

DSLIS Ltd

Bluebird Care Selby & part East Riding

Inspection report

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Date of inspection visit:
29 January 2020
06 February 2020
10 February 2020

Date of publication:
25 March 2020

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Bluebird Care Selby & part East Riding is a domiciliary care service that provides care and support to older people and young disabled adults living in their own homes. There were 24 people being supported with personal care at the time of our inspection.

Not everyone who used the service received personal care. The Care Quality Commission (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:

There continued to be some inconsistency in the service provided. Quality assurance checks had not been effective in identifying and addressing all issues we found. New electronic systems had been introduced since our last inspection, and there had been improvements in some aspects of care planning. However, not enough progress had been made to meet all legal requirements. This included requirements in relation to medicines management and record keeping. There were gaps in care and medication records, and risks were not always comprehensively assessed or mitigated.

We have made recommendations in relation to recruitment practices and the management of complaints.

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.

People were supported with their health and nutritional needs and staff worked alongside other health professional to meet people's needs. Care staff were kind and respected people's privacy and dignity.

Some people did not feel involved in decisions about changes to their care package and the care staff who visited them. Office staff needed to communicate better with care staff and people using the service; action was being taken to address this.

Staff received induction, training and support to enable them to carry out their role. However, records in relation to training were inconsistent, and in some cases inaccurate. The provider advised us of action they planned to take in response to our inspection feedback.

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 7 March 2019) and there were two breaches of regulation. 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 not enough improvement had been made

and the provider was still in breach of regulations.

Why we inspected:

This was a planned inspection based on the previous rating.

Enforcement:

We have identified breaches at this inspection in relation to risk and medication management, and record keeping and governance. Please see the action we have told the provider to take at the end of this report.

Follow up:

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our well-led findings below.

Requires Improvement ●

Bluebird Care Selby & part East Riding

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. This inspection was planned to check 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

The inspection was conducted by two inspectors on the first site visit to the office, and one inspector on the second site visit. One inspector made home visits to people and an Expert by Experience spoke with people on the telephone. 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 home. The service had a manager registered with CQC. 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.

Notice of inspection

We gave the service 24 hours' notice of the first office visit. This was because we needed to ensure staff would be available at the office to assist. We also arranged in advance to visit people who used the service in their own homes.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included information from the provider and from other sources. We sought feedback from the local authorities who contracted with this service. We used this information to plan our inspection.

During the inspection

We spoke with ten people who used the service and four relatives over the telephone. We visited three people in their own homes and spoke with a healthcare professional who had contact with the service. We spoke with the registered manager, two coordinators who worked in the office, a director and five care workers.

We looked at records related to people's care and the management of the service. We viewed five people's care records, three staff recruitment and induction files, training and supervision information, and records used to monitor the quality and safety of the service. We reviewed the provider information return, which was received during the 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.

After the inspection

We continued to review evidence from the inspection and sought clarification from the provider to validate evidence found.



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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider had failed to mitigate risks relating to the health safety and welfare of people, including those around medicines management. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 12.

- The provider had introduced a new electronic system for recording medicines since our last inspection. Whilst medication records were generally clearer and more consistently completed, there were still gaps and anomalies in the records, which meant it was not possible to confirm that people had always received their medicines as prescribed.
- Staff did not always accurately complete the time they had given medicines, so the provider could not be assured that sufficient time had elapsed between doses.
- There were no protocols in place to guide staff when to give medicines prescribed for use 'as required'.

The provider had failed to ensure the safe management of medicines. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was taking action to increase the information available to staff in care plans about what people's medicines were for. They had also arranged meetings with staff to discuss expectations regarding medicines practices and recording.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- Risk assessments were in place for some aspects of people's care, however other areas still required more robust assessment and guidance for staff. This included catheter and pressure area care, which was an issue at our last inspection.
- Care staff completed records of accidents and incidents, and these were investigated by the registered manager. However, the provider had not always done all that was possible to reduce the risk of incidents happening again. For instance, they had not re-assessed a staff member's competence to use moving and handling equipment following an accident that had occurred.
- Staff understood where people required support to reduce the risk of avoidable harm.

- Most people felt safe with staff with the staff who supported them. One commented that staff were, "Very welcoming when they come. They lock the door and turn the lights out at night when they leave, blow the candle out if I have one lit. Make me safe."

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy and access to the local authority's policies and procedures.
- The registered manager had made safeguarding referrals when required.
- Staff demonstrated awareness of signs of potential abuse and knew how to report any concerns.

Staffing and recruitment

- We received mixed feedback about the punctuality of staff. Two people told us they were experiencing ongoing issues with lateness, but others were satisfied and told us care staff usually arrived on time. Staff worked as a team and covered care visits for each other when required, to ensure people received their care.
- One relative told us there had been previous occasions when staff had not arrived for care visits, but said this issue had now been resolved and their regular staff member was very reliable.
- The provider had an electronic system to monitor that care staff had arrived at care visits at the expected time. This system was not effective, as we identified during the inspection that office staff had not always received alerts when required.
- Recruitment checks were usually conducted appropriately to ensure applicants were suitable to work with vulnerable people. However, full reference checks had not been sought for one staff member before starting work, which was not in line with the provider's policy. Some other records lacked detail.

We recommend the provider seeks advice from a reputable source about best practice in relation to recruitment and reviews their practice accordingly.

Preventing and controlling infection

- Staff followed good infection prevention and control practices. They had an adequate supply of personal protective equipment, such as disposable gloves and aprons, to prevent the spread of healthcare related infections.

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 requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- At the last inspection we made a recommendation to update documentation in line with guidance and best practice on MCA. Some progress had been made on this and there were examples to demonstrate the provider had sought evidence where people had a Lasting Power of Attorney in place. However, some care plans would still benefit from further detail about people's mental capacity.
- Staff sought people's consent before providing care. People had signed their care plan to confirm their agreement to it.

Staff support: induction, training, skills and experience

- Staff received an induction and training to prepare them for their role. As part of their induction they spent time shadowing other staff before working independently. New on-line training had recently been introduced and staff were satisfied with the training they received.
- Staff received supervision and were periodically observed to check their skills.
- One person was concerned about staff competence in moving and handling techniques but other people felt most staff had the right skills. One commented, "They (care staff) seem to be competent."
- Information about training was contradictory and, in some cases, inaccurate. For instance, one staff member had a signed off Care Certificate award in their file, and they had not completed the Care Certificate. This contradictory information meant the registered manager did not have robust oversight of staff training requirements. We have addressed this further in the 'well-led' section of this report.

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

- Assessments of people's needs were completed prior to offering a service and people's care and support

was regularly reviewed.

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

- Staff supported people with meal preparation, where this was required. Most people were satisfied with the support in this area. One person told us, "Sometimes the meal is too big and [care staff] say just take it slowly and you will be able to eat it. They encourage me."
- Information about people's nutritional requirements was available in their care plan.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care with and across organisations

- At our last inspection care files did not always contain sufficient information about each person's health needs and the support they required. Improvements had been made in some areas, such as the information available about diabetes and signs for staff to be aware of. However, there were still gaps in information about catheter care and mobility equipment instructions.
- Care staff were attentive and reported any changes they observed in people's health and well-being.
- Referrals had been made to other relevant professionals where required, such as occupational therapists. Information was shared with other agencies if people needed to access health services.

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 is now rated Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; equality and diversity

- Feedback we received indicated some inconsistency in the care people received. Some people said they had regular care staff who they had built up a good relationship with. Others were concerned about constant swapping and changing and told us they did not always know in advance who was coming. One person commented, "They keep swapping [care staff], I only know them when they come. It's like a lottery."
- The lack of advanced notice about who would be providing people's care each day, and not always being kept informed about changes, did not help people feel valued or respected. Some people did not feel concerns they had raised with office staff had been effectively dealt with.
- We received positive feedback about most care staff. People told us they were, "Always friendly and smiling, no complaints what so ever. [Care staff] warms my jumper on the radiator before I put it on" and, "They're really good, care about your welfare, I couldn't wish for better carers at all." One told us their regular care staff member was, "A lovely person, very kind, very helpful. I can't fault them in any way."
- Observations of care staff were very positive; people were treated with respect and kindness.
- The provider had an equality and diversity policy; information such as gender, race, religion, nationality and sexual orientation was recorded in people's care plans.

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

- People were involved in the initial assessment of their care needs and planned support package. However, not everybody felt in control of all decisions, such as the timing of their care visits. One person commented, "It's constantly changing. They never tell me, they just turn up. I spoke to the manager once about it, you just get passed about. I gave up and just try and go with the flow now."
- The registered manager told us they tried to accommodate people's preferred times and we found that where one person had expressed a wish for the same regular care staff this had been accommodated where possible. Further work was required to improve the consistency of experience for other people.
- One person told us they had experienced a delay in receiving a copy of their care plan when requested. The registered manager agreed to ensure all people were provided with an up to date copy of their care plan.
- Care staff encouraged people to make choices, such as what they wanted to eat and drink. Staff were also aware when people wanted support from others, such as relatives, to express their views.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy and dignity.
- Staff understood how to maintain people's comfort and dignity when providing support with personal

care and hygiene tasks.

- People's independence was promoted. Staff tailored their support according to people's needs and encouraged people to use any mobility equipment required to assist their independence.

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 requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

At our last inspection there was a lack of robust risk assessments and care plans, which meant people were at risk of receiving poor quality care. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

- Care plans and risk assessments were still not robust for all people. This included a lack of detailed instruction about how to support people with mobility equipment, catheter and pressure area care.
- The provider had introduced a new electronic care planning system, and aspects of the care plans had improved. However, work was still on-going to ensure this was consistent and to make sure that all relevant sections of people's care plans and risk assessments were completed on the new system and available to staff.
- There were gaps in records of the care provided to people, so it was not possible to evidence that people had always received care in line with their needs and preferences.

The lack of robust risk assessments and care records placed people at risk of receiving poor quality care. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff knew people well and had a good understanding of people's preferences and support needs. Some care plans contained good person-centred information, including detail about people's interests and things of importance to them.
- One relative told us of recent improvements to the service and the care of their loved one. Another told us the registered manager and care staff had work positively with them to develop a care package for their relative.

Improving care quality in response to complaints or concerns

- Opportunities to improve the service in response to people's complaints and feedback were not maximised.
- The provider had a complaints policy and offered opportunities for people to give feedback in satisfaction surveys. Whilst records showed that formal complaints had been investigated and responded to since our

last inspection, the provider was not following their own policy in relation to recording and monitoring all minor concerns and issues raised.

- Not all people we spoke with felt confident their concerns would be effectively resolved.
- We were made aware of a complaint that was raised shortly after our inspection visit and asked the provider to advise us of the outcome of this.

We recommend the provider considers best practice in relation to the management of complaints and improves practices accordingly.

- Following our inspection feedback the registered manager updated us about how they planned to ensure all issues were consistently recorded so they could check appropriate action had been taken and more effectively monitor any trends.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information about people's communication needs was recorded in their care plan. This was available to share with other services if required.

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

- Staff provided companionship and supported people to follow interests or go out where this was part of their support package.

End of life care and support

- At the time of our inspection nobody using the service required end of life care.
- The provider had an end of life care policy and people could record any end of life wishes they may have.
- When required, staff would work alongside healthcare professionals, such as the community nursing team, to provide end of life care and ensure people were comfortable and pain free.



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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection there was a lack of robust quality assurance. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

- The provider's quality assurance system was not being used effectively and had not resulted in enough improvements to meet legal requirements. Although audits were conducted and incident trends analysed, these audits had not been effective in identifying and addressing the issues we found at the inspection.
- There were gaps in care and medication records, and further work was required to ensure all care plans and risk assessments were fully completed.
- Staff training records were contradictory and, in some cases, inaccurate.
- The provider had not always taken all possible steps to mitigate the risk of accidents and incidents recurring.

The lack of robust quality assurance and failure to maintain accurate records of people's care and risks relating to them was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and care staff raised concerns about communication with the office. Care staff told us they did not always get a timely response to their queries and comments from people who used the service included, "They don't return phone calls; don't inform you of changes." A director for the provider told us they had recently moved offices and anticipated this would help resolve issues they had been experiencing with the previous telephone system. The nominated individual confirmed they would be continuing to monitor communication and provide support to the registered manager and office staff.
- Most people we spoke with were unaware who the manager of the service was. The registered manager

advised us of their plans to raise their profile and provide more direct opportunity for people to discuss their care.

- People had opportunity to provide feedback about the service in surveys and review meetings. Care staff could raise issues in meetings and supervision.

Working in partnership with others

- Staff worked alongside other organisations and healthcare professionals to meet people's needs.

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

- The registered manager was aware of requirements in relation to the duty of candour.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure the proper and safe management of medicines.</p> <p>Regulation 12 (1)(2)(g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance processes were not effective in identifying and improving quality and safety of the service, assessing and mitigating risks to people who used the service and ensuring there were accurate, complete and contemporaneous records in respect of each person using the service.</p> <p>Regulation (1)(2)(a)(b)(c)</p>