

Taylor-Bourne Limited

Bluebird Care (Stoke-on-Trent)

Inspection report

86 Victoria Road
Fenton
Stoke On Trent
Staffordshire
ST4 2JX

Tel: 01782417718

Date of inspection visit:
30 September 2016

Date of publication:
17 October 2016

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

We inspected this service on 30 September 2016. This inspection was announced. This meant the provider and staff knew we would be visiting the service's office before we arrived. There were 38 people in receipt of personal care support at the time of this inspection visit. Our last inspection was carried out in October 2013 and no breaches of regulations were found at that time.

The service had 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.

People received their calls as agreed and from a regular staff team. Staff were knowledgeable about the support people needed to enable them to provide it in a safe way. Staff understood what constituted abuse or poor practice and systems and processes were in place to protect people from the risk of harm. The provider had undertaken thorough recruitment checks to ensure the staff were suitable to support people. Medicines were managed safely and people were supported to take their medicine when needed. Equipment was in place to meet people's diverse needs which enabled them to maintain choice and independence.

Staff received training to develop their skills and enable them to support the people they worked with. Staff were supported by the management team and received supervision to monitor their conduct and support their professional development. Staff knew about people's individual capacity to make decisions and supported people to make their own decisions. The delivery of care was tailored to meet people's individual needs and preferences.

People's needs were assessed and care plans were developed with people, which directed staff how to support them in their preferred way. People were supported to maintain a diet that met their dietary requirements and preferences and to access healthcare services.

People knew how to complain and we saw when complaints were made these were responded to in a timely way. Staff felt listened to and were happy to raise concerns. People knew who the manager was and felt the service was well managed. The provider sought the opinions from people who used the service to bring about changes.

Quality monitoring checks were completed by the provider and manager and when needed action was taken to make improvements. The registered manager understood their responsibilities around registration with us.

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 understood how to keep people safe and protect them from harm. Risks to people's health and welfare were assessed and actions to minimise risks were in place in people's care plans and implemented. People were supported to take their medicines and there were sufficient staff to support them. Recruitment procedures were thorough to ensure the staff were suitable to work with people.

Is the service effective?

Good ●

The service was effective.

People's consent was sought regarding the care they received and they were supported by staff that were skilled, confident and equipped to fulfil their role; because they received the right training and support. People were supported to eat and drink enough to maintain their health, and staff monitored people's health to ensure any changing health needs were met.

Is the service caring?

Good ●

The service was caring.

Staff supported people in a caring way and encouraged them to maintain their independence. People were treated with respect and their dignity and privacy was respected.

Is the service responsive?

Good ●

The service was responsive.

The support people received was tailored to meet their individual needs and preferences. The provider's complaints policy and procedure was accessible to people and they were supported to raise any concerns.

Is the service well-led?

Good ●

The service was well led

People were encouraged to share their opinion about the quality of the service to drive improvements. The staff were given guidance and support by the management team and understood their roles and responsibilities. Systems were in place to monitor the quality of the service provided.

Bluebird Care (Stoke-on-Trent)

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 visit took place on 30 September 2016 and was announced. The provider was given four days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office. We also needed to arrange to speak to people and their relatives as part of this inspection. The inspection team consisted of one 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. The expert-by-experience did not attend the office base of the service, but spoke by telephone with people who used the service and relatives.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public. We also spoke with the local authority who provided us with current monitoring information. The provider had 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. We used all of this to formulate our inspection plan.

We spoke with 13 people who used the service and four relatives by telephone. We spoke with four members of care staff, one supervisor the registered manager and the operations manager. The registered manager and the operations manager were also the providers of the service. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for three people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

Is the service safe?

Our findings

People told us they felt safe with the staff that supported them. One person said, "I trust the staff completely. I know I can rely on them. They let me know it's them coming through the door; they shout out to me so I know it's them and not someone I don't know. I feel safe when they arrive." Another person told us, "The staff make me feel safer just by being here. It's just a feeling, I can't describe it. Lovely they are, just lovely girls. So kind to me." A relative told us, "My relative's life is infinitely safer, more fulfilling and meaningful since Bluebird came into their life." Another relative told us, "My relative loves the Bluebird girls and says they feel safe when they are here."

Staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. They were aware of the signs to look out for that might mean a person was at risk. Staff knew the procedure to follow if they identified any concerns or if any information was disclosed to them. One member of staff told us, "I would tell the manager if I had any concerns. I know we can report them externally to the local authority as well if needed but I have never had to do this." Records showed that staff had undertaken training to support their knowledge and understanding of how to keep people safe. One member of staff told us, "The safeguarding training we had was with the local authority and it was good and covered whistle blowing." Whistle blowing is the process for staff to raise concerns about poor practices.

The staff ensured people's safety was maintained when they supported them. One relative told us, "The staff know what to look out for when they are looking after my relative and I know they have had training about his condition. When they are here I know he is in safe hands so I can relax."

We saw that assessments were in place to direct staff on how to minimise risks to people. One relative said, "They (the staff from the office) came and introduced the carers who would be working with us. They spent a good hour or so checking everything. They looked at things that might be a hazard, like the rugs and the toilet and the lighting. They assessed everything." We saw that checks were carried out on any equipment people used to support them in the care they received. This was to ensure it was maintained and safe to use. The manager told us, "When people start using the service we check the last service date of their equipment, then we can ensure that their equipment is serviced when it's due. If we need to we will ring for people and book in a service for them." This showed us staff had the information available to manage risks to people.

The staff supported people to maintain their safety at the end of each visit. Care plans instructed staff to ensure that life lines were on and accessible for people so they could summon help in an emergency situation. People confirmed that this was done. One person told us, "I have a pendant alarm and the girls always make sure I have it on before they go and they check it for me to make sure it's working in case I need anyone when they are not here."

All of the people we spoke with said they had the same care staff nearly all of the time apart from "the odd day". Relatives confirmed that for the majority of the time the same staff supported their family member. People told us that having the same staff care for them was important to them and made them feel safe.

One person said, "I feel safer if I know who is coming into my home. I'm not good with new people who don't know me. I love the girls who come here. I know they know me and my odd ways. I have a rota every week so I know who is turning up. It rarely changes." A relative told us, "They (the agency) have never used carers that my relative doesn't know because they know how important it is to him for the carers to know him well. He is a bit complicated and he needs a lot of care and this would make him feel unsafe. They are so kind and thoughtful, all of them, even in the office." One person told us that when a member of staff was off sick or unavailable, the management team brought the replacement carer to meet them, so that they were properly introduced. This demonstrated that the culture of the organisation was mindful and respectful of people's needs and recognised how distressing a change of care-worker may be.

All of the people we spoke with and their relatives confirmed staff were available to support them as agreed and told us that staff arrived on time for their visit. One person told us, "I never have any problems with the timing. Occasionally they might be late because of the hold ups on the road but they can't help that you know, bless them." Another person said, "They will ring if they think they might be late. It's only happened once or twice. The office staff are always checking how things are and either ring me or come to see me to check things are ok. The care staff always stay with me for the full time." Another person told us, "They're always here, and I have to say very punctual, never miss, even Christmas day."

An on call system was available for staff. A member of staff said, "There is always someone at the end of the phone if you need any advice, it's very good. I think if you needed them to come out they would, it's a nice place to work, really supportive,"

People who used the service told us they knew how to contact the office and confirmed that the contact number was in the documentation they had been given. One person told us, "I've got the phone number for the on-call if I need it. I don't have any problems though. I know I can ring them anytime and they'd sort anything out."

The provider checked staff's suitability to deliver personal care before they started work. Staff told us they were unable to start work until all of the required checks had been done. We looked at the recruitment checks in place for three staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. We saw that all the required documentation was in place.

People told us they received support to take their medicines as prescribed, and in the way they preferred. One person told us, "The girls come regular on the dot. Always do. They give me my medicines twice a day. They put them in a little pot and give me a drink. I have to take them and give them the pot back sort of straight away. I wouldn't always remember to take them myself." Another person said, "The staff put special cream on my legs and feet. I know they've had training, as the nurse came as well last time. I have had a sore. The girls arranged to get it checked. They got some special cream and they put it on." A relative told us about the help their family member received with taking their medicine, they said, "My relative needs quite a lot of encouragement to take her medicine. Sometimes she refuses completely to take the tablets or drink her fortisip (nutritional supplement). The girls always ring me and have rung the doctor too if they can't get me. They write it on the sheet that she hasn't taken her medicine and they write how much of her fortisip she's had. You can see in the notes how hard they have tried to get her to drink more of it. That and her medicine is locked away safely. They are fantastic with my relative. They are so patient."

We saw a system was in place to support people to take their medicines and this was monitored by the management team. Information in people's care plans included their preference for how they took their medicine. We saw that assessments were completed of the level of support the person needed to take their medicine so that staff could support the person according to their needs.

Staff told us they had undertaken medicine training and this included observations of medicines administration. For those people who required support a medicines administration record was kept in the person's home. These records were then sent to the office for the management team to audit. We looked at these records and saw that staff signed when people had taken their medicine or recorded if not and the reason why. This showed us a clear audit trail was maintained to monitor people's medicine administration.

Is the service effective?

Our findings

Staff had the required skills and training to meet people's needs and promote their wellbeing and independence. All of the people we spoke with said they felt that the staff were competent to care for them and had the skills they needed. One person told us, "I can't walk very well so I have to use the stair lift and a walker. The manager checks when she comes that the girls leave my walker near and checks me on the stair lift. I trust them completely when they are helping me. They know what they are doing." Another person said, "The carers are well trained. There's no doubt in my mind at all. They couldn't look after my relative if they didn't know what they were doing. I know from our chats that they have read up on his condition. Brilliant they are. Just brilliant." Another person told us, "Its two years now since they started. I think they know me well after all this time. They're very good. They trained here in my house when I came out of hospital." Staff told us they received the training they needed to support people and confirmed that some training was done in people's homes. One member of staff told us, "If someone has a new piece of equipment or they are new to us, we are shown how to use the equipment with them; It is the best way to learn because it's specific to that individual person. We also have classroom based moving and handling training as well."

One person that used the service told us, "The staff seem to have a lot of training. Any new ones go around with the other ones." Staff told us their induction enabled them to meet the needs of people they supported. They told us the induction included attending training, shadowing experienced staff and reading care plans. One member of staff told us about their induction and said, "It was very thorough and I didn't work alone until I had got to know people and they knew me. I also read the care plans before working with people and shadowed the supervisor. It's a very supportive team."

People were cared for by staff that were supported. All of the staff we spoke with told us the support they received from the management team was good. Comments included, "The managers here are very supportive, that's why I came back." Another member of staff told us, "The communication is very good, we get regular text updates and we are all popping in and out of the office to pick up aprons and gloves or sometimes just to say hello. We have meetings as well. It's an excellent place to work." The staff files we saw had evidence that staff received supervision every month to identify their future training and development needs.

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 people 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The training records showed that staff had undertaken training in relation to the MCA. Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people

to make their own decisions. People confirmed that staff explained what that were doing and sought their consent before they provided them with personal care. One person said, "They know me well. They know what I like and don't like." Another person said, "They do everything I need and they know how to do it." We saw that people had signed their care plan to demonstrate their agreement. The manager confirmed that everyone using the service had capacity to make their own decisions. She told us, "In the past we have questioned a person's capacity and the social worker came out to assess them and confirmed they were able to make their own decisions." This showed us that the manager had been proactive in ensuring any concerns regarding a person's capacity were assessed to ensure people's rights were protected.

Some people we spoke with were supported with meals and told us they were happy with how this was done. One person said "I'm not good with dinners, can't face them. I haven't got much of an appetite but the girls try to tempt me with treats they bring in for me like puddings and custard. They leave me sandwiches and cake for the evening. Sometimes they will sit with me for a chat. A bit of company with a meal is better." Another person said, "They always ask me what I would like for breakfast or my lunch or my tea. I must say, they do some smashing dinners. My favourite is a bit of stew. They start that the day before. I have a pudding and when I've finished, they bring me a cup of tea. Just like that. They know I don't want it before my meal." And "They know I like flakes and toast. But even though I usually have the same they always ask me what I'd like. Sometimes I will have an egg and they will do that. Anything really. Nothing is too much bother."

Relatives told us they were happy with the support carers provided with meal preparation, and of the choice offered to their family member. One relative told us, "They do breakfast and anything else my relative wants. It's recorded in her yellow book. They monitor her eating and weight and they try to get her to eat more. When my relative was having some treatment her appetite wasn't good, but the girls talked to her about it and recorded what was said. They arranged for her to have some special drinks to build her up. She gets tired really quick. She prefers sweet things and pudding. The girls pick her up treats from the shop to tempt her. They always leave lots of drinks and sandwiches in case she fancies something else. They ring me if they are worried. Those girls are so kind to my relative."

Where people were supported with food and drink this was recorded as part of their plan of care. People's specific preferences and diets were recorded, to ensure their needs could be met. We saw that where people had been identified at nutritional risk, staff monitored what they ate and drank to enable them to alert the person's family or seek professional guidance as needed.

People confirmed that staff noticed if they were unwell and sought medical help as appropriate. One person said "It's because of the girls (agency care staff) that I'm still here. My carers came one morning and I had pressed my lifeline button because I'd fallen but was still waiting. They rang for an ambulance. I felt really queer. I remember one of the girls saying I'm going to get you checked over. I'd had a stroke you know. I wouldn't be here without her coming". Another person told us, "They check every day that I'm ok. They ask me how I feel. They write everything down in the yellow book. They ring the doctor if I feel a bit off. I had an infection in my water the other week. I had some tablets from the doctor. It made me feel right off colour. But they spotted it you know. They know what I'm like see." Another person told us, "One day, the carer said she didn't like the sound of my chest and told me she would ring the Doctor. She rang the office too to tell them. I had to go into hospital. They are kind. They look after me proper." People's health needs were identified in their care plans and daily records demonstrated that staff monitored this to ensure that appropriate medical intervention could be sought as needed.

Is the service caring?

Our findings

All of the people we spoke with and their relatives were happy with the way care staff treated them. They told us that staff were kind, caring and respectful and some were able to give examples of how staff respected their dignity. One person told us, "They always close my blind and the bathroom door when they are changing me. I'm a devil for forgetting to shut the door. They ask me if I want it open or closed. They always knock before they come in the bathroom or my bedroom." Another person said, "I sometimes get upset because I have to use the commode at night and they have to empty it in the morning. They always tell me not to worry, that it's their job and it's not a problem. When they wash me they cover me up with a lovely warm towel. It's such a nice feeling you know, and they rub me gently."

People confirmed the staff were caring towards them. One person said, "I can change my mind every day depending on how I'm feeling and it's never a problem to them. Not at all. I sometimes like a shower, sometimes not. Sometimes if I'm going to the day centre I like them to be earlier and they do that no problem. The supervisor at Bluebird sorted that out so that I get ready for the bus coming and I'm not rushing. Nothings a problem. They put my face on (make up). They will do that no problem. I might be old but I like to look nice. They ask me how I want my hair, my lippy. What I want to wear. You know." One relative told us, ""They do thoughtful extra things; like making me a drink when they do one for my relative. They don't have to, no, they just do it naturally. Always have. And they always pick up some fish and chips on the way over on Fridays. Saves me cooking. I have never asked them to. They just do it. It saves me so much work and it always feels like a treat. They are so very kind."

People told us that staff supported and encouraged them to maintain their independence. One person said, "When the carer brings me the bowl of water to wash myself, she says "I'll leave you for a minute or two. Shout me when you are ready." She's very kind and gives me a bit of time on my own."

Is the service responsive?

Our findings

Staff supported people with a variety of tasks; from personal care support, preparing meals, taking their medicine and domestic chores. Everyone had a group of regular staff who they knew well. They told us that their carers understood their needs and were capable of delivering the service that they required in their preferred way.

All people spoken with said they had care plans which were kept in their home. They all confirmed that staff updated the records every time they visit and that they were collected up about once a month by someone from the office who at the same time checked how things were.

Discussions with people and their care records showed they had been involved in their care and their views had been gained about what was working and any changes they felt were needed. One person told us, "The supervisor comes out. I think it's been four times now but sometimes other people ring me to check that everything is ok." Another person said, "The supervisor did an assessment in the beginning. We filled in the forms together and then they came out again a few months ago to make sure everything was still ok and that I could still use my walker the same. She asked me if the girls left it near to me all the time to use when no one was here. She told me she was making sure I was safe." A relative told us, "My relative was unwell last week and the care staff noticed a bit of a change in him, seemed more lethargic. Because they had taken the time and effort to learn about my relative's illness, and the changes that can happen; what to look out for, they spoke to supervisor and arranged the review. They take all the hard work out of things so that I can just be his relative instead of his personal assistant."

Staff told us they worked well as a team to ensure people were supported according to their needs and preferences. One member of staff said, "The communication is very good between all the staff. Our policy is that our minimum call time is 30 minutes. This gives us time to provide a good quality of care to people and our travel time is additional so we can get to calls on time." People and their relatives confirmed there was good communication from the agency and appreciated the regular contact from the office to ensure that all was well. One relative told us, "Everything is recorded in the care plan; medicines, daily records, all sorts of things. They even record how my relative appears to be feeling which is a really good thing for me to be able to see. His speech and general communication is very limited. The staff did special training They all understand about his illness. They are fantastic and the supervisor is so helpful and organised."

People we spoke with were aware of the procedure for making complaints and told us they would feel comfortable if they ever had the need to do this. One person said, "I'd ring the office if I needed to complain. I've never had any problems though. I've had them for over two years now." Another person said, "I'd ring the office. I know they would sort anything out. They are easy to talk to and get hold of anytime, night or day. They ring here a lot to check how things are anyway." A complaints procedure was in place and this was included in the information given to people when they started using the service. We saw complaints received were recorded including the actions taken and outcome.

Is the service well-led?

Our findings

People and their relatives told us that they felt the service was managed well. One person said, "I'm very happy. I was with another agency but I kept getting different people and they wouldn't turn up but since we've been with Bluebird, maybe a year or so now, it's been perfect. No problems at all." Another person said, "Those girls are kindness itself. They are always here; you could set your clock to them, and always with a laugh and a smile to cheer me up. They always bring a smile with them. Proper nice they are and such hard workers." Comments from relatives included, "They are totally fantastic. I couldn't speak highly enough about them as an organisation but also as a bunch of carers." And, "They are more than ok. We couldn't manage without them. They are golden." And "I swear my relative wouldn't be around without their loving care. They treat her like family. Do you know they even bring her fish and chips and they pop to see her at Christmas. Even when they are not working. It's unbelievable. I'd never have thought it." People and their relatives confirmed that someone was available at the office base to speak with them when needed.

The staff spoke highly of the support they received from the manager and members of the management team. One member of staff told us, "It's an honour to work for the Fenton Branch of Bluebird care. I don't think I would go anywhere else." Another member of staff told us, "I work with a really friendly bunch, any problems you can go to anyone in the office, the manager is excellent, very caring and has even supported me through personal problems, it's a fantastic place to work." We saw that the manager communicated well with the staff team through face to face meetings, text messages, telephone conversations and staff memos. The staff team were asked on a three monthly basis to nominate a colleague for a 'care award'. One member of staff told us, "I couldn't believe it when I won the care award, it was such an honour and I got a £50 voucher, which I am going to use to treat myself." The manager told us "We like to acknowledge the hard work and commitment from the staff team, it's important that they know they are appreciated."

The provider had measures in place to monitor the quality of the service and drive improvement. This included audits of care plans, risk assessments and communication log books. Audits were undertaken of completed medicine records to enable the management team to identify any errors and address these. We saw evidence to show that the management team undertook spot checks on staff practice that looked at staff dress, attitude, time keeping and the support they provided. One person that used the service told us, "The girls are all real nice. I've never ever had a bit of trouble. They've got their badges on, their aprons and their gloves, but what's more important is that they are kind and gentle. You couldn't ask for any more than that." Audits were undertaken regarding falls to enable the manager to identify any patterns or trends. For example one person was falling on regular basis in-between calls due to their illness. The manager had reassessed this person's needs with the relevant health care professionals and amended their care plan and increased their care package to minimise this risk.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. People were encouraged to express their views through a range of methods. This included consultations on a regular monthly basis through individual meetings and by telephone and through annual satisfaction surveys. The results of the annual questionnaire were fed back to people

through a newsletter. We looked at the results from July 2016 which showed that people were happy with the service provided and commented on the staffs' friendly and professional manner and for their willingness to support people with 'extra' tasks that were not necessarily part of their agreed care package; such as picking up prescriptions for people out of work hours. We saw that where people had identified areas for improvement the management team had put an action plan in place to address this. For example, by ensuring people were contacted if their call was going to be more than ten minutes late. Discussions with people confirmed that they were contacted if a carer was running late, which demonstrated that improvements had been made.

We saw the data management systems at the office base ensured only authorised persons had access to records. People's confidential records were kept securely so that only staff could access them. Staff records were kept securely and confidentially by the management team. The manager understood the responsibilities of their registration with us. They had reported significant information and events in accordance with the requirements of their registration.