

# Inspiring Generations Ltd Bluebird Care (Wakefield)

## Inspection report

Churchill House  
29 Mill Hill Road  
Pontefract  
WF8 4HY  
Tel: 01977 708787  
Website: 01977 708787

Date of inspection visit: 22 April 2015  
Date of publication: 01/06/2015

## 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	

## Overall summary

The inspection of Bluebird Care (Wakefield) took place on 22 April 2015 and was announced. This was the first inspection for this service under Section 60 of the Health and Social Care Act 2008.

Bluebird Care (Wakefield) is a domiciliary care agency registered to provide personal care to people in the community in the West Yorkshire area. They currently provide a service to 37 people, 18 of whom receive support with personal care.

At the time of our inspection the service had a registered manager in place, however, they were due to leave their

post within the next few days. The registered manager was not present on the day of the inspection. 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.

# Summary of findings

People we spoke with told us their relative was safe. The registered provider and the staff we spoke with were all aware of their responsibilities in the safeguarding process.

One staff member we spoke with was able to describe the action they had taken when a person they visited did not answer the door.

We looked at the recruitment records for two staff members and found they had been recruited safely. Staff told us there were enough staff to meet people's needs and in the event of a staff member not being able to attend a call, the registered provider had a contingency plan in place.

Medicines were administered by staff who had been assessed as competent. We saw the registered provider had a system in place to ensure people received the medicines they were prescribed.

We saw evidence staff received induction and training appropriate to their role. Staff told us they received regular training and support from their manager.

The registered provider had attended training in the Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. As a result of this training they had begun to take action to source more in depth training for staff in this topic.

One person we spoke with told us how staff supported them with their meals and one member of staff we spoke with explained how they supported one of their clients with eating and drinking.

Relatives of people who used the service and the person who used the service told us the staff who supported them or their relative were kind and caring. Staff we spoke with were knowledgeable about people's individual care and support needs.

All the staff at the service, including the registered provider were dignity champions. Staff were clear about how they ensured they maintained the dignity of the people they supported.

We looked at two people's care and support records and found they provided information about the care and support each person required. While the records provided adequate information, they lacked the level of detail required to provide person centred care. The registered provider evidenced they were aware of this and had taken action to begin to improve people's care and support plans.

Where a concern or complaint was raised, this was investigated by the registered provider and the complainant was provided with written feedback as to the action taken to address the concerns.

Staff told us Bluebird (Wakefield) was a good company to work for. The registered provider demonstrated a belief in delivering quality care to people and felt that staff development was a key factor in achieving this goal.

There was a system in place to ensure the views and opinions of staff and customers were gained. Where issues were raised, these were addressed and feedback was provided to people. Staff performance was monitored by senior staff to ensure staff were compliant with the services standards.

The registered provider had put an action plan in place with detailed actions and timeframes for completion. This was to ensure the service continued to progress and improve. The registered provider shared their news and activities with staff and customers with a regular newsletter.

# 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?

The service was safe.

Staff had received training in safeguarding and were aware of their responsibilities for protecting vulnerable people from the risk of harm or abuse.

Recruitment procedures were thorough.

The registered provider had systems in place to ensure people's medicines were managed safely.

Good



### Is the service effective?

The service was effective.

The registered provider had a programme in place to ensure staff received the training and support they required.

The registered provider was aware of their responsibilities under the Mental Capacity Act (MCA) 2005.

People's records detailed their dietary preferences and the support they required to eat and drink

Good



### Is the service caring?

The service was caring.

People we spoke with all told us staff were caring and kind.

Each of the staff we spoke with spoke in a caring, professional manner.

People who used the service were treated with dignity and respect.

Good



### Is the service responsive?

The service was responsive.

People we spoke with told us the service was responsive to changes to people's support needs.

People had care and support plans in place. The registered provider had highlighted deficiencies in people's records and had taken action to rectify this.

The registered provider demonstrated an open culture towards dealing with concerns and complaints.

Good



### Is the service well-led?

The service was well led.

The registered provider sought regular feedback from people who used the service.

Staff we spoke with all told us it was a good service to work for.

There was an action plan in place to ensure the service continued to improve and develop.

Good



# Bluebird Care (Wakefield)

## Detailed findings

### Background to this inspection

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

This inspection took place on 22 April 2015 and was announced. The registered provider was given 48 hours' notice to ensure that people would be available in the office to talk to us, as the service is community-based. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all the information we held about the service. We spoke with the local authority and health authority. We also asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with the registered provider, a field care supervisor, a care co-ordinator and three support workers. We spent time looking at two people's care records and a variety of documents which related to the management of the service. Following the inspection we spoke with one person who used the service and three relatives of people who used the service.

# Is the service safe?

## Our findings

We asked relatives of people who used the service if they felt their family member was safe. Everyone we spoke with told us that they did. One person said, "Yes, I do feel safe."

We also asked one person who used the service if the staff ever failed to turn up or were late. They told us, "They have never missed and if they are going to be late, they ring me."

Staff we spoke with told us they had received training in safeguarding vulnerable adults and this was corroborated when we looked at staff training records. Staff told us they would report any concerns they may have to the registered provider or a senior member of staff and were able to describe different types of abuse, for example, physical, emotional and financial.

The registered provider was aware of their responsibilities for protecting vulnerable people from the risk of harm or abuse. They were able to verbalise the action they would take in the event of a safeguarding concern being raised.

We asked one member of staff what action they would take if a person did not answer their door. They said this had happened to them recently, they explained the action they had taken to ensure the person was safe.

We asked the registered provider what safeguards were in place to alert them in the event that a call was missed to a person who used the service. For example if their carer failed to notify them and the person using the service, or their representative, was unable to. The registered provider told us they did not currently have a system in place, however, they told us this matter was already being looked at.

This showed the registered provider and staff recognised their personal responsibilities for safeguarding people who used the service.

We looked at two sets of care records and saw each person's support plan included a number of risk assessments. These included environmental risks, such as the location of gas and electric points, access to people's property and use of electrical appliances. The risk assessments were also based on individuals' support needs, for example, moving and handling. This meant care and support was planned and delivered in a way that reduced risks to people's safety and welfare.

We looked at the recruitment records for two staff. We saw staff members had completed an application form, references had been sought and they had been checked with the Disclosure and Barring Service (DBS) before they started work at the home. The DBS has replaced the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) checks. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups.

The registered provider told us the registered manager was leaving the organisation but a new manager had been recruited and was due to start shortly. They explained the recruitment process for the new manager; this included a relative of a person who used the service being involved in the interview.

Staff we spoke with told us there were enough staff employed to meet people's needs. The registered provider told us they had recently recruited two office based senior staff. They explained they were both experienced care workers and part of their role was to support care staff. Staff told us that where a person was assessed as requiring two staff to support with their care they had never provided the care alone. They said in the event of a staff member being unable to work, staff would pick up the extra calls and the 'on call' would also provide assistance where required. This showed the registered provider had contingency plans in place to enable it to respond to unexpected changes in staff availability and meant the service to people using it could always be maintained.

Each of the staff we spoke with told us they had received training in medication awareness. One of the staff we spoke with told us they were the 'lead' for medicines management at the service. They explained they ensured all staff were trained and had been assessed as competent to manage people's medicines. They also told us they completed a weekly audit for all people whom staff supported with their medicines. They showed us one person's medicine care plan, we saw the plan detailed the medicine and the action staff were required to take to support the individual. We asked how the service would be made aware of any changes to person medicines. They told us each person had a signed consent form to enable GP's to share information about a person's medicines with the service.

## Is the service safe?

We asked a member of staff what action they would take in the event of an error being made with a person's medicines. They told us they would inform the person's family and/or GP, they said they would also report the matter to a senior member of staff.

We looked at the medication administration record (MAR) for one person. We saw this detailed the medicines the

person was prescribed and instructions as to how each medicine was to be administered. We noted each medicine had been signed by staff as having been correctly administered.

This showed the registered provider had systems in place to ensure people's medicines were managed safely.

# Is the service effective?

## Our findings

We asked relatives of people who used the service whether they felt that their relative was looked after by skilled staff. One relative said, "Since (relation) has had Bluebird (staff) their health has improved. A lot of that is down to Bluebird."

We asked how new employees were supported in their role. One staff member we spoke with told us they had shadowed a couple of shifts when they first started, they also told us they had felt supported by the staff they were working with. Another member of staff told us about their induction training. We checked the personnel record for one staff member who had been recruited recently. We saw evidence they had received an induction to the service which included guidance specific to their role. This demonstrated that new employees were supported in their role.

All the staff we spoke with told us they had received regular training. We checked the training records for two staff and saw they had received training in a variety of topics. The training matrix also evidenced staff had received training in a variety of topics, including moving and handling, health and safety, first aid, food safety and infection control. We saw the matrix also recorded where staff were booked onto courses for training which they had not yet received.

Staff said they received regular supervision with their manager. We saw a matrix which recorded all staff had received supervision within the last three months. This showed the registered provider had a system in place to ensure all staff received regular management supervision to monitor their performance and development needs.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We

saw from the registered provider's training matrix that twelve of the twenty staff listed had received in the (MCA) and DoLS. The registered provider told us they had attended training with the local authority and this had highlighted to them the need to provide more in depth training for staff in this subject. They told us the action they had taken to address this matter.

This demonstrated the registered provider was aware of their responsibilities under this legislation.

In both of the care and support records we looked at we saw a document for the person to sign consenting to the care and support they were receiving from Bluebird Care. We noted one of the consent forms had not been signed by the person or their relative. When we asked the registered provider about this, they evidenced they had implemented action to address the matter.

Staff we spoke with told us that no-one they supported was resistive to their care and support. We asked on staff member what action they would take in the event a person declined their care. They told us about a person they supported who was living with dementia. They said if the person refused their care, "I wait a bit longer, give them time to come round."

Both of the support plans we looked at provided information about the level of support the person required with eating and drinking. For example, one recorded 'I prefer to drink tea regularly throughout the day', the second plan detailed the foods the person liked. We asked one staff member of they supported anyone with eating and drinking. They told us about the support they provided for this person. One person who used the service told us, "I tell them what I want to eat and they cook it and then clean up afterwards."

We saw both the support plans we looked at provided staff with the name, address and telephone number of the persons GP. This meant staff were able to contact the persons GP in the event of them being unwell.

# Is the service caring?

## Our findings

We asked one person who used the service and three relatives of people who used the service if they thought staff were caring and kind. All the feedback we received was positive. Comments included, “The staff are lovely, I’ve not had a bad one yet. I tell them what I want and they get on and do it”, “They (staff) seem genuinely keen to provide good care. They (staff) are very caring and kind”, “(Person) is very happy with the care they receive, it is excellent” and “They do everything very well. They are brilliant.”

The registered provider showed us the compliments file which was kept in the office. We saw an entry dated February 2015 which recorded, ‘we appreciate what the staff are doing for (person), particularly (name of staff) who is going over and above the call of duty’.

All the staff we spoke with, including the registered provider spoke about their role, the service they provided and about the people they supported in a caring and professional manner. One staff member said, “The best bit is making a difference, it is so rewarding”.

Staff were knowledgeable about people’s individual needs. They told us people they supported all had a care plan in place. One staff member told us there was a signing sheet in each care plan which they had to sign to evidence they had read the person’s care plan.

We saw the registered provider’s computer system enabled the service to log people’s preferences regarding staff, for example, if someone preferred not to receive personal care from a male carer. They explained they also logged the staff who attended each call and tried to ensure people received continuity of care whenever possible. This meant people were supported and cared for by staff who knew them.

When we asked staff how they supported people to make choices about their everyday lives, one staff member said, “I give them a choice of two items of clothing. It’s the little things like that which can make all the difference to someone.”

We saw the training room at the registered provider’s office had information and guidance for staff about how to ensure they care and support they provided to people respected them and maintained their dignity. The registered provider said, “I am passionate about what we do. All staff sign up to be dignity champions. I want staff to do their job well. One of the staff we spoke with told us all staff were dignity champions, they added, “I treat people how I would like to be treated.” We saw the registered provider’s newsletter dated ‘winter 2015’ detailed how the service had held a tea and cake afternoon as part of the national dignity day campaign. It also recorded the registered provider’s pledge to ensure treating people with dignity was at the heart of the service they provided to people.

One person who used the service told us, “They (staff) always close the bedroom and bathroom doors, they put a towel around me when I have had a bath.” Staff we spoke with were able to tell us how they maintained people’s dignity. Another staff member told us about how they had attended to one person who required support to use the commode. They said the staff who had attended the call had not taken any steps to maintain the person’s dignity. They told us they had brought this to the attention of the staff. They went on to explain the steps they took to ensure people’s dignity was maintained, this included closing doors and curtains and using towels and clothing to cover people to ensure they did not feel exposed. Customer feedback surveys dated March 2015 recorded 100% of the 23 respondents felt staff treated them with dignity and respect. This demonstrated people’s privacy and dignity were respected by the staff who supported them.



# Is the service responsive?

## Our findings

People we spoke with all told us they had been involved in the development of the care plan for themselves or their relative. People also told us the registered provider had responded to changes in their relative's support needs. For example, one person told us their relations needs had changed suddenly, they told us the carer had said they could not deliver this aspect of the persons support as it was not on the care plan. The relative told us, "The carer notified the office and someone come out that afternoon, amended the care plan to enable the carer to provide the care my relative needed. It was all done and sorted really quickly." Another person said, "It is a really responsive and supportive service."

We asked a member of staff about the process they followed when they received a new referral for care and support. They told us an initial assessment was completed by a member of senior staff to ensure they were able to meet the needs of the person and to ensure they had the staff hours available. This showed the service ensured they could meet people's needs prior to accepting the referral.

We looked at the care and support records for two people who used the service and found they contained relevant personal information regarding peoples preferred name, emergency family contact details and information about how to access their home. The plan also provided basic information about what was important to each person. For example, one person's file provided information about the family members who were important to them and a particular animal.

Both files contained a letter sent to the person which included the registered provider's service user guide and price list. The letter had a section for the person who received the service, or their family to sign to acknowledge receipt. We saw in one of the files this had not been signed.

While both care plans provided basic detail about the care and support needed on each call, we noted both records required more detail to ensure they were person centred. For example, the records for a person who was living with dementia contained guidance written by the family. This described how the person required support, it also detailed

possible reasons the person may become agitated and suggested tactics for staff to diffuse the situation. This information was not reflected in the registered provider's documentation.

We discussed our findings with the registered provider who said they were aware that some people's care and support plans lacked details and not all relevant documentation had been signed by people who used the service. They showed us an audit tool they had recently implemented to enable them to appraise each person's care file and highlight the actions required to ensure the records were accurate. We saw three peoples records had been audited in April 2015 and action had already begun to rectify the deficiencies which had been identified. This demonstrated the registered provider was taking action to rectify deficiencies in people's records.

We looked at the daily logs for one person who used the service and saw these detailed the care and support provided by staff to the person.

We asked one of the people we spoke with if they were aware of how to complain, they told us they would either ring or email the office. One staff member told us if anyone raised a concern about the service they told us they would notify the office immediately.

We looked at the complaints file. We saw this detailed the date of the complaint, the name of the complainant, details about the complaint and the outcome. We looked at three complaints which were logged in the file. We saw each one had been investigated and, where appropriate a letter had been sent to the complainant detailing the outcome of the investigation and an apology.

When we looked at the customer questionnaires which had been sent to people in March 2015 we saw that where a concern had been raised, the registered provider had investigated the matter. They had then written a letter to the individual to explain the action taken to address the issues raised.

This demonstrated there was an open and transparent culture at the service where complaints and concerns were seen as an opportunity for improvement.

# Is the service well-led?

## Our findings

People who used the service told us they were asked for feedback about the quality of the service they received. One person said, “The office rang me after a couple of weeks to check if everything was ok. Then someone rang me the other week.” Another person said, “They asked us last week how things were. They seem to check we are ok, impressive really.” They also added, “The management seem to listen to staff.”

We asked staff if they felt it was a good company to work for. All the comments were positive, “Yes, it is a good company, I love it”, “(Name of registered provider) is here a lot. She is firm, you know where you are with her”, “(Name of registered provider) is fab. You can tell her anything, and if you tell her, she acts on it.” Another staff member said the registered provider was ‘brilliant’.

The registered manager was not on duty on the day of our inspection. The registered provider explained the registered manager was due to leave their post within the next few days and a new manager was scheduled to commence employment shortly. They told us they were very involved with the day to day running of the company and they spoke with passion and commitment about the service they provided, saying, “I want to be outstanding, why should we want to settle for anything less. I only want what I would expect for my parents.” We asked one staff member what they felt the culture of the service was, they said, “Quality of care. It’s all about the quality.”

During our discussion with the registered provider they told us they felt very strongly about developing and empowering staff. They said they wanted to recruit the right people and provide opportunities for career progression. This was echoed when we spoke with one staff member who told us how the registered provider had encouraged and enabled them to learn new skills and take on extra responsibility.

We saw staff and office staff meetings were held on a regular basis. Minutes detailed the topics discussed which included, policy of the month, staff training opportunities, professional expectations and feedback from the customer surveys. Care worker questionnaires had been issued to staff in March 2015. We saw every questionnaire issued had been returned. A summary of the issues raised had been put together and the findings discussed at a staff meeting.

One of the comments was, ‘If I have a problem, I call the office and the problem is resolved where possible’. Staff feedback is an important part of the registered provider’s responsibility in monitoring the service and coming to an informed view as to the standard of care and support for people who use the service.

Two care staff told us the office staff did spot checks on care staff to monitor their performance. One of them said, “They (office staff) just turn up, you never know they are coming.” They told us the office staff checked they were wearing their uniform and identity badge, using personal protective equipment and ensured they were speaking to people appropriately. This showed staff compliance with the service’s procedures was monitored.

One of the care and support records we looked at contained evidence of regular customer reviews. One of the comments from the relative was a request to know which staff were due to visit their relative. A member of staff told us they now emailed the staff rota to the relative each week so they knew the staff names for each call. The registered provider told us they had set regular and specific timeframes for obtaining customer feedback. They showed us a spreadsheet which recorded when feedback should be requested and evidenced the date it had been actioned.

Customer surveys had been sent to 29 people in March 2015, 23 had been returned. We saw the summary included a record of the action taken to address any issues or shortfalls identified. This evidenced people who used the service were asked for their views about their care and support and their views and opinions were acted on.

We saw the registered provider had developed an action plan for the service. This addressed a range of topics including recruitment, training, leadership, safeguarding and regulatory compliance. The plan detailed the actions required and a timeframe for completion. This demonstrated the registered provider had plans in place ensure the service continued to develop and improve.

There was an album in the office reception which recorded the services involvement in the local community. For example, a team of staff had completed the ‘memory walk’ for the Alzheimer’s Society and staff had raised funds for the local hospice. We also saw a newsletter which the registered provider said they produced on a regular basis.

## Is the service well-led?

They said this went to all staff, customers, stakeholders and various other local groups and provided an opportunity to share their news and accomplishments with the wider community.