L&N Services Limited

L & N Services Ltd t/a Bluebird Care (York)

Inspection report

8 Devonshire Court
Green Lane Trading Estate
York
North Yorkshire
YO30 5PQ
Tel: 01904 691992
Website: www.bluebirdcare.co.uk/york

Date of inspection visit: 22 October and 4 November 2015
Date of publication: 25/01/2016

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**

Overall summary

We inspected this service on the 22 October and 4 November 2015. The inspection was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the location offices when we visited.

L & N Services Ltd t/a Bluebird Care (York) is a domiciliary care agency and is registered to provide personal care to people in their own homes. At the time of our inspection the service was supporting approximately 70 people in and around York, although not all of these people received support with personal care.

Summary of findings

The service was registered at a new location in April 2015 and this was the first inspection of this service at this location.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager registered with the Care Quality Commission (CQC). 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 people who used the service told us that they felt safe with care workers in their home. We saw that there was a system in place to assess risks and that proportionate risk assessments were put in place to manage these risks to keep people safe and prevent avoidable harm. Care workers we spoke with knew how to identify signs of abuse and what to do if they had concerns.

We found that the registered manager did not always sign off accident and incident forms to record what action had been taken to prevent future incidences of avoidable harm and there had been no analysis of accidents and injuries across the service. This meant that we could not be certain that wider patterns or trends would be identified. These issues could place people who used the service at risk of otherwise avoidable harm. We have made a recommendation about improving the management of accident and incidents in our report.

We found gaps in recording on Medication Administration Records increasing the risk of medication errors occurring. This was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

There was an effective recruitment and induction programme and on-going training to make sure care workers had the necessary skills for their roles. Care workers told us they felt supported in their roles and there were system to monitor the quality of the care provided. There were regular spot checks and competency checks of care worker's practice and they were supported through team meetings and supervisions to improve and develop in their roles.

People using the service were supported to make decisions and signed consent was sought in line with relevant legislation and guidance. Care workers encouraged people to make decisions and have choice and control over the support they received.

There was strong evidence of a person centred culture when planning care and support. People's needs were assessed and care plans were very detailed, specific and person centred; this enabled care workers to provide effective care and support tailored to the individual needs of people using the service. Care workers understood the needs of the people they were supporting and provided compassionate care and support. People using the service felt that care workers took an interest in their lives and we could see that there were systems in place to enable people to develop positive caring relationships with their care workers.

People using the service and care workers told us it was well-led. We found that the registered manager kept up-to-date with changes in legislation and guidance on best practice and information was communicated to care workers. There was an open person centred culture, people using the service and care workers felt able to raise issues or concerns.

Summary of findings

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.

There were systems in place to identify and respond to signs of abuse.

People's needs were assessed and risk assessments put in place to prevent avoidable harm.

However, accident and incident forms were not always signed off by the registered manager and there was no analysis of accidents and incidents reports.

Care workers did not always record information correctly on Medication Administration Records increasing the risk of medication errors occurring.

Is the service effective?

Good

The service was effective.

Care workers had an induction and on-going training to equip them with the skills needed to carry out their roles effectively.

People were supported to make decisions and consent to care was sought in line with relevant legislation and guidance.

People were supported to eat and drink enough and there were systems in place to make sure that people had access to healthcare services.

Is the service caring?

Good

The service was caring.

People told us that care workers were caring. We could see that care workers were supported to develop meaningful caring relationships with people using the service.

People using the service were supported and encouraged to express their wishes and views and be in control of the support they received.

People told us their privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and very detailed person centred care plans were put in place to enable care worker to provide responsive care.

There was evidence of a strong person centred culture when planning care and support.

There was a system in place to gather feedback and to respond to complaints, comments and concerns.

Summary of findings

Is the service well-led?

Good

The service was well-led.

People using the service and care worker told us it was well-led. People felt able to raise concerns if they needed to.

There were systems in place to monitor the quality of care and support provided and issues and concerns were addressed to encourage better working practices.

The registered manager kept up to date with changes in legislation and guidance on best practice and this was communicated to care workers.

L & N Services Ltd t/a Bluebird Care (York)

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.

The inspection was carried out on 22 October and 4 November 2015. The inspection was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the location offices when we visited.

The inspection team was made up of one Adult Social Care Inspector and an Expert by Experience (ExE). An ExE is someone who has personal experience of using or caring for someone who uses this type of service. The ExE supported this inspection by carrying out telephone calls to people who used the service following our office visit.

Before our visit we looked at information we held about the service which included notifications sent to us.

Notifications are when registered providers send us information about certain changes, events or incidents that occur. We also asked City of York Council's safeguarding and commissioning teams if they had any relevant information about the service. They told us they did not have any significant concerns about the service at the time of our inspection.

Before the inspection, the registered provider completed 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.

As part of this inspection we spoke with 15 people using the service by telephone and visited two people at home. We also spoke with five relatives and one healthcare professional to ask them what they thought of the service. We visited the registered provider's office and we spoke with four care workers, a supervisor, the registered manager and the director. We looked at five people's care records, four care worker recruitment and training files and a selection of records used to monitor the quality of the service.

Requires improvement

Is the service safe?

Our findings

People using the service told us "I feel safe with them and have no concerns." Other people we spoke with said "They are absolutely fantastic" and "They are always spot on." It was clear from these and other comments that people using the service felt comfortable and safe with care workers in their home.

The registered provider had policies and procedures in place to guide care workers in safeguarding vulnerable adults from abuse. We saw that a copy of the policies and procedures was given to new care workers during their induction and a copy kept in the office for care workers to access. All care workers had received training on safeguarding adults and 14 care workers had training on safeguarding children. Care workers we spoke with understood the types of abuse they might see and could describe what action they would take if they had concerns. One care worker we spoke with said "We are asked to monitor for strange behaviours or signs of bruising. If I had concerns I would ring the office for advice or if in doubt ring the police or an ambulance." Whilst another care worker told us "I would report it straight to the office." We reviewed records of safeguarding alerts and saw that where concerns had been identified, these had been appropriately referred to the Local Authority and in some instances the police. This showed us there was a system in place to manage safeguarding concerns, whilst training had equipped care workers to appropriately identify and respond to concerns to keep people using the service safe.

Assessments were completed to identify risks to people using the service and the care workers. Risks assessments were put in place before care and support was provided. We reviewed five people's care plans and saw that these contained risk assessments with very detailed information about the 'hazard'; the 'risk' associated with that hazard and 'control measures' put in place to manage and reduce the risk. Care workers we spoke with told us they read the care plans and this provided all the information they needed to provide safe care and support. We saw one example of a risk assessment for providing support with meals and drinks. The risk assessment identified the risk of sickness caused by poor food hygiene practices and detailed the control measures in place to reduce this risk; these included instructions for care workers to wash their hands, wear an apron and change their gloves after handling food and to ensure food was in date and stored correctly before using. We saw that care plans also contained personal care risk assessments, environmental risk assessments and risk assessments for use of cleaning chemicals (Control of Substances Hazardous to Health). From this it was clear that there was a very effective system in place to identify and manage risks to keep people safe.

We saw that accidents and injuries were recorded and immediate action taken to keep people using the service safe. For example, one person using the service was found on the floor when care workers arrived. Records showed that the care worker called an ambulance to ensure the person received appropriate medical attention. However, we found that the registered manager did not document that they had reviewed accident and incident forms and did not always sign off records to evidence that they were satisfied with the way these had been dealt with. This could mean opportunities to learn from accidents or incidents and manage future risks were missed. We also found that the registered manager did not complete any analysis of accidents and incidents to identify wider trends or patterns.

We recommend that the registered manager seeks advice and guidance from a reputable source about the management, recording and analysis of accidents and incidents.

We reviewed four care workers recruitment files and saw that in each instance, care workers completed an application form and had an interview before being offered a job. The registered manager obtained references and completed a Disclosure and Barring Service (DBS) check. DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make informed decisions about whether it is safe for a person to be working with vulnerableclient groups. By completing these checks, we could see that the registered manager was taking appropriate steps to ensure that only care workers considered suitable to work with vulnerable people had been employed.

We asked the director and registered manager how they made sure there were enough care workers to meet the needs of the people they were supporting. We saw that care workers declared their 'guaranteed minimum availability' – the hours they would be available to work each week. Rotas were arranged within this availability meaning there was always a guaranteed care worker

Requires improvement

Is the service safe?

available to provide support. We saw how gaps were identified in these rotas before support was offered to a new client. This ensured that they had care workers available at the times required before a new package of care was started.

Where there was sickness or unplanned absences the care workers told us they were asked to cover additional visits. We saw that at times where sickness and absences might be particularly problematic, for example weekends and bank holidays, there was a standby system whereby a care worker was paid to be on standby to cover visits at short notice. During the week we were told that supervisors, who did not have scheduled visits, could provide assistance to ensure that all visits were covered and people's needs continued to be met. This showed us that there were systems in place to ensure there were sufficient numbers of suitable care worker to keep people safe and meet their needs.

We saw that the electronic rota system used calculated travel times based on postcodes and this could be amended manually to account for traffic. Care workers we spoke with told us that they had between five and 30 minutes travel time depending on where they were going and that this was usually enough to get to people on time. This was reflected in comments we received from people using the service with feedback confirming that care workers generally arrived on time.

The registered provider had a detailed medication policy and procedure in place containing guidance on best practice when administering medication. All care workers had received training on medication management. We reviewed the training matrix and saw that this documented when training had been completed and when refresher training was due. We saw that regular medication competency checks were completed to ensure that training had equipped care workers to safely administer medication in line with best practice.

A number of people using the service required assistance to take medication. Where this was the case, a "medication care and support plan" was in place documenting the type of medication taken, the dosage required, who ordered it and how and where it was stored. A medication risk assessment was also completed. People using the service told us "I self-medicate, but the care workers always watch me do it!" and "I know they are trained to administer my medication if I need them to."

We looked at Medication Administration Records (MAR) used to document medication given to people who used the service. We found that three MAR charts we looked at contained examples where care workers had not signed to say they had administered that person's medication. We also found that one care file in a person's home did not contain a MAR chart despite the daily notes recording that the care worker had assisted to administer prescribed medication. This meant that care workers were not following the registered providers medication policy and procedure. In addition to MAR charts that we looked at, we also reviewed records of audits completed by the registered manager. We saw from the registered managers audits of MAR charts, that they had identified nine out of 19 MAR charts audited in September and seven out of 15 audited in October 2015 were not correctly completed or contained errors. This showed us that a significant and consistent number of MAR charts were not being completed correctly.

We spoke with the registered manager and the director about our concerns. The registered manager told us that issues around accurate recording on MAR charts had been addressed with care workers. We could see that the registered manager had introduced clearer MAR charts in line with guidance on best practice, addressed issues with recording medication in team meetings and introduced a plan to complete weekly rather than monthly audits of MAR charts. However, a more robust system was needed to address the number and frequency of errors identified. The director told us they were going to introduce an electronic system to record medications administered and this would be in place by February 2015. We were told this would automatically flag up when errors in recording occurred so the registered manager could more proactively respond to these issues.

Whilst people who used the service did not raise concerns about the way their medication was managed, we were concerned that if MAR charts are not accurate and kept up to date, medication errors could occur placing people at risk of harm. We saw from the Provider Information Return that the Care Quality Commission had been notified that four medication errors had occurred in the last twelve months.

This was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Requires improvement

Is the service safe?

Two people using the service raised concerns about care workers visiting when they themselves were unwell, "One lady was feeling sick and was sick out of the car window. She was told by management to try and manage the next call and then go home. I was worried that if she was sick she could be infecting others." We spoke with the registered manager who told us they were very proactive with infection control, that care workers were responsible for self-certifying sick and they would instruct care workers to go home if they were unwell. We saw that the office had a large supply of gloves and aprons and care workers visited the office throughout the day to pick these up. Meanwhile people using the service told us "They put creams on me but always make sure they have gloves and aprons" and "They are all very good about hygiene matters and change gloves and aprons between tasks." We saw that a sickness and absence policy was in place and this was available to care workers.

Good

Is the service effective?

Our findings

People using the service told us "They get on with their job perfectly competently. I've never felt that they don't know what they are doing" and "They seem well trained for what I need." Another person told us "They really are very good, even the new ones. I had a new one this morning. They give me back my independence."

We saw induction and training was provided to equip care workers with the skills needed to carry out their roles effectively. New care workers had three days induction training on topics which included health and safety, moving and handling, medication management and adult safeguarding. Care workers we spoke with told us they completed tests to demonstrate their learning and had practical lessons on using moving and handling equipment like hoists, slide sheets and wheelchairs to show they could safely use these. The registered provider used the 'Care Certificate' that was introduced by Skills for Care in April 2015. Skills for Care is a nationally recognised training resource. We reviewed the service's training matrix and saw that in addition to induction training, care workers completed on-going training on a wide range of topics and refresher training to update their knowledge.

New care workers told us that they shadowed more experienced workers to gain experience and build their confidence. One care worker we spoke with said they had completed two days of shadowing before they started working by themselves, but said "We had the option to ask for more shadowing." Another care worker told us "I felt quite confident after the induction. We had a chat; they were really nice making sure I was comfortable before going out." Care workers or supervisors who provided shadowing experiences completed a feedback form at the end of each day to identify any concerns or issues before that care worker started working by themselves. Spot checks were completed on all new care workers' practice to ensure they were working safely and in line with best practice. This showed us that there were systems in place to support new care workers to develop the skills and experience needed to perform their roles effectively.

We reviewed four care worker's supervision records and saw that they had received regular supervision and had yearly appraisals. These provided an opportunity to discuss their development, any concerns or issues they had and set goals and targets for the future. Records of supervisions and appraisals were detailed and showed that the service had considered the specific needs of their care worker and how best to support them in their role. For example we saw one care worker raised concerns about their lack of confidence during a supervision session. This was discussed and the supervisor arranged further shadowing opportunities to support them to develop their confidence in the role.

We reviewed five care plans and saw that these had been signed by the person or their representatives. Where people lacked capacity to make decisions for themselves, care plans contained information about whether that person had a Power of Attorney (POA) in place. A POA is someone who is nominated to make decisions on a person's behalf where they are unable to do so. It is important to be aware when a POA is in place, so that decisions are made by the right person in line with previous wishes. We saw that POA's were asked to sign the person's care plan where appropriate and where no POA was in place asked a relative or care worker to sign to agree that care and support would be provided in that person's best interests. Best Interest Decisions are decisions made on a person's behalf where they lack capacity and are governed by the Mental Capacity Act 2005 (MCA).

People using the service told us "They [the care workers] ask: are you all right if we do that? They always ask first." Care workers we spoke with understood the importance of consent and supporting people to make decisions in line with the MCA. One care worker told us "I offer choice, take a few things out and let them decide…if they had tea yesterday it doesn't mean they want tea today." Another care worker told us how they supported someone to make decisions, "I pick three things out that I know she likes and say do you want to choose one of these." Other care workers we spoke with felt that people using the service could communicate their wishes and views in some way either verbally or through non-verbal cues and they used their familiarity with those people to understand wishes and views. Where people were unable to communicate care workers told us they looked in people's care plans and spoke to family and care workers for support with decision making. This showed us that consent was sought to provide care and support and that people's rights were protected in line with the MCA.

We saw that 24 out of 27 care workers had training on food hygiene and risk assessments were in place to support care

Good

Is the service effective?

workers to safely prepare meals and drinks for people using the service. Care plans contained information about people's dietary requirements, likes, dislikes and food allergies. People using the service did not require specialist support with PEG feeding or thickened or pureed foods at the time of our inspection. We saw multiple examples of care plans that contained detailed information to support care workers to provide effective person centre care. One person received support with breakfast; the care plan documented "I like to have one Weetabix with a chopped banana. I'd like you to make me a large cup of tea in my thermos cup and leave it beside me in the lounge for during the morning. I like my tea with milk and sugar." Care workers we spoke with told us how they supported people to maintain adequate nutrition and hydration. One care worker described how they supported people who sometimes had a poor appetite, "We try and encourage people to eat or offer something smaller. Sometimes I leave it 10 minutes and try again." They explained that if they could not encourage people to eat they left food or snacks within reach and notified the office and the next care worker of their concerns so that they could also encourage that person to eat or drink something.

We found one example where a family member had raised concerns that their relative was saying they had eaten when they had not. The registered manager told us that they had introduced a food and fluid chart and addressed these concerns with care workers and in the subsequent team meeting which we saw minutes of. This showed us that where there were concerns about people's dietary intake, steps were taken to more closely monitor this.

We saw that care plans contained detailed information about people's medical history as well as contact details of healthcare professionals involved in providing their care and support. People using the service told us that they could tell care workers if they felt unwell and they were confident that appropriate action would be taken. We saw accident and incident reports that demonstrated that care workers had appropriately sought medical attention where necessary; whilst care workers we spoke with were able to describe the support they provide to enable people to receive on-going healthcare support. One care worker told us how they noticed that a person's ankle had become swollen from their first to second visit of the day. They explained how they discussed this with the person and care workers in the office and agreed to call the person's GP who visited and prescribed different medication.

Care plans contained a 'hospital passport'. These are documents that are intended to accompany people if they are admitted to hospital to ensure hospital care workers have access to relevant information. We saw that hospital passports had been completed and contained important information about that person's allergies, current medication, known medical conditions and contact details for their G.P and next of kin.

Good

Is the service caring?

Our findings

People using the service told us "I think they are brilliant, I have never seen a carer I don't like…I would whole heartedly recommend them to anyone" and "We do have a laugh and talk about things like where I am going etc. I am very pleased to see them." Whilst other comments included "It cheers you up when they come, we have a laugh", "It's nice to have the backup and companionship. It can be frightening on one's own. It's nice to know there is someone else there when you can't manage" and "My carers are fantastic and I think very highly of them."

We spoke to the director at L & N Services Ltd t/a Bluebird Care (York) who told us "We can teach anyone to deliver care, but cannot teach someone to care." We could see from speaking with care workers that the service prioritised recruiting people who were caring and compassionate. Care workers we spoke with talked with kindness and compassion about the people they supported. One care worker told us "I have my regulars – they're all lovely – you get to know them." Whilst another told us "I have my own runs so I know my clients, we have a great rapport, the more they see you the more they trust you."

People using the service confirmed that care workers showed an interest in their lives and made an effort to build a rapport. One person we spoke with explained that they talked to a care worker about going out for coffee with a friend. They explained that they did not see this care worker for another week as they were not scheduled to provide any of their visits; however, when the care worker returned they remembered the conversation and asked if they had had a good time. We found multiple examples where care workers talked knowledgeably about the people they were supporting. One care worker explained that they shared an interest in cats with one of the people they supported and they often talked about this during visits. We found that care plans contained personal information about people's likes, dislikes, preferences and personal history to support care workers to get to know people when first providing care and support. Meanwhile care workers consistently told us they read the notes and took time to talk with people to find out more about them. The service did not provide visits of less than half an hour and care workers told us they felt they had time to talk with people as well as provide necessary care and support.

We could see that having consistency with care workers that visited was important in enabling care workers and people using the service to develop positive caring relationships. Care workers we spoke with said "We tend to see the same clients, which is really nice as we can get to know them and they can get to know us" and "I usually have the same runs, they try to keep the consistency." We reviewed the care schedule for four people who used the service and saw that support was provided by as few as two and as many as 11 different care workers. However, the numbers of care workers varied depending on the number of visits scheduled each week and whether that person needed support from one or two care workers at each visit. We asked people who used the service if they received support from a small group of care workers. Of the 20 people that we spoke with, only three people raised concerns with comments including "I seem to get a different care worker every day and it would be rather nice to have the same one. New ones keep starting all the time" and "There needs to be more continuity of care. I get too many each week and as many as 11."

We spoke with the director and registered manager who told us that they arranged rotas to try and ensure that people received support from a small group of care workers and that consistency of care improved as packages of care became more established over time. However, it was clear from speaking with the director and registered manager that they were mindful of the importance of maintaining consistency wherever possible and of the benefits this brought to people using the service.

People using the service told us that care workers talked with them about their support and reported that they felt listened to. Comments included "They always ask is there anything else that needs doing?" and "I explain what I want each day and they do listen." Another person told us "A lot of it comes down to communication. When they are washing me they always ask if the water is too hot. They're not just saying this is how we do it, they listen to me and follow my instructions." Meanwhile, we could see that care plans were written in a person centred way with people's wishes and preferences evidenced throughout. This showed us that the service encouraged people to express their views and make decisions about the support they received, whilst comments from people using the service demonstrated that care workers routinely encouraged and listened to people's views when providing care and support.

Good

Is the service caring?

People's privacy and dignity were respected and people who used the service told us that they felt the care workers acted in a professional manner. Some people using the service required assistance with having a bath or shower. They told us they felt this was dealt with discreetly and confirmed that care workers supported them to cover up and ensured the curtains and doors were closed. Comments included "They towel dry me, keep the curtains closed and reassure me." Whilst another person told us "I have a shower on a Sunday and some of the girls are only my granddaughter's age, but I am never embarrassed, we have a good relationship."

We asked care workers how they respected people's privacy and dignity. One person told us "If we provide personal care, we make sure the curtains are shut and we cover people up to maintain their dignity." This showed us that care workers were professional and supported people to maintain their privacy and dignity.

Good

Is the service responsive?

Our findings

People's needs were assessed and person centred care plans put in place before care workers started providing care and support. We saw that a copy of the care plan was stored securely in the service's offices and a copy kept in the person's home. Care workers we spoke with understood the importance of the care plan and consistently told us that they referred to them to understand what support was needed and how best to provide this. One care worker told us "I always read the care plan, they are very good, we need them as everybody is different, but all the useful information is there."

We reviewed five people's care plans and saw that these were individualised and person centred. Care plans contained very detailed and specific step by step instructions to care workers on how support should be best provided to that person. It was clear from this that people's wishes, views and personal preferences were valued and care plans evidenced a strong person centred culture when planning care and support. We found that care plans contained in depth information about the person and their needs and were designed to enable staff to provide individualised care attentive to people's needs. We found that care plans were written to maximise people's independence, one recorded document: "I wash myself, but please offer support if you see me struggling." Other areas of the care plan similarly documented what the person could do for themselves and what areas they may require support with.

People using the service told us they typically spoke to their care workers about any issues or concerns and these were addressed or fed back to the office if needed. Some people felt that they were involved in creating their care plan and that they were reviewed and updated when needed. One person using the service said "They came out and wrote down everything that I need them to do to the smallest detail – it's the most detailed care plan I've had." Another person said "My care plan is updated regularly by the girls coming out from the office or a care worker qualified to do it. Some people we spoke with were less clear on when their care plan was reviewed, but knew that comments were being recorded in a folder and that care workers used this on a daily basis.

The registered manager told us that they reviewed care plans every six months and showed us the reports they produced to monitor which care plans needed updating. We reviewed five peoples care records and saw that these had been updated regularly. We spoke with a supervisor who told us they were responsible for completing routine reviews or more urgent reassessments if people's needs changed. They gave us an example where someone's mobility was deteriorating. They explained that the care worker contacted the office raising their concerns and a reassessment had been completed. The supervisor told us they looked at whether an assessment by an occupational therapist was needed, to look at moving and handling equipment or adaptations, or whether a second care worker was needed to provide additional support. This showed us that the service was actively responding to changes in people's needs.

Care workers we spoke with explained that they wrote in daily records and also contacted the office if people's needs changed. People using the service confirmed this saying "They always write extensive notes when they've finished so the next care knows if there's been a problem." Meanwhile the registered manager explained that important information was forwarded to the next care worker to ensure they were aware of specific issues. This system ensured that care workers had up-to-date information enabling them to provide responsive care as people's needs changed.

Care plans kept in people's homes contained a service user guide, which provided details of how to make a complaint or raise concerns. People using the service told us they felt confident raising concerns or issues if they needed to with comments including "I have no complaints whatsoever. If I did I would just ring the office." Whilst another person said "The office ring from time to time. I am off to a charity coffee morning tomorrow in the office where I can talk about anything."

We reviewed records of compliments and complaints. There had been 17 compliments in 2015 and these contained a range of positive comments about the care workers, the service and the support provided. We saw that the service had also received some complaints. These had been documented, further information gathered and a response provided. We saw forms were signed off by the registered manager and contained information about the 'customers preferred outcome', the 'action taken' and the overall 'outcome'. For example, one relative had complained about how the care workers used a sling for

Good

Is the service responsive?

hoisting. This had been investigated and the care workers were found to be following best practice. We saw that this had been explained to the relative and the outcome recorded. This showed us there was a system in place to manage and respond to compliments and complaints.

Good

Is the service well-led?

Our findings

The registered provider is required to have a registered manager as a condition of registration for this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. There was a registered manager in post on the day of our inspection and as such the registered provider was meeting all registration conditions.

People using the service told us "They are absolutely fantastic, the best company I have ever had" and "I have experienced several companies in my time and am really impressed with Bluebird. I have had some shockers, but this is the only one I would recommend." Whilst another person using the service told us "It seems to be well-run, I get a weekly letter to say who is coming and what time."

We observed that the service was well-run. There was good communication between the registered manager, supervisors and care workers. Care workers we spoke with were clear about their roles and the expectations placed on them and told us they were kept up-to-date with changes in people's needs and changes within the service.

Care workers we spoke with told us that they enjoyed their job and we could see that there was a positive atmosphere within in the service. Comments we received included "I'm happy about everything, I love my job!", "I absolutely love it" and "It's fantastic, the people I've met, staff…" Carers told us they felt supported in their role and that help, advice and guidance was always available if they needed it. One care worker said "The manager is lovely, very approachable, very amenable. They are supportive, it is all you can ask." The registered manager told us they operated an 'open-door policy' and care workers and people using the service were encouraged to raise concerns or speak to them or the supervisors if there were any issues.

People using the service told us that they had limited contact with the registered manager, but that they felt able and confident ringing the office if they had concerns or problems. One person we spoke with said "I do get a call from the manager about once every six months but I don't need them for anything." Another person said "Sometimes I ring the office to cancel some visits. It's easy to get through and the staff are very polite."

The registered manager held team meetings and we reviewed minutes from meetings held in April, July and October 2015. We saw that care worker had discussed changes to policies and procedures, issues around best practice and areas of concerns, such as problems with recording. The registered manager told us that where care workers were unable to attend, minutes were posted out to ensure they were kept up-to-date with important changes.

There was a system in place to monitor the quality of the care and support provided. This included an annual customer quality survey, although the result of this had not been collated at the time of our inspection, and a care worker questionnaire completed in July 2015. This showed us that care workers had raised concerns about the distance to travel between visits. The report documented that steps had been taken to try to reduce this and that the average commute had dropped from 2.9 to 2.08 miles between visits during the course of this year.

We spoke with a supervisor who explained the system of spot checks and competency checks that were completed on a weekly basis to monitor the quality of the care provided. We saw that spot checks on care worker's practice were completed unannounced and these were used to ensure that care workers turned up on time and were wearing the correct uniform and PPE. We saw that separate spot checks were completed for observations of care workers administering medication, providing personal care and moving and handling. Spot checks were also completed to audit dignity, privacy and respect, infection control and food hygiene. In each instance supervisors recorded their observations, any issues identified and whether further action was needed. This showed us that appropriate steps had been taken to monitor the quality of the support provided.

The registered manager showed us that they completed monthly audits of care plans and MAR charts and documented any follow-up action needed. We reviewed records of these and spoke with the registered manager about the need to robustly evidence actions taken. Current audits documented "Spoken with carer" where errors were identified. The registered manager told us what steps they had taken and how these errors had been addressed; however, this was not fully evidenced in the audits completed.

Newsletters and memos were sent to people using the service to keep them up-to-date with changes. We saw a newsletter advertised a coffee morning held in the location's offices to raise money for charity and a

Good

Is the service well-led?

subsequent newsletter updating people with the amount of money raised. One person using the service told us "I get sent newsletters telling me about any scams we should be aware of." Meanwhile a recent memo had been sent advising people using the service how to be prepared for cold weather this winter.

We asked the registered manager how they kept up to date with changes in legislation and guidance on best practice. They explained that they attended area meeting and events run by Skills for Care, the Care Quality Commission and City of York Council. The registered manager told us they also received emails regarding relevant updates from the Local Government Association and Bluebird Head office. We saw in team meeting minutes that the registered manager had discussed changes to the medication policy and procedures with care workers following an event run by the Care Quality Commission on medication management. This showed us that the registered manager was keeping up to date and implementing changes to ensure they were following relevant guidance on best practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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 How the regulation was not being met: The registered manager did not ensure the proper and safe management of medicines. Regulation 12 (2) (g).