

SH&B Limited

Bluebird Care (Hambleton and Richmondshire)

Inspection report

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20 July 2017

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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

Bluebird Care (Hambleton and Richmondshire) is a domiciliary care service providing support and personal care to people in their own homes. The service covers the areas of Richmond, Bedale, Northallerton, Easingwold and Thirsk. On the day of inspection the service was providing a service to 120 adults who lived in their own homes and employed 47 support workers.

This comprehensive inspection took place on 19 and 20 July 2017 and it was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

The provider is required to have a manager for the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. There was a manager in post who was registered with CQC and we have referred to them as 'the manager' throughout this report.

The people using the service told us that they felt confident about their safety. We found that their support workers had a good knowledge of how to keep people safe from harm and the support workers had been employed following robust recruitment and selection processes.

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 supported this practice.

There were sufficient support workers employed to meet people's individual needs. The support workers received induction, training and supervision from the management team and we saw they had the necessary skills and knowledge to meet people's needs.

People told us that they had been included in planning and agreeing to the care provided. We saw that people had an individual care file that contained care plans detailing the support they needed and how they wanted this to be provided. People had risk assessments in their care files to help minimise risks whilst still supporting people to make choices and decisions. There was a complaints procedure in place and people told us that they would not hesitate to contact the agency office if they had a concern.

People said they were happy with the assistance they received with the preparation of meals.

People said they were treated with respect and dignity by the support workers. Every person we met or spoke with, agreed that they received a very personal service from support workers they knew and trusted.

People and the support workers told us that the service was well managed. The manager monitored the quality of the service, supported the support workers and ensured that people who used the service were able to make suggestions and input to the development of the service.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Bluebird Care (Hambleton and Richmondshire)

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 comprehensive inspection took place on 19 and 20 July 2017 and it was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office.

The inspection was carried out by two adult social care inspectors and two experts-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.

Before our inspection we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR 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 reviewed the 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 send us within required timescales. We asked commissioners from the local authority for their feedback about the service. We used this information to plan the inspection.

At this inspection we spoke with the provider, the manager and six support workers. We visited with six people who used the service and one relative who said they would be happy to meet and speak with us. We also telephoned and spoke with a further 13 people who used the service and seven relatives.

We looked at six people's care records, including their initial assessments, care plans and risk assessments.

We looked at medication administration records (MARs) where support workers were responsible for administering medicines. We also looked at a selection of documentation pertaining to the management and running of the agency. This included quality assurance information, audits, recruitment information for three members of staff, staff training records, policies and procedures, complaints and staff rotas.

Is the service safe?

Our findings

People who used the service said they felt safe, confident and happy when being supported by support workers from the agency. One person told us, "My support worker makes sure I walk with my Zimmer frame correctly" and another person said, "I'm up early so I open the door, but I have a key safe and they know the number if there was a problem."

Safeguarding policies and procedures were in place and records showed support workers had received safeguarding training in line with the organisation's policies and procedures. These measures helped to raise support workers awareness about safeguarding and protecting people. Senior staff had received additional training to enhance their understanding of local safeguarding protocols and their responsibilities within the safeguarding framework.

The normal operating hours for the agency was from 07:00 to 22:00 although people who used the service and support workers had an 'out of office hours' emergency contact. We received conflicting comments from people and relatives about the timekeeping of support workers carrying out visits. Some people and relatives said the support workers were not always on time, but agreed that if they were running late they tried to notify people. One person who used the agency said, "The support workers come at the time they are needed. They have let us know if they are going to be late, but generally always on time." One relative told us, "The agency and the support workers are extremely reliable and the support given is excellent."

The provider showed us their new electronic call monitoring system which was introduced to the agency in May 2017 and one of its functions was to monitor missed calls. The information we were shown indicated that between July 2016 and May 2017 there had been 21 missed calls due to telephone errors, support worker error and sickness. From May 2017 the system was used to book and change calls, update support workers and check on where they were at all times. Since May 2017 there had been no missed calls. The system ensured shifts were covered in the event of planned or unplanned absences and we could see that this was being effectively used to ensure people's care and support was delivered at the planned times.

There were risk assessments in place that recorded how identified risks should be managed by support workers. These included the environment and any risks due to the health and support needs of the person; the risk assessments had been updated on a regular basis to ensure that the information available to support workers was correct. Accidents and incidents were recorded and checked by the manager. They recognised there was a need to analyse these each month and were looking to carry out further audits to identify any patterns that might be emerging or improvements that needed to be made.

The manager told us the agency would arrange an assessor to go out and visit new people in their own home. The assessor would usually be the manager or a supervisor. During the assessment they discussed the person's care needs including any support with medicines. Risk assessments were also carried out for the environment and the person who needed the care package. We saw copies of the assessments in people's homes, and people who spoke with us confirmed that they had been part of the initial assessment process.

The arrangements for managing people's medicines were safe. Support workers received training to handle medicines, and medicine administration records (MARs) we reviewed were correctly completed. The manager or one of the team supervisors carried out a monthly audit of the medicines and stock checks were completed by the supervisors to ensure safe practices were being followed. The majority of people who used the service administered their own medicines, but those who relied on the support workers said their medicines were given on time and as prescribed. One relative said their family member was getting their morning medicine later than it should be given. This information was passed onto the provider who said they would speak with the relative and follow up their concern straight away.

At the time of our inspection the service employed 47 support workers plus the manager. There were 120 people using the service. Support workers told us that they received their rota a week in advance, although it could be subject to change at short notice if people altered their visit times due to such things as hospital appointments. The manager said they were close to being fully staffed and staffing levels depended on the number of calls each day, as these increased so did the staffing levels to match. The provider told us they were actively recruiting as they had a waiting list of people wanting to use the service. However, the rural areas covered by the service meant finding the right staff was not always easy to do.

Most people who used the service managed their finances themselves and support workers had nothing to do with their monies. However, one person told us, "I have no concerns about the support workers and my money. If they do any shopping for me the receipts are kept in my file and my niece checks this. The agency management team also check all the financial transactions on a regular basis." Another person said, "I do the money. I have one of those instant cards you tap; it's very handy."

The provider had a documented business continuity plan available at the time of our inspection. A business continuity plan records the arrangements in place should an emergency situation such as flooding or fire at the location's offices, or the outbreak of an infectious disease or bad weather affect support workers ability to provide care and support. This was reviewed and kept up to date by the manager.

Is the service effective?

Our findings

People who used the agency and their relatives were extremely positive about the support and care they received. They told us that support workers knew what they were doing when they attended people using the service and they were competent and knowledgeable about each person's needs, wishes and choices. One person told us, "The support I received is really quite good. I could not wish for better and all the support workers have been lovely."

People and relatives told us the support workers were well trained. One person said, "I really look forward to the support workers coming, they do a jolly good job. They put things back in place when they have finished." Everyone who spoke with us confirmed that if they need support from two support workers then two members always attended the visits.

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to make 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. 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 that training was provided for support workers on the MCA. Support workers we spoke with showed they understood the importance of consent and we saw that capacity issues were explored when planning people's packages of care and support. People who used the service were asked to sign their care records to document that they consented to the care and support provided. At the time of our inspection no one who used the service was deprived of their liberty.

There was a robust induction and training programme in place for all support workers. Those support workers who were new to the caring profession were also required to complete the Care Certificate; this ensured that new support workers received a standardised induction in line with national standards. One support worker told us, "We can shadow other support workers until we are comfortable working with the person using the agency."

Support workers had access to a range of training deemed by the provider as 'essential'. Support workers told us they completed essential training such as fire safety, basic food hygiene, first aid, infection control, health and safety, safeguarding adults and moving and handling.

Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. Support workers we spoke with were positive about their supervisions saying, "We have regular supervisions about every two months. These are a two-way process where we can discuss any problems or issues we might have and we get feedback on our performance."

Emergency contact details for people's GPs and other professionals involved in their care were recorded in their care records. The support workers who spoke with us were confident about how to manage emergencies in people's homes. People who we spoke with told us that they felt safe whilst the support workers were in their home. The electronic records used by the agency ensured that any information recorded by a support worker was quickly picked up by the system; so care files could be updated immediately if people's care needs changed or there was a change to their treatment following a health appointment or input from a healthcare professional.

One person who used the service told us, "The support workers are great. There are good methods of communication with the office so if I need to change anything they listen to me and sort it out. I really enjoy my time with the support workers and they also help me with meal preparation and cooking." One relative told us, "The support workers do [Name's] breakfast and make sandwiches. We shop and put up a list of suggested meals and they discuss this with [Name] and let them chose from it. It is ready meals or we do fresh ourselves and freeze them to use."

Support workers spoke with us about monitoring people's dietary needs and said, "We record on the electronic system what people have eaten or drank. We complete the food and fluid charts and it is flagged on the system if these are not completed." This showed that the agency was monitoring the food and fluid intake of people who required assistance with eating and drinking.

Is the service caring?

Our findings

People who spoke with us were very satisfied with the care and support they received from their support workers and made a number of very positive comments. One person who used the service told us, "They [support workers] are all very nice. The girls are lovely, the thing I like best is when they've done, if they have a spare minute they sit down and have a chat. When you live alone that's so nice." A relative said, "The support workers look after [Name] really well, they are very nice to them and they have a bit of a laugh. [Name] can get very confused and their communication can be muddled, but the support workers deal with it and take it all in their stride."

People who used the agency were supported by a team of support workers who covered each other for leave or sickness. This meant people could experience changes of workers, but over 50% of people who spoke with us said they received care from support workers they knew.

People told us, "It changes all the time and the new support workers introduce themselves", "I don't know who is coming at what time" and "I am given a staff roster so I know who is attending me." One person said, "Sometimes the support workers ring up and say they want to bring a new one [support worker] who is shadowing and is that alright. They don't just turn up and that's good I think. My regular support worker stays the whole hour - no running off before my time is up."

The provider told us that they recognised that people wanted a regular team of workers, but that was not always possible when trying to cover leave and sickness. This was something they were trying to improve by recruiting more support workers where possible. The agency posted or emailed the weekly rosters out to people using the service each Wednesday, for visits starting the following Monday. This meant people had some knowledge of which support workers would be attending to them the following week. One person told us, "I told one support worker that I was not getting my roster and one turned up in the post the next day."

Relatives had confidence in the support workers and one relative said, "The support workers seem to manage [Name] quite well, as their condition means they can be 'difficult' at times." Support workers we spoke with understood the importance of supporting people to make decisions and respecting people's choices. They described how they supported people to be independent and that supporting people to make their own decisions was part of this.

Relatives spoke about what they thought were the best elements of the service and said, "The consistency of support really, I know it's hard with people leaving but when your relative is living with dementia the continuity of support workers really helps" and "Its responsive nature. Improvements, well I can't think of any we are pretty happy with it." One person told us, "The support workers get me up, keep me going and give me company."

The provider had a policy and procedure for promoting equality and diversity within the service. Discussion with support workers indicated they had received training on this subject and understood how it related to their working role. People told us that support workers treated them on an equal basis and we saw that

equality and diversity information such as gender, race, religion, nationality and sexual orientation were recorded in some of the care files.

The manager understood the role of advocacy and had contact details available if anyone who used the service required the support of an advocate. An advocate is someone who supports people, particularly those who are most vulnerable in society, to ensure that their voice is heard on issues that are important to them.

People said they were treated with compassion, dignity and respect. People and their relatives confirmed to us that support workers addressed them by their preferred name, gave them eye contact when conversing with them and were always polite and respectful when in their company. People told us, "The support workers help me get dressed but let me wash my hands and face", "They [support workers] shut the door when I use the bathroom and cover me up when I have a wash" and "I feel very comfortable when the support workers help me with personal care."

We observed different support workers encouraging people to take part in activities and tasks within their own homes. One person told us, "We like this service, they take my partner out; [Name] likes to go to a little pub down the road. The support workers take us wherever we want, they are all very nice and they are lovely to us."

Is the service responsive?

Our findings

People and their relatives told us the agency was responsive to their needs and the support workers went out of their way to assist them with any problems or changes to care and support that they might require. The manager told us that they constantly monitored the input from the support workers and supervisors and used feedback from reviews to reassess the current care packages.

People told us that if they needed two support workers to assist them with moving and handling or daily tasks then two support workers always attended their visits. One person said, "The most important thing for me is they are observant and note things such as minor blemishes and avoid me getting pressure sores."

A needs assessment had been carried out to identify each person's support needs, and support plans had been developed outlining how these needs were to be met. People who used the agency told us there were few or no restrictions on their daily life, although risk assessments had been completed and support plans were in place to make sure people stayed safe and well.

We saw that care plans and risk assessments had been reviewed to make sure they contained relevant information and were up-to-date. One person who used the service said, "The agency did the care plan, but some things are not right in it. The support workers spotted it and said 'that's not right' and they sorted it out straight away."

People and relatives confirmed with us that they were involved in reviewing their own or their relative's care plans. One relative said, "Whenever there is a review or we want a change of visit times I have met with the supervisors to re-arrange the care needs for my parent." People told us, "We did the care plan, me and my partner, it's what we wanted. The managers ring us from the office and someone comes out and goes through it with us from time to time" and "I did the care plans with my daughter - just what I needed, and they come now and then to check it all with me."

There were good communication links between the different support workers and the agency office. Each support worker was issued with a mobile phone as part of the agency's lone worker policy. The agency introduced a new electronic system to the service in May 2017. The system can be accessed by each support worker on their smart phone and they use this to record daily notes, updates and messages for the other support workers.

Relatives were also pleased with the level of communication between the agency and themselves. One relative told us, "The office is good at ringing me if they have concerns or if [Name] is ill, some of the support workers will ring me themselves if they are worried. I've known some for quite a long time now, so that's very reassuring."

We saw information in the care files to inform families of how they could access the daily notes using the electronic system and the provider said that where people did not have the technology to use the system then a hard copy of the records could be provided. However, from our conversations with people and their

relatives not everyone had taken this on board. One relative said, "My only problem is some time ago they went onto this phone system and all you get is a signature to say they've been, there is no book anymore. So I don't know what has happened in the day, if [Name] says they have been upset I don't know why. I haven't said anything to the office, it has just sort of crept up on me and it's turning into a problem so I will need to ring them and sort it out."

Following our inspection and conversations with people we gave the provider feedback including people's concerns about not knowing how to use the new system. They assured us that they would ring people and relatives and send out letters reminding them again of their options regarding their records and how to access these.

The provider had a policy and procedure in place providing details about how they managed and responded to complaints about the service provided. We saw that details about the provider's complaints procedure was kept in people's care files in their own homes and a copy was on display in the entrance hall of the office site. We saw that complaints were dealt with appropriately and the agency had developed a log to provide an overview at the front of their file. The people and relatives we spoke with were confident of using the system to raise any concerns they may have. Comments included, "I had to complain once about a support worker, but they dealt with that okay - we were happy with that" and "If there has been any problems with a support worker the office have dealt with it promptly and in a pretty professional way. They keep in touch as well by phone or e-mail, which is good."

Is the service well-led?

Our findings

The manager was supported by the supervisors of the three teams within the agency. The provider was also in regular contact with the manager.

People who used the service and their relatives said the culture of the service was open, transparent and the manager sought ideas and suggestions on how care and practice could be improved.

People said, "I have spoken to a number of people in the office, I think the manager as well, they've been very helpful" and "I can't fault them, they have been wonderful. The best thing is that they come and look after me otherwise I would be in a home" and "I had another agency and I can say this one is 200% better." Relatives told us the manager was, "Professional" and "Efficient."

Our observations of the agency workforce indicated that they were all motivated to support people to the best of their abilities, they were caring, patient and kind with people who used the service. Their discussions with us showed they had good insight into what people wanted from the agency and how to achieve this.

Support workers told us they felt well supported by the manager and were able to talk with us about the visions and values of the service. They said, "We provide care in the way that people want. It is about keeping them safe whilst letting them have as much independence as possible. We want people to receive the same level of care that we would expect to receive if we were in their place" and "We are the eyes and ears of the agency. We speak up for people if needed and value their input."

The manager told us that feedback from people who used the service, relatives and staff was obtained through care reviews, day-to-day business and staff meetings.

People and relatives told us they received surveys from the agency and one person said, "I've had a survey but my daughter does all the paperwork." Another person told us, "They do visit to review my care and make sure I am well looked after."

Support workers said, "We aim to have a team meeting once a month and have supervisions in-between." We saw evidence of communication between teams on the electronic system and there were copies of memo's sent from the manager to the support workers highlighting learning from events such as complaints or incidents. The staff confirmed that memo's went out by text to them all and detailed any key points for practice they needed to be aware of.

Quality audits were undertaken to check that the systems in place at the service were being followed by support workers. The manager carried out monthly audits of the systems and practice to assess the quality of the service, which were then used to make improvements. We saw that spot checks of support worker practice were completed on a regular basis and support workers received feedback on their performance through supervisions.

We asked for a variety of records and documents during our inspection. We found these were well kept, easily accessible and stored securely. Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The manager had informed CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.