

DSLIS Ltd

Bluebird Care Selby & part East Riding

Inspection report

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Tel: 01757702171

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29 April 2021

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Bluebird Care Selby & part East Riding is a domiciliary care agency providing personal care to people living in their own homes. The service was supporting 20 people at the time of our inspection.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

People were at increased risk of harm, because robust systems were not in place to ensure the safe management of medicines. There were gaps in staff's training and clear records were not always in place to support management oversight and to ensure the quality and safety of the service. Whilst there had been some improvements, issues and concerns identified at our last inspection had not been fully addressed.

Despite these concerns, people felt safe with the support staff provided and gave generally positive feedback about the staff and the person-centred care they delivered. Care plans contained more detailed information about people's needs and to guide staff on how those needs should be met. Staff were safely recruited.

People gave mixed feedback about the inconsistency of call times and we made a recommendation about the management of the rotas.

The provider had an end of life policy and most staff had been trained on how best to support people with this. We made a recommendation about recording in relation to people's end of life wishes.

Staff wore personal protective equipment to manage and minimise risks associated with COVID-19.

People gave positive feedback about the service. They felt comfortable speaking with management if there were any issues or concerns and praised the communication.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 26 March 2020) and there were breaches of regulation relating to the safe management of medicines and the provider's oversight and governance arrangements. At this inspection, not enough improvements had been made and the service remains rated Requires Improvement. This service has been rated Requires Improvement for the last three consecutive inspections.

Why we inspected

We carried out an announced comprehensive inspection of this service in January and February 2020. Breaches of legal requirements were found.

We undertook this focused inspection to check whether improvements had been made and the provider was meeting the legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-Led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection.

The overall rating for the service remains Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bluebird Care Selby & part East Riding on our website at www.cqc.org.uk.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Bluebird Care Selby & part East Riding

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

Notice of inspection

This inspection was announced. We gave a short period of notice of the inspection because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 27 April 2021 and ended on 20 May 2021. We visited the office location on 29 April 2021.

What we did before the inspection

We reviewed information we had received about the service and sought feedback from the local authority

and professionals who work with the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with the registered manager, care manager, office administrator and five members of care staff.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk people could be harmed.

Using medicines safely

At our last inspection people's medicines were not managed safely. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 12.

- Medicine records did not provide a clear and complete account of the support provided for people to take their medicines. This meant we could not always be certain people received their medicines as prescribed.
- There was not a robust system in place to check and make sure staff had completed appropriate training or had their competency assessed before supporting people to take their prescribed medicines.
- Regular audits of people's medicines had been completed, but had not identified and addressed the concerns and recording issues we found.

Although there was no evidence people had been harmed because of these concerns, the ongoing failure to implement safe systems around managing people's medicines was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our visit, the registered manager explained the work they were doing to retrain staff on how to use their electronic medicine recording system. They were also looking to increase the frequency of audits to address the issues we found.

Staffing and recruitment

- People gave mixed feedback about the time care workers arrived to provide their support. Feedback included, "Carers come at any old time, the consistency isn't there" and "I don't like that calls are always at different times. Sometimes I'm not ready when they come, or they come late and I'm waiting."
- People's visits were not always scheduled at regular times. This meant people did not always receive support at a time they wanted and needed.

We recommend the provider reviews how rotas are managed to help make sure people receive regular and consistent support.

- People were supported by safely recruited staff. Recruitment checks helped make sure suitable staff had been employed.

Systems and processes to safeguard people from the risk of abuse

- Not all staff had completed safeguarding training to support them to know how to recognise and respond to suspected or alleged abuse.
- The provider had a safeguarding policy and procedure to guide staff, and despite gaps in their training, staff understood their responsibility to identify and report any concerns.

Preventing and controlling infection

- COVID-19 risk assessments had been completed with staff, but not for people using the service. We spoke with the registered manager about the importance of completing these to help make sure all risks had been identified and appropriately managed.
- Staff completed COVID-19 tests to help reduce the risks when visiting people who may be vulnerable. Improvements were needed to the system of monitoring staff's compliance with testing to ensure good practice guidance was followed.
- Staff had the personal protective equipment they needed to help keep them and people safe. People told us, "Staff come in wearing masks, gloves and full COVID-19 protection" and "I don't have to remind them to wash their hands, they do that themselves."

Assessing risk, safety monitoring and management

- People felt safe with the care and support staff provided. Care plans and risk assessments provided guidance for staff on how to safely support people to meet their needs.
- We spoke with the registered manager about recording more information about how some risks were managed. For example, in relation to a person who was prescribed an anticoagulant medicine or was diabetic.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reported to management so they could investigate and take any action needed to help prevent a similar thing happening again.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection detailed risk assessments and care records were not always in place. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made.

- People gave generally positive feedback about the person-centred support staff provided. Comments included, "I have so much respect for Bluebird helping us. I feel listened to, staff know us, and they acted very quickly to get someone in place who understands [relative]" and "The regular carers are straight in and out knowing the routine."
- Care plans contained more detailed information about people's needs, and guidance for staff on how those needs should be met. This supported staff to provide person-centred care.
- Person-centred information about people's likes, dislikes and personal preferences was recorded to support staff to get to know people.

End of life care and support

- At the time of our inspection no one using the service was receiving end of life care.
- The provider had a detailed policy and procedure setting out how they would support people approaching the end of their life and most staff had completed training in this area.
- People's care plans did not evidence how the service had explored any wishes or views they had for their care approaching the end of their life.

We recommend the provider research and implement good practice guidance in relation to end of life care planning.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People praised the way staff and management communicated with them. Comments included, "I am satisfied with the care received, staff have good communication skills."

- Care plans recorded information about people's communication needs to help ensure staff understood how to share information in an accessible way.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- COVID-19 had impacted on people's opportunities to take part in activities, socialise and access their wider community.
- People valued the companionship staff offered and praised the support they provided to help them safely access their local community.

Improving care quality in response to complaints or concerns

- People and their relatives felt able to speak with staff or management if they had any issues or concerns, or if they needed to complain. Comments included, "I'm confident I will always be listened to. I have no doubt of this. I am very impressed with the support."
- The provider had a complaints policy outlining how they would manage and respond to any complaints about the service if the need arose.
- Investigations had been completed and action taken in response to concerns or complaints that had been made.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection there was a lack of robust quality assurance. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

- People were at increased risk of harm, because robust systems were not in place to monitor aspects of the quality and safety of the service.
- The auditing of medicine records and monitoring of staff practice around the management of people's medicines remained ineffective.
- Clear records were not always available to evidence staff had been suitably trained or to monitor and make sure their competency had been assessed in a timely way.
- Improvements were needed to the way rotas were managed.
- Clear and complete records were not always available to support management oversight and to ensure the quality and safety of the service.
- Whilst some improvements had been made, there were ongoing risks and concerns that had not been adequately addressed since our last inspection.

We found no evidence people had been harmed, however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was responsive to feedback and explained the work they were doing to make changes and address the concerns we found.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People who used the service and their relatives gave positive feedback about the service. Feedback

included, "Bluebird work well together as a team with this job share. I'm really pleased the communication is excellent

- Staff gave mixed feedback about the organisation, communication and leadership. COVID-19 had impacted on opportunities for staff to come together and to build teamwork.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to be open, honest and apologise to people if things went wrong.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People felt management were approachable and supportive. A relative explained, "I have a good working relationship with the manager to ensure [relative] has the best care with Bluebird."

- People had the opportunity to give feedback about the care they received. Reviews and questionnaires were used to check and make sure people were happy with the care and support they received.

- Staff worked in partnership with others; care plans recorded information about the support provided by relatives and healthcare professionals to help ensure a coordinated and joined up approach to meeting people's needs.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Registered persons had not done all that is reasonably practicable to mitigate risks and ensure the proper and safe management of people's medicines. Regulation 12(2)(b)(g).
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Registered persons had not established and operated effective systems to assess, monitor and improve the quality and safety of the service and to mitigate risks. Regulation 17(2)(a)(b).