

Bluebird Care (Kirklees)

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Inspection report

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15 July 2016

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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

We inspected Bluebird Care on 15 July 2016. The inspection was announced 48 hours in advance because we needed to ensure the provider or registered manager was available. Bluebird Care is a service which is registered to provide personal care to adults in their own home. At the time of our inspection there were 45 people using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

During this inspection people told us they were safe. Staff had been trained in protecting adults from abuse and spoke confidently about how to identify abuse or report any concerns.

Care was planned and delivered to ensure people were protected against foreseeable harm. People had risk assessments which gave staff detailed information on how to manage the risks identified.

Staff arrived on time and stayed for the time allocated.

People were cared for by a sufficient number of suitable staff to help keep them safe and meet their needs.

Staff were recruited using a safe and effective procedure which was consistently applied.

People received their medicines safely and in accordance with their care plan.

Staff controlled the risk and spread of infection by following the service's infection control policy.

Care plans provided information to staff about how to meet people's individual needs. People were supported by staff that had the skills and experience to deliver their care effectively. Staff understood the relevant requirements of the Mental Capacity Act 2005 and how it applied to people in their care.

Staff supported people to meet their nutritional and hydration needs. Staff worked with a variety of healthcare professionals to support people to maintain good health.

People told us the staff were kind and caring. People were treated with respect and were involved in making decisions about their care. Where appropriate their relatives were also involved.

People were satisfied with the quality of care they received and told us there was continuity of care. People were supported to express their views and give feedback on the care they received.

The provider listened to and learned from people's experiences to improve the service.

Staff understood their roles and responsibilities.

People felt able to contact the service's office to discuss their care.

Staff felt supported by the manager and were in regular contact with the supervisors and manager.

There were systems in place to assess and monitor the quality of care people received.

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.

The service had policies and procedures in place to minimise the risk of abuse which staff were familiar with. Staff spoke confidently about how to recognise abuse and report any concerns.

Risks to individuals were assessed and managed.

Staff were recruited using effective recruitment procedures. There was a sufficient number of staff to help keep people safe.

People received their medicines safely.

Staff followed procedures which helped to protect people from the risk and spread of infection.

Is the service effective?

Good ●

The service was effective.

Staff had the necessary skills and experience to care for people effectively.

The registered manager and staff understood the main principles of the Mental Capacity Act 2005 and knew how it applied to people in their care.

People were supported to have sufficient amounts to eat and drink and to maintain good health.

Is the service caring?

Good ●

The service was caring.

Staff were caring and treated people with kindness and respect.

People received care in a way that maintained their privacy and dignity.

People felt able to express their views and were involved in

making decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

People were involved in their care planning and felt in control of the care and support they received.

The care people received met their needs.

People and their relatives were given the opportunity to make suggestions and comments about the care they received.

Is the service well-led?

Good ●

The service was well-led.

The registered manager demonstrated good management and leadership.

People using the service, their relatives and staff felt able to approach the management with their comments and concerns.

There were systems in place to regularly monitor and assess the quality of care people received.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

This inspection was carried out by an adult social care inspector who visited Bluebird Care offices on 15 July 2016. Before the inspection we reviewed all the information we held about the service. This included routine notifications, comments sent to us by people using the service, safeguarding information, the previous inspection report and the provider's action plan which set out how the provider planned to improve the quality of care people received.

We spoke with four people who used the service, two of their relatives, three staff members as well as the registered manager and provider.

We looked at five people's care files and three staff files which included their recruitment and training records. We looked at the service's policies and procedures. We looked at audits for the last twelve months including medication and spot checks.

Is the service safe?

Our findings

We asked people if they felt safe with service provided by Bluebird Care. One person told us, "I do feel safe. I've had no reason not to feel safe." A relative told us "I know my relative is safe when they go in."

During our inspection we found that staff had received training and the registered provider had policies and procedures in place to guide staff on how to protect people from abuse. The registered manager told us they checked staffs' understanding of how to protect people from abuse during staff and supervision meetings. Staff spoke confidently about what constituted abuse, how they would recognise it and who they would report their concerns to. Staff told us they would not hesitate to whistle-blow if they felt another staff member posed a risk to a person they were caring for and knew which organisations they could contact to report their concerns.

Risk assessments were carried out which considered a variety of risks including those posed by moving and handling people and people's environments and health. Care plans gave staff detailed information on how to manage identified risks. People told us and records confirmed that staff delivered care in accordance with people's care plans.

People told us staff arrived on time and stayed for the time allocated. People and their relatives knew who to contact in the event that staff did not arrive on time. The registered manager told us they were looking at ensuring staff stayed for the full time allocated to each person.

People's needs were assessed before they began to use the service. The number of staff required to deliver care to people safely was also assessed and reviewed when there was a change in people's needs. People told us they received care and support from the right number of staff. For example one person required two staff in the morning but only one at lunch time.

Records demonstrated the service operated a safe recruitment process which was consistently applied by the management. Appropriate checks were undertaken before job applicants began to work with people. These included Disclosure and Barring Service checks (DBS), obtaining proof of their identity and their right to work in the United Kingdom. Professional references were obtained from applicants' previous employers which commented on their character and suitability for the role. The DBS is a national agency that keeps records of criminal convictions. This minimised the risk of people being cared for by staff who were unsuitable for the role.

Staff were responsible for prompting and assisting people to take their medicines. People received their medicines safely because staff followed the service's policies and procedures for storing, administering and recording medicines. Staff were required to complete medicine administration record charts. The records we reviewed were fully completed. People told us they were supported to take their medicines when they were due and in the correct dosage.

We asked to see accident and incident records however there hadn't been in for us to review. The manager

showed us how they would be documented and staff were able to tell us how they would respond to any incidents or accidents that occurred.

People were protected from the risk and spread of infection because staff followed the service's infection control policy. There were effective systems in place to maintain appropriate standards of cleanliness and hygiene in people's homes. Staff had received training in infection control and spoke knowledgeably about how to minimise the risk of infection. People told us staff always wore Personal Protective Equipment (PPE) such as aprons and gloves when supporting them with personal care and practised good hand hygiene.

Is the service effective?

Our findings

People told us the staff who supported them had the skills and knowledge to provide the care, treatment and support they needed. People commented, "I can't fault what they do", and "They know what to do."

Staff were supported by the registered provider to deliver effective care. Staff told us and records confirmed that once appointed staff were required to complete an induction. This covered the main policies and procedures of the service and basic training in the essential skills required for their role. Newly appointed staff were required to complete a probationary period. Staff told us "I had to do three days of training and some shadowing with a mentor, before I could work alone." The manager told us mentors were experienced members of staff who had received extra training in order to support new members of the team into the role.

Staff received appropriate professional development. Staff told us and records demonstrated they had regular supervision where they received guidance on good practice, discussed their training needs and their performance was reviewed. Staff employed by the service for more than one year received an annual appraisal.

Staff received training in areas relevant to their work such as safeguarding adults, moving and handling people and infection control. A supervisor also used visits to observe staff interaction with people and how they put their training into practice. Staff were supported to obtain further qualifications relevant to their role. This meant that staff had the skills, experience and knowledge to care for people effectively.

People were asked for their consent before care and support was delivered. People told us, "The carers ask me what I want them to do. They do as I ask" and, "They know what they have to do but they always check before they start."

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.

We checked whether the service was working within the principles of the MCA. Records confirmed that people's capacity to make decisions was assessed. The registered manager and staff were familiar with the general requirements of the Mental Capacity Act (MCA) 2005.

People received the support they needed in relation to nutrition and hydration. Records demonstrated people's nutritional and hydration needs were assessed before they began to use the service. For example, some people's assessment stated they required support with the preparation of their meals. People told us they decided what they wanted to eat and that staff prepared their meals in the way they preferred.

Staff supported people to maintain good health and have access to healthcare services. Staff were in regular contact with a variety of external healthcare professionals including dietitians GPs and district nurses. Staff

knew what to do if there was a change or deterioration in a person's health

Is the service caring?

Our findings

People made positive comments about the staff and told us they were kind and considerate. Comments included, "They are very good to me and I enjoy their company," and, "They are so nice" and, "I'm very pleased that they are so nice." A relative said of the staff, "They are lovely to [the person]."

People told us staff respected their privacy and dignity. People told us staff referred to them by their preferred name. Staff knocked on the door and asked for permission before entering people's rooms. Staff were able to describe how they ensured people were not unnecessarily exposed while they received personal care. A supervisor carried out unannounced spot checks and observed staff interaction with people to assess how they maintained people's dignity and treated them with respect.

People told us they, and where appropriate their relatives, were involved in their needs assessments and in making decisions about their care. People felt in control of their care planning and the care they received. A person told us, "I think it was the manager that came to see us and find out about the help we needed" and "They [the staff] do as we ask". A relative told us, "We feel involved in how they care for [the person]."

People were encouraged to be as independent as possible. We saw that this was documented in care plans. For example one person required support to wash their hair but could dry it independently. Another described how a person used their stair lift independently.

One person told us "the staff are so ice once their jobs are finished they sit and chat to me. I don't get out so sometimes they are the only people I speak to." The registered manager told us "staff are encouraged to stay for the full time allocated they do have time to chat to people. It's not just about what has to be done we spend time talking and listening to people."

People told us they were given a lot of information both verbally and in writing on what to expect from the service and how they could make contact with the office staff and registered manager. People said they knew who to speak to at the service's office if they wanted to discuss their care plan or make a change to it. People felt in control of their care planning and the care they received.

The service had a confidentiality policy which staff were familiar with and were able to give examples of how they applied it in practice. Staff told us they did not discuss people's care with people's family or friends unless they had express permission to do so.

Is the service responsive?

Our findings

People made positive comments about the staff and told us they were kind and considerate. Comments included, "They are very good to me and I enjoy their company," and, "They are so nice" and, "I'm very pleased that they are so nice." A relative said of the staff, "They are lovely to [the person]."

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Is the service well-led?

Our findings

People using the service told us they knew the managers of the service and could call them at any time. One relative told us, "We instantly felt warmth and a genuine interest in our situation. Nothing is too much trouble. We cannot praise the management team enough."

There was a clear staff and management structure at the service which people using the service and staff understood. People knew who to speak to if they needed to escalate any concerns. Staff knew their roles and responsibilities within the structure and what was expected of them by the management and people using the service.

Staff were able to express their views on the issues affecting their role and the way care was provided, during staff and supervision meetings. Staff received a newsletter which kept them informed of developments in the service. Staff told us there were always sufficient resources available for them to carry out their roles, such as aprons, gloves and up to date care plans.

The registered provider had a variety of arrangements in place for checking the quality of the care people received. Feedback on the quality of care provided was sought from people using the service, their relatives and staff. The service used the information gathered from its internal audits and recommendations made by external organisations such as local authorities and the CQC to make improvements to its policies and procedures and to improve the quality of care people received.

The provider was constantly striving to maintain and improve the quality of care people received. The registered manager and office staff conducted regular audits of people's care plans, staff training and staff supervision. The service was in the process of implementing a new electronic monitoring system, which would enable the registered manager and office staff to see in real time the carer's arrival and departure times, and whether medication had been given when it was due.

We requested a variety of records relating to people using the service, staff and management of the service. People's care records, including their medical records were fully completed and up to date. People's confidentiality was protected because the records were securely stored and only accessible by staff. The staff files and records relating to the management of the service were well organised and promptly located.

Registered providers must notify CQC about certain changes, events or incidents. A review of our records confirmed that appropriate notifications were sent to us in a timely manner.