

Albion Angels Ltd

Bluebird Care (Brighton & Hove)

Inspection report

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Date of inspection visit:
08 May 2017

Date of publication:
02 June 2017

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 (Brighton & Hove) is a domiciliary care service providing personal care for a range of people living in their own homes. The majority of people receiving a service were older people and some were living with dementia. At the time of our visit around 46 people were receiving a service.

At the last inspection on 18 February 2015, the service was rated Good. At this inspection we found the service remained overall Good.

Systems had been maintained to keep people safe. People and their relatives told us they felt people were safe with the care provided. They knew who they could talk with if they had any worries. They felt they could raise concerns and they would be listened to. Assessments of risks to people had been developed. Robust recruitment practices continued to be followed to ensure enough staff had been recruited to meet people's care and support needs. Staff told us they had continued to receive supervision, and be supported to develop their skills and knowledge by receiving training which helped them to carry out their roles and responsibilities effectively. People told us care staff had the knowledge and skills to provide their care and support. One person told us, "The ones I have seen are." Another person told us, "They seem to be very good."

People's individual care and support needs had been identified before they received a service. Care and support provided was personalised and based on the identified needs of each person. People told us they felt listened to and they were involved in decisions about their care. Detailed care and support plans were in place and had been reviewed. One person told us, "The care plan review was attended by the social worker and nurse." Another person told us, "We were asked carefully of our likes and dislikes." Where people were unable to make decisions for themselves this had been considered under the Mental Capacity Act 2005, and appropriate actions continued to be followed to arrange meetings to make a decision within their best interests. Staff had a good understanding of consent.

People were happy with care provided. Comments received included, "Very satisfied," "Certainly" and "More than satisfied. I cannot fault them in anyway." People were supported by kind and caring staff who treated them with respect and dignity. They were spoken with and supported in a sensitive, respectful and professional manner. One person told us staff were, "Incredibly good and all are aware of my needs."

If needed, people were supported with their food and drink and this was monitored regularly. People continued to be supported to maintain good health. One person told us, "On the odd occasions when I am not well they will come round and get in touch with the office."

People, their relatives and staff told us the service was well led. Staff told us the manager was always approachable and had an open door policy if they required some advice or needed to discuss something. Senior staff carried out a range of internal audits, and records confirmed this. People and their relatives were regularly consulted about the care provided using quality assurance questionnaires.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Bluebird Care (Brighton & Hove)

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 8 May 2017 and was announced. This was so that key people could be available to participate in the inspection. Two inspectors undertook the inspection, with 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, we reviewed information we held about the service. This included previous inspection reports, complaints and any notifications. A notification is information about important events which the service is required to send us by law. The provider was asked to complete 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 contacted the local authority commissioning teams, who have responsibility for monitoring the quality and safety of the service provided to local authority funded people.

We spoke with 17 people using the service, and two relatives. We spoke with the registered manager, a care supervisor, seven care staff and a coordinator. We spent time reviewing the records of the service, including policies and procedures, people's care and support plans, the recruitment records for three new care staff, compliments and complaints recording, accident/incident and safeguarding recording, and staff rotas. We also looked at the provider's quality assurance audits.

Is the service safe?

Our findings

People and their relatives consistently told us they or their relative were safe and that staff made them feel comfortable. One person told us they felt safe because, "I am quite happy, and hoists are used safely." Another person told us, "Absolutely and completely." A third person said, "I feel incredibly safe with the impressive care." A relative told us, "As far as I know, my relative does feel safe."

Systems had been maintained to identify risks and protect people from potential harm. Each person's care plan had a number of risk assessments completed which were specific to their needs. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk. Care staff were able to confirm with us they had received training, had detailed guidance in place, and of procedures they were to follow. Risks associated with the safety of the environment and equipment were identified and managed appropriately.

People remained protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the provider's policy and procedures if it occurred. They told us they had received detailed training in keeping people safe from abuse and this was confirmed in the staff training records. Staff told us they would have no hesitation in reporting abuse and were confident that management would act on their concerns. One member of staff told us, "If I suspected anything I would report immediately to the office." Another staff member of staff told us, "If I couldn't speak with the manager I would phone the council."

Procedures had been maintained for staff to respond to emergencies. Staff continued to take appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. We saw specific details and any follow up action to prevent a reoccurrence. A senior member of staff told us, "We do an analysis of any situation, incident or accident and any learning from that event is passed via email to the staff."

We looked at the management of medicines. Staff were trained in the administration of medicines. Staff described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines. Nobody we spoke with expressed any concerns around the administration of their medicines.

The registered manager told us about the on-going recruitment programme in place to ensure there were adequate care staff to cover the care calls. Staff told us staffing levels were good and that they had enough time to carry out their duties. Staff was consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included a criminal records check. These checks identify if prospective staff had a criminal record or were barred from working with children or adults. Staff had obtained proof of identity, employment references and employment histories.

Is the service effective?

Our findings

People and their relatives felt staff continued to be skilled to meet the needs of people and provide effective care. One person told us, "They seem to be very good." Another person told us staff were, "Excellent." A third person said, "They certainly seem to cope with situations arising. They have more skills than I know. I love them to bits."

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 provider was working within the principles of the MCA. Staff continued to have a good understanding of the Mental Capacity Act 2005 and how to ensure the rights of people with limited mental capacity to make decisions were respected. They said they ensured they always listened to a person's choice about how they preferred to receive personal care and would not do something against the person's wishes. One person told us how staff asked for their consent, "Before I get washed and dressed." Another person told us, "They take great care, asking me if I am happy for them to do tasks."

When new staff commenced employment they underwent an induction, and shadowed more experienced staff until they felt confident to carry out tasks unsupervised. Staff described to us their induction and one member of staff told us, "It prepared me for my role." They described completing two days of induction training. They told us that part of their induction involved meeting people in their own homes and learning their routines before providing care. One member of staff told us, "I shadowed the existing staff for a few days, I was keen to get started, but it was important that I got to know people and their routines." Another member of staff told us, "The training can be quite intense but we have to know what we are doing." A third member of staff said "It's a lot to take in with the training and the shadowing but if you are not confident they will let you have more time to shadow." Staff continued to undertake essential training to ensure they could meet people's care and support needs. One member of staff told us, "We are very proactive, and will contact specialists if we are not sure for advice, then see if there is any training to back it up." Care staff had been supported to complete professional qualifications such as a National Vocational Qualification (NVQ) or Qualification Credit Framework (QCF) in health and social care. Staff told us they were well supported by the management team. There continued to be a system of appraisal, individual supervision and team meetings.

Where required, staff continued to support people to eat and drink and maintain a healthy diet. One person told us, "My relative has carers who come in and help feed her." Another person told us how staff helped them by, "Setting up ready meals but a lot of the food is cooked from fresh."

People continued to be supported to maintain good health and have on-going healthcare support. Care staff monitored people's health during their visits and recorded their observations. They liaised with health and social care professionals involved in their care if their health or support needs changed. When asked if

care staff supported people with their healthcare needs one person told us, "The GP is close to us and often carers will take me." Another person told us, "Yes, to all hospital appointments." A third person said, "I had a hospital appointment yesterday and the carer accompanied me and stayed for two hours."

Is the service caring?

Our findings

People and their relatives gave us positive views about the care provided and told us they felt staff were kind, considerate and caring. One person told us, "I am not a difficult case. Care staff help with personal care, preparation of food etc. and are kind and caring." Another person told us, "They are kind, caring and respectful."

Staff spoke warmly about the people they supported and provided care for. Staff demonstrated a good level of knowledge of the care needs of people. One person told us, "My carer knows what I like and does it." Staff were able to detail people's needs and how they gave assurance when providing care. One member of staff told us, "Together with the people we support we are a small group, it becomes like we are part of their family." Another member of staff told us, "We all want what's best for the people we work with." A third member of staff said, "You can tell by the smile on the customer's face that they are pleased to see you and that you become an important part of their day." During our conversations with staff, they were able to tell us about the people they supported and their interests and preferences. Staff told us that it was the advantage of being a small service that they got to know everyone well and staff were matched to people so that staff had long term relationships with the people and families they worked with.

Peoples' privacy was respected and had been consistently maintained. People confirmed that they felt that staff respected their privacy and dignity. One person told us, "Carers have helped me with my shower and respected my privacy and dignity throughout." Care staff described how they made sure that people's dignity and privacy was maintained. One member of staff told us, "I would always check they were ok with things and keep them covered if I was doing personal care." Another member of staff told us, "I would stand outside (the toilet,) but be close enough to make sure they were always safe." A third member of staff said, "I would always make sure the blinds are closed."

People told us they were involved in decisions that affected their lives. Records confirmed that people were able to express their needs and preferences. Information was available where people might need additional support to be involved in their care; they had involved peoples' relatives when appropriate and explained that if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Information continued to be kept confidentially and there were policies and procedures to protect people's personal information. Records were stored in locked cupboards and offices. There was a confidentiality policy which was accessible to all care staff and was also included in the care worker handbook. People received information around confidentiality as well.

Is the service responsive?

Our findings

People told us they were listened to and the service responded to their needs and concerns. People's regular care staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

A detailed assessment had continued to be completed for any new people wanting to use the service. This identified the care and support people needed to ensure their safety. The care supervisors undertook the initial assessment, and discussions then took place about the availability of and the person's individual care and support needs. One person told us they had had an assessment, "When I was in the care home together with the manager of Bluebird Care and we had a long conversation." Another person told us it had been a, "Very comprehensive discussion." A relative told us, "The manager initially met my relative in the care home." Care and support plans had been maintained and were very comprehensive and gave detailed information on people's likes, dislikes, preferences and care needs. These described a range of people's needs including personal care, communication, eating and drinking and assistance required with medicines. One person told us, "The manager was here for more than two hours and all my preferences were translated into the care plan." Feedback from people and care staff was this information was regularly updated and reviewed. Also communication was good where changes had occurred. For example, when care staff were asked how they got new information if they had been on leave a member of staff told us, "I get an email or text to say that (Person's name) care plan has been changed." Another member of staff told us, "I use the information from the text or email, but I always check the communication book to keep up to date with things." A third member of staff said, "We get updates about people's care or an incident or accident that happened to another customer."

People told us usually got their visit from regular care staff and at the time agreed. People acknowledged where there were changes in staff, this at times had been due to changes in care staff working in the service. Comments received included, "Continuity has been in a muddle, with carers leaving, but I was notified by the office," "The agency has had a high turnover of staff and sometimes I have been notified of changes," "One carer left, but now I have regular carers," and "At the moment I have had the same carer." We looked to see if people received personalised care that was responsive to their needs. People had been supported to maintain independence. When asked about maintaining people's independence one member of staff told us, "We know for some that all they have left, so I make sure that I don't take that away from them, I always say have a go rather than say I'll do that." Another member of staff told us, "I'd always prepare the flannel and say you have a go, just so they felt they could still do it." A third member of staff said, "I always make sure to warm the towels and make the environment warm and inviting and encourage the customer to use the flannel as much as they can, and dry themselves as much as they can, I always have two towels to ensure their dignity is maintained."

Staff told us how they communicated with different people. A member of care staff explained to us sometimes it wasn't just what was said. For example, they told us it was important to take note of a person's facial expressions as these could show if someone was unhappy or felt unwell, felt down or there was a

change in mood. The member of staff said if they did notice someone was unhappy they would always ask if they could help.

People and their relatives were asked to give their feedback on the care provided through spot checks of the work completed, reviews of the care provided and through quality assurance questionnaires which were sent out. We found the provider had maintained a process for people to give compliments and complaints.

Is the service well-led?

Our findings

People and their relatives told us that they were happy with the care and support provided at the service, the way it was managed and found the management team approachable and professional. Comments received included, "They are very friendly, very efficient and very helpful," "They respect their customers and carers," and "They have been refreshingly brilliant after all poor experiences I have had in the past with other agencies."

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. There was a clear management structure with identified leadership roles. The registered manager was supported by two care supervisors and a coordinator. All the staff told us they felt the service was well led and that they were well supported. One member of staff told us, "They always let us know what's going on and any changes. They text and email us updates and changes in people's care."

Senior staff continued to monitor the quality of the service by regularly speaking with people to ensure they were happy with the service they received and completing regular reviews of the care and support provided and records were completed appropriately. People and care staff were asked to complete a quality assurance questionnaire twice a year. The information was then collated and analysed. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. The recruitment process and regular supervision ensured that the care staff understood the values and expectations of the provider. Staff meetings were held through the year and were used as an opportunity to discuss problems arising within the service as well as to reflect on any incidents or accidents that had occurred. Staff told us that they attended staff meetings and when they were not able to attend the minutes were copied and made available to them. Staff advised these were open meetings and they could raise agenda items and were encouraged to put forward new ideas. One member of staff told us, "People can raise items at the meeting and there is always an answer provided." Another member of staff told us, "It's a good team, we all support each other very well, we would like to meet more as a staff team as we are lone workers but sometimes it's not that easy." We saw audit activity which included audits of medication records, and care and support documentation. The results of which were analysed in order to determine trends and introduce preventative measures. The provider also sent representatives to audit the service and provided detailed feedback of any areas of improvement. The registered manager was able to show us the action plan following the last audit and talk of changes made to further improve the service provided.

Policies and procedures were in place for staff to follow. Senior staff were able to show us how they had sourced current information and good practice guidance, which had been used to inform the regular updates of the services policies and procedures.

Services that provide health and social care to people are required to inform the Care Quality Commission,

(the CQC), of important events that happen in the service. Senior staff had continued to inform the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.