

Moss Milman Limited

Bluebird Care (Liverpool)

Inspection report

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Date of inspection visit:
09 May 2019
10 May 2019

Date of publication:
22 May 2019

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

About the service: Bluebird Care (Liverpool) is a domiciliary care agency. Bluebird Care (Liverpool) provides care and support to people in their own homes. At the time of our visit, the service was providing care and support for 36 people. There were 32 care staff employed with on-going recruitment.

People's experience of using this service: There was a strong person-centred culture. Staff knew the needs and preferences of the people they were supporting extremely well. Staff had developed very positive relationships with people and were seen to display kindness as well as compassionate support to them.

People received personalised care and support which was in line with their care plans. People's privacy and dignity was respected, and independence promoted. Staff were committed to improving the quality of life and opportunities available for people. Staff cared and supported people to a very high standard, always ensuring it was the person making decisions. The service had developed community links to reflect the needs of people. It worked with health and social care professionals to deliver improved outcomes and experiences for people.

Staff showed a good understanding of their roles and responsibilities for keeping people safe from harm.

Medicines were managed safely, and people received their prescribed medicines at the right time. Health needs were understood and met.

There were sufficient numbers of safely recruited and suitably qualified staff to meet people's individual needs.

Staff received a range of training and support appropriate to their role and people's needs.

The registered provider complied with the principles of the Mental Capacity Act (MCA) 2005. Staff understood and respected people's right to make their own decisions where possible and encouraged people to make decisions about the care they received. Consent had been sought before any care had been delivered in line with legal requirements.

People knew how to make a complaint and they were confident about complaining should they need to.

The registered manager, who is now also the operations manager, was described as extremely supportive and approachable. They demonstrated a good understanding of their roles and responsibilities as a registered person. They worked in partnership with other agencies to ensure people received care and support that was consistent with their assessed needs.

Rating at last inspection: Good (Date published 15 November 2016)

Why we inspected: This was a planned inspection based upon the ratings at the last inspection.

Follow up: We will continue to monitor this service and plan to inspect in line with our re-inspection schedule.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Bluebird Care (Liverpool)

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was undertaken by one adult social care inspector.

Service and service type: Bluebird Care Liverpool is a domiciliary care agency providing personal care to people in their own homes.

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

Notice of inspection: This inspection was announced on the 8 May 2019. We gave 12 hours' notice as this is a small service and office staff may be out in the community working.

Inspection site visit activity started on 9 May 2019 and we visited the office location on the to see the registered manager, the provider, a coordinator, the new care manager and to review care records and policies and procedures. We spent time visiting two people in the community on 9 May 2019. We also spent time talking to six family members and two care staff.

What we did: Before the inspection

We reviewed notifications, we received from the service in line with their legal obligations.

We looked at information the provider had sent us about the service in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We looked at the care records belonging to three people using the service, three staff recruitment records, medicine administration charts and other records relevant to the quality monitoring of the service.

We reviewed records of safeguarding investigations, accidents, incidents and complaints.
We discussed quality assurance processes and checked recruitment, supervision and training information.
We spoke with two people who used the service and with six relatives of people using the service, two care and support staff, the care manager, the coordinator, the registered manager and the registered provider.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of their responsibility to report safeguarding concerns.
- Staff had received training on how to protect people from abuse and a policy was in place to guide them. Staff were knowledgeable about safeguarding processes and how to raise any concerns they had.
- The registered manager and senior staff maintained a record of safeguarding concerns, and referrals had been made to the local authority when required.
- A whistleblowing policy was in place and staff were aware of the procedures to follow with regards to this.

Assessing risk, safety monitoring and management

- People told us they felt safe because they received safe care and could talk to staff if they needed to. Relatives comments included, "My goodness my [person] is safe and well supported and cared for. I have every faith in the staff and the manager" and "I believe that my [relative] is getting the best care and support from the staff, they are excellent and go above and beyond".
- Risks to people were managed in a way that respected people's individual diverse needs. Measures had been taken to reduce identified risks to people.
- Equipment and utilities were checked regularly to ensure they remained safe for use.

Staffing and recruitment

- Staff were safely recruited by the service. Checks such as criminal records checks, known as Disclosure and Barring Service (DBS) records, were carried out. This helped to ensure that only people who were suitable to work with vulnerable adults who were employed by the service.
- People and their relatives told us there were sufficient numbers of staff to meet people's care and support needs. Their comments included, "I know who is coming [staff] they are the same ones all the time which makes me happy", "The manager always makes sure staff know my routines as I have to be hoisted to transfer into my wheelchair, I am confident that staff keep me safe they are really good". And "I have the same staff unless there is a last minute change due to them being off sick or something. They know me and support me to be safe".
- We looked at three staff recruitment records and all relevant pre-employment checks had been undertaken.
- The service did not use agency staff. The registered manager told us that if staff were absent at short notice their colleagues or senior staff ensured people received the support they needed.
- Changes to the staffing structure had been made since the last inspection, including a new care manager, a new coordinator and the registered manager becoming the operations manager.

Using medicines safely

- There were procedures in place to support the safe administration of medicines. There was a medication

policy which covered the process staff needed to follow. Staff also had access to best practice guidance regarding medicines.

- Medicines were stored safely in people's homes.
- Staff had completed training and had their competence assessed regularly to ensure they were safe to manage people's medicines.
- People told us they got their medicines when they needed them and a relative told us, "Staff know what [medicines] my [relative] needs and when they need them. There has never been any issues".
- Records of medicines administered were maintained and we saw that all had been completed accurately. All contained information regarding any allergies people had to medicines, and consent records were available in line with best practice.

Preventing and controlling infection

- Systems were in place to safely manage and control the prevention of infection. Staff had received training and Personal Protective Equipment (PPE) was stored in people's homes and at the service.

Learning lessons when things go wrong.

- A system was in place to monitor any incidents or accidents which occurred. This allowed for any patterns or trends to be identified so that action could be taken to prevent recurrence.
- Appropriate actions were taken following incidents, such as seeking medical advice, updating risk assessments and care plans and providing any necessary equipment.
- The registered manager acted to ensure lessons were learnt from any incidents. For instance, acting on behalf of a person who was falling a lot. They liaised with the community occupational therapists to visit them at home and provide equipment that supported them to be safe.
- Monitoring records we looked at were completed. Records included medication records, monitoring food records, infection control, use of Personal Protective Equipment (PPE), notifications, gender preference, health and safety checks. All areas had outcomes and actions taken where required.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- People spoken with confirmed staff always sought their consent before providing care and support. They said, "Staff always ask me, they know my routines". People also confirmed their right to make choices was supported, for example, "I have standards and it's my choice of when I like my care and support. The girls know my care plan, they do go above and beyond though. They are marvellous". Another comment was "Staff help me twice a day they know my person support plan".
- Legal arrangements were in place regarding certain decisions for people. Records showed that people had consented to their plan of care.
- There was a focus on good outcomes in person centred care plans, such as support to the person's health and well-being.
- Staff had received training and had a good understanding of the MCA. Staff told us they always asked for people's consent before providing care and people confirmed this.
- Staff had access to best practice guidance, The National Institute for Health and Care Excellence medicine guidance. Guidance from the local authority was also available, such as safeguarding procedures and thresholds.
- Care and support was planned, delivered and monitored in line with current evidence-based guidance, legislation, standards and best practice.
- Detailed person centred care plans were developed from initial assessments and included input from other health and social care professionals when required.
- When people had specific medical conditions, information regarding these conditions was held within their care files. This information also provided best practice guidance on how to manage people's health conditions to ensure people received safe and effective care.

Staff support: induction, skills, training and experience

- Staff completed regular training in areas relevant to their roles, to ensure they could support people

effectively.

- People and their relatives told us they felt staff were highly trained and able to meet their needs safely.
- New staff had completed a comprehensive induction which met the governments recommended induction standards. Staff competence was assessed during the induction process.
- Staff told us they received sufficient training and felt it helped to support them in their roles as it ensured they were kept up to date with good practice. Staff were supported by the registered manager to register for qualifications in care and support.
- Staff felt well supported and received regular supervisions and an annual appraisal to discuss their roles and any development required.

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

- People's nutritional and hydration needs and how they were to be met were recorded in their care plans. People received the support they needed to eat and drink and maintain a healthy and balanced diet.
- People told us they had enough to eat and drink and that staff always asked what they wanted before they prepared the meals. Comments from people and their relatives included, "Food is good, I enjoy it, it's what I want," "The staff provide what I ask them too, they are mainly all good cooks."
- We saw that people were monitored for food and fluid intakes when required, and early intervention was taken if people started to lose weight.

Supporting people to live healthier lives, access healthcare services and support

- The service worked with other health and social care professionals to help ensure people's healthcare needs were met.
- When other health and social care professionals were involved in people's care, this was recorded within their care files so all staff knew how the person should be supported.
- Care files contained a clear overview of the care and support provided that enable people's details to be shared with other professionals, such as hospital staff if required.
- Staff told us they would report any concerns regarding people's health to the team leaders on duty, so they could liaise with family or the person's GP if appropriate.
- The registered manager told us that when necessary, staff supported people to attend medical appointments.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Treating people with kindness, compassion, dignity and respect

- People and relatives enthused about how consistently staff were kind, caring and supportive. One person told us, "The staff and the manager give me confidence to do the things I like doing". And "The manager and staff go above and beyond they act on my behalf to ensure I can live my life to the fullest. Examples, my electric wheelchair was damaged out of use and I am restricted to being indoors without it. The manager liaised with professionals on my behalf to get me a new one, I was measured, and new wheelchair being delivered this week. Staff have been brilliant visiting me more because the chair I sit in indoors is so uncomfortable they hoist me back in bed intermittently, so I am comfortable". Relatives also told us about how staff go above and beyond an example being that one person lives away and the care and support of their [relative] is provided by the service as no one else visits. They told us "The manager and staff ensure my relative is cared for to the highest degree. They not only provide care but also mental stimulus, good food and company. I cannot visit and they [manager and staff] text me and telephone me to let me know how [relative] is, brilliant communication and I seriously don't worry anymore as I know she is receiving the best service".
- We also observed some lovely practice by staff who emotionally supported people with compassion. One person told us how they trusted the staff to support their decisions and discuss how they could meet their aspirations. The person said, "I never used to do much before Bluebird Care staff started supporting me. Now I go out, meet my friends and do things I like to do with their support".
- Our observations showed people displayed positive signs of well-being. People were enthusiastic and keen to tell us how happy they were with the staff support.
- Staff knew people very well, one person told us that the staff were "Amazing". Another person commented "I have been poorly, and the manager put in extra visits for me. It made a huge difference and the staff were marvellous, I couldn't have asked for more".
- Staff understood how to communicate with people most effectively for the individual. They knew when people required additional support due to hearing or visual impairment. When people were not able to communicate verbally, staff told us about specific body language signs they looked for to help understand the person's needs.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were regularly asked for their views on the care and support plans. One person told us, "The service is phenomenal largely because they care [staff] and because of the manager, seriously nothing is to much trouble for them. They always support my decisions".
- A relative told us that they wouldn't know what to do without the service. They said "My [relative] would be in a care home seriously if it wasn't for the input of the manager and the care staff. They deal with a constant flow of other professionals on mine and my [relative] behalf, always communicating just fabulous"

- Staff understood it was a person's human right to be treated with respect and dignity and to be able to express their views. We observed all staff putting this into practice during the inspection. Staff were consistently polite, courteous and engaged and were genuinely pleased to be at work. People were treated respectfully and were involved in every decision possible.
- People were supported to express their spiritual needs and we were told by staff that this would be accommodated. We saw religious denominations recorded in care plans and if the person wished to attend any services with staff support.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the service's culture and values. One member of staff explained that their role was to provide people with the care and support to live in their homes being safe, happy and independent making decisions and do what they liked to do. They gave an example of how staff will stay longer or call back to people if they are not feeling well or 'fed up'. We were told "A lot of people are now on their own and get very lonely so its our job to cheer them up as much as were can". Relatives confirmed to us that people's privacy and dignity was always maintained. One relative explained how staff had sensitively encouraged their relative to accept personal care when they were poorly but had also enabled them to remain independent. Our observations were that staff were mindful in their actions and how they spoke with people.
- People's individuality and diversity was respected consistently. One person told us how they loved to go out into the community and how staff supported them in doing so.
- People and their families told us constantly how respectful staff were, and how the care and support was provided in a dignified manner. We were informed that support was provided as agreed with people at a pace required and always led by the person.
- Throughout this inspection people and their relatives informed us of how with the care and support of staff people were able to live in their own homes. One person told us how they looked forward to seeing the staff as they were always cheerful and brightened their day.
- Care plans were person centred and had information regarding how the people wanted their care and support provided. People's likes, dislikes and how best to support them and encourage them to express their views was clearly documented for staff to be aware of. People told us that they were very happy with the staff who supported them, and one person told us "I am happy with all of the staff they know me and they really do care about me".

Is the service responsive?

Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs preferences, interests and give them choice and control

- People's individual needs had been assessed and person centred care plans developed to meet those needs.
- care plans were detailed regarding the support people required and had been reviewed regularly. The care plans were in the homes of the people using the service for staff and other health professionals to access when providing support to people. There were also copies of care plans appropriately stored in the office of the service.
- Information was recorded regarding people's preferences in relation to their care and treatment, daily routines and how they liked to spend their time.
- Rotas for continuity and reliability were in place and the service endeavoured to meet this by providing the same support staff and ensuring staff were known by the person they were supporting.
- People confirmed this and said they had the same support staff and they were always on time. One relative told us "Excellent staff, I seriously rely on their visits to my [relative], they encourage [relative] so much. They are always on time as my [relative] gets anxious. They work with [relative] responding to how she is on the day and each visit, really. I cannot praise them enough".
- Relatives told us they were aware of the care plans in place and were always informed of any changes. One relative told us "Communication is really good from the manager and they always inform our family immediately if there are any changes in [relative] health. It's so important as we cannot be there all the time".
- Staff knew the people they supported well, including their dietary needs and preferences, activities they preferred, how best to approach people and how to support people if they became agitated or upset.
- The service was meeting the Accessible Information Standards as they assessed, recorded and shared information regarding people's communication needs. For example all correspondence was sent in different formats including larger font so that the individual could understand the content.
- Staff completed daily logs to record the care provided, so all staff had up to date information regarding people's care. Daily logs reflected that planned person centred care was delivered and also what quality time was provided
- People told us that the service was flexible, and they implemented changes to their care plans to meet their requirements. For example, increasing the visit time for an individual at very short notice when a relative requested it. Also, increasing and decreasing care and support when requested due to people's health changes.
- A relative told us "The service is excellent, they really do support my [relative] so that their mental wellbeing does not deteriorate, staff that know exactly what they are doing".
- The service supported people to attend activities in the local community.

Improving care quality in response to complaints or concerns

- A complaints policy was available and there was also a copy of this in people's homes.
- People told us they knew how to make a complaint should they need to and their relatives agreed. Everyone we spoke with said they had no reason to complain at the present time.
- There had been three complaints about the service in the last two years. The registered manager showed us how they maintained a log of any complaints they had received in the past and records showed they were investigated and responded to appropriately.

End of life care and support

- The registered manager and senior staff told us they worked with the community nurses and GP's during these times, to ensure people received appropriate care and support.
- The care plans contained relevant information concerning the wishes of people and their religious beliefs.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Continuous learning and improving care

- The registered manager and provider were clear about the vision and direction for the service and were committed to improving the quality of care and support where they could.
- People, staff and relatives told us that the registered manager was very approachable and listened if there were any concerns or suggestions. We were told there was an open-door policy by all and all felt confident that they were listened to.
- The registered manager was aware of the statutory Duty of Candour which aims to ensure that providers are open, honest and transparent with people and others in relation to care and support.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service had an effective system of governance. The registered manager, care manager and senior staff regularly completed audits including health and safety, infection control, person centred care and support plans and medication. We saw that where these audits had identified areas for improvement, and actions had been taken as a result.
- The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service.

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

- Staff said they felt supported by the registered manager and that their views were encouraged and welcomed. Regular meetings and supervisions took place. The provider also conducted bi-annual staff surveys to gather the views of staff.
- People and their relatives participated in the running of the service through informal chats with the registered manager as well as through satisfaction questionnaires being sent bi-annually and meetings.

Working in partnership with others

- The registered manager worked in partnership with a range of different health services and other health and social care professionals to help make sure people received the right support.