J.W.S. Services Limited

Bluebird Care (Bradford North)

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

Our inspection of Bluebird Care, Bradford North, took place between 13 to 17 March 2017 and was announced. At our previous inspection in February 2016 the service was found to be in breach of legal requirements regarding medicines management and good governance. At this inspection we saw improvements had been made and the service was no longer in breach.

Bluebird Care (Bradford North) provides a wide range of home care services and support to older people who live across the Bradford local authority area. Their headquarters are located within the town centre of Shipley. On the day of our inspection 57 people were receiving the regulated activity of personal care.

A registered manager was 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 we spoke with told us they felt safe with the care and support provided by the service. Staff had received safeguarding training and understood how to keep people safe. Risk assessments were in place and appropriate to people's needs. Accidents and incidents were monitored and appropriate actions taken as a result.

Medicines were safely managed and any issues dealt with promptly.

Most people we spoke with were positive about the service and told us staff generally arrived when they should and stayed for the correct amount of time. People particularly commented on the accessibility and responsiveness of the management team.

Sufficient staff were employed to ensure people received a reliable and consistent service. Robust recruitment procedures were in place and staff received appropriate training to allow them to provide effective care and support.

The service was acting within the legal framework of the Mental Capacity Act (MCA). People told us they were supported to make choices about their care and support and information about supporting people's choice was documented in people's care records.

People told us staff were kind and caring and supported them to maintain as much independence as possible. Staff knew people well and most staff told us they supported the same people which allowed them to build good relationships and maintain consistency. This was confirmed by people we spoke with.

Electronic care records contained information on people's likes, dislikes and preferences. However, further detail would enhance the personalisation of these.

Complaints were taken seriously by the service. Any complaints received were documented and investigated to provide people with an outcome. Complaints were analysed for lessons learned.

People's health care needs were met and we saw liaison took place with a variety of health care professionals such as GPs, district nurses and social workers.

Robust systems were in place to assess and monitor the quality of the service. A range of tools were used to drive improvements.

People and staff were mostly positive about the management of the service and told us they were approachable, responsive and caring. The management team was pro-active and open to ways of improving the service.

People were involved in the running of the service through meetings, reviews, surveys, social gatherings and a regular newsletter. Most people told us they listened to by the service. Staff attended regular meetings and completed an annual survey.

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.

Safeguarding procedures were in place and appropriate referrals had been made. Staff had received safeguarding training and understood how to recognise and act upon safeguarding concerns.

Medicines were safely managed.

Robust recruitment procedures were in place and sufficient staff were deployed to keep people safe.

Is the service effective?

Good

The service was effective.

People were supported to consume a good diet. People's choices of food were respected and prepared according to their wishes.

Staff training was relevant, up to date or booked.

The service was acting within the legal framework of the Mental Capacity Act (MCA) 2005.

Is the service caring?

Good

The service was caring.

People told us staff demonstrated a kind and caring attitude. People's privacy and dignity was respected.

Staff knew people and their care and support needs. People were involved in the planning of their care.

Is the service responsive?

Good

The service was responsive.

Plans of care were easy to navigate and contained relevant

information about people's care and support needs.

People's personal preferences were respected.

Complaints were taken seriously and investigated with documented outcomes.

Is the service well-led?

Good

The service was well led.

Staff and people who used the service told us the management team were approachable and helpful.

A range of quality assurance audits were in place to monitor and improve the service.

People's opinions on the service was sought through reviews and questionnaires. A bi-monthly newsletter was produced to keep people informed and people were encouraged to contribute to this.

Regular staff meetings took place as well as an annual staff survey which showed most people were happy working at the service.

Bluebird Care (Bradford North)

Detailed findings

Background to this inspection

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

This inspection took place between 13 to 17 March 2017 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure the registered manager was available.

The inspection team consisted of two Adult Social Care inspectors 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. The expert-by-experience used on this occasion had experience of caring for older people.

We used various methods to help inform our inspection. We reviewed information received from the local authority contracts and safeguarding teams and information received from the provider, such as notifications and the Provider Information Return (PIR). This is a form which asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR in a timely manner and we took this into account when making our judgements.

During the inspection we used a number of different methods to help us understand the experiences of people who used the service. Before our visit to the provider office we spoke with 16 people who use the service and two relatives. On the day of our visit to the provider office we spoke with the registered manager, the provider, the care co-ordinator and the office administrator and made two home visits where we spoke with three people who used the service.

We also looked at elements of four people's care records, medicines administration records (MARs) and other records which related to the management of the service such as training records, three staff recruitment records, quality assurance documentation and policies and procedures. Following our visit to the office, we spoke with seven care staff on the telephone.

Good

Is the service safe?

Our findings

People and relatives we spoke with told us they felt safe with the care staff who came to their homes. People told us staff made sure they introduced themselves and always wore uniforms with the company name on. Comments included, "I have a lot of confidence (in the staff); I feel safe", "I've no worries, I feel safe", "(Relative's name) feels comfortable and safe when they are in our home", "I trust them completely," and, "Yes, they always lock up and leave me secure when they go."

Since the last inspection, an electronic care recording and monitoring system had been fully embedded. This had led to significant improvements to the safety of the service due to the 'real time' monitoring of staff activity. For example, if a call was over 30 minutes late or staff did not confirm they had completed all care tasks, the system alerted the office which allowed this to be investigated before the situation became unsafe.

Safeguarding procedures were in place. We saw evidence that appropriate referral and/or discussion had taken place with the local authority when concerns had been identified. Staff had received safeguarding training and the staff we spoke with understood how to keep people safe. This showed correct processes were followed to help keep people safe.

We spoke with staff about what to do in an emergency situation and they were able to give clear examples, such as checking through the windows if they were unable to gain entry and contacting the office, relatives or emergency services if required. There was a clear 'on call' system in place and staff were able to explain who they would contact out of office hours or at weekends/bank holidays.

Incidents and accidents were recorded and investigated. This included any missed calls or medicines errors. Following these incidents, we saw measures were put in place to reduce the risk of a re-occurrence such as meetings and supervisions with staff.

Medicines were safely managed. All care workers supported people to take their medicines and had received training to do this in a safe and proper way. Staff competency in medicines management was assessed every three months to ensure they continued to practice safe management of medicines. No-one we spoke with said there had been any concerns about receiving their medicines. Comments included, "I prefer to do my tablets myself; they always check I've taken it," and, "They give me my tablets, never any problems."

Information on the medicines people took, the reasons why and the side effects was recorded within electronic care and support plans which staff carried around with them. This clearly showed which medicines staff needed to help people with at each visit, reducing the risk of errors.

Staff completed electronic Medicine Administration Records (MARs). The completion of these was monitored by office staff. If medicine administration was not recorded against any of the medicines people were prescribed this flagged up as an alert and the office staff investigated this daily. We looked at a sample

of these alerts, which showed where medicine administration had not been recorded this had been properly investigated. Any medicine errors or discrepancies were analysed on a quarterly basis to look for any themes or trends. This helped ensure people were kept safe.

MAR charts were well completed which indicated people had received their medicines as prescribed. This included 'as required' medicines and topical creams. However we did identify that staff did not always correctly time stamp the exact time medicines were administered, instead recording all administration at the end of the visit when they completed the electronic care record. We raised this with the manager who immediately put actions in place to ensure this did not recur. From speaking with the registered manager we were reassured medicines had been administered at the appropriate times and this was a documentation error. We saw actions were put in place during our inspection to ensure the matter was addressed.

Safe recruitment procedures were in place. Staff files showed completed application forms detailing previous employment and qualifications. Staff attended an interview where their suitability was assessed. Proof of identity documents were on file. Checks on people's backgrounds took place including ensuring a Disclosure and Barring Service (DBS) check and references were undertaken. Previous qualifications were checked and copies of certificates obtained by the service.

The registered manager told us they were constantly recruiting for care staff but all calls were covered, generally by the same staff. This was confirmed when we spoke with staff and people and their relatives. People told us they usually received calls from the same staff and no-one said staff were rushed when they came. People told us staff stayed for their allocated time and all care tasks were completed. Most people told us staff arrived on time or if there was a delay it was not unacceptably long. Comments included, "They always come on time", "More or less on time. Oh yes, they stay the full time. I'm a chatterbox; keep them talking", "On time, very good. I know most of them that come. I'm not rushed; they stay the full time", "It's usually the same girl. If she finishes early I usually give her another job which she does willingly" and, "They're usually on time but sometimes late if someone's ill or there's an emergency. When we contact the office they chase them up and find out where they are for us." This showed systems were in place to ensure people received care and support in a timely manner. However, some people commented about calls not always being at the time they wanted them. We spoke with the registered manager who told us they tried to fit in with people's requirements wherever possible and would try to amend call rotas accordingly.

Good

Is the service effective?

Our findings

The registered manager told us and staff files we reviewed confirmed that new staff without previous care experience completed the Care Certificate. This is a government recognised training programme designed to equip staff new to care with the necessary skills to perform their duties effectively. All staff we spoke with told us the training was good, had equipped them for their role and they were supported with further training relevant to their role. We saw training was up to date or had been booked and included additional subjects such as 'end of life', as well as National Vocational Qualifications. We saw the local authority adult protection unit had provided safeguarding training. Training was provided through a variety of mediums including face to face, in-house and ELearning. A staff member said, "Training is really good. Get a lot of training," and another commented, "Training is good. I've done NVQ in dementia, social care and end of life." We saw staff also received one or two day face to face refresher training in key topics on an annual basis to keep their skills refreshed.

We saw new staff received a four day induction covering subjects such as infection control, moving and handling, food hygiene, first aid, fire safety and safeguarding. A staff member commented, "(Induction) taught me everything I needed to know." Following the induction, staff spent a further day in the office, looking at policies and procedures and familiarising themselves with people's care records and the service's systems and processes. New staff then shadowed an experienced member of staff for at least two days, depending on their experience and needs. Staff we spoke with confirmed this had taken place. People we spoke with told us most staff appeared well trained.

We saw staff received regular supervision and annual appraisal. This provided a mechanism for staff to raise any concerns and for any performance issues to be addressed. People we spoke with commented that most staff were competent and knew what they were doing. This demonstrated the service ensured staff had the knowledge and skills needed to carry out their roles and responsibilities effectively.

Some people were supported with their nutritional needs. We saw where support was given people's plans of care showed their nutritional needs had been assessed. Clear guidance was provided on the support the person needed to eat and drink and information on the person's culinary preferences was recorded for staff. Records showed people had been prepared appropriate food and drink in line with their plans of care. All the people we spoke with told us they chose what food they wanted to eat, the food was well cooked and nicely presented. One person gave us an example of how they were unable to get to the fridge so the care worker brought a selection of food to show them so they could decide what they wanted. They said, "I couldn't decide what to have yesterday; I don't always like what my [relative} brings so [staff member] came up with something and made me a lovely meal." People told us staff encouraged them to consume enough food and fluids. One person commented, "They are very encouraging, always saying I should have at least one hot meal a day." Another told us how drinks were prepared how they liked them, saying, "It's always hot and how I like it."

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 when this is in their best interests and legally authorised under the MCA.

In the case of domiciliary care applications must be made to the Court of Protection. The service had not needed to make any applications to the Court of Protection. Overall we found the service was acting within the legal framework of the MCA. People's mental capacity was assessed as part of care planning. We saw evidence people had signed to consent to care and support plans and relatives had supported people to make decisions. We found some amendments were needed to some of the terminology and selection options on the electronic system to clearly demonstrate relatives' involvement was done in line with the correct legal processes. From our discussions with the registered manager we were confident this would be actioned.

Care plans showed where people were supported with access to health care professionals such as GPs, district nurses and social workers. Staff we spoke with were able to give examples of when they had alerted health care professionals and their relatives if concerned about people's health.

Good

Is the service caring?

Our findings

People we spoke with were mainly positive about the care staff and told us they were kind and friendly. Comments included, "[Care worker] is the best. Knows where everything is and what I should be doing. Nothing is too much trouble", "They (care staff) are gentle and kind. If we've had a bad day and don't want to get dressed they say, 'don't worry, it's up to you'. On the whole they're very encouraging", "Very, very friendly. No-one has ever been unpleasant. Whatever I ask them, they do," and, "We have two nice people coming. We understand each other completely." Another person praised the care workers who visited them, saying, "Full marks to them." One person told us of one care worker who had not had a caring attitude. The person had contacted the office who responded positively, informing them of the outcome that the care worker was no longer was employed by the company.

People also told us staff made time to chat and share a joke with them. One person we spoke with said, "You build up a good rapport. We have a chat as they're going along. Staff are kind and caring," and another commented, "Have a bit of a giggle (with staff). They always ask how I am and how I'm feeling."

Staff we spoke with told us they had regular people they visited which enabled them to build good relationships and help maintain continuity for people. From our discussions with staff we concluded they knew people and their care and support needs well. One staff member commented, "I have a regular run. I feel I know people well; it's one of the main things, continuity."

Most people told us staff treated them with dignity and respect. Comments included, "They give me privacy, for example in the toilet until I'm ready and shut curtains and blinds", "It's hard to swallow when you need someone to do those things you used to do yourself but they make me feel comfortable and I accept it now", "I'm not the least embarrassed (when in the shower). We have a bit of a rapport, backward and forward chat. I don't sit there thinking I am undressed", "They treat my home with respect, clean up and put everything back before they go," and, "Oh yes, they always wipe their feet and clean up after themselves."

Staff we spoke with gave us examples of how they preserved people's dignity and privacy. These included closing curtains and blinds, using towels to preserve people's dignity when supporting them with personal care and ensuring toilet and bathroom doors were closed.

People we spoke with told us they had been involved in the planning of their care and felt the care provided was according to their needs. People also told us care staff encouraged them to do as much as possible for themselves to enable them to preserve their independence. For example, one person told us how their regular care staff encouraged them to continue walking with the use of a mobilisation aid. They said this ensured they continued to be able to mobilise, thus increasing their independence.

Good

Is the service responsive?

Our findings

The service had introduced electronic care records over the last year. These provided a clear list of the tasks required to be completed at each call, reducing the risk of errors or omissions.

We reviewed four people's electronic care records. We found these to be clear and easy to navigate. We saw documentation relating to appropriate interventions and risk assessments. These included sections on mental capacity, care needs, medication, nutrition and hydration, skin integrity, and an 'all about me' section which gave some information about the person and their likes and dislikes. A summary sheet at the start of the care records gave an overview of the person's care and support needs and emergency contact information. We saw some care records were written in the first person and placed a high degree of importance around the person retaining their independence, showing what they could do as well as what they needed support with. For example, one person's care records stated, '[Person's name] will assist with washing [person's] hands and face but will need support with all other cares.' However, the registered manager agreed further work would improve the person centred approach in some people's records.

The registered manager told us staff had access to care records on their mobile devices and staff we spoke with confirmed this. One staff member said, "I can go into the care plan. They've spent a lot of time getting staff used to it. It's easy to check notes." Another staff member told us, "If we get new people, we have all the information to hand; very detailed with what we're supposed to do." We saw information recorded about some people's preferences, for example exactly how they liked their tea prepared and whether they wanted sugar in it or not, what time they liked to get out of bed and their daily routines.

Electronic records confirmed people had received the required care and support at each visit. Where staff had not confirmed a required care task had been completed, this was flagged on the system and was investigated by office staff to ensure the person had received the right care and support. We saw staff had documented if leaving a call early, for example if the person or family had asked them to leave after the care tasks were completed.

Although records showed people received the required care, the configuration of the system reduced the amount of personalised information recorded for example, about people's choices and feelings. We spoke with the registered manager who told us they would look at ways to incorporate more personal information into the care records, including more details about people's likes, dislikes, histories and hobbies. This would assist staff with their communication with people and help create a more person centred approach.

Care records were subject to regular review and these were undertaken with the person receiving care and/or their relatives if required. One person told us, "We've had a care review over the last year and they increased [person's name] care package." This showed care reviews were used as a valuable working tool to assess and review people's care needs and requirements.

We looked at the times people received care and support calls. We saw these were generally consistent from

day to day albeit with some minor variation. Staff stayed the correct amount of time and we saw instances they had stayed longer to ensure people were well kept safe and well. One person told us, "They turn up on time or usually let me know if they're going to be late. They stay for the time. They get everything done," and another commented, "Sometimes are a bit late. Timings are generally okay. They always turn up and will ring if late; we've never been forgotten." They also told us all care tasks got completed during visits. Some people we spoke with told us they would prefer different call times and had asked for changes, although the registered manager told us they attempted to arrange calls as near as possible to people's requirements.

Information on how to complain was present within people's care folders located in their homes. We saw complaints were logged, investigated and actions put in place to prevent a re-occurrence. This included formal complaints and informal concerns or issues. People told us they had no reason to complain but knew how to and would feel comfortable if they had to raise a concern with the service. Comments included, "No complaints but would do so if I had to", "I've never had a reason to complain. They are very helpful when I've rung up", "If I had a complaint I would tell them there and then", "I've no complaints but I would tell [registered manager's name] if I had to," and, "I did complain once about a girl who came and said she had to rush off to take her car to the garage. I told the office people and she never came again." This showed the service took people's comments seriously and used these to help improve the service. A significant number of compliments were also recorded so the service knew the areas where it exceeded expectations.

Good

Is the service well-led?

Our findings

An experienced registered manager was in place with a pro-active management team. We found the registered manager was open and honest with us and willing to explore ways to further improve the service. We saw any issues raised during the inspection such as with medication documentation were immediately addressed; for example, generating a telephone message alert to staff and amendment of call plans.

Staff spoke highly of the management team. They told us they felt supported and could speak with the registered manager or care co-ordinator if they had any concerns. Comments included, "The management are great. If I have a problem I can speak to them. They are very kind", "Never had an issue with management; I can approach them. They're a good company to work for", "Any problems, I just go into the office. They're the best bosses I've had. The door's always open; really approachable", "I absolutely love it. There's always someone to support you if you need it," and, "It's one of the best jobs I've ever had and one of the best companies. [Registered manager] and [care coordinator] are the best office staff I've ever worked with; best support."

Staff we spoke with told us morale was good within the service and all commented on how they enjoyed their role and felt staff worked together as a team. One staff member told us, "The team is great. It works fine," and another said, "Communication is good between staff." Staff told us they had recommended the company as a place to work. A staff member commented, "Caring company and caring staff." However, some staff told us they would like to see greater flexibility with the shift systems since they felt their requests to swap shifts with other staff were not always listened to.

We asked people who used the service if they knew the management team. People commented on how approachable and helpful the office team were and some people knew the names of the registered manager and the care co-ordinator. Comments included, "[Registered manager] is very good, approachable and friendly. [Care co-ordinator] will do anything for me", "[Registered manager] has been fine. He suggested the key safe which is a lot better", "We know [registered manager], he's approachable. They bend over backwards (to accommodate different call times)," and, "I know the registered manager by name and would be happy to talk to [registered manager] or [care coordinator]. [Care coordinator] comes sometimes to check staff are okay. They are very helpful when I've rung up. [Care coordinator] and [registered manager] checked if I was happy with the care. They've been very good. No concerns."

Most people we spoke with told us they were satisfied with the standard of care, would recommend or had recommended the company. Comments included, "They are ok; I would recommend them", "Yes we would recommend. We are satisfied with the standard of care. I've no suggestions for improvement", "I would recommend the girls that come", "Definitely would recommend. I'm satisfied, they're brilliant. Emphasise I'm very satisfied," and, "I told someone who asked in the hospital that I would recommend this company. I said they were very good."

The electronic care management system ensured live monitoring of service delivery, which helped robustly assess and monitor the quality of the service. The completion of medicine support, other care and support

tasks and the timeliness of visits was all monitored on a daily basis by office staff. Any discrepancies in these areas were flagged up as an alert and provided a real time audit and monitoring system. This ensured people received a safe, and consistently high quality service. Where discrepancies were identified, such as staff not recording care visits (for example due to a fault with the system), or staff forgetting to confirm all tasks had been completed, we saw office staff immediately investigated these to ensure people had received the correct care and support. This demonstrated good monitoring and checking of service delivery.

Incidents and accidents, including medicines errors, safeguarding incidents and complaints were analysed on a quarterly basis to look for any themes or trends.

A number of checks were undertaken on staff which included spot checks and medicine competency assessments. We saw where shortfalls had been identified such as staff not always wearing Personal Protective Equipment (PPE) messages had been sent to staff to help improve this aspect of the service. People we spoke with confirmed staff were checked regularly during care visits. This helped ensure consistent high quality care.

An annual provider audit was also completed by the franchise head office. This looked at a range of quality indicators including care plan documentation, medicines, and staff training and support. We looked at the 2016 audit and saw an action plan had been produced which the registered manager had worked through to ensure improvement of the service.

Regular staff meetings were held. We saw these were an opportunity to discuss quality issues and improve staff practice as well as listening and providing a mechanism to act on staff concerns. We looked at the minutes which showed topics such as mental capacity, safeguarding and medicines errors were discussed as well as the new electronic care system. A staff survey had been conducted to evaluate staff morale and provide a mechanism for concerns to be raised. We looked at the 2016 survey results which showed most staff were very happy working at the service, although a common theme was that staff thought more travel time was required between calls. This was confirmed by our discussions with staff during telephone interviews. The registered manager said they had looked at this, but due to the volume of traffic in some areas of the patch this would remain a challenge.

People's views and feedback on the service was sought through a number of mechanisms. Spot checks on staff asked people for their feedback on care and support whilst staff visited their homes. People also took part in annual care reviews and their comments and views were recorded. In addition, people were asked to complete quality surveys to provide their views on the service. We looked at the results from the most recent survey in Summer/Autumn 2016 which showed overall people were satisfied with the service. For example, 68% of respondents rated the service as excellent and 20% as outstanding. Where negative comments were received these were explored by the registered manager to further improve the service. People we spoke with confirmed their involvement in care reviews and satisfaction questionnaires. However, no-one we spoke with recalled receiving feedback about survey results.

The service also provided people with a bi-monthly newsletter which encouraged people to contribute to its content and provided contact details for staff to raise concerns, queries or ideas about service delivery. The provider told us that a coffee morning was also being planned to further improve engagement with people who used the service.