Blue Yorkshire Limited

Bluebird Care (Harrogate)

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Good**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

This inspection took place on 12 February 2015. We gave the provider notice before our visit that we would be coming so we could speak with the acting manager and care workers at a time when they were not out supporting people who use services

There were breaches of regulation at the last inspection we carried out on 20 May 2014 in relation to the care and welfare of people, staff recruitment and training, record keeping and quality assurance. After our inspection of 20 May 2014 the provider wrote to us to say what they would do to meet legal requirements.

We carried out a comprehensive inspection on 12 February 2015 to check they had followed their plan. We identified the provider now met the regulations that were assessed. Though there were some areas where further improvement was needed.

Bluebird Care (Harrogate) is based in the centre of Harrogate. The agency provides personal care and support for people living in their own homes. There was an acting manager in post. The acting manager told us they were applying to be the registered manager with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the

Summary of findings

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.

Improvements had been made to the recruitment processes and to recording keeping. This meant that the service was able to demonstrate they followed safe recruitment processes.

Appropriate systems had been introduced to be able to gather feedback from people using the service and improve the quality of the service. Policies and procedures were in place for the management of risk. Care workers knew about local safeguarding protocols and could describe different forms of abuse and what they would look for.

Care workers were undertaking appropriate client specific training to equip them for their role. However, we identified further improvements were needed in relation to staff awareness about mental capacity and consent to ensure people's rights and freedoms were always protected.

We found that care plans had been reviewed and updated. People's health care needs were monitored and people were supported to access their doctors if needed. However, an on-going review system needed to be fully implemented to be able to demonstrate consistent good practice in this area.

We reviewed questionnaires received by the provider and by CQC. People consistently said that staff continuity was important to them. There was a call monitoring system in place and the provider was actively monitoring call times and staff continuity through the weekly management meetings. However in their feedback to the provider people said they would like this aspect of their care to be improved. People who received support from care workers who knew them well were positive about the care they received and said they were treated with dignity and respect. Care workers we spoke with were respectful when they told us about the people they supported. They were knowledgeable and enthusiastic about the work they performed.

We identified improvements relating to the running of the service. Although monitoring systems were at an early stage of development we identified that appropriate managements systems were being developed and monitored to ensure people received quality care.

Summary of findings

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. Improvements had been made to the recruitment processes. People were being safeguarded by safe employment practices.

Staff we spoke with knew about the policies and procedures in place for managing risk. Although we identified issues about continuity and late calls there was an appropriate system in place for managers to monitor calls and to continually improve this aspect of the service.

Care workers had received safeguarding training. Care workers we spoke with understood about the different forms of abuse and knew what they should do to safeguard people.

There was a medicines policy in place and medicine administration records (MAR) were audited each month to make sure that medicine were administered consistently and safely.

Is the service effective?

Requires improvement

The service was effective. Improvements had been made to staff training and supervision.

We have recommended that the provider refers to best practice guidelines on how to comply with their responsibilities under the Mental Capacity Act to ensure people's rights and freedoms are protected.

People's care needs had been reviewed with them since our last inspection.

People using the service, their families and care professionals were actively involved in updating care plans.

Is the service caring?

Good

The service was caring. People liked the care workers who looked after them and reported in their feedback to the provider that they were treated with dignity and respect. Care workers spoke positively about the people they supported.

The service actively monitored calls to identify shortfalls and take action to make sure people received the same care workers wherever possible.

Is the service responsive?

Requires improvement

The service was responsive. People's care plans had been updated to reflect their needs and preferences. However, we identified that the action taken in response to identified issues was not always recorded in a timely way. We have recommended that the registered person develops a review system to ensure that people's needs and outcomes continue to be met.

Summary of findings

There was an effective complaints procedure in place and people's complaints were dealt with promptly. People's feedback was being used to highlight further improvements.

Is the service well-led?

The service was well led. There was an acting manager in post. We identified improvements in relation to the running of the service. Appropriate managements systems were being developed and monitored to ensure people received quality care.

Although plans were in place to review and audit the management systems monitoring systems were at an early stage of development.

Requires improvement

Bluebird Care (Harrogate)

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on12 February 2015.The provider was given notice because the location provides a domiciliary care service and we needed to speak with the acting manager and care workers at a time when they were not out supporting people who use services. Two inspectors carried out the inspection.

At the last inspection on 20 May 2014 we found breaches in regulations we inspected.

Before the inspection visit 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 considered feedback from five people who used the service, two relatives and friends, and one community professional. We also reviewed information we received from the service since the last inspection including the action plan and two contract monitoring reports from the local authority.

During our visit to the service we reviewed care plans for three people and recruitment and training files for three care workers. We looked at the training matrix, minutes from care worker and management meetings, and questionnaires. We spoke with the nominated individual, the acting manager, a service co-ordinator and two care workers.

Good

Is the service safe?

Our findings

During the inspection we carried out on 20 May 2014 we found shortfalls in the vetting procedures for new staff. Examples included gaps in application forms; lack of detail in interview notes including the name(s) of the person or people conducting the interview; and gaps in the uptake of references and police record checks. This meant that people who used services at that time could not be confident that their health and welfare needs would be met by suitable staff. This was in breach of regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Following the inspection in May 2014 the provider submitted an action plan in which they confirmed they would review the recruitment and selection process. They told us that care workers would not be allowed to provide care until checks had been undertaken to meet regulations. The provider stated that care worker files would be updated to include application forms, interview notes to cover gaps in employment, Disclosure and Barring Service (DBS) checks, and references. They also confirmed staff would have contracts and would complete phase one of the full induction programme. This was in line with the common induction standards published by Skills for Care to ensure staff were competent before being allowed to work unsupervised.

The local authority contracts and compliance team visited the service in October 2014. They identified improvements to recruitment checks. In a further visit made in March 2015 the local authority confirmed improvements had been sustained. During our inspection on 12 February 2015 we checked care worker files. We verified the checks that were completed were in line with the provider's action plan and met the regulations. This showed us that appropriate arrangements were in place to make sure safe recruitment practices were followed.

Care workers we spoke with were clear about their responsibilities for safeguarding adults and could describe different forms of abuse and what they would look for. They had undertaken training in safeguarding and we saw in the PIR that arrangements were in place to provide updated training to all staff over the next six months. Care workers were able to explain what they would do if they had concerns and said that they would feel confident in doing so. One care worker said "You're obliged to make things known if something wasn't right." Another care worker who was able to list areas that might be of concern said, "Any concerns. You'd report to the office." Care workers were aware of 'whistle blowing' and said that they would have no hesitation in reporting anything if they had concerns.

In care plans we looked at, we saw that there were risk assessments in place to minimise the risk of harm to the person using the service and to care workers. These were clear, updated and signed by the person making any changes. Some of the risk assessments in relation to health and safety were generic, which may have resulted in some specific or particular concerns being addressed appropriately. However, risk assessments in relation to personal care were more person-centred and included calls that needed two care workers. Care workers were aware that there was a lone working policy. One care worker told us they knew there was always someone on call but they personally had never felt unsafe. These arrangements showed us that appropriate measures were in place to identify and minimise the potential risk of harm.

We saw in the PIR that care workers completed an induction programme before working with people unsupervised. Examples of areas covered by the induction programme included the safe administration and recording of medicines, moving and handling, safeguarding vulnerable adults and children, health and safety, equality and diversity, and dementia awareness. The PIR indicated new care workers were shadowed during their first two days by an experienced care worker. This was confirmed by the care workers we spoke with. One care worker described the four day induction programme they had completed that covered training in lifting and handling, cardio pulmonary resuscitation (CPR) and dementia awareness. They said they had spent a full day shadowing more experienced staff and said "I was keen to go out on my own but they won't let you until you are ready." This meant people could be confident that care workers had the right skills, experience and competencies to meet their needs.

Information about staffing levels was variable. Although people reported a high level of satisfaction with the care they received 60% of the responses had raised issues about care workers being rushed and a lack of continuity. Care workers told us that their ability to provide a service and keep to their timescales and planned arrival times was dependent on a number of different factors. One care worker said that they had enough time to support all the

Good

Is the service safe?

people on their schedule because they had manageable travelling times between the homes of people that they supported. They said, "I do all mine with some time to spare." They told us that they had needed some additional time to spend with one person. "I phoned (the care co-ordinator) and they said they would get me the extra time." Another care worker described their shift and the skills required in providing support for one person they cared for, talking with the person's relative, negotiating with the district nurse who sometimes visited at the same time whilst ensuring that the person was given enough time and privacy for personal care. They described the challenges of the Harrogate traffic and explained that depending on traffic, they take different routes to try to save a few minutes on the journey. The complexity of these changing dynamics provided evidence that each day was different and there were a variety of factors which could cause a delay. They said "You're constantly aware of time." Despite these difficulties staff told us they felt they worked well to provide people with consistent, safe care.

There was a call monitoring system which was used to evaluate continuity of care, call time accuracy and duration. This system was used to ensure call timings were monitored and the acting manager told us people were contacted and advised of calls which varied more than 15 minutes from the planned time. We asked one care worker if people were kept informed if care workers were going to be late and they said, "In my experience they (the office staff) have always let people know." The nominated individual showed us the weekly data about lateness, missed calls and care worker continuity. They told us the data was discussed in the managers meetings, which were held each week. This illustrated that staffing levels and travelling times were being kept under review and action was being taken to constantly improve the service.

When we spoke with the care co-ordinator, they explained that if staff rang in sick, the person who was on call made arrangements for staff to cover or managers to go out and undertake some of the shorter calls. This provided evidence that there were arrangements in place to deal with situations when care workers could not make a visit.

There was a medicines policy in place. The acting manager confirmed the service was not responsible for ordering or storing medicines. However, care workers may support people to take their medicines when they visit. The acting manager told us that to reduce the risk of errors, care workers talked with each other, their managers and other agencies and carers, who may share the responsibility for giving medicines. The acting manager told us that they audited the medicine administration records (MAR) every month to make sure they were up to date and care workers were administering medicines consistently and safely.

Requires improvement

Is the service effective?

Our findings

At the inspection we carried out on 20 May 2014 we identified staff had not received appropriate professional development. We saw evidence in each of the records we looked at that the mandatory training records were not up to date. Mandatory training included moving and handling, infection control, first aid and medication awareness. This meant staff may not have had the appropriate knowledge and skills to perform their job roles. This was in breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Following the inspection in May 2014 the provider sent us an action plan. The action plan stated care workers would receive ongoing supervision and appraisals including spot checks and evaluation of competencies such as communication, medication support, moving and handling practices. In addition it stated care workers would receive ongoing, updated training to increase their skills and competence.

Before our inspection on 12 February 2015 the provider told us in the PIR that they wanted to improve communication with their care workers by developing the regularity and content of staff meetings in 2015. Care workers we spoke with confirmed they attended meetings and said these provided them with a useful forum in which they could raise practice issues and discuss complex cases. Meeting minutes we checked confirmed that issues were raised and they contained information about the action taken in response.

At this inspection, we saw in the services' training planner that care workers were trained in first aid, moving and handling, food handling and hygiene, safeguarding and infection control. Care workers also received client specific training according to their roles. Examples of client specific training included safeguarding children, paediatric first aid and autism. Care workers we spoke with described their induction training, ongoing mandatory training, updated training and qualifications. They told us that they attended regular supervision sessions where they could discuss topics about their work and training. One care worker said "I had my session with (the supervisor) just recently, anything you want to talk about they are there all the time."

We saw 80% of the care workers had received training in dementia awareness and arrangements were in place for remaining care workers to have received this training by March 2015. However we found the care workers we spoke with had limited understanding about mental capacity and issues of consent. Care files did not include details about people's capacity and decision making in relation to their finances or their health. This could mean that people may not always receive care that protected their rights and freedoms. We saw in the PIR that this area had been identified as an area for improvement. The nominated individual told us that arrangements were in hand to make sure all the management staff received training about mental capacity and consent in order to be able to deliver further training to the care workers on this aspect of care.

We recommend that the provider refers to best practice guidelines on how to comply with their responsibilities under the Mental Capacity Act.

We saw in the PIR that care workers supported people to access health care appointments with their doctors and update care plans with changing care needs in agreement with people's families.

We confirmed this was the case in the care plans we checked. People had assessments for all aspects of their individual care including their nutritional care needs. There was an overall assessment which described people's needs and how these were to be met. Risk assessments were in place for each individual plan of care. Each plan was reviewed on a regular basis and where any changes had been made these were recorded in the review with the date of changes clearly documented. Care workers confirmed they had undertaken training about nutrition and medical conditions that may affect people's health.

Good

Is the service caring?

Our findings

We saw from the 'customer questionnaires' issued by the agency that 89% of people who responded said they were treated with politeness and respect. The care workers we spoke with were positive about their work and respectful about the people they supported. One care worker described a person they supported five mornings a week. They said "They are absolutely amazing." Care workers told us that people appreciated everything that they did. One care worker said "They call me the carer that cares."

Feedback from people's families included "I am grateful to you and all her carers for the help

and care given to mum, obviously these results show how successful the package has been. Please let them know I appreciate their efforts." Other comments were "Couldn't be better," and "Quite satisfied."

We asked care workers how they ensured that people were treated with respect. They were able to provide clear examples and spoke with confidence about the different needs of people they cared for. Examples included always asking people what they preferred, ensuring that they weren't rushed, talking with them and giving them time to respond. Care workers told us it was important to be sensitive to people's moods and how well they felt.

In their feedback to CQC and to the provider people stressed the importance of continuity when they came to assess the quality of the care they received. Calls were monitored weekly using the call monitoring system. When we talked with care workers we found that they had a detailed knowledge of the people that they supported. One care worker told us about one person who they supported. They explained that the person had been used to another care worker who had left and had originally found the transfer to a new care worker difficult "It was a massive step making a transfer for her age, I understood completely." The care worker said that they had gradually spent time getting to know this person and building a relationship. They said "I feel as though if I've made a breakthrough."

We asked care workers how they observed changes in the people that they supported and how this was monitored and reported. One care worker told us about another person who they supported and said that they had reported this to the office as they thought that they might want to call the person's GP. "(Name) did get run down but now they are getting better"

Another care worker explained how they try not to rush people but that they have to be organised. "You can't just bomb in there, they [the family] are very, very friendly, they draw you in, they like to chat." They explained in detail how they supported one person ensuring that they provided care in the way that was preferred. One care worker said that the family of one person had specifically asked if they would consider working at the weekend so that he could have consistency. Although they said that they did not have any other calls at the weekend they agreed to this and so provided a consistent service for this person.

Managers told us they tried to be flexible wherever possible. Examples included office based staff going out to assist people and collecting papers for people or running them to the shops if they have time to do so. The nominated individual told us they also planned to spend time with some of the care workers observing care practice to help them gain a better understanding of what it is to care on a day to day basis.

Requires improvement

Is the service responsive?

Our findings

At the inspection we carried out on 20 May 2014 we found people's personal records were not always accurate and fit for purpose. Care plans lacked a full description of the care and support people required and risk assessments that were available were not sufficiently detailed to minimise risks. At that time we identified that the lack of information in care plans, and on occasion inaccurate information in care plans, meant there was a risk important care could be missed and people may not receive all the care and support they required. These matters were a breach of regulations 9 and 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Following the inspection in May 2014 the provider sent us an action plan. The provider stated care plans were under review and were being updated in consultation with the person who used the service and their families.

At the inspection on 12 February 2015 we verified care plans had been updated. Care plans we checked contained appropriate risk assessments and people who used the service or their relatives had signed to agree their care plan.

We saw that quality monitoring forms were in place to check the file and two people had been asked what they thought of the service through a "Customer first review" form and their responses had been recorded. We saw from care plans that personal care needs and related risk assessments had been discussed and reviewed with each person and their relatives. We spoke with the acting manager who explained that senior staff had coordinated and planned the reviews to update the care plans and this work had been completed. We saw in the PIR that care plans would be reviewed annually or when required to ensure accuracy of information in regards to people's individual requirements. However when we visited, plans to introduce an ongoing review system were in the early stages of development.

In one file we saw care workers had recorded issues that needed further action. Examples included "(Name) wants to speak with their social worker" and "(Name) wants to get a shopping trip". However, we did not see evidence of whether this had been followed up. When we spoke with the acting manager they explained that this would be reviewed and information recorded on the person's daily notes. In some care plans, there were signatures missing for some things but not others. This was not consistent. Some sections of the care plan had not been completed. For example, for one person the section marked 'What is important to me' was not completed. However, in two other care plans, details of people's preferences were in place and a section completed which stated whether there were any allergies to food or any other substances.

We recommend that the registered person develops a review system to ensure that people's needs and outcomes remain under review and continue to be met.

We asked the care workers how they used the care plans to ensure that the support they provided was up to date and appropriate to meet people's needs. One care worker said, "When I first started I went step by step through the care plan. 99% of the information is there and you can follow the plan. We write on the daily report sheet every single day." Another care worker said that although they read the care plan they felt it was still important to check with each person how they liked things to be done. They said this made sure that the care provided always met people's preferences and needs. Care workers we spoke with said that they had positive relationships with relatives, some of whom they spoke with on each visit.

People were able to give feedback through surveys or at their reviews. People could also access the complaints procedure. In their feedback in surveys completed in November 2014 79% of respondents said they knew how to make a complaint. The nominated individual had produced an analysis of the data which highlighted common themes which required further action. People reported they were not always advised about staff changes or when care workers were running late. The provider had in place "Customer first review sheets" and a section in the care plan also asked if people knew how to make a complaint. Comments included "Frustrated when late or arrive at the wrong time" and "Was issues at first with lateness due to traffic but now settled". Another person had said, "Mostly good, sometimes can be late." In response to the question, 'Do you feel the office have suitably communicated with you if there have been any changes to your care workers or visit times?' comments included "Not at first, hopefully sorted" and "Sometimes." In response to the question, 'Are the activities carried out properly and professionally?' One person had stated, "Sometimes." The nominated individual reported that issues raised by people

Requires improvement

Is the service responsive?

using the service formed a standing agenda item at staff meetings and at the weekly management meetings. We looked at information relating to three complaints and we saw the nominated individual had dealt promptly with these and they were resolved to the person's satisfaction.

Requires improvement

Is the service well-led?

Our findings

On 20 May 2014 we found the provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others. The lack of quality assurance checks meant that errors for example, in staff recruitment and training had not been picked up by the registered manager or the nominated individual before our inspection. We also found evidence that the provider did not have robust care plans or risk assessments in place. This put people at potential risk of harm. There was no appropriate system for gathering, recording and evaluating accurate information about the quality and safety of care, treatment and support the service provided, and its outcomes. There was also no evidence of systems in place to make sure the manager and care workers learned from events such as accidents and incidents, complaints, concerns whistleblowing and investigations. This meant there was a potential risk that people who used the service could be harmed as a result of unsafe care, treatment and support. This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Following the inspection in May 2014 the provider sent us an action plan. The provider stated Bluebird Care head office was assisting them with the development of effective management systems and quality monitoring resources and tools.

At the inspection on 12 February 2015 we identified that improvements had been made to the management systems in line with the provider's action plan. A quality improvement plan was used to measure and evaluate management systems on a monthly basis. Managers had a weekly meeting where they could discuss progress against the improvement plan. People using the service and their families had been asked for their feedback on the service and we identified action was being taken in response to the issues people had raised. This meant that arrangements were in place for the provider to be able to continuously improve service delivery. While improvements had been made further evidence of continuity was need to be able to demonstrate sustained improvement.

When we visited on 12 February 2015 there was a new acting manager who had been in post for several weeks. The acting manager was aware they needed to apply to be registered as the manager with CQC. They told us they planned to attend a workshop designed for new managers to improve their understanding and awareness of best practice. They said this would also include information on how to implement robust quality monitoring systems. The nominated individual confirmed that they planned to continue to use the quality assurance service from head office to assist the acting manager in their new role. They confirmed further improvements were planned to improve the use of the call monitoring system and the development of management systems to ensure training and reviews were programmed in a timely manner.

Staff we spoke with said that if they had any concerns they could talk with managers. One care worker said "You can tell (name) anything, the office staff work as a team. They are a solid team in this office, they are there for you. They all go out and do care work." Care workers told us that they worked together well as a team and covered for each other in the case of staff absence owing to sickness or leave.

We asked how the location and scheduling of visits worked. One care worker said "Mine are perfect" They told us their schedule for the day of the inspection which enabled them to arrive on time for each person as the distance between the visits wasn't too great.

Care workers told us they would recommend the service to their own relatives but suggested that further improvements could be made to improve communication in the service. For example, they told us they had asked for additional time for one person whose needs had increased as their condition had deteriorated. The care worker said that they understood that it took time to get additional funding but that they felt that the managers were not keeping them informed and giving feedback about what was going on and what the progress was.

The nominated individual told us they planned to accompany care workers on visits to increase their own understanding of the problems a care worker might face when delivering care and help them develop a more responsive and caring organisation. The acting manager told us they had been involved in updating the care plans with people using the service. They said they planned to carry out monthly spot checks of care worker files and people's care plans in future. The nominated individual showed us a record of the call timings that were being monitored on a daily basis. They said people were advised of calls that were moved by more than 15 minutes. This was confirmed by the care workers we spoke with. One care

Requires improvement

Is the service well-led?

worker said "If I'm going to be late I always ring and let them know, it's the policy to let people know." This was further evidence that showed us that appropriate management systems were being developed.