Kore Associates Limited

Bluebird Care West Dorset

Inspection report

182 Bridport Road
Poundbury
Dorchester
Dorset
DT1 3BN

Tel: 01305236655
Website: www.bluebirdcare.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This inspection took place on 19, 25 and 26 June 2018 and it was announced. The inspection was undertaken by one inspector and an expert by experience.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults. There were 63 people who received personal care from this service at the time of the inspection.

There was a registered manager in place. 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.

This was the first inspection of this service.

Improvements were required to ensure all risks were consistently managed to reduce any risks to people's safety.

The registered manager and provider were aware of their responsibilities to submit notifications to CQC. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We had not been notified about one allegation of abuse as required that had been reported to the local authority. The registered manager told us they would ensure all required notifications were made in the future.

Staff were aware of the Mental Capacity Act 2005 and staff had received training in this area. Assessments of capacity and best interest decisions were not always recorded. We have made a recommendation about the assessment of people's capacity to make specific decisions and arrangements for best interests.

People's needs were assessed and their care was planned to meet their needs and preferences. People received care from staff that were caring, kind and compassionate. People and their relatives spoke very highly of staff.

People told us they felt safe. All staff were clear about how to report any concerns and were confident that any concerns raised would be responded to. The registered manager knew how and when they should escalate concerns following the local authorities safeguarding protocols.

The registered provider had a system in place to ensure people received their medicines as prescribed.

People received care from staff who had the right knowledge and skills to meet their needs. Staff told us there was good communication with the management of the service and they felt supported to carry out

their roles.

Staff treated people with dignity and respect and asked for people's consent before providing care.
Staff supported people to maintain their independence where possible.

The provider had processes in place to monitor the delivery of the service. People's views were obtained through surveys, one-to-one meetings, meetings with people's families and social workers.

The provider had a process in place to enable them to respond to people and their concerns, investigate them and had taken action to address their concerns.

Staff were knowledgeable about people's needs and told us they left drinks and snacks for people where required.
People, staff and their relatives told us the service was well managed and told us the registered manager would respond to any concerns.

Staff told us that they seek the guidance from healthcare professionals as required. They told us they would speak with people's families and inform the management team if they had any concerns about people's health or care needs.

There were systems in place to monitor incidents and accidents. Further improvements were required to ensure all incidents were recorded to identify all actions and continuous learning and lessons learnt to drive improvements within the service. We have made a recommendation about monitoring incidents and identifying lessons learnt.

The service worked in partnership with other agencies.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe

Staff understood their responsibilities to report any concerns to keep people safe. However, people's identified risks were not consistently managed. The provider took action to address these concerns during our inspection.

Improvements were required to ensure changes to people's plan of care and lessons learnt were not consistently identified

People and their relatives told us they had no concerns about the care and support they received from staff.

People were supported to take their medicines safely.

There were sufficient numbers of suitable staff to meet people's needs.

Staff were checked before they started work to make sure they were suitable to work in this service.

Is the service effective?

Good

The service was effective.

Staff received training to ensure they could carry out their roles effectively. Supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

Staff understood their responsibilities to seek consent before providing care. Where people did not have capacity to give consent, decisions were made in their best interest. However, this was not always recorded. We have a recommendation about this.

People accessed the services of healthcare professionals as appropriate.

Is the service caring?

Good

The service was caring.

People were involved in their care planning.

Staff were kind and respectful and developed positive relationships with people they cared for.

People were provided with privacy and dignified care.

Staff supported people to maintain their independence and provided care in line with people' s wishes.

Is the service responsive?

Good

The service was responsive.

People confirmed the service responded to their preferences for care. Care plans were personalised and contained people's preferences.

People were confident that any concerns would be responded to.

Staff responded to people's changing needs and care was reviewed to ensure it continued to meet people's needs.

Is the service well-led?

Good

The service was well led.

The provider had systems in place to seek feedback from people to improve the service. Some improvements were required to some aspects of the administration of the service.

People and staff spoke positively about the registered manager and provider. People and their relatives spoke highly of the care provided by the care team.

The provider had quality assurance systems in place to monitor the quality of the service provided. Some improvements were required to identify lessons learnt to drive improvements.

Bluebird Care West Dorset

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19, 25 and 26 June 2018 and was announced. The provider was given short notice because the location provides a domiciliary care service; we needed to be sure that someone would be in the office. The inspection was undertaken by one inspector and one expert by experience. The expert by experience spoke with people who used the service and their relatives by telephone. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We used information the provider sent us in the Provider Information Return. 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.

We visited four people in their homes. We spoke with seven people over the telephone about their experience of the service and six relatives. We spoke with five members of staff, the area manager, the nominated individual and the registered manager. We also spoke with one social care professional and one health care professional.

We looked at care documentation relating to six people, medicines administration records, four staff personnel files, staff training records and records relating to the management of the service including quality audits.

Requires Improvement

Is the service safe?

Our findings

Improvements were required to ensure all risks identified were consistently managed to reduce any risks to people's safety. We looked at six people's risk management plans. Three of these set out clear arrangements to manage risks and plans in place were followed by staff. For example, for one person staff followed guidance from health and social care professionals to support the person who was at risk of poor nutrition. The person's weight was monitored weekly and the person had gained weight. For another person, staff followed guidelines to support the person to move safely whilst providing care. However, two other people's risk management plans did not fully mitigate all identified risks. For example, there was not a clear plan to manage risks associated with mobility for one person and supporting another person to manage their medicines safely. Some risk management plans lacked detail to guide staff to monitor signs of infection for people that received support with their catheters. We raised our concerns with the provider on the first day of our inspection. The provider took immediate action to address these concerns and review other risk management plans. The area manager also told us they had arranged for key staff to attend further training on managing risks to ensure a consistent approach across the service.

Improvements were required to ensure changes to people's plan of care and lessons learnt were identified. For example, the risks associated with someone requiring additional support to manage their medicines safely had not identified all changes required. The registered manager took action during our inspection to address these concerns and told us they would ensure there were systems in place to identify any lessons learnt to drive improvements.

Incidents were monitored by the registered manager and senior staff to ensure that all necessary actions had taken place. However not all accident and incident records were recorded following the provider's policy to allow them to be analysed by the registered manager and actions taken as necessary. This meant that there was a risk that lessons were not always learnt and measures put in place to reduce the likelihood of reoccurrence. Staff discussed any deterioration or changes to people's health and were aware of the reporting process for any accidents or incidents that occurred. Staff shared concerns with health and social care professionals, other agencies, people's families where appropriate and the registered manager. This included reporting concerns regarding deterioration in people's health.

Staff safeguarded people from avoidable harm. Staff had received training in safeguarding adults. Staff recorded and reported any concerns they had, and were confident the registered manager would act in response to any concerns.

People and their relatives told us they did not have any concerns about the care and support their relative received. People told us they felt safe with the staff that supported them. One person told us, "I have no concerns, it works really well". Comments from people's relatives included, "We've been with Bluebird a long time. No concerns whatsoever", "[Person's relative] is a falls risk. Uses a zimmer [walking] frame. Lost balance at the sink. It wouldn't have happened with the carer here" and "We've been with Bluebird for a long time. No concerns whatsoever". One health care professional told us the service worked well with them to manage risks. A social care professional told us they agency provided, "peace of mind to professionals about

the safety of their service users".

There were enough staff to meet people's needs. People had been assessed for the numbers of staff they would need and in the response to any changing needs. The majority of people and their relatives told us they had regular care staff. Comments from people and their relatives included, "We have regular carers. They attend on time. They give you plenty of notice in writing about carers attending" and "Yes, enough staff. We have regular carers, different days, different girls. Got to know them all so not a problem". One person told us they did not always have regular care staff. We fed this back to the registered manager who told us they would review the person's care rotas. The registered manager told us care visits were planned so that people had regular care staff. They told us additional staff were being recruited to assist with providing regular staff.

Safe recruitment practices were followed. Recruitment checks included obtaining references from previous employers, checking people's eligibility to work in the UK and undertaking criminal record checks. These checks help employers make safer recruitment decisions and help to prevent unsuitable people from working with vulnerable adults.

People received their medicines as prescribed and electronic records were maintained of medicines administered. The electronic recording system reminded staff to administer medicines before leaving the person's home. Care visits were planned to ensure there were sufficient gaps between medicines being administered. Protocols were in place instructing staff about when to give people their 'as and when required' medicines. Staff were supported to understand their responsibilities to administer medicines safely and their competency was checked.

Staff followed procedures to prevent and control the spread of infection. Staff received food hygiene and infection control training. Staff told us they always had access to personal protective equipment [PPE], such as disposable gloves and aprons and wore PPE when providing care and preparing food. People told us staff wore gloves and aprons when providing care. Comments included, "Gloves and aprons are worn all the time", "Yes, gloves, aprons and hand washing- all happen" and "They [care staff] occasionally prepare food for me. I am happy with the way they handle food. They wear gloves and aprons and if they need to wash their hands they do". Staff had completed food hygiene training and there were correct procedures followed where food was prepared.

Good

Is the service effective?

Our findings

People received care from staff who had the knowledge and skills to meet their needs. This included in regard to safeguarding adults, equality and diversity, food hygiene, supporting people to move safely, and administering medicines. All staff told us they felt supported by the management team to carry out their role. Comments included, "The training is good. They [management team] are always asking if we need any more" and "The support you get is amazing". People told us staff met their needs. People and their relatives spoke highly? of staff and told us staff had the right skills to carry out their role. Comments from people and their relatives included, "They help me with a shower. Sufficiently trained, yes indeed. Excellent. They know what they are doing" and "They are sufficiently trained, yes". Staff told us they felt supported to do their job well. One member of staff told us, "I have received lots of training". Another member of staff told us, "I feel supported" and "I have had refresher training, this keeps us up to date with things".

People's care was assessed to identify the care and support they required. There were comprehensive needs assessments in place, detailing the support people needed with their everyday living. The assessment covered people's physical, mental health and social care preferences to enable the service to meet their diverse needs including needs on the grounds of protected equality characteristics. These care plans contained clear instructions for the staff to follow so that they understood people's medical conditions and how to meet individual care needs. For example, one person's care plan detailed their health care condition that affected their mobility and they required two staff to support them to meet their needs and guidelines for staff to follow as their skin was vulnerable to pressure sores. These plans had clear guidance for staff to follow and staff recorded the care provided so this could be monitored.

Staff received regular supervision and their approach and competence was checked by staff trained to carry out spot checks and the registered manager. All staff told us unannounced spot checks happened regularly and how they provided care, including administering medicines was checked.

The provider and registered manager had systems in place to support new staff with completion of the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. New staff were also supported to learn how to support people's individual needs by shadowing experienced staff, and observations of their competency checked. Staff told us they completed a programme of training and shadow shifts with experienced colleagues to get to know people's needs, and preferences. One member of staff told us, "I attended induction training that covered things like administering medicines and moving and handling". Another member of staff told us, "[electronic care record system] tells you everything you need to know. But if it is not on there [name of supervisor] knows everything". One person told us, "Training, oh yes somebody's trained them well. When a new one [care staff] comes they always send another one [care staff] with them to make sure the new ones know what to do".

Staff supported people to eat and drink well to meet their needs. One person's relative told us, "They [care staff] help [person's relative] with food. I am happy with their food handling". Staff followed guidance from

healthcare professionals to support people and encourage people to eat who were at risk of poor nutrition and weight loss. Staff described how they encouraged people to eat and drink when they carried out their visits. One member of staff told us they had supported one person who had not been eating well to have fish and chips and they had really enjoyed it. Staff told us they made sure people had access to drinks and snacks in-between their visits and monitored this where required.

People told us staff sought their consent before providing care and respected their independence. Comments from people included, "They wait for me to tell them. They don't just dive in and do things" and "Permission to care, we work between us". Staff we spoke with were aware of how to respect people's choices and the need to ask for consent prior to carrying out any care tasks.

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. The management and staff understood how the Mental Capacity Act 2005 applied to their role and people's rights to refuse care and support.

Where people did not have capacity to give consent, decisions were made in their best interest. However, this was not always recorded. Decisions had been made for people who lacked capacity regarding the care provided and being assisted with medicines. The registered manager told us families and health and social care professionals were consulted about specific decisions but this had not always been recorded. The registered manager told us they would take action to improve the recording of mental capacity assessments and best interest decisions. All relatives told us they were involved in decisions relating to the relative's care.

We recommend that the provider considers good practice guidance to ensure that assessments of people's capacity and best interest decisions are recorded.

Staff liaised with health and social care professionals to ensure effective care and support was provided to people. This included working with social workers, occupational therapists, physiotherapists and people's GPs. This ensured people received the right support and equipment to support them to live independently or referring people for further advice and assistance. A healthcare professional told us the service made referrals to them at the right time and arranged to carry out joint visits with them to understand best how to meet people's needs. They told us, "They [the agency] communicate very well and make appropriate referrals" Staff supported people to use pressure relieving equipment, and mobility aids in line with advice from health care professionals.

Staff worked well with other staff in communicating people's needs and outside agencies to deliver effective care and support to people. For example, staff worked with other agencies including hospitals to support people returning from hospital and to understand people's needs.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were kind and had a caring approach. Comments from people included, "They are all very kind. Absolutely looking after me. They dress me nicely", "We give them a gold star" and "The carers are very nice". We observed staff talking to people and their relatives in a friendly and relaxed way. Comments from people's relatives included, "Kind, couldn't be more so. They are so really helpful all of them", "The staff are exceptionally good. Very understanding. Cope well. Pleasant and helpful. Nothing is too much trouble".

Staff demonstrated a caring approach to people and expressed that they wanted to provide care that met people's needs to improve their quality of life. Staff knew about people's care needs and could explain people's preferences and daily routines. One member of staff told us how one person liked to go out for a walk. They told us, "We go out for a walk and a coffee". One person told us staff knew how they liked care to be provided. They told us, "The routine is followed each day. They give us a good long time. I have my say and know exactly what to expect". Staff told us they got to know about people's preferences through talking to people and reading people's care plans. Staff spoke positively about other care staff's approach to looking after people. One member of staff told us, "They [the agency] have carers that are much appreciated by their clients. I hear nothing but praise [from people about care staff]: so nice, so helpful".

Staff understood how important it was to ensure they respected people's privacy, dignity and encouraged people's independence. Comments from people included, "Support with washing and dressing helps with my independence. Privacy and dignity, oh yes, treated extremely well. They call me [preferred name] which I like" and "Maintain independence? Oh yes they do. Privacy and dignity are maintained". One person's relative explained, "[Relative] is supported to maintain independence, and is doing well at the moment". Staff told us that the registered manager responded to requests from people for individual care staff. They told us, "We always try hard to meet people's needs. If someone requests someone individually they will try to allocate that person. I have regular customers".

People were involved in decisions about their care. People and their relatives told us they were involved in decisions about how their care was delivered and reviewed. Comments from people and their relatives included, "Yes, involved in care planning. Bluebird came to see us and it's happening as planned" and "Yes, I am involved in planning my care". People's care plans were reviewed and updated by staff. One person's relative told us, "Yes, we have care reviews. We sit down with the supervisor who makes the changes. The supervisor is good at being available, sorts things quickly".

The service was meeting the requirements of The Accessible Information Standard. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. Staff communicated with people in accessible ways that considered any impairment which affected their communication such as hearing loss and delayed speech. The registered manager told us people's communication needs were assessed as part of the initial assessment of their needs. One person told us the agency sent them the weekly rota in large print so they could read it. The registered manager told us the service had recently

assessed someone's needs and noted their preferred communication method as receiving a text message rather than phone call as the person had a hearing impairment.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Staff acted in response to people's changing needs. For example, staff worked with people, their families and health and social care professionals to monitor changing needs. People's changing needs were reported by care staff to supervisors and the registered manager. For example, for one person their care needs had been reviewed in response to changes in their mobility and health. The person was now supported by two care staff to meet their needs and to support them to move safely. For another person, the staff team were monitoring someone's needs living with dementia to monitor risks and shared information with health care professionals. Records regarding people's mental health needs required improvement to ensure there was enough detail to guide staff on how to meet their needs. Staff told us they were briefed by supervisors how to meet people's changing needs.

People spoke positively about how any changes to their needs were responded to. Comments from people included, "They have been coming twice a day, morning and evening. I have been poorly and not particularly better, so the times will be changing" and "My care is reviewed every six months. If I want to make changes I just phone and ask". Staff were aware of what was important to people in meeting their needs. All staff told us they felt confident the registered manager would respond to any concerns about people's needs changing. One member of staff told us, "I am confident that things would be responded to".

Care plans were person centred and responded to people's current needs. The care plans provided clear guidance to help staff assist to get to know people and understand their needs and how they liked to be supported. Care plans were person centred and detailed how staff should support people's individual needs, including physical care needs, and support to eat and drink. For example, one person's care plan detailed how staff should support them with their physical care needs, to go out for a walk and to keep in contact with family and friends. For another person, their care plan included detailed what support the person required with their personal care and prompted staff to maintain their skin integrity.

People were supported to raise complaints if they were unhappy about the service they received and their complaints were responded to. The majority of people told us they had not raised a complaint but they would contact a supervisor or the registered manager of they had any concerns. Comments from people and their relatives included, "If I have any concerns I just ring the office", "I have no complaints. I would raise with the manager" and "Never had a problem". One person told us they had raised a complaint and they were happy with how this had been responded to.

There was a complaints procedure in place. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. The procedure gave details of who to complain to outside of the organisation, such as CQC and the local authority should people choose to do this. The agency had received 12 complaints since October 2017 and we saw that complaints had been responded to. Records of complaints and outcomes were maintained and actions taken in response to complaints.

No one using the service was receiving care at the end of their life and there was no information about people's future wishes recorded within their care plans. The registered manager told us that when they supported people with end of life care, they would ensure that their preferences were discussed, recorded and respected.

Good

Is the service well-led?

Our findings

People, relatives and health and social care professionals spoke positively of the staff and management team. The feedback in the 2018 customer satisfaction survey had been positive about the care provided; including whether staff were polite and treated people respectfully and whether tasks were carried out properly and professionally. The majority of people told us they felt the service was managed well. Comments from people and their relatives included, "The manager checks at my six-monthly review if I am happy with the care and the staff", "Yes, it is well managed. The big plus is that the supervisor is quick to respond. They call me and are available" and "It is a well-run service. They have a good reputation locally". One person told us they were happy with the care staff but did not think the office was well managed. We shared this feedback with the registered manager who told us they would look into these concerns. Comments from health and social care professionals included, "I have found Bluebird Care an exceptional care provider" and "They work with us very well".

There were systems in place to review and monitor the quality of service delivery. This included a programme of reviews of people's needs, audits of electronic care records and spot checks. Unannounced spot checks were carried out by a member of the management team to people's homes to assess the quality of the support provided. They checked that staff were providing care as planned to meet people's needs. At these visits people who used the service were also asked for their feedback. Staff responsible for carrying these checks told us they were clear about their responsibilities. The electronic system used by the provider enabled oversight of people's planned visits and medicines administration. Staff logged in when they arrived at a person's house and out again when they left. This reduced the risk of anyone missing a visit. Medicines were also monitored and the electronic system would alert the office if any prescribed medicine was not recorded as being administered or if a care task had not been completed. This enabled the office to be able to respond to any concerns in a timely way.

There were systems in place to check the staff training records to make sure staff training was up to date and staff were equipped to carry out their role and responsibilities and any training needed was booked. The office team had contact with staff on a regular basis to respond to any issues and provide support. The registered manager explained that they encouraged staff to pop in to the office whenever they wished and told us that staff often did so. Staff told us that communication from the management team was good and they were kept updated by the office.

Staff spoke highly of the support they received from the registered manager, and management team. Comments about the management team included, "They [registered manager] is fantastic, just what we need", "[The registered manager] is good at what [name] does. [name] looks into any changes and has oversight" and "The support you get is amazing". Staff understood their roles and responsibilities and felt supported.

The provider and registered manager had clear values which were promoted by the management team to all staff. The registered manager and provider told us the values included going above and beyond, trust, supporting staff to do their best and supporting people to live their lives. Staff we spoke with consistently

demonstrated the provider's values to help people maintain and where possible improve people's independence. Staff told us they felt part of the team and could contribute to meetings and contact the management team. One member of staff told us all staff had been given the Director's mobile number. They told us, "They are always there and will respond to a call". Staff spoke highly of the recruitment and management of "bluebirds [care staff]" to provide care that matched the values of the organisation. One person's relative told us, "We're very pleased. It's extremely well run. We like the people they've sent".

Feedback from people and relatives had been sought via surveys, meetings and telephone calls. This helped the provider to gain feedback from people and relatives on what they thought of the service and areas where improvement was needed. The feedback from a customer satisfaction survey in February 2018 had identified improvements were needed in terms of staff not always arriving on time and people being informed if there is a change in a care worker. The registered manager told us they were preparing an action plan to address these required improvements but that individual concerns had been responded to.

Improvements were required to how the service identified lessons learnt to identify and drive improvements. Improvements were also required to ensure the governance of the service checked how the service was consistently managing risks and meeting the fundamental standards. We raised this with the registered manager and area manager who took action during our inspection and told us they would take action to address this going forward.

The registered manager and provider was aware of aware of their responsibilities to submit statutory notifications to CQC. A statutory notification is a legal requirement for the provider to inform CQC of certain situations as part of their oversight of care provision. We had not been notified about one allegation of abuse as required that had been reported to the local authority. The registered manager told us they would ensure all required notifications were made in the future

The registered manager and provider told us they were kept up to date via information, training and support from Bluebird as a franchise. This included updated information about data protection regulations, and policies and procedures. The registered manager told us they were well supported in their role by the area manager and provider and they kept up to date by attending training, local meetings with partnership groups. The service worked in partnership with other organisations to support people to access services in the community and sponsored community engagement events, such as dementia friends sessions and providing community grants.