my hoist works."

Staff support: induction, training, skills and experience.
● Staff received some ongoing training that included training in safe working practices. A staff member commented, "We are constantly training. We do face-to-face training in the office."
The staff training matrix did not show that all staff received training for any specialist needs. The registered manager told us staff completed workbooks to learn about people's specialist needs but this was not recorded on the staff training matrix.
● Staff also received training from visiting professionals and dementia friend's sessions took place. However, this was not always reflected in people's comments. People's comments included, "Not all the carers are

aware of the impact of stroke" and "I'm not sure if they get training about diabetes."

We have made a recommendation that systems are in place to ensure that all staff who provide care to people with any specialist needs have received the necessary training to give them more insight and understanding.

● New staff told us they completed a comprehensive induction, including the Care Certificate and worked with experienced staff members to learn about their role.
● Staff told us they felt well-supported. They told us they were fully confident to approach the management team for additional support at any time. Their comments included, "I love it, I'm very well-supported" and "I get regular supervision."

Ensuring consent to care and treatment in line with law and guidance.
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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. Applications must be made to the Court of Protection when people live in their own homes. We checked whether the service was working within the principles of the MCA.
● Staff had received raining about the MCA and understood the implications for their practice.
● Some people were subject to court of protection orders, as they did not have capacity to make decisions about their care and treatment.

Requires Improvement

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations were met.

Ensuring people are well-treated and supported; respecting equality and diversity.
● Improvements were required as systems were not all in place to ensure people received reliable and consistent care.
● The approach to planning and deploying staff did not always consider people's preferences. For example, people were not matched to their support workers, they did not receive the same workers, they were not always introduced to workers who would be working with them. Several people told us they were not contacted to tell them their calls would be late. People's comments included, "I get a rota every Monday but it's a waste of time, I never know when to expect them [staff]", "There are different carers coming. I would prefer one to get more used to", "I'm not told when they [staff] are changing me over to a different person from the one on the roster. I'm sitting waiting and they [staff] turn up at different times and a different person. It's a bit frustrating" and "A different person just turns up-they aren't introduced and we aren't informed." We discussed this with the registered manager who said they were trying to make changes.
● People were provided with kind and compassionate care by support workers. People and their relatives were all very positive about the caring nature of staff. Their comments included, "They [staff] are marvellous, they are the most caring people", "I can't believe I'd get any better care" and "They are a nice crowd and look after me well."

Respecting and promoting people's privacy, dignity and independence.
● Most of the systems in place maintained people's privacy, dignity and confidentiality. However, some of the systems did not promote people's dignity. One person commented, "I get myself up early and ready in the mornings when I know the male carers are down for the morning visit as I'd be embarrassed." and "[Name] has a shower twice a week and tries to get everything ready for staff coming but when they are late [Name] is left sitting there and getting cold." We discussed this with the registered manager who told us it would be addressed.
● Records contained information that was respectful and promoted people's dignity and provided some details about people's routine to provide individual care and support. They also contained information about what was important to the person.
● Staff supported people to be independent. People were encouraged to do as much as they could for themselves. Relative's comments included, "Staff encouraged [Name] with their walking frame" and "One carer was brilliant and got [Name] practicing on a step to build their confidence for stepping into the shower and now they love a shower."

Supporting people to express their views and be involved in making decisions about their care.
● Information was accessible and made available in a way to promote the involvement of the person. The

care manager had developed a cd with information about the service for some people who were visually impaired. Plans were also being discussed to record the agency newsletter in an electronic format. Information could be adapted and made available to meet individual need.

● People and relatives were consulted about people's care and involved in their decisions. Their comments included, "Staff give me a choice of a bath or a shower" and "Someone came out and did my care review about three weeks ago. It was all fine, they [staff] are patient and listen to me."

● One person was using an advocate at the time of inspection. Advocates support people to express their views and choices relating to their own individual care. The registered manager told us that relatives were available to advocate on behalf of people.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were not always met. Regulations were met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.
- People did not all receive person-centred care. Records did not reflect the care provided by staff. Records did not all provide clear guidance to staff on how to meet people's assessed needs or to mitigate identified risks. We discussed this with the registered manager who told us it was being addressed.
- People's care needs were evaluated but more regular evaluation was needed to monitor people's well-being. We discussed this with the registered manager who said it would be addressed.
- Staff completed a daily electronic record for each person in order to monitor their health and well-being. One person told us, "Staff use their telephones to record things and it's instant, today's carer had read a quick update before they came."

End of life care and support.
- No person was receiving end-of-life care at the time of inspection.
- Information was available about people's religion and cultural preferences if this support was required.

Improving care quality in response to complaints or concerns.
- A complaints procedure was available. Systems were in place to acknowledge and respond to complaints and complaints were audited three monthly.
- We received mixed feedback about how complaints were used to improve the service. One person said, "In four years I have only made one complaint. I made one two weeks ago and received a letter but I've heard nothing since. We were informed by the registered manager the person had received a visit and the complaint was still being investigated. Another person told us, "I don't phone up because there is no point and nothing changes. For other people we saw the action that had been taken as a result of their concerns.
- People told us they would speak with the registered manager or senior staff if they had any concerns.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations were not met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- Improvements were required to aspects of care provision to ensure people were the main focus and central to the processes of care planning, assessment and delivery of care.
- Systems were not in all place to ensure people received safe, timely and consistent care that respected their needs and wishes. People were not kept informed when staff were late, calls were sometimes missed, people who did not know them turned up on their doorstep to provide care.
- Records did not always provide information to ensure staff delivered appropriate care and support.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The registered manager had systems in place to manage the day-to-day running of the service but people fed back to us that they did not always find these to be effective or aligned to their wishes and preferences. For example, appropriate arrangements to cover staff absences and staff changes.
- Spot checks took place to gather people's views and to observe staff supporting people. However, people's comments and complaints did not show they had been listened to in some aspects of care provision.
- Audits were completed to monitor service provision and to ensure the safety of people who used the service. The audits consisted of weekly, monthly, and quarterly checks. These audits were not all effective as they had not identified issues we found at inspection.

This was a breach of Regulation 17 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

- The registered manager was responsive and provided information straight after the inspection which showed how some issues were to be addressed.
- The registered manager understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities if required.
- The registered manager understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong. No incidents had met the criteria for duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- Staff and people said they were supported. They were positive about the registered manager and

management team and said they were approachable.
● Staff meetings were held regularly. Meetings provided opportunities for staff to feedback their views and suggestions.
● People were involved in decisions about their care. They were consulted on an individual basis.
● The agency was well-situated in the town centre and had developed several links with community initiatives. People and staff called in to the service and social events and fund raising for charities were held and supported by Bluebird agency, Oswestry.

Continuous learning and improving care; working in partnership with others.
● The registered manager told us about the training sessions that were planned in mental health awareness and equality and diversity to give staff more awareness of people's needs.
● Records showed that staff communicated effectively with a range of health professionals to ensure that the person's needs were considered and understood so that they could access the support they needed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems were not all in place to mitigate risk and to ensure people received safe care and treatment. Regulation 12(1)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People were not protected from the risk of inappropriate care and treatment as robust systems were not in place to monitor the quality of care provided. Regulation 17(1)