

L&N Services Limited

# L & N Services Ltd t/a Bluebird Care (York)

## Inspection report

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12 August 2019

21 August 2019

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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

### About the service

L & N Services Ltd t/a Bluebird Care (York) York is a domiciliary care service that was providing personal care to 39 people.

### People's experience of using this service

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.

People received safe care and support because systems and processes in place ensured any risks were safely managed by staff, and their needs met with minimal restrictions in place. Staff had received training and clear guidance was followed to help people to understand how to remain safe from avoidable harm and abuse.

People and their relatives told us they were happy with the service provided. Staff understood the importance of providing person-centred care and had developed positive relationships with people.

Medicines were managed and administered safely. Records confirmed people had received their medicines as prescribed.

People were involved in their care planning. Records were person-centred and evaluated consistently. Where agreed outcomes were not achieved, amendments were made with people's input.

Staff received appropriate induction, training, and support and applied learning effectively in line with best practice. This led to good outcomes for people and supported a good quality of life.

Staff were friendly and polite. Staff took time to get to know people. They had a clear understanding of, and how to support, people's individual and diverse needs.

People and their relatives told us they were confident if they had any complaints the registered manager would address them appropriately.

People knew the manager and told us they trusted them. Staff told us the registered manager was supportive and approachable.

The provider completed oversight and the nominated individual told us they were setting up associated records to ensure quality assurance remained a priority and was effective in maintaining standards and driving improvements.

For more details, please see the full report which is on CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good, (published 25 July 2018).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# L & N Services Ltd t/a Bluebird Care (York)

## **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

One inspector and two assistant inspectors completed this inspection.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. 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.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 12 August 2019 and ended on 21 August 2019. We visited the office location on 12 August.

#### What we did before the inspection

Before the inspection we looked at information, we held about the service. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with the nominated individual, the registered manager, deputy manager, and four members of staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We visited three people who used the service in their own homes.

We reviewed a range of records which included three people's care and associated medication records. We looked at three staff files in relation to recruitment, training, and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

On the 21 August we spoke with a total of 13 people and one relative over the telephone to obtain their feedback about the service.

# 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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe with both the staff and the service they provided. One person said, "They help me to remain safely living in my own home; I have no concerns about any of the staff."
- Staff had a good understanding of what signs of abuse to be aware of and were clear about what they would do and who they would speak with about concerns.
- A safeguarding and whistleblowing policy and procedure was available for staff to follow should they need to both report and escalate concerns.
- Where concerns had been raised they were investigated with actions implemented where required to keep people safe.
- The registered manager had a system in place to monitor incidents and understood how to use them as learning opportunities to try and prevent future occurrences.

Assessing risk, safety monitoring and management

- People received care and support safely without unnecessary restrictions in place.
- The provider completed assessments of people's needs. Any identified risks were recorded.
- Information in support plans helped staff to reduce the risks when providing care and support.
- Staff had information to safely access people's property and understood their responsibility to report any concerns.

Preventing and controlling infection

- Staff had access to protective clothing, including gloves and aprons, and used these when assisting people. For example, when preparing food and supporting with personal care.
- Staff had access to, and understood guidance to control and prevent the spread of infections.

Staffing and recruitment

- There were enough staff employed to meet people's care and support needs.
- Some people told us they did not always know who was arriving to provide their care and on occasion care workers sometimes arrived later than planned. The registered manager was aware of these concerns. They told us, "We inform customers of call time changes if they are changed by any more than 30 minutes. We regularly send updated rotas to people who have emails and plan to start sending them by post again."
- Electronic rotas meant staff did not have to travel over wide areas to people's homes and information was analysed to ensure assessed care and support times were met.
- Appropriate recruitment checks were conducted prior to staff starting work at the service, to ensure they were suitable to work with vulnerable people.

## Using medicines safely

- People received an assessment of their needs and were supported to take their medicine safely as prescribed.
- Staff followed best practice guidance to help people to manage and administer their medicines and provided prompts where people were independent.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- At the time of the inspection there was nobody receiving a service who was subject to a deprivation of their liberty.
- Staff had a working knowledge of the MCA and understood, the importance of supporting people to make day to day decisions and choices.
- People's assessments of their care and support were detailed. Information was regularly reviewed which ensured it remained up-to-date.
- The staff team were committed to ensuring people's diverse needs were met.

Staff support: induction, training, skills and experience

- People received care and support from skilled and knowledgeable staff.
- Staff received an induction to their role and regular ongoing training and supervision to keep their knowledge up-to-date and remain competent. One staff member said, "Having never worked in care before I found the induction programme and management support excellent. I absolutely love my job and having the right skills helps me to carry out my role; knowing I am doing the right thing for people."

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they were happy with the support they received with meals. One person said, "Staff are all supportive of what I want to eat on a daily basis. They help me to prepare a meal I enjoy."
- We observed staff providing people with dietary options and appropriate levels of support to prepare food based on their assessed needs.
- Care plans contained people's food preferences and specific instructions around their diets.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People confirmed they were supported, where needed, to access and receive healthcare services to maintain their well-being.
- Records included medical information to inform other health services and professionals of people's health needs.
- Records of healthcare professional visits were recorded, and outcomes of these visits were used to update people's recorded information for staff to follow.
- The provider had set up a service to help older people and their pets stay together. A staff member said, "This means people can go into hospital and they don't need to worry as their pet will be looked after until they return."

Adapting service, design, decoration to meet people's needs

- Care plans included clear assessments of people's needs and the provider ensured staff were trained to use any equipment they used to enhance their independence.
- The provider ensured people were referred for assessments of their mobility where this was required. As a result, some houses were fitted with improved access including hand rails.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received a service from staff who were friendly and polite. It was clear there were positive interactions between staff and people which showed positive relationships had been developed.
- People and their relatives told us staff were caring. A relative told us, "I couldn't manage on my own without the staff support. They even ask after my wellbeing which is incredibly supportive."
- The provider had a 'You matter Campaign.' Staff nominated one person a month who required an extra special touch. For example, one person who had lost a close relative was given a gift box and staff spent extra time re-assuring and supporting them through a difficult time.

Respecting and promoting people's privacy, dignity and independence

- People had been consulted with and their wishes and preferences had been recorded. Staff used this information to care and support people the way they liked. One person told us, "All the staff give me options if I want a shower and what I want to eat. I was asked if I wanted a male or female care worker. I choose a female staff, and this was recorded."
- Staff were polite and showed empathy to people's needs.
- Staff understood the importance of treating people with dignity.
- People were encouraged to retain their independence and staff confirmed they only assisted people where this was required.

Supporting people to express their views and be involved in making decisions about their care.

- Staff communicated clearly with people and respected people's individuals' views, choices and decisions.
- People and relatives told us, and care records confirmed they were involved in writing and reviewing care plans.
- People had access to advocates where this was required. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves.

# 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 Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Care and support was provided in line with people's care preferences. One person said, "When I had my review [staff name] came to see me and we discussed any religious and other preferences. Information is written in care plans. When I require any changes I just ask, and it is actioned."
- The registered manager gave examples of when staff had supported people to engage socially. One person discussed how staff collected them to attend at various coffee mornings, baking and other social events. They showed us a newsletter with their picture and a short story of their experience.

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.

- The registered manager ensured staff were aware of the requirement to provide people information in different formats to help aid people's understanding.
- Care plans included clear guidance for staff to follow to ensure people's needs were met and understood.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure for people to refer to in an accessible format.
- People and their relatives told us they were confident if they had any complaints the registered manager would address them appropriately.
- Staff recognised the importance of ensuring people were happy with their care and support. One staff member said, "We are encouraged to share any concerns, so they can be looked into and where required put right. There is a whistleblowing policy and we know we can go to the CQC with any concerns."
- Where complaints had been made, they were recorded, investigated and responded to in line with provider's policy.

End of life care and support

- No one was receiving end of life care when we visited. Staff were aware of people's needs and preferences, including any protected characteristics, such as cultural and religious needs.
- Staff told us they worked alongside external health professionals to provide effective care for people at the end of their lives.

# Is the service well-led?

## Our findings

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager held regular staff meetings where information and best practice was shared and discussed to maintain and improve standards of care.
- Staff told us they were able to put forward ideas and suggestions and these were reviewed for inclusion into the service.
- Everybody spoke positively about the management of the service and how the registered manager promoted person centred care and people's independence.
- The provider promoted staff inclusion with awards and nominations for example for long service or a job well done.

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; Continuous learning and improving care

- The registered manager was open and transparent in dealing with issues and concerns. They understood their responsibility to apologise when mistakes were made and give feedback to people if needed.
- There was a well organised management structure and organisational oversight. The management team met regularly. The nominated individual told us they were formulating records to capture and formalise this information to ensure the service met the organisation's governance procedures and strategic targets.
- Managers carried out audits to monitor the quality of the service provided.
- The provider had an action and continual improvement plan which included any known concerns, suggestions and a summary of actions and outcomes.

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

- The service was well-run and well-led. Effective systems were in place to manage risks to care quality, which staff understood and used.
- There was a clear staffing structure and staff understood their roles and responsibilities and when to escalate any concerns.
- People told us the registered manager was approachable and they received good support when they needed it.
- Policies and procedures for staff to reference to ensure care and support was provided in line with national guidance and regulation were kept up to date.

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

- Links with outside services and key organisations in the local community were well maintained to promote people's independence and wellbeing.
- A monthly newsletter was circulated to introduce new staff to the organisation, events during the month, and any awards.
- People and their relatives were kept informed of any changes and good communications were maintained.
- Staff worked with health and social care professionals such as the district nursing team, GPs and social workers to improve the service and outcomes for people.
- The registered manager had good working relationships with the local authority and care commissioning groups. They told us, "We share information and discuss our roles with other registered managers on social media. I am looking at setting up a forum, so we can also meet up to share ideas and improvements."