

Tarpeys Ltd

Bluebird Care (Solihull)

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Bluebird Care (Solihull) is a domiciliary care agency which provides personal care support to people in their own homes. At the time of our visit the agency supported 60 people with personal care and employed 27 care staff.

We visited the offices of Bluebird Care (Solihull) 14 June 2016. We told the provider before the visit we were coming so they could arrange to be available to talk with us about the service.

The service was last inspected in September 2013 when we found the provider was compliant with the essential standards described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The service did not have 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. The registered manager had left the service in November 2015. The provider had appointed another manager who confirmed they would be applying to register with us.

People felt safe using the service and staff understood how to protect people from abuse and keep people safe. There were procedures to manage identified risks with people's care and for managing people's medicines safely. Checks were carried out prior to care staff starting work to ensure their suitability to work with people who used the service.

The provider and manager understood the principles of the Mental Capacity Act (MCA), and staff respected people's decisions and gained people's consent before they provided personal care.

There were enough staff to deliver the care and support people required. People told us staff were friendly and caring and had the right skills to provide the care and support they required. Staff received an induction when they started working for the service and completed training to support them in meeting people's needs effectively.

Care plans contained relevant information for staff to help them provide the personalised care people required. People knew how to complain and information about making a complaint was available to them. Staff said they could raise any concerns or issues with the management team, knowing they would be listened to and acted on.

The management team provided good leadership and people who used the service found them approachable and responsive. Staff said they received excellent support from the management team. There were processes to monitor the quality of the service provided and understand the experiences of people who used the service. This was through regular communication with people and staff, returned surveys and

regular checks on care staff. There was a programme of other checks and audits which the provider used to monitor and improve the service.

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 their responsibility to keep people safe and there were procedures to protect people from avoidable harm. There were enough staff to provide the support people required. Recruitment checks made sure staff were safe to work with people who used the service and there was a safe procedure for managing medicines.

Is the service effective?

Good ●

The service was effective.

Staff completed an induction and training to ensure they had the knowledge and skills to deliver safe and effective care to people. The provider and staff understood the principles of the Mental Capacity Act 2005 and staff respected decisions people made about their care.

Is the service caring?

Good ●

The service was caring.

People received care and support from staff who they considered kind and caring. Staff understood people's individual needs, respected people's privacy and supported people to maintain independence.

Is the service responsive?

Good ●

The service was responsive.

People's care needs were assessed and their preferences had been taken into consideration when planning their care. People's care and support needs were being met and staff were kept up to date about changes in people's care. People were able to share their views about the service and knew how to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

People were very satisfied with the service they received. There was good leadership from the provider and manager and all staff felt supported and valued. There were systems to monitor the quality of the service people received, and plans for improvement to ensure people continued to receive a safe, effective and responsive service.

Bluebird Care (Solihull)

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 reviewed the information we held about the service. We looked at information received from statutory notifications the provider had sent to us and information from the commissioners of the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are representatives from the local authority or health who contract care and support services provided to people. They shared no concerns about the service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the PIR reflected the service provided.

The office visit took place on 14 June 2016 and was announced. We told the provider we would be coming so they could make sure they and care workers would be available to speak with us. The inspection was conducted by 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.

Before the office visit we sent surveys to people who used the service, staff and relatives. Surveys were returned from 25 people, 13 staff and 7 relatives. We also spoke with 12 people who used the service by telephone.

During our visit we spoke with the provider, the manager, a care co-ordinator, a supervisor and three care workers.

We reviewed three people's care plans to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the

service's quality assurance audits and records of complaints.

Is the service safe?

Our findings

People we spoke with, and surveys received, confirmed people felt safe with their care workers. When asked if they felt safe using the service, people told us they had regular care workers that helped them feel safe and at ease. Comments included, "I feel I can relax when the carers are in attendance," "They are very good and all nice people. They are trustworthy," and, "Yes I feel safe. It's very good."

People knew what they would do if they did not feel safe. People said they would contact the service if they had fears or concerns and said they had the contact details to do this.

Care workers we spoke with had a good understanding of abuse and how to keep people safe. We gave care workers scenarios of abuse and asked what they would do, for example, unexplained bruising on people and staff attitudes. They understood what constituted abusive behaviour and their responsibilities to report this to the managers. One care worker told us, "If I had any concerns I would report it to the managers and record it, but I wouldn't record it in the home just in case it's a family member. The manager would look into it and refer it to social services." One care worker told us, "I had an update in safeguarding training recently; it reminds you what to do if you suspect anything. Any concerns I would report it to the managers." There was a policy and procedure for safeguarding people and to inform staff what to do if they suspected abuse and who to refer concerns to. Care workers had also been provided with the numbers for the local authority safeguarding team by the provider. The provider and manager understood their responsibility, and the procedure for reporting allegations of abuse to the local authority and CQC.

The management team confirmed there were enough care workers to allocate all the calls people required. We asked people if their care workers arrived when expected and stayed long enough to do everything that was required before they left. Comments from people included, "The timekeeping's fine." "They come on time and leave on time." "They are usually on time but can sometimes be 10 to 15 minutes late".

There were enough care workers to meet people's needs, but when people's regular care workers were off sick or on holiday, people said their calls were sometimes delayed. This was because other care workers were asked to complete additional calls which meant the regular times people received calls could not always be achieved. For example one person told us, when their scheduled care worker was off work they had been contacted by the office to let them know that a replacement care worker would be calling but would be arriving at a slightly later time than usual.

There was a procedure to identify and manage risks associated with people's care. People had an assessment of their care needs completed at the start of the service that identified any potential risks to providing their care and support. For example some people needed equipment to move around, there was information for staff about the equipment to use, the number of care workers required and how to move the person safely. Care workers had completed moving and handling training so they could move people safely and understood the importance of making sure equipment that people used was safe. One care worker told us, "We always make a visual check before we use equipment to make sure it is working correctly, any problem we would let the family and the office know."

Staff knew about individual risks to people's health and wellbeing and how these were to be managed. For example, care workers told us they undertook checks of people's skin where they were at risk of skin damage because they needed assistance or equipment to move around. We asked care workers about monitoring people's skin to make sure it remained healthy. One care worker told us, "I check when I provide personal care to see if the person's skin is red or sore, I check anywhere there is a pressure area, bottom, back, elbows, shins. Any concerns I would record it, complete a body map to show where the area of concern was and report it to the office. I would let the family know and ask them to phone the district nurse if one was involved. If not the office would phone the district nurse or I would do this if there was a number." They also told us they would arrange for pressure relieving equipment such as an air flow mattress or inflatable cushions if needed. These practices would reduce the risk of pressure damage on people's skin.

Some people had a key safe which care workers could access to gain entry to their home if they were unable to open the door. Care workers we spoke with were aware of the importance of keeping entry codes safe and made sure following their calls that doors were closed and the home secured.

The provider had an out of hour's system when the office was closed. One care worker told us, "I have phoned the on call when I needed help or advice. There is always someone who can help you." Care workers told us this reassured them that someone was always available if they needed support.

Records showed that care workers were recruited safely, which minimised risks to people's safety and welfare. The provider carried out DBS checks and obtained appropriate references to ensure care workers were safe to work with people. The Disclosure and Barring Service (DBS) assists employers by checking people's backgrounds and police records to prevent unsuitable people from working with people who use care services. Care workers we spoke with confirmed they were not allowed to start work until all the checks had been completed.

We looked at how medicines were managed by the service. Most people we spoke with administered their own medicines or their relatives helped them with this. Where care workers supported people to manage their medicines, it was recorded in their care plan. Care workers told us, and records confirmed they had received training to administer medicines safely which included checks on their competence. Care workers recorded in people's records that medicines had been given and signed a medicine administration record (MAR) sheet to confirm this. MARs were checked by care workers during visits and by the management team during spot checks for any gaps or errors. Completed MARs were returned to the office weekly for auditing. These procedures made sure people were given their medicines safely and as prescribed.

Is the service effective?

Our findings

We asked people if they thought care workers had received the training needed to meet their needs. People said staff seemed well trained, "Yes, they seem to be, they know what they're doing," and "I'm sure they are. One of my carers was on first aid training last week."

Care workers told us they completed an induction, shadow shifts and training before they supported people. People we spoke with confirmed new care workers shadowed experienced workers before working on their own. One person told us, "Yes. Any new carer would usually start with a shadow shift." A care worker told us, "I shadowed a more experienced worker for several shifts and then I took the lead while she watched. When I felt confident in what I was doing I started to work on my own." This helped care workers understand their role and how to support people.

New care workers completed an induction when they first started to work in the service. The induction training included the Care Certificate. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment. The manager told us, "There seemed to be something missing for staff between the induction and starting the Care Certificate. So we have put a presentation together to fill the gap and explain about this."

Care workers told us they felt confident and suitably trained to effectively support people. One care worker told us, "We have regular spot checks, so it keeps us on the right track. Training is good and up to date. If we encounter any problems we can't deal with, there is always someone at the end of the phone or on call."

Records confirmed care workers received regular training to keep their skills up to date and provide effective care to people. This included training in supporting people to move safely, medicine administration and safeguarding adults. One care worker told us, "We have lots of training. I had a good induction when I first started and now have regular updates. Most of this is e-learning on the computer but there are checks to see if you have understood the training. We have a practical session with moving and handling to make sure we know how to use equipment and move people safely."

Care workers told us their knowledge and learning was monitored through supervision meetings with their manager and unannounced 'observation checks' on their practice. The provider and manager told us that during spot checks senior staff looked to see if care workers worked to the provider's procedures and put their training into practice. They checked to see if care workers were dressed appropriately and watched how the care worker carried out the call. They also checked care plans and made sure care workers recorded what they had done accurately. They said during observations of care workers they talked to the person about the care they received and asked them if they were satisfied with their care workers. Records confirmed care workers were observed working in people's homes to ensure they had put their learning into practice. Care workers had regular supervision meetings and appraisals where they had opportunities to talk about their on-going development and training needs.

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

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

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 are called the Deprivation of Liberty Safeguards (DoLS).

The provider and manager understood their responsibilities under the Act. They told us there was no one using the service at the time of our inspection that lacked capacity to make their own decisions about how they lived their daily lives. We were told some people did lack capacity to make certain complex decisions, for example how they managed their finances, however they all had somebody who could support them to make these decisions in their best interest.

Care workers we spoke with had completed training in MCA and knew they could only provide care and support to people who had given their consent. We asked care workers what the MCA meant, they told us, "It's about people's right to make their own decisions." Another said, "All the people I visit have capacity to make decisions, but I still get their consent before I do anything." Care workers said everyone they supported could make everyday decisions for themselves. We were told about one person whose capacity to make everyday decisions had started to fluctuate. There was no capacity assessment to show what decisions the person could make or who made decisions about their health and welfare if the person was unable to. The manager told us they would ensure a capacity assessment was completed and would take the appropriate action if this indicated more support to make decisions was required. We asked people if care workers asked for their consent before they provided care, people confirmed they did.

Most people told us that they or their relative provided all their meals and drinks. People who were reliant on care workers to assist with meal preparation told us choice was given whenever possible and drinks were offered where needed. No one we spoke with was dependent on their care worker to provide all their food and drinks. Care workers knew how to monitor and manage people's nutrition and hydration if this was required to make sure people's nutritional needs were maintained.

People we spoke with managed their own health care appointments. Care workers said they helped people manage their health and well-being if this was part of their care plan. Care workers said they would phone a GP and district nurse if they needed to but would usually ask the family to do this. Care workers told us they would also accompany people to health appointments if this was planned in advance. People were supported to manage their health conditions where needed and had access to health professionals when required.

Is the service caring?

Our findings

People told us care workers were kind and caring, comments included, "They are very caring and very helpful," "I can't find fault with them at all," and, "All the carers are extremely caring and considerate of my needs."

We asked care workers, what 'caring' meant to them. One care worker told us, "You should always talk to people with respect, take the time to listen to what they say and don't rush people." Another said, "That's easy, I treat people as I would want to be treated." We asked people if care workers treated them with respect. We were told, "Yes. Definitely," and "Yes they do treat you with respect."

We were told care workers made sure people's privacy and dignity was respected. Comments from people included, "I'm very happy with this area," "They use towels to cover me up," and "They go downstairs while I'm having the bath but the door is left ajar so they can hear and they may call up to check if I'm ok if they hear anything unusual."

Care workers we spoke with told us how they upheld people's privacy and dignity, "I try to keep things discreet. I make sure their bottom half or top half is covered while I'm washing them," and, "I make sure curtains or doors are closed when people use the commode or the bathroom." Another said, "I will ask them if they want to wash certain areas themselves, and will leave the room and say give me a shout when you finish." Care workers told us they had been given a code of conduct when they first started that outlined how they should behave. They said the provider also explained the behaviours they expected of care workers during their induction, so they knew how people should be treated. The manager told us it was part of the spot check to observe how care workers spoke to people to ensure they were polite and treated people respectfully. Care workers told us they were always introduced to people before they provided personal care so people did not receive personal care from someone they had not met before. This made sure people's dignity was maintained.

We looked at the call schedules for three people who used the service and three care workers. These showed people were allocated regular care workers where possible. The manager and care co-ordinator told us they tried to make sure people were supported by the same team of staff. The manager told us, "Continuity of care workers is very important to our customers," and the co-ordinator told us, "Where possible people have regular care workers who they can get to know and build up trust." Care workers we spoke with had a good understanding of people's care and support needs. Care workers supported the same people regularly and knew people's likes and preferences. Care workers said they were allocated sufficient time to carry out their calls and had time to talk to people as they didn't have to rush. Most of the comments from people confirmed this, "Oh yes, we always have a chat." "They take their time to do things properly, and, "They have time to do everything."

Care workers we spoke with were proud of the care they provided to people. It was important for them to do a good job and to get to know the people they provided care and support to. "I enjoy my job. I think we do make a difference to people's lives. I treat them the same as I would my mum and dad."

We asked if people were supported to maintain their independence, people told us they were. Comments from people included, "They recognise my independence and help with the things I need help with, not the things I can do myself." Another told us, "They know I'm very independent and so the care service was designed so I am in control and they are, pretty much, just there to make sure I'm okay." Care workers told us they had enough time allocated for calls to encourage people to do things for themselves where possible. One care workers said, "We do have time to do things with people instead of for them."

Most people or their relatives said they were involved in making decisions about their care and were able to ask carer workers for what they wanted. People said, "Yes. I do feel involved in my care." Another person said they had told the service what help and support they required and their care package had been built around this.

Is the service responsive?

Our findings

People told us their support needs had been discussed and agreed with them when the service started and that their regular care workers knew their likes and preferences. Comments included, "They're very good. I've got one carer. She is always on time and is very pleasant. She does what I want her to do. I've no complaints," and "I have two regular carers and they are getting to know me."

Care workers told us they had regular clients so they got to know how people liked their care provided. One care worker told us, "I was introduced to each of my service users before I started working with them. I found it was a great way to find out if we get along and more importantly, the opportunity for me to ask them about their preferences in regards of food and other things."

Care workers we spoke with had good understanding of people's care and support needs. They told us there was information in care plans about how people liked to receive their care and to inform them what to do on each call. We were told, "We have time to read care plans. They provide very good information and instruction about what to do and how people like this done." Care workers told us if people's needs changed they referred the changes in care to the managers so plans could be updated. They said plans were reviewed and updated quickly so they continued to have the required information to meet people's needs.

Care workers told us they had regular clients who had scheduled call times. They said they had enough time allocated to carry out the care and support required. We looked at the call schedules for the people whose care we reviewed. Calls had been scheduled in line with people's care plans. The care co-ordinator told us some people had asked for a copy of their call schedule. They said these were sent to people in advance of their care being provided so they knew which care workers would be arriving. People said they received their care around the times expected. Care workers told us if there was an unexplained delay for example, traffic hold ups, they may arrive later than expected. Care workers said they either phoned the person or asked the office to let people know they were running late. People confirmed this happened, a relative told us, "Yes they do, and they notify me if the call will be early or later than planned." The provider employed 'on call' care staff and manager at weekends to cover for sickness if needed which helped maintain the service to people as planned.

People told us the service was flexible and responsive to their needs. One person told us, "I'm very pleased with them. They are excellent. Last week I wasn't very well and they provided me with extra care." Another said, "The carers do everything that's needed and are very helpful to me. They are working to a very high standard."

We looked at three care records. Care plans provided care workers with information about the person's individual preferences and how they wanted to receive their care and support. There were clear instructions for staff about how to provide the care people required. For example; how staff should support people who required assistance or equipment to move around. Records of calls completed by staff confirmed these instructions had been followed.

People confirmed their care plans were reviewed regularly. Comments included, "The manager asks me how things are going when they come to do the review," and, "I've recently had a review and they asked me how things were going and if I wanted any changes." Plans we viewed had been reviewed and updated as needed and had been signed by people or their relative which showed they had been involved in planning their care.

We looked at how complaints were managed by the provider. People and their relatives said they would raise any concerns with the manager or staff in the office. People told us, "I've nothing to complain about," and, "I've contacted them a few times about various things and I've been happy with how things were dealt with." Care workers knew how to support people if they wanted to complain, we were told, "There is complaints information in the folders in people's homes. It tells them exactly who to complain to." Complaints and concerns were managed in a timely manner but there was no record to show the number of complaints received, the action taken in response to the concern or the outcome of the investigation. The provider told us they would devise a log to record this information so they could monitor any trends or patterns of concerns received.

Is the service well-led?

Our findings

People said they were very happy with the service they received, comments included, "I'm happy with the care they are providing, absolutely," "They're excellent. They are all lovely girls," and "The service from top to toe is excellent, from office to home." People said they had no problems contacting the office with any queries they had about their care. One member of staff told us, "The office staff have a lovely manner with people over the phone, they communicate with people really well."

The provider understood their responsibilities and the requirements of their registration. For example they understood what statutory notifications were required to be sent to us and had submitted a provider information return (PIR) which are required by Regulations. However there was no registered manager for the service. It is a condition of the provider's registration to have a registered manager in day to day control of the service. The registered manager had left the service in November 2015. The provider had appointed another manager but they had not applied to register with us. The manager confirmed they would be submitting a registered manager application to us.

There was a clear management structure and the management team had defined roles and responsibilities. This included providing the 'on call' procedure that operated out of hours to support staff by offering guidance and advice. Care staff told us the 'on call' system worked well and people we spoke with told us there was always someone available if they needed to speak with them.

Care workers knew who to report concerns to and were aware of the provider's whistle blowing procedure. They were confident about reporting any concerns or poor practice to the managers.

Care workers told us they felt well supported by the provider, manager and staff in the office. They said they could contact or visit the office at any time to discuss any issues. One care worker told us, "I requested help with some minor issues which arose at work and found that my supervisor was always available to talk and help me out. On the whole, Bluebird has been better than other companies I worked for in the past."

Care workers said they had regular supervision meetings to make sure they understood their role and spot checks to make sure they put this into practice safely. People who used the service confirmed senior staff checked on care workers during care calls. Comments included, "The manager has come round and undertaken a check on the carers." A care worker told us, "I receive regular supervision and feedback. My personal supervisor is always accessible for advice or information and effectively deals with any issues I have raised and also gives praise when due." Care workers also told us they had regular staff meetings. One care worker told us, "In the last staff meeting we had a discussion about safeguarding, this is the theme for the meetings at the moment. This month it was about financial abuse, it brings it to the front of your mind so you are more vigilant."

We asked people if they thought the service was well managed. People said they did, comments included, "We have had no cause to complain in the five months that we have employed Bluebird. All areas of the company with whom we have had contact have been very helpful, considerate, intelligent and conscious of

our needs. I have been impressed by the quality of care my husband has received."

Care workers we spoke with had a clear understanding of their roles and responsibilities and what was expected of them. Care workers spoke positively about working for the service and said they enjoyed working with people. One care worker told us, "I really enjoy every day working for Bluebird as I have a variety of clients which makes each day different. If there has been a problem with a client then I have always felt happy with the office staff supporting me."

All the staff we spoke with said they felt valued and were supported to do their job. They told us that the management team regularly thanked them and gave praise for the work they did. One care worker said, "They really appreciate what you do, they always say thank you and give you positive feedback." We were also told the provider paid a financial award when care workers had completed their induction, and care workers received automatic promotion after working for the company a year, if there were no issues with their training or conduct. Comments from staff about the provider and manager included, "[Provider] is the best person I have ever worked for, very supportive and fair," and, "[Manager] is absolutely fantastic, will support you with anything you want." The manager told us, "We make a difference to people's lives. We have high standards and all the staff are great. They are a pleasure to work with."

None of the care workers we spoke with could think of anything that could be improved, they said the service worked well. Comments included, "I'm happy with the way it's managed; especially communication, that's excellent," another said, "I love my job, there is no 'them and us' with the management we are all one big team." Another told us, "I can't think of anything although the managers are always looking at ways to improve which is good. We have a fantastic reputation in the local community. I'm proud to work for them."

We asked the provider and manager about the challenges they had faced managing the service within the last year. They told us the main issue was recruiting staff so they could expand the service. We also asked what their biggest achievement had been. The provider told us this had been the increase in customer satisfaction as they were now achieving 100% in many areas.

Responses we received from the questionnaires we sent to people and from the provider's 2016 satisfaction surveys, showed a high level of satisfaction with many aspects of the service. These included people knowing who to contact at the service for support, people feeling safe with their care workers and care workers staying the length of time agreed. Overall, people were very positive about the staff team.

The provider and manager used a range of quality checks to make sure the service was meeting people's needs. Records confirmed people were asked for their opinions of the service through spot checks, satisfaction visits and care plan reviews. Records were regularly audited to make sure people received their medicines as prescribed and care was delivered as outlined in their care plans.

The service had a contract with the local authority to provide care to people funded by social services. This was monitored by the commissioning team and no concerns were identified at their last visit in February 2016. The organisation also carried out annual audits of the service. The provider told us this year's audit was due, and that the outcome of the 2015 audit was 'good'.

The provider had an improvement plan for the service with actions on how this would be delivered. For example the provider had recently implemented an electronic recording system for care plans and staff allocation. They told us when the system was fully implemented it would allow staff to have instant updates of changes in people's care as well as monitoring the times staff arrived and left people's homes to ensure the service was provided as people expected.

