

Anjoy Ltd

Bluebird Care Rugby and South Leicestershire

Inspection report

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Tel: 01455207500

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out the inspection on 1 April 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The service is a domiciliary care agency that provides personal care to people in their own homes. At the time of our inspection 14 people used the service.

The service had a registered manager. 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 told us that they felt safe in their own homes. The registered manager had assessed the risks associated with providing care in the home environment. Staff understood their responsibility to make checks within people's home and of equipment to keep themselves and people safe.

Staff understood how to keep people safe and report concerns if needed. The registered manager had ensured that all staff had undergone relevant employment checks.

People received their medicines as required and medicines were managed safely. Staff were not always kept informed of changes around people's medicines.

People made decisions about their care and the support they received. People were involved and their opinions sought and respected. The registered manager understood their responsibility to ensure people were supported in line with the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff had not received regular refresher training to ensure that their skills and knowledge were current.

Staff did not always feel supported by the registered manager. Staff did not receive regular supervision from the registered manager and formal checks of competency to carry out their role were not completed.

The registered manager had assessed the care needs of people using the service. Staff had a clear understanding of their role and how to support people who used the service as individuals. People's needs were kept under review and plans were changed to reflect changing needs.

People were supported to maintain their health and wellbeing. People's health needs were met and when necessary, outside health professionals were contacted for support. People were supported to have sufficient to eat and drink.

Staff knew people well and treated them with kindness and compassion. People received a consistent level

of support.

People who used the service and their relatives felt they could talk to the registered manager and had confidence concerns would be acted upon.

The registered manager had not implemented effective systems for gathering information about the service, identifying areas of concern and to drive improvement.

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

People felt safe. Staff understood how to keep people safe. The registered manager had ensured all relevant employment checks had been completed. People received their care at agreed times. People's medicines were managed safely.

Is the service effective?

Requires Improvement ●

The service was not effective.

Staff had not received all the training that they needed to carry out their role. The service was working to the requirements of the Mental Capacity Act 2005. People were supported to maintain their health and wellbeing. People's health needs were met and when necessary, outside health professionals were contacted for support. People were supported to have sufficient to eat and drink.

Is the service caring?

Good ●

The service was caring

Staff treated people with dignity and respect. People were supported to maintain their independence. Staff adapted their communication style to aid people's understanding. People received a consistent level of care.

Is the service responsive?

Good ●

The service was responsive

People's support was centred on their individual needs. Care plans included information about how people would like to receive their support. People told us that they knew how to make a complaint if they needed to.

Is the service well-led?

Requires Improvement ●

The service was not well led

Staff did not feel supported by the manager. The registered manager did not have effective systems for gathering information about the service to drive improvement. The registered manager was clear of their responsibilities.

Bluebird Care Rugby and South Leicestershire

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.'

We carried out the inspection on 1 April 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The inspection team consisted of an 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.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, to detail what the service does well and improvements they plan to make. We also reviewed information that we held about the service to inform and plan our inspection. This included information that we had received about the service as well as statutory notifications that the provider had sent to us. A statutory notification contains important information about certain events that they must notify us of.

We spoke with three people who used the service and two relatives over the telephone. We also visited one person in their own home, accompanied by the registered manager and their relative.

We spoke with the registered manager and four care workers. We looked at the care records of three people who used the service and other documentation about how the service was managed. This included policies and procedures, staff records, training records and records associated with quality assurance processes. After the inspection we received contact from a health professional regarding their experience of the service.

Is the service safe?

Our findings

People told us that they felt safe. One person said "Of course I feel safe with the carers." Another person said "I am really happy and feel safe with my carers." Relatives of people using the service agreed that people were safe. One relative said, "I am very happy that my [relative] is safe while in the hands of the carers." Staff told us they thought people were safe, one staff member said, "We keep them safe, we are always there. We can tell if there is a problem."

We saw that there was a policy in place that provided staff and people using the service with details of how to report safeguarding concerns. This was accessible to people and staff in each person's home. Staff were aware of this policy and how to report if required. They told us that they felt able to report concerns. The registered manager was aware of their duty to report and respond to safeguarding situations. We saw that the registered manager had supported a person's advocate to make a referral to the local authority safeguarding team when they had been concerned about care that a person had received from another provider.

There was a recruitment policy in place which the provider followed. This ensured that all relevant checks were carried out on staff members prior to them starting work. We looked at the recruitment files for two staff members. We found that all the required pre-employment checks had been carried out before they had commenced work. This meant that safe recruitment practices were being followed.

The service had a medication policy that set out how staff should support people to safely take their medication. The registered manager had undertaken risk assessments to ensure that people received their medication safely and in line with their prescriptions. We saw in one person's medication care plan that staff ensured people are reminded to take their medication by leaving them with clear instructions. Staff monitored if their medication had been taken.

Staff prompted some people to take their medicines. One staff member said, "I know we can't give meds that are not in the dosset box." They then told us that a person had been prescribed new medication that was not in the box and they had not received guidance. Staff members told us that changes to people's medicines was not always communicated to them. One staff member told us, "I had a client who was on anti-biotics but I hadn't been told." "The medication administration record chart was there but staff before hadn't filled it in. I didn't know if [person] had had it over the weekend." Another staff member told us, "I've had to phone [registered manager] because the meds had changed." We asked the registered manager to review communication systems regarding changes to people's medication.

We looked at three people's plans of care and found risk assessments had been completed in areas such as moving and handling, nutrition and skin care. We saw that they were specific to people's individual needs and abilities. Completion of these assessments enabled risks to be identified and guidance for staff to be put in place to minimise the impact of these risks. We saw that risk assessments had been reviewed to ensure that they remained current.

The registered manager had assessed the risks associated with providing care in the home environment.

Staff understood their responsibility to make checks within people's homes and of equipment to keep themselves and people safe. The registered manager had assessed the risk to people in case of emergency and put plans in place to ensure people received appropriate support. This meant that people were protected from harm. We identified where more robust risk assessment around staff lone working and driving would help reduce risk to staff. The registered manager told us that they would ensure that these were completed.

Is the service effective?

Our findings

One relative told us, "I cannot fault the care my mother receives." Staff told us that they received training when they started working at the service that supported them to understand and meet people's needs. This included manual handling and health and safety training. Staff confirmed that they had completed the training. However some staff told us that they did not feel the course content was as detailed as they had expected and that they were reliant on their previous care experience to enable them to feel confident to complete all the tasks required of them. One staff member said "The training was brushed over." Staff were required to shadow more experienced staff members before they had been allowed to support people on their own. We saw records that confirmed this.

Staff had not received regular refresher training to ensure that their skills and knowledge were current after their initial induction training when they started work. We saw that one staff member had not received moving and handling training for six years. All staff members that we spoke with confirmed that they were required to support people with their mobility and transfers that would require them to have received relevant moving and handling training. Two staff members told us that they did not feel confident that they had received enough training to enable them to support people to take their medicines. One staff member told us, "I have asked to do another medication training because it changes quite a lot. I would like an update. I have asked but am still waiting." This meant that the registered manager could not be sure that all staff had the knowledge and skills to carry out their role. The registered manager was not working in line with the provider's training and development policy which stated that "All employees will be on a rolling programme for recommend training to ensure qualifications and knowledge are up to date and recorded." The registered manager told us that they would ensure that staff received moving and handling refresher training and that they were looking into additional training for staff.

The registered manager had not conducted regular supervision with staff members. They were not working in line with provider policy which stated that staff were expected to attend supervision and appraisal meetings and that supervisions would be used to establish staff competence and understanding of their role. Staff told us that they did not always feel supported in their role. One staff member said, "I've never had a formal supervision. [The registered manger] never comes out to see if I'm doing a good job." One staff member told us that they had requested that the registered manager come out to observe them supporting someone as they wanted some advice about the techniques they were using but that registered manager had not arranged to observe them. The registered manager told us that they did observe staff practice while they were supporting people but that they didn't keep formal records of these observations. This meant that the registered manager could not be assured that staff felt supported and had the skills to carry out their role.

People told us that they were supported to have sufficient to eat and drink. One person said, "I am never left without a drink in front of me." Another person said, "We talk at breakfast about what I will have for dinner each day." Relatives agreed that people were supported with their meals. One relative said, "I am very happy with the choices my mother gets regarding her meals on a daily basis."

People were supported to access health professionals when they needed to. One relative told us that staff had responded to their relatives changing condition in a timely manner and arranged for emergency medical attention when it was needed. One staff member told us about a time when they had needed to call an ambulance and escort someone to hospital when they had arrived at the person's home and found they had fallen. We reviewed people's care visit notes and saw that staff had called a person's GP to arrange a visit when they had reported feeling unwell. A health professional told us that the registered manager had ensured that a person in their care had received appropriate support in response to their changing health care 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 they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager understood their responsibility to ensure that the service met the requirements of the act. Where people lacked capacity to make decisions about their finances, the registered manager told us that lasting power of attorney agreements were in place. This is a legal agreement that allows another person to manage a person's finances. The registered manager told us that they would obtain copies to be kept on file. We saw that one person's care plan had been signed by the person who holds power of attorney for decisions about their care. The registered manager was able to demonstrate that they understood how to make best interest decisions for people in line with the MCA.

We saw that for those people who had the capacity to consent to their care they had done so. We saw that people had been included in the support that they wanted to receive and had been involved in the review of their care. People had also been asked if they were happy for staff from the service to discuss their care needs with chosen family members. Staff explained that they would gain consent to provide care by asking people. One staff member told us, "I ask if they are ok for you to do things."

Is the service caring?

Our findings

People told us that they felt cared for. Comments included, "I can't fault the care I receive; I have the best care all the time," "I can't fault my care or the girls who come they are so lovely to me. Nothing is ever too much trouble to my carers," "Bluebird Care staff have always made me feel cared for." A staff member told us, "I always make sure [person] has their life line on."

People told us that they received the care that they wanted at their own pace. One person said, "My carers don't rush me they have plenty of time to do what I need at each visit." Another person said "They are very gentle and encourage me to do things for myself." Another said, "The care staff do anything I ask all the time." A staff member told us how they had supported someone who was upset. They said, "I try and sit and hold [person's] hand and reassure and explain."

People told us that they were treated with respect and their dignity was always maintained. One person said "I am treated all the time with respect by everyone." The staff members that we spoke with were able to tell us about ways they preserve people's dignity. One told us "I close the curtains" when they are supporting people with their personal care. They also told us, "I sit with people at eye level to have a conversation and ask them what they want me to do."

People were supported to remain as independent as possible and to maintain social relationships. One staff member told us "If [person] struggles with the buttons then I will offer help. The worst thing would be to take over if they are manging it." We saw that the times that staff arrived to support one person had been changed at their request so that staff would be available to support them to host their friends for social visits.

Staff had implemented systems to help people remember things that were important to them and to structure their day. We were told that staff reminded one person to put events in their diary and help them check off each day to ensure they remained orientated. Staff left the person clear written instructions to remind them to attend to their own needs at times when they were not receiving support.

The registered manager told us that staff had needed to adapt their communication for a person who had limited communication abilities. A "thank you" card from the person's relative made reference to the difficulties that the person had experienced and how staff had adapted to meet their relative's needs.

Is the service responsive?

Our findings

People told us that they received the support that they wanted. One person said, "They help me with things like my Zimmer and clothes. I don't have to ask. When I'm tired they take me back to bed." People told us that they were supported by staff who knew them well and understood their needs. They had regular staff attending them on a daily basis. One person said "They are different people but the atmosphere is the same. We have a good system." Meaning that although each staff member is a different person they all provided the same care

People and their relatives told us that the service had adapted to their changing care needs. One relative told us, "When [relative] needs to go to the hospital and it's early, the agency try to help by changing mums times so she is ready to take when I arrive. They help if they can." We saw in one person's care visit record that staff had adapted to a person's needs when they were unwell and arranged for them to receive their meals and provided other care to them in their bedroom rather than the lounge. A health professional told us that a person's care package had been changed in response to their deteriorating health.

The support that people needed was documented in the care plan in people's homes. Staff had access to these when they were providing care and understood that they needed to read them to know what care people needed. Care plans contained information about people's preferences and usual routines. This included information about what was important to the person, details of their life history and information about their hobbies and interests however this information was not expansive. The registered manger told us that they would review them and ensure greater detail was recorded.

Staff were required to record the support that they provided in care visit notes. We saw that these were detailed and reflected the support that people had requested. Where staff were required to monitor aspects of people's health and wellbeing we saw that they had done so and recorded this in the care visit notes.

The support that people required was assessed by the registered manager prior the service being provided. Support that was received was reviewed by the registered manager with people. One relative told us, "When [my relatives] care plan was done I was very much involved in helping sort it and it is reviewed on a regular basis." We were able to see that new care plans had been developed in response to people's changing needs. It was not always clear from the reviews what had changed or why. The registered manager told us they would ensure reviews were more explicit when changes needed to be made.

One person told us that staff arrived at the agreed times to support them. They told us that if staff were going to be late for any reason then they would be informed. They said "There was a crisis with a previous client [so staff had to stay with them], I got informed. I get information as soon as possible." Staff confirmed that if there was a problem with getting to people on time then people would be informed. The registered manager did not formally monitor staff arrival times but was confident that people would let her know if lateness was a problem. Staff confirmed that people would contact the office if staff were late or missed a visit.

The registered manager visited people in their own homes to check if they were satisfied with the support that they were receiving. The registered manager told us that this was so that they could be 'reassured that we are getting it right.' People confirmed that the registered manager visited them regularly as did staff. We were able to see that the registered manager records visits in the persons care visit notes. The registered manager told us, "We usually do extra checks or visits when we know that people's family are away." The registered manager had sent out surveys to people to get feedback from them about the service they received. We reviewed the responses and found them all to be positive. Comments included, "It is excellent" and "Very satisfied."

One person we talked to told us they knew how to make a complaint. They said "If my [relative] wasn't here then [registered manager] would sort it." They told us they were confident that the registered manager would address any concern they may have. The service had a complaints policy that each person received a copy of when they started receiving a care. We saw that this was available in one person's home. The registered manager told us that they had not received any formal complaints.

Is the service well-led?

Our findings

People told us that they were aware of who the manager was. One person said, "The manager is approachable and quick to respond to any queries or problems I may have." A staff member said, "[Registered manager] is very competent she would deal with things."

The registered manager had ensured all staff had received the employee hand book. This was to ensure that staff were clear on their role and the expectation on them. The registered manager told us that due to staffing issues there were not able to organise team meetings. Staff confirmed that they had not had a recent team meeting and generally communicated with each other via telephone or left each other notes. The provider's policy stated, "All employees are required to attend team meetings, if work commitments do not allow additional meetings will be held so that all can attend."

Some staff told us that they didn't feel supported. One person said "No, I don't feel that she is as supportive as she could be. If I've got a problem I phone the other carers." But another staff member told us, "[manager] has always been fair to me, she will listen." Staff did not feel that the manager was always available to them. One told us that they had been unable to get in touch with the registered manager when they had a concern about a person's medication so they had needed to contact the person's relative instead. Another staff member told us "You can seldom get hold of [registered manager] when you need her." When asked if they could contact someone else instead they told us, "Staff in the office don't answer the phone." A third staff member confirmed this.

The registered manager told us that they were in regularly contact with staff however not all staff agreed that they were always contactable. Staff did not feel that they were made aware about changes in people's support. One staff member told us "I have to check what the previous carer did because nine times out of ten [the manager] won't have told us." But another staff member said, "[Registered manager] tells me before I go to a clients." Staff told us that there were occasions when they were asked to cover care calls at the last minute or that they don't get enough notice of their rota. Staff members expressed dissatisfaction about the way that their rota was organised.

One staff member told us that they had requested that they not support one person as they were concerned that they were not able to support that person appropriately. They told us that the registered manager had not responded to their request. Another staff member told us that they had requested particular training or support and this had not been received.

The registered manager had not implemented formal audits on the daily notes and medication records or systems. These are needed so that they could be sure that people were receiving the support that they required and to check that staff were meeting people's needs. They had not recognised where staff training and supervisions were not being provided in line with the providers policy.

The registered manager was aware of the requirement for them to notify the Care Quality Commission or other agencies of all significant events within the service.

The service had been nominated for the Great British Care awards in 2014.