Inspiring Generations Ltd

Bluebird Care (Kirklees)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Bluebird Care is a service which is registered to provide personal care to adults in their own home. At the time of our inspection there were 30 people using the service. The Care Quality Commission 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.

The registered manager was dual registered with this service and a 'sister' service which also provides care in people's homes. They split their time between the two services.

People's experience of using this service and what we found
Risk assessments for aspects of care such as falls and choking were not always in place, or not updated following an accident or incident. The absence of such records meant we could not see what steps were being taken to reduce risks to people.

There was a lack of detail in care records we looked at. Key information about people's needs and preferences was not recorded, although staff were able to demonstrate a knowledge of people's needs.

Some systems used to demonstrate oversight were not effective. The care plan audit did not contain specific actions or timescales. Medication audits were being carried out, but there were no prompts for the user to check different areas of medicines management.

People were receiving their medication as prescribed from staff who were trained and assessed as competent.

People felt safe and protected from harm whilst receiving this service. Staff were able to identify abuse and knew how to report this. Staff had adequate supplies of materials to ensure good infection control.

There were sufficient numbers of staff to meet people's needs. Staff told us they had sufficient travel time between calls. Two people said their calls were not always on time, but the other people we spoke with had no such concerns. Safe recruitment procedures were being followed.

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 support was evident through regular supervision and appraisal as well as training records. Staff were motivated and worked in a positive culture. The registered manager and registered provider were accessible to staff and encouraged strong team working. The registered provider was actively involved with various community groups.

Feedback from people and staff was received through satisfaction surveys which showed positively. People and relatives consistently told us staff provided safe, compassionate care. Staff supported people to access and attend healthcare services when they needed this support.

Complaints were recorded and responded to appropriately. Unannounced spot checks on staff were regularly taking place. Staff said they attended staff meetings where they were encouraged to participate.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was Good (published 23 September 2016). Since this rating was awarded the registered provider of the service has changed. This service was registered with us on 16 July 2018 and this is the first inspection. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected
This was a planned inspection.

Enforcement
We have identified breaches in relation to the management of risks to people and the lack of detail recorded in care plans.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

Requires Improvement

The service was not always 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?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Bluebird Care (Kirklees)

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out over two days by one inspector. After the on-site part of the inspection had finished, an Expert by Experience contacted people receiving this service and their relatives. 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

What we did before the inspection:
Before the inspection we reviewed the information we had received from the service including notifications about incidents in the service the registered manager is required to make. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also asked the local authority, safeguarding teams and other professionals, including Healthwatch who have contact with the service for any

information they could share. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We did not receive any information of concern.

During the inspection we spoke with the registered manager, nominated individual and six members of staff, five people who received this service and five relatives. The nominated individual is responsible for supervising the management of the service on behalf of the provider. Throughout the report we refer to the nominated individual as the registered provider. We looked at two people's care plans in detail and a further care plan for specific information, as well as other records including those connected with recruitment and training, medicines administration and quality monitoring.

Requires Improvement

Is the service safe?

Our findings

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

At this inspection this key question has been rated as requires improvement. 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.

Assessing risk, safety monitoring and management
• Risks to people were not always assessed which meant action to minimise these risks had not been taken.
• One person was prescribed thickener to add to their drinks. This is done for people who have difficulties swallowing. However, this person did not have a risk assessment for choking.
• One person was using oxygen at the time of our inspection. There was no risk assessment for the use of this equipment. Oxygen cylinders should be stored in a dry, secure, well-ventilated area well away from sources of combustion.
• One person suffered injuries as a result of a fall in October 2018. We found they did not have a falls risk assessment in place at the time of our inspection. The accident and incident analysis for this month did not contain a record of this fall.
• The care and support plan for one person recorded they were diabetic, although it did not state how they managed this condition. During the inspection, this was followed up and the relevant record was added to.

A lack of risk assessments and relevant records meant steps to reduce levels of risk to people had not been taken. This was a breach of regulation 12(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

Using medicines safely
• People were receiving their medication as prescribed, although medication records needed some improvement. We saw some people had medicines to be given 'as required'. The registered manager told us there were no protocols for the use of these items. They said they would contact the electronic care plan provider to help put these in place.
• A system for auditing medicines was in place, although this was not sufficiently detailed. For example, there were no prompts for the user to check different areas of medicines management. The registered manager said they would seek guidance to help find a more in-depth audit.
• Medication administration records we looked at showed people were consistently receiving their medication as prescribed. One person said, "They (staff) are very good, on time and top notch with things like medication."
• People were administered medicines by staff who were trained and had an up-to-date competency check. Medication was also part of staff spot checks.

Systems and processes to safeguard people from the risk of abuse
• People receiving this service told us they were safe and protected from harm. One person said, "The (staff) who come are friendly and I trust them." Another person said, "I feel very safe."

• Staff we spoke with were able to identify different types of abuse and were familiar with procedures for reporting such concerns. They had received up-to-date safeguarding training.

Staffing and recruitment
• In February 2019, 95 per cent of people who completed a satisfaction survey reported staff were on time. Where delays occurred, people reported they were informed in advance.
• The registered provider operated call monitoring equipment which meant they were able to electronically track when calls were carried out.
• Staff told us they had sufficient time to travel between calls. Staff also said they consistently visited the same people and this only changed when regular workers were unavailable.
• Safe recruitment procedures were followed which helped ensure only suitable candidates were able to work with vulnerable people.

Preventing and controlling infection
• Staff followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.
• Staff told us they always had a supply of PPE which they could collect from the office.

Learning lessons when things go wrong
• The registered manager looked for learning opportunities when things did not go as planned. They looked at records of accidents and incidents and discussed these with staff at regular risk meetings.

Good

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.

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
• A pre-assessment was completed to gather basic details of people's needs. Thereafter, a full assessment of need was completed. The registered manager said they would provide additional training for staff if a person new to the service had specific health needs.

Staff support: induction, training, skills and experience
• Staff told us they received a thorough induction and confirmed this included intensive supervision support for their first 12 weeks of employment. New staff also shadowed experienced workers as well as completing training.
• Staff received ongoing support through supervision and appraisal which showed good recording.
• The training matrix showed staff received training in areas including; moving and handling, medication, infection control, safeguarding, food hygiene and dementia awareness.

Supporting people to eat and drink enough to maintain a balanced diet
• People were assisted by staff to make meals where this was part of their plan of support.
• Staff we spoke with knew which people they supported had specific dietary requirements. One staff member said they had to check the packaging to ensure the food item they were preparing for one person would not have any untoward effect.
• The registered manager told us anyone at risk of weight loss would be referred through to the GP and an updated assessment of needs would take place.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
• Staff told us they supported people to access healthcare services when this was needed. One staff member said they helped a person to attend a dentist appointment on the morning of our inspection. The staff member said, "Sometimes we take people to GP appointments."
• One relative told us, "[Registered manager] has been really helpful getting referrals (to other services) sorted out."
• One person's care plan showed a GP, local authority safeguarding and other services were involved in their care when they experienced a period of crisis.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

• MCA assessments were in people's care plans. We saw one person's relative had signed a consent form on their behalf, although they did not have legal authority to do so. The registered manager said they would follow this up.

• People told us the staff who supported them always asked for consent before providing care. One person told us, "The carers always ask before helping you."

• Staff knew it was important to give people choice and to ask people receiving the service before providing care. One relative said, "They (staff) remember [name] is a person with their own preferences." Staff we spoke with understood the MCA and how this affected their role.

Good

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 this inspection this key question has been rated as 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 we spoke with as part of this inspection were positive about the staff who provided their care. Comments included, "You could not get a more caring set of people than the staff from Bluebird", "The (staff) are real calm" and "Everything has been excellent."
• Relatives we spoke with were equally positive. One relative said, "The [staff] have really built a relationship with my [relative]. He smiles when they come through the door. The office have been good at asking the funders for more hours as [relative] has become more frail."
• One person told us they could approach staff with any concerns they had. They said, "I know if something bothers me I can ask a support worker for help."
• Staff were knowledgeable about people's care and support needs. Staff were motivated and recognised that their contact with people may be the only individual the person sees on a given day. One staff member said they felt proud when a person told them, "You've cheered me up today."
• We saw an example of how people's equality, diversity and human rights were respected. Staff with specific language skills were appointed to visit one person whose first language was not English. We also saw where people preferred male or female carers, their wishes were respected. Religious needs were recorded in care plans.

Supporting people to express their views and be involved in making decisions about their care
• People told us they were involved in creating their care plans. One person confirmed, "I was involved in writing my care plan." Relatives consistently said they were involved in care planning. Comments included, "I'm invited to care meetings and the manager keeps me up to date" and "I'm always involved in care planning."
• People and relatives told us they had access to their own care records through an electronic system. One relative said, "They have a computer system. I can read the carers comments online within an hour. It makes my life so much easier and it allows me to keep a close eye on the situation and work." Another relative said, "The system they have where you can keep an eye on your relative really makes a major difference."

Respecting and promoting people's privacy, dignity and independence
• Staff described how they supported people to maintain their privacy and dignity. Staff recognised they provided intimate, personal care for people. A staff member said, "I just put a towel over them (to protect their dignity)." One staff member said, "I might ask them (people) if they're more comfortable if they want to get undressed or if they would like assistance."
• Another staff member explained how they had supported one person earlier in the day. They offered a cream to the person for them to apply it. This recognised the importance of promoting independence at all

times.

Requires Improvement

Is the service responsive?

Our findings

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

At this inspection this key question has been rated as requires improvement. This meant people's needs may not have been fully met as care records were not sufficiently person-centred.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans we looked at needed key information adding to them to ensure they reflected person-centred care needs. Information relevant to one aspect of care was recorded in different sections or not recorded at all.
- One person was recorded as sight impaired. Their care plan stated, 'poor sight', but didn't say how this affected the person and what support they needed.
- Another person was recorded as needing a full body wash on non-bath days. However, no preferences were recorded around what soaps and gels the person liked to use.
- Some people's care plans for medication were not sufficiently detailed. For example. one person's care plan for skin care stated, 'no support required'. However, the section for 'showering' stated E45 should be applied.
- The registered manager acknowledged some care plans did not have a 'what is important to me' section with life history recorded. The registered provider told us regarding care plans "They're not personal."

The lack of person-centred care plans meant a complete record of people's needs was not maintained. This was a breach of regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

- Information on activities and events was passed on to people. The registered provider was signposting people and relatives to a local dementia café who arranged holidays which were dementia friendly.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager told us they were looking to introduce 'easy read' documents. They were looking at ways in which consent could be recorded verbally as well as an audio care plan for people who may have difficulty reading.

Improving care quality in response to complaints or concerns

- Most people knew how to raise a concern or complaint if they were dissatisfied. One person told us, "If I wanted to make a complaint, I'd just ring the office. They soon know if I am upset and fix things."

• We saw records of complaints and could see these had been investigated and responded to. In response to one complaint about call times, the registered manager checked the electronic call logs to see the time staff arrived and thereafter, staff supervisions were held. An acknowledgement and full reply was evident.

End of life care and support
• We saw an example of one person's end of life care wishes which reflected their preferences for this stage of their life.
• Although the service was not supporting anyone with end of life care needs at the time of our inspection, the registered provider's PIR stated, 'Any customers who are receiving end of life care are supported to make their own choices wherever possible to enable them to have a good death in the way and place that they wish. We use end of life plans to support us to recognise the customers preferences and work in line with these where ever possible. Staff are provided with training in end of life care if required'.

Requires Improvement

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 this inspection this key question has been rated as requires improvement. This meant the service management and leadership was inconsistent. Systems of governance were not settled which meant management oversight was not fully evident.

The registered manager was dual registered with this service and a 'sister' service which also provides care in people's homes. They split their time between the two services.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• The registered manager showed us the audit for care plans. It did not record specific actions and timescales where care plans needed updating. The registered manager told us some care plans did not contain a summary with life history, although they did not know how many records this applied to. The registered provider had identified themes around care plans and risk assessments in their 'July/August 2019 interim action plan'. However, actions were recorded broadly without identifying specific issues from individual care plans.
• The registered manager said half of the care plans would be reviewed by the end of July 2019 and the remainder by the end of August 2019.
• We reviewed the annual risk analysis. We checked an incident when a person fell in October 2018. The registered manager confirmed this incident was not included in the annual review, meaning we could not be sure how accurate this was.
• Following our inspection, the registered manager submitted an action plan showing how they were addressing these issues.

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 provider ensured notifications were submitted to the Care Quality Commission for reportable events. However, we discussed one incident from June 2019 which was not reported. The registered manager responded and took appropriate action.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• The registered provider shared with us the organisational values which were 'Honesty, transparency, no cover-ups'. They wanted to provide the highest quality of care and to be an employer of choice. Throughout the inspection, we found the registered provider, registered manager and the staff represented these values accordingly. The registered provider said they wanted to build the most trusted care company in the region.
• One relative told us, "They're (Bluebird Care Kirklees) a great service." Staff felt motivated and happy in their roles. Staff comments included, "We've got a really good team here." Describing support from

management, the same staff member said, "It's excellent." Another staff member commented, "Whenever I've needed support I've been able to get it."
• Staff said the registered manager and registered provider both had a visible presence and could be contacted when needed.
• One staff member told us they were pleased to have been supported by the registered provider to achieve NVQ level three in health and social care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People and relatives told us the office dealt with any queries or concerns to their satisfaction. One person told us, "The office is quick at sorting things out."
• A satisfaction survey for people, relatives and staff was completed in February 2019. Every person (or their relative) receiving this service responded and provided positive feedback. Where people expressed concern, the registered provider wrote to them to address any matters arising.
• Staff meetings were taking place regularly and staff told us they were able to contribute to productive discussions. The registered manager said, "We welcome the feedback from staff. It's not talking at them."
• An annual service newsletter was sent out to people and relatives.

Working in partnership with others
• The registered provider had an active presence in various community groups. They provided links to signpost people and relatives to these groups which offered additional support.
• Some people who were at risk of loneliness had attended a scheme called 'Long and short of it' The registered provider said staff were able to identify people who would benefit from a place at this group.
• The management team attended the Kirklees registered manager's network which shares information and ideas with service providers.

Continuous learning and improving care
• Unannounced staff spot checks were taking place. A system of monitoring meant all staff were checked on a quarterly basis. These checks were effective and used to promote good standards of care.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment A lack of risk assessments and relevant records meant steps to reduce levels of risk to people had not been taken.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The lack of person-centred information in care plans meant a complete record of people's needs was not maintained.