

J&Y Webber Services Limited

Bluebird Care Scarborough and Bridlington

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 (Scarborough and Bridlington) is a domiciliary care agency which is registered with the Care Quality Commission (CQC) to provide regulated activities of personal care to people living with dementia, sensory impairment, learning disabilities or autistic spectrum disorder, mental health and physical disability in their own homes. At the time of the inspection, regulated activity was provided to 24 people.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People told us they felt safe with the staff who supported them. Staff were clear on types of abuse to look out for and how to raise their concerns when required. Processes ensured any incidents were routinely investigated with outcomes and actions implemented to help keep people safe.

Risks associated with people's care were assessed to help staff provide safe care and staff also had access to information to keep them safe when entering people's homes. Staff had good access to personal protective equipment to manage the risks associated with the spread of infection including COVID-19 and adhered to government guidance to protect people.

Where people required support to take their medicines, this was done safely as prescribed with appropriate record keeping checked for accuracy.

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.

Staff received appropriate induction, training, professional development, supervision and appraisal as necessary to enable and support them to carry out the duties they were employed to perform.

Management completed a range of audits and checks to maintain standards of service. Provider oversight supported the sharing of best practice for the benefit of individuals who were supported.

The service was not providing care to anyone with a learning disability. However, we expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted.

Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support: Model of care and setting maximised people's choice, control and independence; People told us they knew when to expect visits and that visits respected their preferred times. People spoke positively about the service they received and the way the service was managed. The new manager was passionate about providing people with a personalised service to help them remain living as independent as possible in their own homes. People told us that staff supported them when their care needs changed to ensure they were able to retain their independence.

Right care: Care was person-centred and promoted people's dignity, privacy and human rights; People told us staff were respectful, caring and understanding around people's emotional and physical needs. People were involved in planning their care and support. Care was delivered following a robust assessment of needs to ensure people's wishes preferences and any personal characteristics were recorded and supported.

Right culture: The ethos, values, attitudes and behaviours of leaders and care staff ensured people using services led confident, inclusive and empowered lives; The culture of the service was open and empowered individuals to express their views and be in control of their lives with the support of staff. People told us they felt confident to approach the management team and that their suggestions would be listened to.

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 the service under the previous provider at the previous premises was good, published on 12 March 2018. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bluebird Care Scarborough and Bridlington on our website at www.cqc.org.uk.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 Scarborough and Bridlington

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

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with CQC to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider or registered manager would be in the office to support the inspection. We visited the location's office on 25 May 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority 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. 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. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, the head of operations, and the wellbeing & engagement officer. We reviewed three care plans, medication records and three staff files. We spoke with two people receiving a service and five people's relatives. We reviewed records associated with the management of the service, which included policies, procedures, audits, and checks. We looked at staff recruitment details, training, supervisions, appraisals and checks to determine staff were competent in their roles.

After the inspection

We spoke with four care staff.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

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

This is the first inspection of this newly registered service. This key question has been rated good. 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 were safe from the risks of abuse. One person said, "Safe, yes they [staff] are lovely people."
- Staff had received training in safeguarding and understood how to recognise signs of abuse and what actions to take to safeguard people from avoidable harm.
- Processes were in place to ensure all incidents were documented with systems to record outcomes and actions to help prevent similar events as part of lessons learnt.

Assessing risk, safety monitoring and management

- Care plans included initial assessments of people's needs. Known risks were recorded with information for staff to follow to provide safe care.
- Staff told us they knew how to manage risks when visiting people in their home. One staff member said, "Care plans have good information about known risks for us to provide safe care. We record any changes, and these are updated straight away so everyone has up to date information."
- People's homes were assessed, and records completed to ensure staff had the required information to keep themselves safe.

Staffing and recruitment

- The provider operated safe recruitment practices when employing new staff. Appropriate checks were completed to ensure staff were suitable for the role which included checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Electronic monitoring was used to ensure people received their care and support from regular staff who they knew, and that staff turned up on time and stayed for the right duration.
- The provider had contingency plans to ensure there were enough staff available to provide care and support to people to meet their assessed needs.

Using medicines safely

- Where people required support to take their medicines people told us this was completed safely. A relative said, "The carers give [name] pills and apply creams; no concerns."

- Where people were prescribed 'when required' (PRN) medicines, for example, paracetamol, there were protocols in place for staff to ensure manufacturer's instructions were followed.
- Medication administration records (MAR) were completed where people required support. MAR were checked for accuracy and staff understood the importance of comprehensively maintaining these records.
- Staff received required medicines training and checks were completed to ensure staff continued to follow best practice when supporting people to take their medicines.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. Staff had good access to PPE and understood the latest requirements.
- People and their relatives told us staff followed relevant infection prevention and control guidance.
- We were assured that the provider's infection prevention and control policy was up to date.

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 good. The rating for this key question has remained 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 provider completed assessments before agreeing a new package of care to ensure they were able to meet the person's care needs. The registered manager told us they would only accept a new care package once they had the staff capacity. This meant the provider was able to assure themselves of their ability to provide effective support.
- People were involved in all aspects of their care and support. Care plans included people's signed agreement to their care. A relative told us, "We always discuss any care and support needs [with staff]."

Staff support: induction, training, skills and experience

- New staff completed an induction programme to ensure they had enough knowledge and skills before providing people with support. New staff completed probationary review meetings to discuss their performance and any concerns they may have had.
- Staff had completed training relevant to their roles. This included topics such as safeguarding, food hygiene and infection control.
- Staff were supported through supervisions where they could discuss any issues. Staff valued one to one support and supervisions. One staff member said, "It's a great team and the manager is always approachable."
- The management team completed spot checks to monitor staff performance. This was used to help develop staff and to identify any further training needed to improve the care provided.
- Staff had access to a confidential internal support service facilitated by the wellbeing & engagement officer. This had resulted in an improvement in staff morale, retention and wellbeing.

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

- Assessment of people's dietary needs was recorded, and staff confirmed they worked with other health professionals to maintain people's health and well-being.
- Care plans recorded any allergies people had and staff had access to information to support people with any dietary requirements where required.
- Staff understood when to contact other professionals if they were concerned that people were not eating and drinking enough.

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

- People had good support to access other health professionals to maintain and improve their wellbeing, where required.

- Staff understood how to ensure people received timely access to health professionals. For example, staff told us people had routine access to their GP, dentist, occupational therapist and district nurse. One staff member said, "Where people have problems eating, they are supported by the speech and language therapist (SALT) who can provide them with dietary advice; which we then also follow as part of their care."
- Staff ensured any health advice for people was recorded and staff made time to encourage and support people with ongoing reablement.

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 and found the service was working within the principles of the MCA.

- At the time of the inspection there was no one receiving a service who was under a Court of Protection.
- People told us, and records confirmed, they were asked for their consent prior to being supported.
- Staff understood the importance of offering people choice and to promote their independence. One staff member said, "I always offer choice and encourage people to do what they can for themselves. It's not about taking over their lives but supporting them to remain as independent as possible."

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 good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People told us they were actively involved in the planning of their care and were supported to express their views.
- People and their relatives told us they were treated with respect and dignity by staff. One relative said, "They [staff] are very thoughtful, they are like friends."
- Staff understood the importance of maintaining people's dignity and supporting them to be as independent as possible. One staff member said, "I am considerate of keeping the person covered up as much as possible when providing personal care and encourage them to do whatever they can without assistance."
- People received consistent care from regular staff who they knew. Staff told us this helped to develop trust and promoted personal interactions.

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

- People told us staff were kind and caring. One person said, "They [staff] are so kind and caring and always check in on me, and my husband who is not using the service."
- Staff discussed how they recognised everyone as individuals and followed person-centred care plans to provide people with a service that met their needs. One staff member said, "It's a really nice company to work for and it provides best care for people."
- Staff understood the importance of recognising people's diverse needs. Care plans were written with consideration of people's cultural backgrounds and supported any personal choices and preferences.

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 good. The rating for this key question has remained good. 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

- Care plans we reviewed were personalised with a social history and information about how best to support the individual. Care plans included information on people's, interests, likes and dislikes and healthcare needs.
- Regular reviews were completed to ensure care and support remained personal and care staff told us care plans were regularly updated with any changes. Staff had access to electronically record any immediate changes in people's needs which were then updated into the main care plan for others to utilise.

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.

- People's communication needs were recorded in care plans for staff to follow. Information included alerts for staff to ensure they were aware of any hearing or sight difficulties.
- Information was available in a variety of formats and different languages to ensure people had access to information they required.

Improving care quality in response to complaints or concerns

- Staff supported people to raise concerns or complaints. All feedback was evaluated and responded to. Where applicable, information from outcomes was used to implement actions to help improve the care provided.
- People had clear expectations on the quality of the service they received and understood how to share any concerns.
- Guidance on raising concerns and complaints was available and processes were in place to investigate and respond to any complaints or concerns. People told us concerns were routinely dealt with and that they felt confident complaints would be addressed appropriately. A relative said, "I would always say something if I wasn't happy."

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

- The registered manager discussed how staff used their own transport to support people to attend a events

and activities which helped to prevent people being isolated in their own homes.

- Pictorial records evidenced people attending a variety of themed events. This included fund raising events and social events. For example, a recent Jubilee celebration was held. One staff member said, "We had a great day celebrating the queens Jubilee. People were supported to attend and enjoy each other's company with food and drinks available."

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 good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was aware of their responsibility to notify the relevant authorities including the CQC of important events that happen in the service. For example, any safeguarding concerns, service changes and serious incidents.
- Audits and performance checks were used to manage the service, maintain standards and identify areas for improvement.
- Systems and processes were regularly reviewed with any required improvements implemented in a timely way.

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

- Staff told us the service was managed well with caring staff. One staff said, "Yes, it is well managed, the manager is really nice, approachable, and good with communication."
- Staff told us senior staff were approachable which resulted in good communication and support for the benefit of people receiving a service.

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

- Processes were in place to ensure any incidents, concerns and complaints were investigated and responded to.
- Staff were confident they would be supported with any enquires and that along with any required actions, they would be included in feedback to help improve the service and reduce further similar events.

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

- People were given the opportunity to feed back on the service they received and told us the senior staff including the registered manager were approachable.
- Management and staff discussed their passion for their roles and the supportive team approach to providing people with consistent care. They told us this promoted people's independence to remain in their own homes.
- Thorough pre-assessments of people's needs ensured care was planned to meet any personal characteristics and preferences. People's views were recorded and where required adjustments made to

ensure care was tailored to meet their needs.

Continuous learning and improving care; Working in partnership with others

- People told us they felt confident that the service would act if they suggested an area for improving care.
- Staff felt supported to carry out their role with up to date training provided. One staff said, "I am quite happy in my role. Management constantly try and improve and keep on top of things. They're not stuck in their ways. The role works for both people and staff."
- The service had good partnership links with stakeholders including other health professionals. One staff member said, "We work well with other health professionals. For example, people have good health input to manage their wellbeing, and a lot of people have adaptations including equipment fitted to remain in their own homes. It's a lovely feeling to support people in, and to get people back into their own homes."