My Home Choice (Essex) Limited

Bluebird Care Braintree and Uttlesford

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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Bluebird Care Braintree and Uttlesford is a domiciliary care service that provides personal care to people living in their own homes. The service serves the local community around Braintree. They provide a service for adults, who are predominantly older and who may be living with dementia or adults who have a physical or learning disability. At the time of our inspection there were approximately 33 people using the service. The inspection took place on 26 and 27 September 2017 and was announced.

There was a registered manager in post. 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. The registered manager had appointed a branch manager to assist them in the daily running of the service.

Whilst the service was relatively small it benefitted from its links with the larger branch, based in Colchester. The registered manager covered both branches and other senior staff such as training and human resources managers supported the Braintree and Uttlesford branch. The service was well run and was growing slowly in a sustainable manner while focussing on providing good quality and safe care.

The branch manager was approachable and communicated well with people, families and staff. The manager was hands on and made effective use of the systems in place to check the quality of the service. People, families and staff had opportunities to provide feedback and felt able to speak to the manager about any concerns they had.

People were safe at the service. Staff were focused on people's safety and raised alerts when they were concerned about a person they were supporting. Risk was communicated clearly to staff and managed well across the service. Staff had been safely recruited and there was a focus on selecting staff who had the right values and attitudes. People received their medicines safely and the electronic monitoring of the support staff meant senior staff could efficiently check for gaps in the administration of medicines and in the support provided.

Staff were well supported to develop their skills and knowledge. Staff communicated effectively as a team to ensure consistency in the support provided. The manager had developed the role of mentors to minimise the isolation of care staff working in the community and to promote best practice across the service.

Staff and people were matched to ensure were well suited. They developed positive relationships and staff had enough time to get to know people and treat them with kindness and compassion. They were respectful and communicated well with people to make sure the support they received met their preferences.

People made choices about the support they received. The manager had an understanding of their responsibilities under the Mental Capacity Act. People were supported to maintain a balanced diet, in line

with their preferences. Staff enabled people to maintain good health and to access health and social care professionals, where necessary.

Care was person centred and adapted flexibly to people's needs and preferences. Care plans were detailed and presented to staff in an accessible attractive manner which ensured they focused on people's current needs. The care people received was reviewed and adapted as necessary.

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.

Staff knew how to raise alerts when they were concerned about people's safety.

There were excellent systems in place to ensure people received the support and the medicines they required.

Staff were recruited safely and deployed effectively.

Is the service effective?

Good

The service was effective.

Staff had varied opportunities to develop their skills, including mentoring from formally trained staff.

People were enabled to make decisions about the care they received.

Staff supported people well to maintain a balanced diet of their choice and to access health and social care services when required.

Is the service caring?

Good

The service was caring.

Staff had enough time to get to know people well and developed positive relationships with them and their families.

People were treated with respect and given time to communicate their needs and preferences.

Is the service responsive?

Good

The service was responsive.

Support was personalised and based on the people's choices. Staff received clear communication about what support was required.

When people's needs and circumstances changed the support they received was reviewed and amended, where necessary.

Concerns were dealt with swiftly to prevent them developing into formal complaints.

Is the service well-led?

Good

The service was well led.

The registered manager and branch manager worked well to ensure the smooth running of the service.

The hands on approach by senior promoted consistently good practice.

There were varied systems to check the quality of the care and to ensure there were no gaps and concerns in the support provided.

Bluebird Care Braintree and Uttlesford

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.

The inspection took place on 26 and 27 September 2017 and was announced. We gave the service 24 hours' notice because the registered manager occasionally provided care in people's homes and we needed to make sure they were available to answer our queries.

The inspection team consisted of one inspector and one expert by experience, who contacted people and/or their relatives by telephone to seek their views on 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. The expert by experience at this inspection had experience of supporting an older person.

We visited the agency's office and spoke with the registered manager, the branch manager, the care coordinator and care supervisor and other office staff responsible for training, rotas and recruitment. We visited the homes of two people who used the service and met with them plus the staff supporting them on that day. We spoke on the telephone with six relatives. We had contact with two care staff. We also had phone contact with one professional to gather their views about the service being provided.

We reviewed all the information we had available about the service including notifications sent to us by the manager. Notifications are information about important events which the provider is required to send us by law. We also looked at information sent to us from others, including family members and the local authority. 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. This information helped us to plan what areas to focus our attention on for the

inspection.

We looked at three people's care records and three staff records. We examined information relating to the management of the service such as health and safety records, personnel and recruitment records, quality monitoring audits and complaints.

Good

Is the service safe?

Our findings

During our visits to people in their homes we observed people appeared relaxed with the staff who supported them. Family members told us, "[Person] feels safe because they are happy to see the carers and don't show concern when they walk into the house" and "Safety's not an issue. [Person] feels very confident as they have a live-in carer who they get on very well with."

Staff were committed to supporting people to remain safe and knew what to do when they had concerns about a person's safety. We saw examples where staff had raised alerts when a person was at risk of harm and had worked well with other professionals to resolve these concerns. Effective safeguarding policies were in place and staff had attended training to ensure they had the necessary knowledge to help keep people safe. There was a log of all safeguards so senior staff could track that action was being taken.

There were robust systems in place to support staff to keep people safe. For example, when staff were buying items for people. A family member told us, "[Person's] possessions are just fine. We give staff an envelope with less than £40 - we have a system and they collect receipts and put them in the envelope."

Risks were well managed within the service. Each person had detailed assessments which considered areas of risk for them and for staff, with recommendations on how to minimise the potential for harm whilst limiting restrictions on people's independence. For example, where a person was at risk of choking but could eat independently staff supervised meal times to make sure they didn't choke. These risk assessments were reviewed regularly to ensure they provided staff with up-to-date information to keep people safe.

Staff carried mobile phones provided by the service which stored clear information to promote safe care and effective management of risk. When staff logged on to their phones on arrival at people's homes, the front screen showed any areas of risk, such as whether a person had an allergy. Where there was a complex issue staff were directed to the person's care plan. This provided clear information for staff and was especially useful when there had been unexpected changes, such as arrival of new equipment, as information could be immediately updated. There were back up paper care plans in case the electronic system failed.

There were enough staff to meet people's needs and staff were deployed extremely efficiently. For example, staff told us and records showed that they was enough time to travel between visits and staff consistently supported the same people. Senior staff provided front line care where there were unexpected gaps in staffing, for example from sickness. As a result agency staff were only used in rare occasions and there were robust measures in place to ensure these staff had the skills to meet people's needs.

Staff were well supported by senior staff, including out of office hours. A member of staff told us, "The managers are very supportive if there is anything you need and bend over backwards to go out of their way to get what the customers need."

The manager had an excellent oversight of where staff were through the use of an electronic monitoring

system. A computer screen was permanently on and would flash where a member of staff had not logged on to the system at the allotted time of arrival at a person's house. Delays were usually due to traffic or when there was a lack of phone signal staff had not managed to log on. When they were alerted to any delays, office staff contacted care staff to find out what the issue was and also spoke to the person where the visit was booked to provide reassurance, if required. Family members told us, "Staffing is fine, they have never missed a visit yet and they always stay because they have to scan a page on the book - so they are monitored for time" and "With Bluebird they're always bang on time although and I'm not aware of any time issues. They stay as much as they should do."

The electronic system flagged up where staff had not carried out tasks, so that this could be looked into. There were a couple of alerts during our visit and the branch manager explained one was because a person was in hospital and so not receiving care. A second alert showed care staff had only carried out part of the assigned task, and further investigation showed the district nurse had been present and administered a specific medicine. A senior member of staff told us it was their role to go through the system and investigate every gap and risk. They could also spot themes, for example they realised a person had been refusing to eat so they contacted all staff involved in their care with updated guidance.

The service had a robust recruitment policy to ensure staff were recruited safely. Initial candidates were initially screened by telephone. Applicants then attended a face to face interview and pre-employment background checks, security checks and references were sought before they started working for the organisation. Prior to starting employment, new employees were also required to undergo a DBS (Disclosure and Barring Service) check, which would show if they had any criminal convictions or had ever been barred from working with vulnerable people. This process enabled the manager to make safe recruitment choices.

There was a 12 week probationary period during which the manager was able to assess whether new staff were suitable for the post. We were given an example where a member of staff had been asked to leave the service as they had not met the required standard and so had not passed their probation. There was a focus on employing people with the right kind of attitude and values, which was evident throughout the recruitment and probationary stages.

People received their medicines safely and as prescribed. On one occasion, a person had been given the incorrect medicines on discharge from hospital and senior staff had driven late at night to the hospital and chemist to ensure the person had the right medicines. Care plans clearly outlined the support people needed, including who was responsible to ordering and disposing of medicines. One person's plan stated staff needed to put medicines in a pot and give them to the person for them to take independently. A family member told us, "Carers just watch [Person] take the medicines and don't physically give them. My relative forgets to take some of their tablets so the carer's check they have had them."

Staff only supported people with their medicines when they had received the necessary training. We observed a member of staff supporting a person take their medicines. They discreetly observed to check the person had swallowed their tablets. They also spent time explaining to the person why one of the tablets had changed colour so that the person understood what they were taking.

There was an efficient system in place for the monitoring of the support provided with medicines. Staff recorded all support provided on their mobile phones. If a member of staff had forgotten to administer or record the administration of medicine, senior staff were alerted immediately and concerns could be dealt with promptly. There were on-going checks of the recording of medicine administration and of staff competence in the administration of medicines.

Good

Is the service effective?

Our findings

During our visits we observed that staff were experienced and skilled in their role and achieved people's outcomes to a high standard. Family members told us staff had the skills and knowledge to meet their relative's needs. They said, "[Person] is hoisted onto the commode and I am confident with the carer's manual handling" and "The carers are skilled and trained. The ones I've met are all very competent." A family member told us in the past their relative had refused care from another agency but that, "With these carers [Person] let them do the shower and they are a lot less depressed. They've done very well with her."

Staff were supported to develop their skills in a variety of ways. There was an extensive training programme, which combined classroom, practical and online training. Staff told us the training was useful and prepared them well for their job. For example, a member of staff told us, "You get the initial manual handling training and then if you have to go to a person with a hoist (some time later) you get a refresher before actually using it." Although this was a relatively small service, the training programme was shared with a larger local scheme. A senior member of staff, based at the other scheme, was responsible for training and development. They visited the service regularly and provided feedback to the senior staff after training courses, which helped them monitor whether staff had developed the necessary skills.

New staff attended a period of mandatory training to equip them with the core skills needed to do their job. New staff also shadowed more experienced staff until they had the confidence and necessary skills to support people on their own. As part of this shadowing process, the person receiving care was also asked how well they had been supported by the new member of staff. This helped ensure staff skills were developed in line with people's preferences and needs.

There was an effective system in place where the manager could track what training a person had attended as well as the support and monitoring they received, such as supervision and checks on competence. The manager promoted and valued the mentoring of care staff by more senior staff, and mentors attended a two day training course. As well as providing support and limiting staff isolation, the mentor spent time checking care notes and observing staff competence. The manager told us this role helped bridge the gap between office and care staff. Staff told us they were extremely well supported. The central location of the office meant staff dropped into outside of these meetings.

Arrangements for supporting live-in staff varied due to their different circumstances. They received a daily two hour break during which another member of staff covered their tasks, if required. This was also used by senior staff to carry out monitoring and support. A family member told us, "A carer is there permanently but has a break so another one covers for them, the care is always covered." A member of staff told us that when a person had been unwell and they were not sleeping, senior staff had increased the break so that the live in member of staff could have a proper break and continue to be effective in their role.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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.

The manager told us all the people at the service had capacity to make decisions about the care they received. There was a mental capacity tool which could be used if there was a query over a person's ability to make decisions. Staff had attended training on the MCA and had a good understanding of people's rights to choose their care and lifestyle.

A member of staff described how a person could make their own choices, with prompting. They said, "I take [Person] to the fridge and they tell me what they want." Where another person was being supported to reduce a behaviour which was leaving them at risk, staff spoke openly to them and any restrictions were agreed in advance with the person. This meant they retained control over the choices they made. A family member told us their relative frequently made their own choices about their care, "The carers ask consent, they ask and sometimes [Person] refuses and asks the carers to do something else."

Staff monitored whether people were eating and drinking sufficiently, for example one person's care plan prompted staff to check a person had eaten their readymade meal. Support was very personalised, another person's care plan advised staff to leave a mini bottle of lemonade and two glasses of water when they left the property. A family member told us, "Staff are receptive to when [Person] wants to eat. Sometimes they might have a late breakfast. They don't just give the food, but do it when my relative wants it."

Staff had detailed guidance where people had specific requirements when eating and drinking, such as where people needed soft diets as they were at risk of choking. On-going communication between staff was effective where people were at risk of malnutrition and dehydration to ensure consistency of support. For example, we saw a member of staff had recorded that a person had not eaten all their meal, which prompted the next member of staff to be vigilant. Good systems encouraged this communication as they prompted staff to be very specific about the support provided. A staff member showed us how they had to record how many portions of fruit and vegetables they had provided and also when they left a plate of food for later, so that the next member of staff could check whether it had been eaten.

Staff worked well with outside professionals to maintain people's health and wellbeing. Staff had access to the support and advice of a registered nurse, based at the local branch, should they be supporting a particularly complex person. A member of staff had completed a night time chart to provide information to a GP when a person was particularly unwell. Staff were experienced at monitoring changes in people's health and escalated concerns quickly. A member of staff described how they had taken a urine sample to the GP when they spotted a person was displaying signs of a possible urine infection.

Good

Is the service caring?

Our findings

We received overwhelmingly positive feedback about how supportive and caring staff were. One person said, "It's wonderful, lovely, I wouldn't change anything." Family members told us, "They are kind. We can tell if [Person] doesn't like someone. Occasionally I see the carers and nothing about them worries me" and "The carer is definitely my relative's lifeline at the moment. I was doing all these tasks before, but [Person] has accepted them 100%."

We observed the interactions between a person and their live-in member of staff. We saw senior staff had thought carefully about the matching process to ensure they got on well. The member of staff told us, "I treat it like I am living with my grandmother." At another visit we observed a member of staff making a sandwich for a person. They told us the person's favourite filling had run out so they contacted the next staff to visit to ask them to bring it in. We observed through this interaction that the member of staff had taken the time to sort out a small thing that would enhance the person's quality of life.

The member of staff told us they were instructed to, "never to leave a person without the basics." This caring ethos was evident throughout the service in the relationships staff developed with the people they supported. A member of staff had won a local 'Community Hero Award' in 2016 for their work with a person living with dementia. A family member told us, "The carer who came this morning is leaving today and cried when they left as they won't see my relative again."

Staff rotas were well managed to enable staff to have time to support people in a caring manner. The consistency of the rotas meant staff were able to develop positive relationships with people. A family member said, "We have consistently the same carers with familiar faces."

The people being supported were central of the service and their views and choices were listened to when developing the support. A family member told us, "[Person] was very was clear about what they wanted. The ladies from Bluebird wrote the plan and I remember they were very, very thorough and it was all my relative's choice. They wanted to do their own meals and medication, so just chose shopping, hoovering and things like that."

Staff took the time to communicate directly with the person being supported. We spoke to a member of staff and they explained how they supported a person with dementia to make decisions. The staff member described how they would show the person out of date food, so they could decide whether it needed to be thrown out. The person did not like food to be thrown out so staff suggested they gave the food to the birds. This demonstrated a sensitive attitude by the member of staff which enabled the person to stay safe but continue to have some control over their life.

Staff developed good systems to help communication with people who had dementia, and their families, such as regular texting or communication books. A family member told us, "Any important decisions they leave me a note or make a phone call."

People's dignity and privacy was respected by staff. A number of family members told us this was because their relative was able to choose the gender of their care staff, especially when they were receiving personal care. One family member told us, "They are respect her privacy. The carers are all female, she likes that so it's what we asked for. She didn't like a male carer from a previous company, so we made sure we asked that she had all females."

Good

Is the service responsive?

Our findings

The support provided was focused on people's needs and preferences. This included the choice of care staff. Family members told us, "We get a choice of carers and if we didn't want somebody, they would change them. They even asked what sort of carer [Person] wanted coming in, they wanted an older carer with the right personality, and that's what they have."

The range of support service was flexible and included a small group of staff who provided "live-in" care. Support adapted when people's needs changed. A relative told us, "Person had a fall and we did need to call on them. Carers slept overnight to look over them, and they were very kind. They're flexible if you need them."
Care plans were personalised and helped staff understand the person they were supporting. Support was focused on maintaining their independence and wellbeing. For example, one person's daily records had been set up to ask staff whether a person was singing or not as this was a good indicator of their wellbeing. Information on people's needs was presented attractively to staff. A staff member told us, "All the information is there and it's simple and easy to understand."

Each person was asked to list their '5 Golden Rules,' which let staff know what was most important to them, such as a favourite pet or belonging. A senior member of staff had completed detailed life stories for people at the service. These were in the office and staff told us they did not really look at them. We discussed this with the manager who said they planned to move the life stories to people's homes as they provided a fascinating glimpse into the varied lives of the people being supported.

There were effective systems to prompt where people's care needed reviewing, which was done every six months, or as required. The comprehensive schedule of reviews was carried out by care coordinator. Family members and other professionals were invited as appropriate so they could give their view on the support being provided.

A good oversight of the service and good communication meant small concerns did not usually escalate to formal complaints. Relatives told us, "I picked up on one carer who [Person] didn't get on with and the office changed the rota straightaway" and "It's been such a weight off my mind - I've only got to email and somebody will just sort it out. I've been through the mill with other carer agencies. I have no concerns about this agency at all." The manager told us, "We have received very few concerns and niggles. However have acted on these and documented the outcomes and actions taken in our concerns file." The complaints and compliments log was used to capture feedback on the service, although overwhelmingly comments were positive and so used to provide positive feedback and good practice with staff and maintain good morale.

Good

Is the service well-led?

Our findings

There was a new manager in place who had been registered in September 2017 after the last manager left. They were also the registered manager of the larger branch of the service, based in Colchester. They had appointed a branch manager at the Braintree and Uttlesford service to ensure there was appropriate management cover in their absence. The registered manager visited the service regularly and provided on-going support to senior staff at the service.

We found the current management arrangements worked efficiently and that despite the size of the service, there was access to a wide range of support services which were based in the larger branch. For example, the training and human resources managers were based in Colchester but visited and supported the service regularly. All staff were clear about their roles and worked well together.

People and families spoke of the branch manager as the 'head' of the service, but there were no concerns about the management of the service. Family members told us, "I think it's been an exceptionally well run service. It's the best run agency I've ever come across" and "I have a deep trust of these people. I don't have any reason to think otherwise." The branch manager was very approachable and hands on, occasionally providing care where required. A family member described how there had been excellent communication when their relative had been in hospital. They had spoken regularly to the manager and told us, "In a nutshell, they're brilliant, really, really good."

Informal communication was very good due to the size of the service and the accessibility of senior staff. The registered manager had also developed more formal structures to consult people, for example, through questionnaires. A family member told us, "I've had a verbal questionnaire on the phone, and they did try and pin me down to do a survey but I think I didn't have the time. They did try." We looked at the responses to the service questionnaires and saw these were overwhelmingly positive, in line with the findings of our inspection.

There were excellent systems in place which provided senior staff with a good oversight of the service and any gaps or area of concern, such as which reviews were out of date or where equipment such as hoists needed servicing. There were also systems to analyse the care that was provided against what was planned, which helped ensure people received consistent support from the staff, as planned. Audits of the service were carried out regularly, including audits by the area manager and the provider's quality team.

The manager had a clear vision for the service. They told us that although they had plans to grow as a service, this was dependent on them employing the right staff and that currently they turned down requests for support as they only started to support new people when they had capacity within the staff team. We were told of a number of awards the team had been nominated for and it was clear maintaining a high quality of care was a priority for all senior office and care staff.

Although they were a small service the registered manager told us of a number of networks they belonged to which ensured they had access to best practice examples. They had also developed excellent links and

networks with other agencies and organisations locally and nationally. For example, they were founding members of the dementia alliance for Braintree and were members of United Kingdom Home Care Association (UKHCA).