

JMC Care Ltd

Bluebird Care Great Yarmouth and Lowestoft

Inspection report

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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

Bluebird Care Great Yarmouth and Lowestoft is a domiciliary care agency providing personal care to people in their own homes. Not everyone who used the service received personal care. 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. At the time of our inspection there were 54 people receiving personal care from the service.

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

People told us they felt safe when carers visited them and felt they could rely on the service to keep them safe. The service carried out risk assessments and put in place measures to reduce the risk of people coming to harm.

People told us they benefitted from having regular carers they knew well, and that the carers always arrived to support them. People told us staff were kind, caring and thoughtful.

Staff were recruited safely and had appropriate training for the role.

Medicines were administered, managed and monitored safely.

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

People told us they knew how to make complaints and felt confident that the service would act on these. There was a suitable complaints policy in place and a system for investigating and responding to these.

Since our last inspection, the new management of the service had implemented a number of new systems to monitor, assess and identify shortfalls in the quality of the care provided. They had taken action to address previous shortfalls identified and this had resulted in positive changes being made in the service. This was reflected in improvements in people's feedback about the service they received.

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 23 September 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in

breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 8 July 2021. Breaches of legal requirements were found and we issued a warning notice telling the provider what they needed to do and by when. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Bluebird Care Great Yarmouth and Lowestoft

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with seven people who used the service and seven relatives. We spoke with nine staff members including the registered manager and care staff. We reviewed six care records and three recruitment files. Multiple records relating to the quality, safety and monitoring of the service were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood safeguarding, the different types of abuse and their responsibility for protecting people.
- The service identified incidences which were potentially safeguarding concerns and took appropriate action in response to these.

Assessing risk, safety monitoring and management

- People and their relatives told us the service was safe. One person said, "Oh yes, I am safe I have no concerns at all, I get on very well with the staff". A relative told us, "[Relative] trusts the staff so I feel they are safe. The staff are very adaptable and work with us."
- Care plans we reviewed contained appropriate information to advise staff on how to reduce risks to people and keep them safe. The service acted promptly to make referrals to other healthcare services where people required it. For example, referrals to district nursing teams. One person told us, "Today the carer didn't like the look of my leg and they are going to report it."

Staffing and recruitment

At our last inspection the provider had failed to ensure there were sufficient numbers of staff deployed to attend all of the care visits required. This was a breach of Regulation 18 'Staffing' of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People and their relatives told us staff always attended on the agreed days and that they had a regular group of staff they knew well. People told us they received a rota every week so they knew who would be visiting and on what days. One person said, "They have never forgotten me, and stay as long as they should."
- There were robust recruitment procedures in place to ensure that prospective staff had the right character and background for the role. This involved carrying out criminal records checks (DBS) and obtaining references from previous employers. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions

Using medicines safely

- Not everyone using the service had support with their medicines. However, the service undertook an assessment at the time of taking on the care package to see what support, if any, the person may require.

- Where people did need support, this was clearly stated in their care records with information about how they liked to take their medicines, when, and what these were for.
- We reviewed Medicines Administration Records (MARS) for four people using the service and found that these were completed correctly and indicated that medicines were being administered in line with the prescribers instructions.
- The provider used an electronic system for recording the administration of medicines. This meant the registered manager was able to pick up any missed doses of medicines promptly. We saw evidence of audits carried out to check medicines were being administered properly.

Preventing and controlling infection

- Staff told us they had access to appropriate stocks of personal protective equipment (PPE) and people told us staff wore this when they visited them. This helped to reduce the risk of the spread of infection.
- All care staff had received training in infection control and had regular refreshers. Spot checks were also carried out by senior staff which checked whether staff were wearing the correct uniform and PPE when providing care.

Learning lessons when things go wrong

- Since the previous inspection, the new registered manager had acted upon all of the shortfalls we identified and implemented more robust systems to monitor the quality of the service.
- They had obtained the views of both people using the service and staff to ensure that any areas for improvement could be acted upon.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service carried out an assessment of people's needs before starting to provide care for them. This was comprehensive and identified all areas the person may require support with.
- Care was planned and delivered in line with best practice guidance. The service used industry recognised tools to assess for risk and put in place clear plans to reduce risk.

Staff support: induction, training, skills and experience

- Staff received a comprehensive package of training in subjects applicable to the role. Staff we spoke with were complimentary about the training and told us they felt adequately trained for the role.
- The service carried out competency assessments to ensure that training had been effective and to identify any areas where staff practice could be improved.
- Staff had regular appraisal and supervision sessions with senior staff. These meetings were focused on improving staff morale, training and development.

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

- Not everyone using the service had support with eating and drinking. Where they did, the service carried out assessments around the risks of malnutrition and dehydration and put in place clear plans to reduce these risks.
- Where people needed support with eating and drinking, the level of support required was clearly set out in care records, along with their preferences.

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

- The service had good links with other healthcare professionals such as district nursing teams and GP surgeries to ensure people received joined up care.
- The service made referrals to other healthcare professionals where required to ensure that people received the input they needed to stay healthy.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People told us that they were given choice and felt in control of their care. A relative said, "Sometimes [relative] will not want something done, and the staff will take instruction from them."
- The service carried out assessments of people's capacity to make decisions. At the time of visit the registered manager stated they were not providing care to anyone who lacked capacity.
- People's care plans made clear how they made decisions, and what non verbal cues or signals could mean. This meant people were supported to give consent in whatever method of communication was best for them.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to Good. 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 told us the service was caring and that staff treated them with kindness. One person said, "I am happy with the care I am given everyone is gentle, kind, and friendly." Another person told us, "I like the staff coming because it is someone to talk to. Everyone is nice. I enjoy them coming."
- We were shown a folder of photographs of service users celebrating their birthdays with staff. The registered manager told us that since they came into post, they had implemented an initiative where the service provided people with a card and a gift, they liked on their birthday to try and make them feel special and build positive relationships between staff and people using the service. One person told us, "The carers gave me a card for my birthday and some flowers spent an hour with me. The carers are lovely."

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

- People were involved in the planning of their care and were asked to sign their care documents to indicate they were happy with the contents. One person said, "I have a care plan of what they will be doing, it is a routine now but they are flexible and will change if needed."
- People told us that whilst the service used an electronic care planning system, they still had access to their care records in whatever way suited them best. For example, some people did access their own care records via a telephone app. However, another person told us they had been given a printed copy.
- People were asked for their views on the service they receive regularly through surveys of their views and also care reviews. People's comments were documented and any action taken was recorded.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with respect and dignity. One person said, "There is not one staff member that I don't like; they are all different and treat me with respect." Another person told us, "All the carers are very friendly, and they are respectful of me and my home."
- Care records made clear what tasks people could complete independently and what parts of tasks they needed support with. This reduced the risk of people being over supported.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At our last inspection the provider had failed to investigate and respond to complaints appropriately. This was a breach of regulation 16 'Receiving and Acting on Complaints' of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

- At this inspection we found that the new registered manager had implemented a robust system for recording, investigating and responding to complaints. We reviewed the records of two complaints and found these had been investigated and responded to appropriately.
- Everyone we spoke with said they knew how to make a complaint but did not have any at present. One person said, "I have no complaints about the care, if I had a complaint I would speak to the office and the manager."

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

- People's care was planned in line with their preferences and made clear people's goals. I.e. being able to live more independently or being able to stay in their own home for as long as possible.
- Care was planned in line with people's preferences. For example, if someone wanted a breakfast visit, this was planned in line with what time the person preferred to have their breakfast. One person told us the time of one of their visits was not working for them but that the service changed this when requested.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care records made clear the ways in which people communicated their needs and preferences.
- The majority of people using the service communicated their needs verbally. However, the service had detailed care planning in place for one person who was unable to hear but chose not to wear hearing aids. This explained how staff could communicate with them using available flash cards and via pen and paper. This ensured that the person was still supported to communicate in the way they chose.

End of life care and support

- No one was receiving end of life care at the time of our visit.
- However, care plans were in place which set out people's wishes at the end of their life and whether they had any particular preferences.
- There were plans in place to work with outside organisations to ensure people received the care they required to have a comfortable and pain free death.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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; 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 and managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- At our last inspection the provider failed to ensure systems were robust enough to demonstrate that people's safety in the service was effectively managed. This was a breach of regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. They also failed to ensure that statutory notifications were submitted to the Commission as required. This was a breach of Regulation 18 Registration regulations 2009 'Notifications of other incidents'.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17 and regulation 18 of the registration regulations.

- At the last inspection we found that the service was in breach of four regulations. We issued them with a warning notice which gave them a deadline by which they needed to achieve compliance with these regulations. Since our previous inspection, a new registered manager had come into post. Our findings from this inspection demonstrate that the management team have made significant improvements to the service and had achieved compliance with the warning notice.

- The registered manager had implemented new and more robust systems to monitor the quality of the service since the last inspection. It was clear that these systems had been effective and that the oversight of the quality of the service was much improved. This had led to a more consistent and positive outcome for people.

- Positive comments about the management team were made by people who used the service, their relatives and staff. One person said, "The manager is a good listener, available and very good. I have no complaints" Another person told us, "The manager is approachable, and we can communicate via the App. I find their App is very good gives us opportunity to find out what is going on."

- Everyone we spoke with said they would recommend the service to others. One person said, "I would rate them 150 out of 100% they are so good so caring." This was a significant improvement from our previous inspection when people gave negative feedback on the service they received.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were given the opportunity to feed back their views through surveys and also through regular

reviews of their care. People also had a copy of the complaints procedure and told us they knew how to complain or comment on the service they received.

- We reviewed the responses to the most recent surveys of people's views and found these were positive. This was a vast improvement on comments made by people at our previous inspection.
- Staff were also given the opportunity to feed back their views through surveys and regular staff meetings. The responses to the most recent staff survey were all positive. Minutes of staff meetings made clear staff felt able to express their views.

Continuous learning and improving care

- The registered manager had learnt from the findings of our last inspection and had implemented many new and effective quality assurance systems to improve the quality of the care provided. This had a positive impact on the outcomes for people which was evidenced by an improvement in the feedback given on the service.
- The registered manager had an action plan in place which set out what they were still working on and their plans for the future.

Working in partnership with others

- The service had good links with other outside organisations to ensure people received joined up and effective care.
- The service communicated well with organisations such as commissioning County Councils and kept them informed of how improvements were being made.