

JMC Care Ltd

Bluebird Care Great Yarmouth and Lowestoft

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Bluebird Care Great Yarmouth and Lowestoft is a domiciliary care agency, providing personal care to people living in their own homes. There were 15 people receiving personal care at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People's risks including those associated with their health conditions had been assessed and mitigated, and safe management of medicines systems had been implemented.

We found recruitment systems were robust and staff were supported on the whole effectively in their roles through planned supervision and unannounced spot checks. Most staff informed us they were content with the training provided but some staff found the induction training was rushed. People using the service told us that the staff were kind and spent the agreed amount of time with them. This was confirmed by staff although some staff considered that they did not always have enough traveling time between call visits.

The service had an IT system which supported the planning and monitoring of the service with regard to staff leaving and arriving at the persons home. However, the service did not at the time of inspection have a policy for the recording of late visits or missed visits. This was being addressed by the provider and the new manager commencing in post later in the week of our inspection.

We found systems for checking the quality and safety of the service had not as yet been fully established. Complaints were recorded in the relevant care plan and the action taken including the provider being aware of the duty of candour. However, there was no file where complaints and compliments were recorded making finding this information difficult. The service did have a policy for safeguarding and staff had received training in this subject. The service did not have a safeguarding log where safeguarding information was recorded. We found relevant information regarding safeguarding was recorded within the daily notes and care plans.

People who used the service and relatives were asked for their views from care plan reviews and telephone calls from the senior staff to check upon their well-being. Information was used to improve the service and make any necessary changes. Feedback from people who used the service and their relatives was positive. They described being involved in making decisions about their care and told us they felt safe and comfortable in the company of the staff who knew them well and were reliable and competent. At the time of our inspection the first survey of the service performance was being planned.

Staff followed safe infection control processes which protected people from the risks of infection and, specifically Covid-19.

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.

The service learnt lessons and had asked for the support of the Bluebird organisation to carry out a service governance audit and the provider had acted upon the findings.

We have made recommendations for the recording of and management of late and missed care call visits, complaints and safeguarding.

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

Rating at last inspection

This service was registered with us on 07 October 2019 and this is the first inspection.

Why we inspected

We received concerns in relation to the management of risk, staff training and possible missed care call visits. A decision was made for us to inspect and examine those areas of risk. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them.

We have found evidence that the provider needs to make improvement. Please see the safe section of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Follow-up

We will continue to monitor information we receive about the service until we 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?

Risk to people from receiving care and support were being managed safely.

We were somewhat assured the service were following safe infection prevention and control procedures to keep people safe.

Inspected but not rated

Is the service well-led?

We have not rated at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about and the service had not been rated before as this is the first inspection.

Inspected but not rated

Bluebird Care Great Yarmouth and Lowestoft

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of one inspector on site and an Expert by Experience made telephone calls to people who used the service. 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 homes.

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager had recently left the service and a new manager had been appointed and was commencing in post two days after our inspection visit.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we wanted to be sure the provider would be in the office to support the inspection. We also requested the provider send us documents following the inspection.

Inspection activity started on 26 November 2020 and ended on 16 December 2020. We visited the office location on 01 December 2020.

What we did before the inspection

We reviewed any information we had received regarding the service. We sought feedback from two local authorities. The provider was not asked to complete a provider information return prior to this 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.

We used all of this information to plan our inspection.

During the inspection-

We spoke with four people who used the service about their experience of the support provided. We also spoke with eight relatives. We spoke with the provider and six members of staff including the care co-ordinator.

We reviewed a range of records. This included three people's care records including risk management plans, and medicine records. We looked at three staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including audits, policies and procedures.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with the provider and new manager on some specific points.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has not been rated.

The purpose of this inspection was to check a specific concern we had about the management of risk. We will assess all of the key question at the next comprehensive inspection of the service.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives informed us they felt safe in the company of the staff and that staff were kind and respectful to them in their homes. One person told us, "I have three visits each day. They are very good for the time (not late)." Another person told us, "I am very happy with the service, big improvement on the last and the staff do come on time." A relative told us, "They (staff) stay for 30 minutes and do a good welfare check. They sit and chat with my relative. I have met a few of the carers and they are kind and very nice. The staff are good to my relative and make them laugh."
- Staff had received training in safeguarding and knew how to report potential abuse.
- There were systems in place including a policy and procedure to identify and report safeguarding issues to the Local Authority. However, the systems had not been fully established as the service did not have a recording log for this information. We found information was recorded within the care plan and daily notes.
- The care co-ordinator had taken time to carefully organise for two staff to attend when they were needed for a care call visit in response to the person's needs.
- The service had not established an operation policy or procedure for the recording and management of late and missed call visits.

Assessing risk, safety monitoring and management

- Risks to individuals health and wellbeing were regularly reviewed and recorded. Where risks had been identified there was information to guide staff to help mitigate risks. These explained the actions staff should take to promote people's safety while maintaining their independence and ensuring their needs were met appropriately. Information regarding where staff could contact other professionals should the need arise for advice was recorded in the risk assessment.
- People were protected from risks from the environment. Potential risk and hazards within people's homes had been identified and appropriate risk assessments were in place.
- COVID-19 risk assessments had been implemented for all the people using the service and staff according to government guidance.
- There was clear guidance for staff within the care records regarding the steps they should take to support people safely with their equipment and care of conditions such as diabetes.

Staffing and recruitment

- The service had a policy and procedure for the recruitment of staff and how they were to be supported with training and supervision if successful at interview and once they joined the service.

- People and relatives told us on the whole they knew who to expect and their care visits were mostly on time and the staff were reliable. One person told us, "I am very happy with the service, big improvement on the last and the staff do come on time." A relative told us, "They (staff) stay for 30 minutes and do a good welfare check. They sit and chat with my relative. I have met a few of the carers and they are kind and very nice. The staff are good to my relative and make them laugh."
- The care co-ordinator had taken time to carefully organise for two staff to attend when they were needed for a care call visit in response to the person's needs.

Using medicines safely

- People received their medicines safely and as prescribed. One person told us, "The staff are very good and give me my medicines each time they come, no problems."
- Information within the care plan detailed the support required with the administration and management of their prescribed medicine.
- Staff completed electronic records when they had administered people's medicines. If a delay occurred or the task was not completed during the scheduled visit an alert was sent to the office. The meant the office staff could contact the staff member to discuss the situation and agree upon a plan of action to resolve the matter.
- Staff received training in medicines management and had their competencies assessed yearly or more regularly should the need arise.
- We saw records that the management team had implemented audits of the medicines system to ensure procedures were followed.

Preventing and controlling infection

- We saw the service had a sufficient supply of PPE equipment.
- Staff completed training regarding infection prevention and control. They told us what personal protective equipment (PPE) they had and this was in line with current Covid-19 guidance.
- Staff told us they had sufficient access to stock of PPE and the provider had ensured they had what they needed throughout the pandemic.

Learning lessons when things go wrong

- Due to concerns identified the provider had arranged with Bluebird for an audit of the service activity to be carried out and the senior management team had been working upon the findings and recommendations.

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.

This is the first inspection for this newly registered service. This key question has not been rated.

The purpose of this inspection was to check a specific concern we had about the management of risk. We will assess all of the key question at the next comprehensive inspection of the service.

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

- The service did not have a policy and procedure for the recognising and recording of late and missed visits. We saw recorded examples and service users told us that when it was considered the staff were running late, they were informed of this and when they could expect the staff to arrive. The provider informed us at the inspection they would address this matter with immediate effect.
- We saw that when complaints or issues had been raised with the service by service users and relatives these had been addressed and information recorded within the respective daily notes and care plans. However, there was no complaints file for the recording for such information.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to evidence effective oversight of the service and the fulfilment of regulatory requirements, placing people at risk of harm. This demonstrated a breach of Regulation 17 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

- The senior staff of the service carried out unannounced spot checks for the purpose of checking staff arrived on time for the care call visit and to discuss the care provided with the service user.
- The service had a statement of purpose and policies regarding the management and functioning of the service. A relative told us, "The previous manager did not handle a complaint very well. But the owner (named) resolved it all. Now we have consistency with the staff and we are very happy."
- The provider planned reviewing the welcome pack for new service users and this would include clear information about the complaints process and role of the ombudsman.

We recommend that the provider seeks advice from a reputable source to assist in the recording of and actions taken about complaints.

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 management team understood their responsibilities under the duty of candour and explained to us about being 'open and transparent' and showed examples of how the service had worked to resolve and

improve matters with service users.

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

- Feedback from people who used the service and relatives was complimentary about the services. They told us they were content with the care they received. Staff on the whole were happy and felt supported although some did feel the training could be rushed at times and they would benefit from additional supervision and there could be difficulty with having sufficient time to travel between care call visits. The new manager informed us they would be meeting with all staff individually in the near future to discuss and plan how these matters could be improved.
- Meetings were held for staff so information could be shared, and views and opinions sought.
- People had care reviews and also the senior staff phoned people to check upon their well-being and views of the service. The provider was arranging at the time of inspection a survey of service user and relatives' views of the service.

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 17 HSCA RA Regulations 2014 Good governance We found no evidence that people had been harmed however, systems were either not in place or robust enough to evidence effective oversight of the service and the fulfilment of regulatory requirements, placing people at risk of harm. This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.