

Bluebird Care Services Limited

Bluebird Care (Scarborough and Bridlington)

Inspection report

Cayley Court
Hopper Hill Road, Eastfield
Scarborough
North Yorkshire
YO11 3YJ

Date of inspection visit:
30 January 2018

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12 March 2018

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

Bluebird Care (Scarborough and Bridlington) is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to people with the following range of conditions: learning disabilities or autistic spectrum disorder, mental health, physical disability and sensory impairment.

Not everyone using Bluebird Care (Scarborough and Bridlington) receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. The service covers Scarborough, Bridlington and the surrounding villages.

The provider took over the location of Bluebird Care (Scarborough and Bridlington) in July 2017. This was the first rated inspection.

We inspected this service on 30 January 2018. The provider was given 48 hours' notice of our visit because we needed to be sure that someone would be in the location's office when we visited. At the time of our inspection, there were 23 people using the service who were receiving support with personal care. At this inspection we found the service was Good.

At the time of our inspection the service had a registered manager in post. 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 who used the service told us they felt safe and well cared for and staff were able to tell us what they would do to ensure people were safe.

Medicines were administered in the correct manner and handled safely to protect people.

Staff were recruited safely. The service had sufficient numbers of suitably qualified staff deployed to care for people who used the service. People were protected by the infection control procedures carried out by staff.

Training was up to date across a range of relevant areas. Staff were knowledgeable and demonstrated they had the skills and aptitude required to provide care to people who used the service.

Staff had received up to date training in Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff understood that people should be consulted about their care and they understood the principles of the MCA and DoLS. People were supported to make choices and best interest decisions were made when required.

People's nutrition and hydration needs were met. People enjoyed their meals and they had choices around their meals and drinks.

People were treated with kindness and compassion. Staff worked in a person centred manner and treated people with dignity and respect. Staff had positive, genuine relationships with the people they supported. People told us staff were kind and caring.

Staff worked well together as a team. They had good shared knowledge about people's needs.

Care plans contained detailed information which reflected people's individual requirements and detailed their preferences. Care plans were kept up to date when people's needs changed. People were involved in devising their care plan and they had active input into the reviews of their care. People's choices and preferences were respected.

Records and observations provided evidence that people were treated in a way which encouraged them to feel valued and cared about. Staff were knowledgeable about the people they supported.

People told us they knew how to make a complaint. They told us they would be confident their concerns would be listened to.

The manager of the service supported the staff to be effective in their role. Staff told us the manager was approachable and empathetic.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

The provider completed regular audits of the service which ensured good quality assurance was maintained.

Further information is in the detailed findings below.

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.

Care workers were vetted to ensure they were suitable to work with adults who may be vulnerable.

Staff understood how to keep people safe from abuse and how to report any concerns.

Where people received support with their medicines this was done safely.

Is the service effective?

Good ●

The service was effective.

Staff had appropriate training to be effective in their work and this was kept up-to-date.

Staff told us they had the support and guidance they needed to do their work.

Staff asked people for their consent to care and treatment and people were protected around their capacity to make decisions about their care.

People were provided with support to ensure their dietary needs were met.

Is the service caring?

Good ●

The service was caring.

People told us staff were caring and considerate to their needs.

People were supported by staff to be involved in day to day decisions about their care.

People were treated with dignity and respect and their confidentiality was protected.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care plans were drawn up with them to meet identified needs. Care plans were reviewed as needed.

Care plans and the care provided were person-centred and reflected people's individual preferences.

People knew how to make complaints and were confident that the manager would deal with any issues raised.

Is the service well-led?

The service was well led.

The manager and other senior staff ensured that the care provided was person-centred and that staff were appropriately supported.

People who used the service and staff had confidence in management and were able to raise issues.

Systems were in place to ensure that the care provided was safe and of good quality.

Good ●

Bluebird Care (Scarborough and Bridlington)

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 checked 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 30 January 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service providing support to people in their own homes. We needed to be sure that someone would be available at the office. We visited the office location to see the registered manager and office staff; and to review care records and policies and procedures.

The inspection team consisted of one adult social care inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience in this case, had experience of caring for older people. They supported our inspection by making telephone calls to people who used the service and their relatives to help us understand their experiences and views on the service provided.

As part of planning our inspection, we contacted the local Healthwatch and local authority safeguarding and quality performance teams to obtain their views about the service. Healthwatch is an independent consumer group, which gathers and represents the views of the public about health and social care services in England. We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales.

During the inspection, we reviewed a range of records. These included three people's care records containing care planning documentation and daily records. We looked at three staff files relating to their recruitment, supervision, appraisal and training. We viewed records relating to the management of the

service and a wide variety of policies and procedures.

During the inspection, we spoke with six members of staff including the registered manager. We also spoke with two relatives and four people who used the service.

Is the service safe?

Our findings

People who used the service told us they felt safe when being supported by the staff. Comments included, "Yes I feel safe and I feel ok with the carers who visit as it's usually the same carers" and "Yes, I feel safe when the carers visit. They sometimes go the shops for me, I get receipts and I always get the correct change."

The service had a safeguarding policy in place and staff had completed safeguarding training to support them to recognise and respond to safeguarding concerns. The staff we spoke with showed a good understanding of safeguarding procedures. Staff told us how they supported people to maintain their independence within the community, whilst ensuring people were kept safe from harm and potential abuse. One staff member said, "If I was concerned or I saw anything that I thought was wrong then I would report it straight away and I know it would be dealt with."

Records showed there had been two safeguarding concerns raised in the past year. We saw that where there had been safeguarding concerns these were escalated without delay to the appropriate authorities. We found the registered manager took all investigations seriously and lessons were learned from investigations where appropriate and these were shared with the staff team. A whistle-blowing policy was in place at the service. This policy detailed how staff could speak to people outside of the agency about any issue they thought the agency was not doing well. Staff understood their responsibilities around this and told us they would be supported if they needed to take such action.

Prior to receiving a support package from Bluebird Care people were assessed and their levels of need were evaluated. This meant that the support they needed to ensure they maintained their safety and wellbeing was put into place when their service with the agency started. Detailed risk assessments were in place and these were contained within people's care plans. The risk assessments we saw enabled people to continue to take positive risks, such as continuing to access the community. Once assessed, the right levels of support were put into place to maintain people's personal safety. This allowed people to be more independent and supported them to continue to access activities that mattered to them.

We saw there were sufficient staff to cover the calls to people who used the service and the registered manager had systems in place to monitor the effectiveness of staff rotas. They monitored the timeliness of the care worker's visits by an electronic system which logged the care workers in and out of their care calls. This ensured the care visits were on time and lasted for the duration they were planned. We saw no evidence of missed visits during the inspection. The staff we spoke with told us they were allocated travelling time to get from one job to another and people who used the service told us they had no issues with missed or late visits. People told us their care calls were implemented at a time which suited their routine. One person said, "I have never had any missed visits and when they come they stay the right length of time. If they're going to be late they always ring me and let me know."

The provider followed safe recruitment practices and recruitment records were detailed. We saw references were obtained for all staff before they started work. A robust recruitment policy was in place and staff were not allowed to work without a full Disclosure and Barring Service check in place. The Disclosure and Barring

Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people working with adults.

Three quarters of people we spoke with said they managed their own medication or told us they had relatives who supported them. People who had needed assistance with their medication told us they had no issues with the support they were given. Records of medicine administration were completed fully and there were no gaps or errors. We saw the manager completed audits of the medication administration records and this ensured safe management.

We looked at how the provider managed the risk of infection and cross contamination and found that Personal Protective Equipment (PPE) was supplied to all staff to use when supporting people in the community. PPE is equipment, such as gloves and aprons, which is used to protect people from possible cross contamination. People we spoke with consistently told us this equipment was used. There were policies and procedures in place to reduce risks to people and staff had received suitable training.

The provider had a business continuity plan in place and this detailed how the service would continue to meet people's needs in the event of a major incident occurring, such as severe weather, a local pandemic outbreak, or loss of essential utilities. The continuity plan detailed actions required in any event, who was responsible for those actions and detailed important contact numbers in the event of an emergency.

The provider had systems in place to record and monitor accidents and incidents if they occurred, however there were very few incidents logged. We saw that the registered manager reviewed this data and implemented plans to reduce the risk of further occurrences and this supported people to keep safe.

Is the service effective?

Our findings

People who used the service consistently told us that the staff were competent and well trained. Comments included, "It's like having a sister come in to look after you. They know what they're doing and they know what I need", "Of course they look after me, they're like a friend" and "They understand my needs and care for me in the right way."

Staff working at the service had comprehensive training plans in place. We saw people received effective care that was based upon best practice from staff who had received appropriate training. Training was completed in areas such as, safeguarding, health and safety and moving and handling. Where specialist care was provided, for example where someone had a diagnosis of a physical or learning disability, we saw that staff providing that care had received specialist training to enable them to perform their duties effectively.

Staff who were new to the service told us they received a comprehensive induction programme. The induction covered areas such as policies and procedures, introduction to the role, and key areas of training such as safeguarding and medication administration. This training was supplemented by shadowing more experienced staff on community visits to support the practical application of what they had learnt. Competency checks were also completed by the registered manager and the senior staff to ensure staff were covering all aspects of their role effectively. A member of staff we spoke with told us, "When you start you have an induction which gives you the basics, then you do a few weeks shadowing regular staff. The training is really good, it really prepares you for the role."

All staff received regular supervision and this was scheduled to take place at least every four to eight weeks. Staff confirmed they had regular supervision and an annual appraisal. They said they would be confident raising concerns with the manager and told us the management team was very approachable and supportive. One care worker said, "I really get a lot out of my supervision. I feel really supported, and being able to have that chat with my manager is really good."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people live in their own homes, applications to deprive a person of their liberty must be authorised by the Court of Protection.

We checked whether the service was working within the principles of the MCA. We found people who used the service were fully involved in the assessment, planning and review of their care. We saw consent to care and support was considered. There was evidence in each care file which demonstrated the individual's capacity to understand their support needs was considered before the person signed their care and support

plan. Where it was assessed people lacked the capacity to consent, it was evident consultation had happened with the relevant people in that person's life and best interest decisions had been made.

Where people who used the service had people acting on their behalf, such as in the role of Lasting Power of Attorney, this was clearly documented within that person's care file and a copy of the order was retained in the file. We saw evidence that people were supported by independent advocacy services who represented their views at meetings to review and plan their packages of care. People we spoke with confirmed that consent was sought prior to care being delivered and care workers always asked how they would like care tasks completed.

Care plans contained information about people's health needs and the support required to meet those needs. People we spoke with told us they were supported to attend appointments where necessary. We saw evidence that advice was sought from external healthcare professionals where people had particular support needs. People who used the service had the involvement of doctors, district nurses as well as home visiting opticians and chiropody.

Where relevant, care plans detailed the support people required at meal times. We saw that the care plans detailed where the person preferred to eat their meals and listed their preferences and their dislikes. One person who required support with their meals told us, "The carers are lovely. They make sure I get enough to eat and drink and they always make me a really nice meal, I couldn't ask for anything more."

Is the service caring?

Our findings

People who used the service consistently told us the care workers who supported them were kind and caring. People told us they had good relationships with the staff and the staff approach was professional but friendly. Comments included, "My carers are just lovely. They are so happy and friendly and they are just so kind" and "I am so lucky to have my team who come in and help me, they are all so very caring and nothing is too much trouble for them." A care worker we spoke with told us, "I love going and seeing customers and making their day. I like having a chat with them and making them happy. Its gives me immense job satisfaction and they enjoy it too."

People we spoke with said they were involved in planning and reviewing their own care package. They told us their plan of care was tailored around their personal choices and preferences and reflected their needs. People said they were involved and kept up to date by the staff and management. We reviewed records which demonstrated people were fully involved and regularly consulted. A person using the service told us, "They regularly ask my opinions on my care package and they do listen to the way I want things done."

Our discussions with staff demonstrated they knew people they were supporting very well. Any changes or concerns regarding people were shared with staff via weekly customer updates. This ensured the staff team working with individuals had the most up to date information on that person's support needs. One care worker told us, "The weekly updates are really good. It helps staff provide a better service for the customers and keeps us updated on any changes with the people we support."

The staff rotas that we looked at demonstrated people who used the service had a regular team of familiar carers supporting them. This enabled staff and people to build relationships with people and become familiar with their likes, dislikes and preferences. We found that staff had developed positive caring relationships with the people who used service. People were involved in planning their own care and were supported by the staff to express their views about the service they received. It was evident that the people who used the service felt valued and included. A person who used the service told us, "The carers are so lovely, they keep me right and let me know what's what. I always know whose coming and they do the jobs that I want them to do when they get here. It's a really good service."

We saw evidence that people's emotional needs were considered during the visits from care staff. One care file explained that a person found it difficult if things were not going their way and this made them stressed, anxious and frustrated. Their plan went into great detail as to how to support this person emotionally and avoid emotional upset.

Staff promoted people's privacy and dignity and supported people to maintain their independence. One care worker told us, "You have to learn the way they like things doing and work with people to motivate them to do things for themselves. I like to help people to be more independent it gives them more confidence." Another worker said, "I like to treat people how I would like to be treated myself, I always treat people with dignity and respect and make sure their privacy is maintained."

The registered manager had a procedure in place to respond to people's needs around equality and diversity. This covered areas such as age, sexuality, ethnic origin, and religion. If areas of need were identified this information was transferred into people's care plans to ensure that individual and diverse needs were met to enable equal access to the services provided.

Is the service responsive?

Our findings

People told us the service was responsive. We found the staff and the registered manager were knowledgeable about the people who used the service. The registered manager ensured people had a personally tailored care plan which detailed their preferred methods of care. This enabled staff to provide a personalised service which was based upon their individual assessed needs and preferences. There were risk assessments in place which summarised how to keep people safe whilst enabling them to maintain their independent abilities and self-direction.

People we spoke with told us they had a full assessment of need before the service commenced and were very involved in devising their care plan. People told us their care plan documented the support they had said they would like to receive and was implemented at a time to suit their daily routine. The care plans we viewed covered areas such as medical history, what was important to the individual, personal care and nutrition and hydration. Where people were living with a life limiting condition their wishes in relation to their end of life care were documented within their care file. This contained information such as who to contact and Do Not Attempt to Resuscitate (DNAR) notifications. One person told us, "My care plan revolves around me and what I want from my package, they are a very good agency and I am more than happy with the service they provide."

Care plans we viewed documented the support people received from family members or from friends. There was evidence that choice, control and consent were considered and documentation was signed by the person who was in receipt of the service. Where people lacked the capacity to contribute towards their assessment and care plan their next of kin, or someone who knew them well, was consulted to support the process and ensure the persons preferences were documented. We identified good transitional work and information sharing such as comprehensive pre-admission assessments between services such as care in hospital and care at home. This ensured people received a good continuity of care.

People told us they had regular reviews of the support they received and where people's needs changed, for example due to a medical reason; their care files were updated accordingly. This meant there was a system for reviewing people's care to ensure the care they received was meeting their needs. Comments included, "I have a care plan review every year and the carers update my paperwork every time they come" and "I am always asked how things are going. If anything needs changing the office are really good, they sort it all out and I don't have to worry."

We saw evidence that relevant specialists were contacted, when required, to support with care planning to meet people's individual needs. For example, where palliative care nurses were required to visit people to provide additional support around end of life needs, this was listed in the person's care plan with full details of who to contact and in what circumstance.

We saw that people were supported by the same team of care workers and where new staff were starting on a package they were always introduced. People who used the service told us they were presented with a rota which informed them of which staff were due on what shift. Comments from people who used the service

included, "I'm always told whose coming, they send me the plan" and "I have regular carers it's usually one of three and most of the time I know whose coming. If they're introducing someone they will come and shadow the visit."

People were supported to access community activities if they wished and this was documented within the person's care file. One file we viewed explained how someone required care staff to support them to go out for a walk or go shopping. The plan contained details of the support required and what they could do independently. The information about people's independent skills supported and empowered them to maintain their skills and abilities.

The provider had a complaints policy in place which detailed how people who used the service could raise a complaint and also stated the timescale for the complaint being answered. We saw no evidence of complaints being raised since the provider took over the location in July 2017. People told us they knew what to do if they had a concern or complaint, they said they would be confident it would be dealt with. One person told us, "The people in the office seem to know what they're doing. If I need to contact anybody I can contact them in the office. I'm quite sure if I had any concerns they'd be dealt with." Another person said, "If I had any problems I know that I could contact the manager straight away and they'd sort it out. The company are very good though and I don't ever think I will have any problems."

We saw that the service had received a substantial number of compliments over the past seven months. Comments included, "The office staff are a lifeline in any circumstance and invaluable in their roles" and "The service I receive is of a very high competent standard."

Is the service well-led?

Our findings

The management structure of the service consisted of one registered manager, two full time supervisors and a full time coordinator. The registered manager had worked at the service as a senior and was successful in their application for registered manager status in November 2017.

People consistently told us the registered manager was supportive and the service was well-led. They told us the management at the service were very approachable. A person who used the service said, "The managers are really good and they always deal with my queries in a swift and professional manner." Staff we spoke with said, "The managers are very supportive and very informative. If I need any support it is there" and "The management is a lot better since it changed, it feels more balanced. I am supported really well and the manager always makes sure we're all alright." We found a positive culture in the service with the registered manager acting as a positive role model to care workers.

When we spoke with staff they were enthusiastic about their work. Staff spoke very highly of the manager of the service. They told us they would feel confident reporting any concerns or poor practice to the registered manager and felt that their views would be taken into account. One member of staff told us, "The managers are really supportive and I know that I can go to them with anything, I have so much confidence in them. They have really been there for me, they let me know how I am doing and anything I need to know they are there with the answers for me." Another staff member said, "They have been brilliant with me. I have had some personal problems and I needed some time off, they were very supportive during this time and really flexible."

Staff told us the manager was visible and often worked out in the community with them. This was confirmed by the registered manager who told us, "I have a really good team of staff but availability can be difficult to juggle as we are currently recruiting. I often work out in the community, as do my supervisors. It gives us a really good picture of what's going on in our patch and provides the carers with good support." We found the registered manager monitored care delivered closely and ensured it remained person-centred and was responsive to people's needs. There was a strong focus within the organisation relating to understanding people's care needs in order to support people's dignity.

We spoke with staff, the registered manager and to people who used the service about the culture of the organisation. Staff spoke with great pride about their role and the people they supported. It was evident they were passionate about the values of their organisation and were highly motivated to provide care and support that was kind and compassionate. Comments included, "Bluebird Care is a great place to work. The staff and management are all just lovely, we have such a great team and the client group are such lovely people", "Bluebird look at people like they are family and it's really nice to know that people are so well supported" and "We have a really great team who are all working hard to provide good care to the people we support. I love my job, it gives me a great deal of satisfaction knowing that I am helping someone and making them happy."

The registered manager held team meetings every quarter and staff were encouraged to share their views to

support the improvements in the service. These meetings were well attended and staff views were well represented throughout. The registered manager welcomed feedback from people who used the service and the staff that they employed. A customer questionnaire and a support worker questionnaire were sent out in January 2018. The results were being collated and the documentation we viewed indicated a high level of satisfaction with the service.

We asked for a variety of records and documents during our inspection. We found these were well kept, easily accessible and stored securely. A combination of hard copy files and electronic records relating to staff and people who used the service were in place.

We reviewed the statement of purpose for the service. This document stated, "We provide excellent, quality care to keep you safe and comfortable in your own home. It's your life, your care so it must be your way. Each of our customers are unique... We keep you in control and provide you with the care and support you want and when you want it." Throughout the inspection we observed the staff and registered manager working in a manner which represented the values of the service. People we spoke with throughout the inspection also confirmed that this was the case.

An area manager completed quality assurance visits to ensure that the service continued to be safe and well-managed. They completed regular unannounced inspections of the service and where concerns or areas of improvement had been identified, appropriate action had been taken. There were clear policies and procedures in place for staff to follow which were up to date, regularly reviewed and comprehensive.

There was an effective quality assurance system in place which included surveys, audits and meetings. We saw a number of internal audits, including medicine management, spot checks on staff performance, moving and handling and daily notes. The results of audits were discussed in team meetings and records showed that any improvements identified were acted upon, either directly with the staff member concerned or through group supervision sessions in team meetings.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service in the form of a 'notification'. Notifications such as safeguarding and expected deaths of people who used the service had been sent to the Care Quality Commission as required to ensure people were protected through sharing relevant information with the regulator.