

Lydiam Limited

Bluebird Care (Scarborough & Bridlington)

Inspection report

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Date of inspection visit: 18 August 2015

Date of publication: 17/12/2015

Ratings

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

Overall summary

This inspection took place on 18 August 2015 and was announced. There had been no breaches of regulations when the service was last inspected on 5 November 2013.

Bluebird Care (Scarborough & Bridlington) is a domiciliary care service providing support and personal care to people in their own homes in the Scarborough and Bridlington areas. The service can support younger

adults and older people who have physical health conditions, sensory impairment or dementia. There was no registered manager at the service on the day of our inspection but there was a manager employed who had started the process of registration with the Care Quality Commission (CQC) because a registered manager is required for this service.

Summary of findings

A registered manager is a person who has registered with the Care Quality Commission to manage the 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.

Staff were recruited safely and received training that was relevant to their roles. There was sufficient staff employed to meet people's needs. They were supported through supervision by senior staff.

Care plans were comprehensive and had associated risk assessments. Medicines were managed safely. People were protected because staff at this service were aware of and followed the principles of the Mental Capacity Act (MCA) 2005.

Staff had been trained to recognise and report abuse which meant that people who used the service could be confident that staff knew how to alert the appropriate people if it was necessary.

Most of the people who used the service were positive in their comments about staff. However there were some people who felt that improvements were needed because some people felt that their care was rushed and that care workers did not listen to them. We have made a recommendation about treating people with dignity and respect.

The service was well led by a director and manager who both had experience of working in social care services. In order to monitor and maintain the quality of the service audits had been completed and quality assurance surveys carried out.

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?

This service was safe and people told us that they felt safe.

Care plans described the areas of support needed in detail and had associated risk assessments. Medicines were managed safely.

There were sufficient staff who had been recruited safely. They understood what was meant by safeguarding and had been trained in safeguarding adults.

Good



Is the service effective?

People were provided with care by people that supported them to live as independently as possible.

Staff were trained and well supported in their roles, which in turn meant that people who used the service had access to staff who knew how to support them.

Staff were following the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards when they cared for anyone who lacked the mental capacity to make their own decisions.

Good



Is the service caring?

People were generally positive in their comments about staff but there were others who felt that staff should involve families more, listen to people and not rush their care. We have made a recommendation about treating people with dignity and respect.

The service adapted to people's needs when it was highlighted that some changes were needed.

Requires improvement



Is the service responsive?

We found that the service was responsive to people's individual needs and the care plans were person centred and reviewed regularly.

There were very detailed descriptions about people's care needs and how staff should support those needs.

Good



Is the service well-led?

The service was well led. There was a manager employed at this service who was in the process of registering with the Care Quality Commission. They were supported by the director.

The manager was able to answer all of our questions during the inspection.

Audits had been completed to check the quality of different areas of the service but they had no identified actions.

Good



Summary of findings

Recent questionnaires had been sent to people who used the service but the action plan following people's comments had not yet being completed.

Bluebird Care (Scarborough & Bridlington)

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 on 18 August 2015 and was unannounced. The provider was given 48 hours' notice because the location provides a domiciliary care service and staff are often out during the day; we needed to be sure that someone would be at the main office.

The inspection was carried out by one inspector and an expert by experience that had experience of residential and domiciliary care services. They telephoned people who used the service following the inspection visit to 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.

Prior to the inspection we reviewed all the information we held about the service which included statutory notifications made by the provider. Notifications are a requirement on the provider to give CQC information about certain events which affect the service. We also contacted North Yorkshire County Council quality monitoring team and a team manager to ask for their comments about the service because there had been some recent concern. They told us that those concerns had been dealt with appropriately by the director and manager.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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.

During the inspection we spoke with 13 people who used the service, six relatives, five care workers, the manager and the director. We looked at the care records of five people who used the service along with associated risk assessments and medicine records. We also reviewed records associated with running the service such as policies and procedures, audits and accident and incident records.

Is the service safe?

Our findings

All of the people we spoke with who used the service told us that they felt safe. One person told us, “They come at the right times, and look after us in every way, keeping us safe and cared for.” Another said when asked, “I feel very safe with them.” A care worker told us, “Yes, people are safe.”

The rotas showed that there was sufficient suitably qualified staff working at the service to meet people’s needs. They had been recruited safely with checks carried out with the Disclosure and Barring service (DBS) and two references in place. The DBS checks assist employers in making safer recruitment decisions by checking prospective care workers are not barred from working with vulnerable people.

Staff told us that they had undertaken training in safeguarding people and we saw evidence of this in training records. They told us that they were aware of how to report any incidents of potential or actual abuse. One care worker said, “I would call the office or speak to my supervisor.” There had been seven notifications made to the Care Quality Commission (CQC) relating to suspected abuse of people who used the service and of those five were referred by the service to the local authority. The local authority is the lead agency in investigating any matters relating to the abuse of people. All of the alerts were made appropriately and had been investigated.

The manager and director demonstrated their knowledge of the company safeguarding policy and procedure when they contacted the relevant people, made an alert to the local authority and sent a notification to (CQC). This meant that people could be sure that the service would act appropriately when any potential or actual abuse was brought to their attention.

When we looked at peoples care and support plans we could see that the risks to them and others had been identified and management plans with clear guidance for staff were in place. In one person’s case there was clear information about epilepsy and what staff should do if the person had a seizure. This enabled both staff and people who used the service to be kept safe.

Medicines had been managed safely and policies and procedures were in place and were followed by staff. The support plan for each person identified whether or not they could manage their own medicines. This was signed and dated by the person who used the service. Medicine administration records (MAR) had been completed properly and they were audited with recorded findings and actions required noted. Medicines were supplied to people in their own homes by a pharmacist. Medicine errors or near misses had been recorded which is important in the prevention of further incidents. Where people administered their own medication staff supported them appropriately and were able to explain the process clearly. Staff had been appropriately trained and had regular competency checks to ensure their skills were constantly updated. One member of staff told us, “We have spot checks and direct observation regularly.”

Accidents and incidents had been recorded and there was a health and safety policy for the service and within that were individual policies and procedures for activities such as manual handling and infection control. This meant that staff were aware of best practice when working in people’s homes.

Is the service effective?

Our findings

People received effective care and support that met their individual needs and preferences. They told us that they received care from staff that were well trained in areas which were relevant to their day to day care. We saw that there was evidence of specialist training being carried out in subjects such as Percutaneous endoscopic gastrostomy (PEG). This is a tube passed into the stomach through the abdominal wall in order to feed someone. Staff also received regular supervision from senior staff to support them in their roles.

When we spoke with staff they were able to tell us about people's physical and mental health conditions and there was written information in care and support plans for staff to refer to. One person who used the service said, "Staff have been very attentive to my needs with all carers understanding the importance of moving me regularly" and another said, "Their training must be very good – I have never had to show them how to do anything. I feel they're very competent." This demonstrated that staff knew people well and were competent in meeting their needs.

Staff were supported through their supervision and training. They received supervision which was weekly during the probationary period of three months. They also had regular spot checks whilst working in people's homes and their competency was checked.

There was evidence that people had good access to appropriate health services. We saw that people had involvement with the NHS learning disability service, a psychiatrist and their GP. Other people were seen to be supported by the community mental health team, GP's and district nurses.

We saw evidence that the service was working within the principles of the Mental Capacity Act 2005. We saw that staff had received training around the MCA and Deprivation of Liberty safeguards (DoLS) and were aware of their responsibilities in respect of this legislation. The service had been given staff pocket size guides and at the last staff meeting the MCA had been discussed as the policy of the month to reinforce people's understanding. The MCA sets out the legal requirements and guidance around how staff should ascertain people's capacity to make decisions. The Deprivation of Liberty Safeguards protects people's liberties and freedoms lawfully when they are unable to make their own decisions.

We saw that capacity assessments had been completed where necessary and best interest decisions made on their behalf with the involvement of health and social care professionals and families. We noted when we looked at care and support plans that consent had been sought. Staff could explain how they sought consent from people. This meant that those people who lacked capacity were being protected because staff were aware of and able to use the legislation and associated guidance.

Is the service caring?

Our findings

Most people we spoke with told us that the service was caring. They described the staff as “excellent, polite, friendly and caring girls.” One person told us, “I used to shave my (relative) after the girls had gone, but he asked if they could do it, as he got on so well with them. They have such a laugh with him, and I feel they really care about him.” They went on to say, “They are very good to him, don’t rush him, and will always speak to him, rather than me, to ask if there’s anything else he’d like before they go. That makes me very pleased, as it promotes his dignity and independence.”

However, another person said, “They are never cruel, but I feel some of their priorities are not caring towards us – they don’t all have the dedication needed” and a second person told us that staff often seemed to be running late, and this led to them feeling rushed by their carer workers. This meant that everyone was not experiencing a consistently caring service.

Staff did not always treat people in a dignified and respectful way. We heard from a third person that care workers were not listening to them despite them being the person’s main carer for many years. They felt that their comments were not taken notice of by care workers.

One person told us, “My relative is meant to receive an hour’s care, but often the girls rush (relative). Another person describing a member of staff said that they (the care worker) “patronise me and speak to me in a condescending way. I don’t like it.”

We recommend that the service look at best practice guidance to ensure that people using the service are listened to and treated with respect and dignity at all times while they are receiving care and treatment.

Most people told us that they had a small group of regular carer workers, with whom they had built a good relationship. One man told us, “Two of my carers have been with me for almost two years now, so we understand one another. We get on very well together.”

We saw that people who used the service and their families were involved in their care. One person told us that as her relative’s condition progressed, the agency had been happy to adjust the levels of care provided. They said that originally care was only needed to provide a social aspect to their relative’s life, during the evenings when they were busy with their family. This meant that the service was adapting to what people needed and making changes in order to maintain people’s wellbeing.

Is the service responsive?

Our findings

We found that the service was responsive to people's individual needs and the care plans were person centred and up to date. There were very detailed descriptions about people's care needs and how staff should support those needs. For example one person had outlined their needs clearly with reference to specific areas of concern such as a problem with their speech. The impact of those areas of difficulty was made clear in the care plan so that staff understood why their input was necessary.

Each care plan we looked at clearly outlined what was important to the person who used the service so that the care plans reflected the person's wishes and preferences. This information helped staff who were caring for them to know more about the person. Care plans had been reviewed at least monthly but more often if needed to ensure that people were receiving the care they needed. The care plans were written in the first person and some were pictorial to which made them more personalised.

Staff continuously reviewed the care they provided. Several people told us that their regular carers would notice if they were unwell on a particular day, and would amend the care as necessary. One person told us, "I do have good and bad days. My regulars (care workers) would be able to tell, and would contact my GP/nurse/family if necessary. Of course staff who don't know me wouldn't be able to judge so well. "A second person told us, "I realised that (relative) was not eating or washing properly. Now they come early evening, and provide some tea for (relative), followed by a shower. It's working very well, and I'm sure I will be continually increasing care, as (relative) needs change."

People were supported in their everyday lives by staff. A care worker told us, "We support people to go shopping to help them with their budgeting. One person had in their care plan, "If Bluebird carers purchase items for me receipts should be kept and logged in financial section." We saw evidence that this had happened and the record was signed by staff and the person who used the service demonstrating that the information in the care plans was followed by staff.

Visit times were monitored to ensure that people received the allocated amount of time on their calls. People who used the service had a tag on the folder in their house

which was linked to a telephone system. Staff used the system to log in and out of a call which was then recorded and audited to ensure staff spent the correct amount of time in a person's home.

Two people told us that they had experience of needing to change their visits because of doctors and hospital appointments. One person said, "It's fine, they will happily come earlier or later. Also if I've taken (relative) out earlier in the day for a meal, I will leave them a note, and they will amend (relative) evening meal accordingly."

The manager told us that people were involved in their local community with staff enabling people to access resources such as a local memory café and other community groups. This meant that people who used the service were not socially isolated. In order to make sure the manager was matching staff and people who used the service in the best way possible they had sent out an 'All about Me' questionnaire to capture staff skills and interests. Where people who used the service and staff had similar or the same interests they would be paired so that they had common ground from which to develop a relationship.

There had been twenty complaints about the service in the last twelve months which were detailed in the complaints record with details of the service response and any follow up actions to be taken. They had been responded to according to the company policy and procedure. We asked people who used the service if they wanted to complain about something what would they do. One person said, "I would telephone the office and speak to staff there." And another person said, "I felt able to ring the office with any queries or concerns. I complained to the office about one member of staff. They listened to me, were concerned and took it very seriously."

The service also kept a record of compliments received and one person had commented recently, "I would like to say I and my [relative] experienced outstanding kindness, compassion and care from all the carers" and another person had commented, "Absolutely delighted with the service."

We had discussed one incident with the local authority. There had been some serious issues at the service relating to staff. The service had followed their own procedures and

Is the service responsive?

worked with the local authority and police to resolve this matter and the local authority told us they were still commissioning services from this provider indicating confidence in the service.

Is the service well-led?

Our findings

During the inspection the director and manager of the service were present and were able to answer our questions in full. The manager had recently being appointed but had a good awareness of this service and had experience of working in social care settings. They were able to tell us about the people who used the service and show us all the documentation that we requested. They had sent statutory notifications to CQC as appropriate. Statutory notifications are information about incidents or events that affect the service or people who use the service and are required by law to be provided to CQC.

The manager demonstrated a culture of continuous learning describing how they wished to work with other agencies to promote joint working in order to give people good support. They told us that they already worked closely with the local learning disability service, Skills for Care and the Alzheimer's society with the service registered as a dementia friend. In order to maintain local links and develop best practice the manager attended the local hospice forum every two months and was a member of a trade association which supported the service with up to date practical information.

We found the manager and director to be open and helpful during the inspection. They showed us the policies and procedures for the service which included policies on MCA/DoLs, abuse, medicine administration, equal opportunities, handling money, incident and accident reporting and others. Staff told us that they received a handbook when they started work at the service with basic details and then

at each staff meeting there was a 'policy of the month' chosen for discussion to enhance learning. They knew where to access these policies and procedures and had read them at induction. This meant that people who used the service were supported by staff that had up to date guidance and would be able to deal with situations in a knowledgeable way.

Staff meetings were held regularly and were recorded. This gave staff support and allowed them to discuss any work related matters. Staff told us, "The management are very approachable. I feel that I can come in and speak to the supervisor or manager" and "The manager is really helpful. She gets the job done."

The service used information gathered from people who used the service, families and staff to continually improve the service. Questionnaires had been sent out in July 2015 to gather their views about the service. We were not able to see the action plan following this survey as it had not been completed.

Audits of peoples care records including medicine records had been completed. There were also audits for areas such as daily visits and care files. These identified areas needing updating but had no time scales and did not identify who was responsible for any actions. In addition spot checks and competency checks were carried out to ensure that staff were working within good practice guidelines. Although improvements could be made to the format of the audits these steps demonstrated the commitment of this service to improving and developing the service.