

J.W.S. Services Limited

Bluebird Care (Bradford North)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Bluebird Care (Bradford North) is a domiciliary care service providing personal care to people in their own houses and flats in the community. At the time of our inspection there were 45 people using the service.

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 were kept safe from risk and harm and staff had a good understanding of safeguarding processes. Risk assessments were robust and relevant. Staffing levels were safe and reviewed regularly by managers. Medicines were managed safely. Infection prevention and control (IPC) systems were in place to reduce people's risk of infection.

People's needs were assessed and reviewed regularly. Peoples' health and nutrition needs were supported, and staff were aware of their responsibility to promote peoples' rights. People had access to healthcare professionals.

People and family members knew how to make a complaint and they were confident their complaint would be listened to and acted upon quickly. Staff approaches promoted dignity & respect.

The provider was open and honest in its approach to supporting people and was in regular contact with people receiving support to ensure they received regular feedback on the quality of support provided. Staff knew how to support people to ensure end of life needs were met.

Managers ensured systems were in place to monitor the running of the service. Staff worked well in partnership with other agencies to deliver effective support. Managers audited support records, including accidents and incidents to assure themselves of quality. Lessons were learned when concerns were raised, and these outcomes were communicated to staff.

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.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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 10 January 2020) and there were breaches of regulations. 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 improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 5 November 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, and governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective, responsive, and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bluebird Care (Bradford North) on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

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 responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Bluebird Care (Bradford North)

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 inspector and an Expert by Experience. 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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider or registered manager would be in the office to support the inspection. Inspection activity started on 6 December 2022 and ended on 7 December 2022. We visited the location's office on 6

December 2022.

What we did before the inspection

We sought feedback from the local authority and professionals who worked with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, the nominated individual, 2 office staff, and 5 support staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We spoke with 3 people receiving support and 4 relatives. We reviewed 3 people's support records. We reviewed records and audits relating to the management of the service. We asked the nominated individual to send us documents before and after the on-site inspection. These were provided in a timely manner and this evidence was included as part of our inspection.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely; Assessing risk, safety monitoring and management

At our last inspection the provider had failed to manage medicines safely and robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were managed safely by trained and competent staff.
- People's medication records confirmed they received their medicines as required.
- Managers ensured people's preferences were recorded, and staff knew how they wished to be supported.
- Systems were in place to identify and reduce the risks involved in supporting people.
- Managers involved people in assessing risks to their support, and involved relatives, where appropriate. Decisions about risks were recorded in people's support plans.
- Staff had completed the appropriate mandatory training to keep people safe.
- People said they felt safe and well supported. One person told us, "Staff are marvellous. The senior carers are wonderful."

Learning lessons when things go wrong

At our last inspection the provider had failed to ensure learning from accidents and incidents had been identified and shared to avoid the risk of future harm. This was a breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Managers recorded and investigated concerns in a timely manner to keep people safe.
- Lessons were shared with staff to reduce the risk of issues reoccurring and to improve the quality of support provided.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes to protect people from the risk of abuse.
- Managers ensured staff received safeguarding training and knew how to recognise and respond to signs of

abuse.

- Safeguarding incidents were recorded and investigated by managers, and outcomes were shared with staff to reduce future risk.

Staffing and recruitment

- The provider ensured there were enough staff, with the right training and skills, to meet people's needs.
- The provider had effective recruitment processes. Recent records showed staff being recruited safely, with appropriate checks completed.
- At the time of inspection, the provider's call monitoring systems were being updated. The provider had temporary systems in place to ensure visits were not missed and contingency plans were available to keep people safe.
- People told us staff were good and kept them safe, but sometimes seemed hurried. One person said, "Some of the newer staff don't seem as confident and tend to rush things a little, but they do their jobs properly."

Preventing and controlling infection

- The provider used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.
- Managers had plans in place to alert other agencies to concerns affecting people's health and wellbeing.
- The provider's infection prevention and control policy was up to date.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant 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

- The provider ensured people's needs were assessed before support commenced.
- Managers maintained an overview of people's changing needs to make sure assessments and support plans were up to date.
- People's health and support needs were clearly recorded within their support files by staff.

Staff support: induction, training, skills and experience

- Staff received effective training and supervision to ensure they were skilled and competent to carry out their roles.
- The provider completed regular supervisions with staff to ensure they were providing effective support to people.
- Staff told us they felt confident in supporting people's needs. One staff member said, "The induction here is really comprehensive and we shadow other staff before supporting people on our own. Training is offered frequently, and if any additional training is required then staff are given the support and resources to complete it."

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

- The provider ensured people's support files included information about their needs regarding fluids and nutrition.
- Staff monitored people if they were at risk of poor nutrition and involved healthcare professionals where required.
- Managers recognised people's cultural and religious needs and ensured staff respected people's needs and wishes when supporting them at mealtimes.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider supported people to access other healthcare professionals to effectively meet their support needs.
- Managers ensured people were encouraged to make healthy lifestyle choices.
- Support records showed advice given by health professionals was acted upon, and staff were prompt in raising concerns or issues.
- Oral health needs were met where this was identified as a need; this was recorded in support plans.

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 MCA 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. 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.

- The provider supported people, and where appropriate their relatives, to be involved in decisions about their support. Detailed capacity assessments and best interest decisions were recorded as well as consent.
- Managers and staff had completed training in the MCA and had a good understanding of the principles of the legislation.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- The provider ensured people's support plans described their support needs, were reviewed regularly, and were person-centred, containing people's likes, dislikes and preferences.
- Managers empowered staff to have a good understanding of people's needs and kept them informed of any changes to people's support.
- Relatives said staff were supportive and person-centred. One relative told us, "I would recommend them; they are a lifeline [to us] and we are happy with the support we receive."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Managers ensured people had their communication needs assessed as part of their initial assessment.
- The provider enabled people to access information in different languages, easy read versions and in large print if needed.
- Managers ensured staff were recruited who could meet the support needs of people whose first language was not English.

Improving care quality in response to complaints or concerns

- People knew how to complain and had access to the relevant policies via the provider's website.
- Complaints were tracked and analysed to ensure lessons were learned and improvements were made to people's quality of support.
- People told us they felt managers were responsive to concerns. One person said, "I did have a few concerns early on [in my support] but the manager quickly sorted them out with me."

End of life care and support

- Processes were in place to support people with end of life decisions.
- Staff knew how to support people and how to access the appropriate health professionals to ensure end of life needs were met.
- At the time of our inspection there was no one receiving support who was at the end of their life.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure robust quality assurance processes were in place to reduce the risk of people receiving unsafe, poor-quality care. This was a breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had effective governance processes and auditing systems in place to keep people safe, protect people's rights and provide good quality support.
- Managers had the skills, knowledge and experience to perform their roles; they demonstrated a clear understanding of people's needs and had good oversight of the services they managed.
- Staff were clear about their roles and responsibilities, and knew how to contact managers for support, and when to raise concerns.
- Staff told us the managers were very supportive. One staff member said, "The managers are happy to assist in any way they can with any questions or concerns staff have; the support is phenomenal."

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

- The provider worked closely with people to ensure staff understood their support needs and could deliver quality outcomes.
- The provider had robust processes in place for receiving feedback and suggestions on how to improve the quality of support.
- Relatives told us managers kept in regular contact with them. One relative said, "If I ever have a problem with anything, I find the staff are responsive to my comments. When I do ring the managers, I find they are helpful; staff have usually already updated them."

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; Continuous learning and improving care

- The provider fully understood their responsibilities around duty of candour and had transparent

processes for investigating concerns.

- People felt comfortable raising concerns with managers and were confident they would be listened to.
- Notifications were sent to relevant authorities in a timely manner and managers responded promptly to any follow-up questions.
- The provider had a series of audits in place to monitor, support, and highlight areas for improvement. Any improvements were actioned promptly to improve outcomes for people receiving support.

Working in partnership with others

- The provider worked in partnership with other agencies to ensure people received support to meet their needs.
- Staff worked closely with other healthcare professionals. People's support records showed involvement and guidance from other agencies, for example, the district nursing teams.
- Healthcare professionals told us managers were responsive to requests for information. One healthcare professional said, "Bluebird Care showcase person-centred support, and ensure the inclusion of people's voice in all their documentation."