

Angel Hands Ltd

Bluebird Care St Albans

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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Bluebird Care St Albans is a domiciliary (home care) agency. It provides personal care to people living in their own houses and flats. Not everyone using Bluebird Care St Albans received the regulated activity of personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. There were 30 people receiving the regulated activity of personal care at the time of the inspection.

People's experience of using this service and what we found

People, relatives and staff were complimentary about the positive outcomes people achieved and the exceptional care provided. Numerous people told us about the way in which service provided went above and beyond. One relative told us, "The service exceeds what I would have expected. I feel very blessed."

The providers systems and processes enabled staff to place the person at the centre of the care and support they received. People were treated with dignity and respect and were encouraged to be independent. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us they felt safe. Staff received training in safeguarding and knew how to report their concerns both internally and externally. Risks were managed appropriately. Staff were provided with regular guidance and support from the management team.

Staff were recruited safely and there were enough staff to meet people's needs. Staff received regular training and were very positive about their induction to the service.

People were supported to manage their medicines appropriately. Any health needs were clearly identified in people's care plans. Staff ensured that people were supported to access health services, where required.

Staff, people and their relatives told us the registered manager was approachable and listened to their concerns. They told us about the positive ethos at Bluebird Care St Albans and the kind, caring nature of staff.

Care plans were developed when people started using the service and were personalised. People told us that staff were responsive to their needs and supporting them in the way they wanted.

The provider had implemented a range of effective audits and governance systems to check the quality and safety of the care people received. The registered manager and wider management team monitored the completion of tasks daily. This allowed for the effective monitoring of patterns and trends and for learning to take place.

Rating at Last Inspection

At our last inspection, the service was rated Good (15 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor the service to ensure people receive safe, compassionate, high quality Care. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Bluebird Care St Albans

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector completed this inspection.

Service and service type

Bluebird Care St Albans is a domiciliary (home care) care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 4 December 2019 and ended on 10 December 2019. We visited the office location on 4 December 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the registered manager, nominated individual (who is also the provider), operations manager and care team manager. We also spoke with two people who use the service, four relatives, three care assistants and one professional. We reviewed a range of records. This included two people's care and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and other quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguard people from abuse. Staff told us they were aware of the safeguarding and whistleblowing policies. They knew how to recognise abuse and protect people from the risk of abuse. A staff member told us, "I am vigilant, observe and listen. If I have any concerns I will report them to the office. If they don't do enough then I can go to adult social care or CQC."
- People told us they felt safe and knew how to contact staff if needed. One person said, "I feel safe, the staff are very good."
- Relatives also told us they felt their family members were supported safely. One relative said, "I think the service provided is 100% safe."

Assessing risk, safety monitoring and management

- Risks relating to people's care and support had been assessed. Management plans were in place which ensured people were protected from harm without restricting their independence.
- Staff had access to care plans and risk assessments on their mobile devices. These could be updated remotely in the event of any changes to a person's needs or situation.
- The provider's electronic monitoring system also allowed the management team to monitor calls in real time. This meant that any issues could be responded to immediately.
- Staff told us that if they had concerns or required guidance they were encouraged to contact the office. One staff member told us, "We can also ring the emergency number out of hours. This is very rarely not answered straight away, and they always get back to you immediately."

Staffing and recruitment

- There were enough staff to keep people safe. Systems were in place to cover at short notice and the service did not use agency staff.
- People and relatives told us that calls were very rarely missed. They were also informed if staff were going to be significantly late. One relative told us, "As far as I know they have never missed a call." Another person told us, "Sometimes they can be 5-10 minutes late, but the traffic can be really bad around here and you can't always plan for that."
- Staff were recruited safely. Each member of staff had a disclosure and barring service (DBS) check and references from previous employment on file.

Using medicines safely

- Medicines were managed safely, and people received their medicines as prescribed.
- Staff understood their responsibility and role in relation to medicines and had undertaken training and

competency assessments.

- Some people were prescribed "as required" medicines. Protocols were in place for their administration.

Preventing and controlling infection

- Staff had received the relevant training for infection control and food hygiene.
- Staff had access to all protective equipment. One staff member told us, "Yes, we get our Personal Protective Equipment (PPE)- masks, foot protectors, aprons and hand gel."
- Staff told us, and records supported that spot checks took place. These ensured that staff were following good practice in relation to infection control and hand hygiene.

Learning lessons when things go wrong

- Accident and incident records were completed, and evidenced appropriate action taken by staff. The manager gave examples of where the service had responded to incidents and applied learning, to make improvements to the service provided.
- The management team ensured that call logs and daily notes were regularly monitored. This ensured that any changes, patterns or trends were quickly identified, and necessary action taken.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were fully assessed before accessing the service. The registered manager confirmed people's care and support needs were thoroughly discussed before the care package was agreed.
- The service was flexible in ensuring that people were supported in line with their assessed needs and choices. One relative told us, " [Registered manager and care team manager] have been brilliant. Where staff haven't clicked with [relative] or there has been personality clashes, those staff have not been sent again. It has been no trouble."

Staff support: induction, training, skills and experience

- Staff told us, and records confirmed, they received appropriate training to carry out their role effectively. One family member told us, "I think the staff are well trained, they are a very good team."
- Staff were positive about their induction into their role. One staff member told us, "My training and induction was very good. I had a period of shadowing of around a couple of months. I received supervision every week during my induction."
- Staff confirmed that they received regular supervision and we saw evidence that competency assessments were completed by senior staff.
- Staff told us they felt comfortable to approach the management team if they required additional support. One staff member told us, "We have regular supervision but if we have issues in the meantime, we can come into the office. We are encouraged to pop in for a chat."

Supporting people to eat and drink enough to maintain a balanced diet

- People who required help were supported to eat and drink. The registered manager explained that food and fluid charts were used, if required.
- People's preferences were documented in their support plans. For example, one person's preference to eat with a spoon was clearly stated. Where people required specialist diets, this was clearly documented.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- Staff and the management team worked well with other professionals to ensure that people received appropriate care
- People were supported to attend appointments with healthcare professionals. One person told us, "The care staff do notice things, if they are concerned they encourage me to go to the GP."
- One relative told us, "The staff have a great attention to detail. They are good at communicating, for example, if [relative] is unwell they always let you know and make sure they get the right care."

- The service had recently invested in a new ASSIST Health and Well-Being system. This enabled care staff to monitor variations in people's temperature, heart rate and oxygen saturation. This information could be shared directly with a person's GP, allowing for a more efficient and effective response, in the event of any illness or infection. The service gave us the example of one person who was at high risk of hospital admissions but did not always receive a quick response from their GP. Since staff have been collecting and sharing this information, medical professionals have become more proactive in the management of their health conditions. This early intervention has reduced the likelihood of hospital admissions.

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 had the appropriate legal authority and were being met.

- Mental capacity assessments and best interest decisions were recorded in people's care plans.
- Staff we spoke to were aware of the need to operate within the principles of the Mental Capacity Act. One staff member told us, "We take it as granted that people have capacity unless it is deemed otherwise."
- Staff supported people to always be at the centre and in control of any decision making. Consent forms were in place for care and support. One staff member told us, "I always ask for consent before I do anything, for example personal care. I always give them choices throughout, such as what they would like to wear."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated Good. At this inspection this key question has improved to Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- The registered manager promoted a strong, visible person-centred culture. Staff were committed to providing exceptional care. The ethos was to be responsive and caring and always ask "How can I help?"
- People and relatives confirmed staff were kind and caring and spoke with them in a respectful manner. One relative told us, "They recognise [relative's] needs as an individual and accommodate them. When [relative] see's [care assistant] their face lights up."
- Staff had developed positive relationships with people and knew how to support them effectively. They were committed to providing good quality care. One staff member told us, "For me personally, the way I work, if the standard of care is not good enough for my relative, then it is not good enough for my customers." This was confirmed by a family member who told us, "Their approach is fantastic, I think it is because they treat people as if it was their own [relative]."
- We saw many examples of staff going the extra mile and ensuring that people had what they needed. One family member told us, "When I visited the other day, one of the care assistants had just popped in to make sure [relative] was ok, as he had been unwell." Another relative told us, "A call came through via the Tunstall system and staff dropped everything, followed up and went the extra mile." In a further example, a staff member told us about a relative going through a challenging time. The staff member told us, "After one shift I went and picked up some flowers and went back there in the evening. It was important for them to know we care about the whole family."
- The registered manager explained that the service sought to be flexible to meet people's needs. This was particularly evident where people were admitted to hospital unexpectedly. Staff and relatives gave many examples of support that went over and above what was required. This included caring for a customer's dog, ensuring plants were watered, ensuring the heating was on prior to a customer's return and picking people up, so they were not reliant on hospital transport. Well-being packs, including soup, long lasting milk, cereal and biscuits, were also provided, so people did not have to worry about going to the shops. One relative told us, "Staff act with integrity, they are reliable, and I trust them fully."
- The registered manager told us that "building the relationships with both customers and their families" was particularly important. One relative told us how Bluebird has provided support for the whole family. They stated, "Staff really took the pressure off us, they helped arrange GP appointments and made sure the right support was in place." Another relative told us, "They are supporting us as a family, not just [relative]."
- The provider told us "Some of the work we do is not always billable, but it makes a difference to someone's quality of life and that is the important thing." We were told about how the service has been contacted by a person who lived abroad and was concerned about their relative, who lived locally. This person was not a customer of Bluebird Care. The provider told us, "We went to the person's house to check if

they were ok. We couldn't get in, so we contacted the police. We didn't charge them for this, we just wanted to be able to help."

- Where people did not have a support network, staff ensured people were not alone at Christmas. On Christmas morning members of the Bluebird team visit people who would otherwise be on their own. In one case, staff liaised with a person's Power of Attorney to surprise them with a cooked Christmas dinner. This had a positive impact on the person's wellbeing.
- People's care plans were written in a person-centred way. Cultural and religious beliefs were respected. For example, staff worked with a person's family to see if any changes were required for a religious festival. In another example, staff supported a person to church and prompted her to take communion, as directed in their care plan.

Supporting people to express their views and be involved in making decisions about their care

- The registered manager and staff were committed to providing care that put people at the centre of everything they did. One relative told us, "It is all about empowering [relative]. Staff, [relative] and I work as a mini-team to identify and meet [relative's] needs. It's a big part of living at home, [relative] still feels like they have choice."
- People using the service were encouraged to be involved in making decisions about their care and to take part in reviews. One family member told us, "There are regular reviews of [relative]'s care. Sometimes the registered manager or care team manager will come out to the house. Sometimes they do shifts to see for themselves that everything is working."
- People and relatives were encouraged to continually provide feedback. One family member told us, "I am encouraged to ring the office if I have any queries. If there are any issues, then [registered manager] will get in touch. Another relative told us, "Bluebird are very accommodating and take on board any feedback you give."

Respecting and promoting people's privacy, dignity and independence

- Records were stored securely, and staff showed awareness of the need to maintain people's confidentiality.
- People told us that their privacy and dignity was promoted. One person told us, "Yes, they do treat me with dignity and respect, it's the small things that make a difference, even just [support with personal care task]." Staff were respectful when they discussed people's support needs. They were able to give examples of how they provide dignified care, which respects people's privacy, such as closing doors and curtains.
- A family member told us, "Yes, they do treat [relative] with dignity and respect. Some days [relative] can be quite difficult, quite aggressive but staff are tuned in, they manage [relative] well."
- Staff supported people to be as independent as possible. One family member told us how staff "think of all the small things to encourage independence, such as cutlery for arthritic hands." They went on to say, "As [relative's] needs change staff are aware and think about what they can do to help, even down to purchasing [clothes], so they can remain more independent and less at risk of falls."
- In another example, the registered manager told us about a person who had been very unwell and required 24-hour care for a period. The registered manager and care team manager worked together to support this person's recovery and build their confidence. The person's relative told us "Bluebird put in so much effort, I was amazed, they went over about and above my expectations. It took a lot to get [relative] back to health but they pulled back when the time was right. This encouraged [relative] to get their independence back again."
- One person, who lived alone with dementia was identified as at risk of isolation. Staff found a dementia friendly facility and spent time there to check it would meet the person's needs. Staff recommended this to the person's family. The registered manager explained that this person is now less socially isolated, and it has helped "give a bit of light into his day."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care records were personalised and there was clear information about people's likes and dislikes. This included how the person liked their care delivered and what was important to them. We saw that staff supporting people were immediately provided with information about any changes in people's needs. The service had recently introduced a care planning application, which care staff could access on their phones. Staff told us this had improved the quality of service provided. Staff could read notes prior to arriving at a person's property. The management team were also able to monitor calls throughout the day and respond to any incidents accordingly.
- The service responded quickly in meeting changes in people's needs. For example, the registered manager told us about a person who had experienced many falls outside of his care calls. Staff worked with his family to identify a pattern in these falls and put additional calls in place. As well as reducing the risk of falls, the anxiety of family members was also reduced, as they were able to monitor any incidents via the phone app. The relatives we spoke to also confirmed they liked being able to see if care staff had arrived and what tasks had been done.
- The service worked proactively with other professionals to ensure people remained safe in their own homes, in a way which promoted their independence. For example, one person was unable to independently weight-bear. Care staff noticed a deterioration in the person's ability to use their current moving and handling equipment. The service arranged a joint visit with the occupational therapy team to discuss options with the person and identify an appropriate solution. One professional told us, staff were "keen to provide high quality care based around the individual's needs."
- The registered manager told us that the service proactively sought to develop people's interests and social activities, particularly where they were living with dementia. One person, who lived alone with dementia was identified as at risk of isolation. Staff found a dementia friendly facility and spent time there to check it would meet the person's needs. Staff recommended this to the person's family. The registered manager explained that this person is now less socially isolated, and it has helped "give a bit of light into his day."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff took the time to communicate with people in a way they understood. Where verbal communication was limited, staff told us people were supported to use alternative methods. Staff told us that continuity in care was particularly important. This allowed them to build up relationships with the people they supported

and understand any non-verbal cues.

- The introduction of the care planning app had benefitted a member of staff with dyslexia. They could now speak into their mobile device, which then typed up her notes to the database.

Improving care quality in response to complaints or concerns

- The service had not received any formal complaints recently. However, there was a clear complaints procedure in place.
- People knew how to make complaints. One person told us, "If I was sufficiently upset I would make a complaint, but I haven't needed to." Family members also told us they would be comfortable raising any concerns with the service." One relative told us, "I totally feel that I could pick up the phone and if I had any concerns, [registered manager] would resolve them."

End of life care and support

- People at the end of their life were supported by trained staff and external health professionals to have as dignified a death as possible. The management team received specialist training from local hospices and an end of life champion was in post. The staff we spoke to were knowledgeable about end of life care and passionate about good quality care and support.
- The registered manager gave us an example of where the service supported a person at the end of life. They explained that staff spoke with the family about funeral arrangements and the person's wishes. Staff also signposted the family to other services who could provide additional support. The registered manager stated, "We wanted to make it as easy as possible for them."
- The service sought to provide a flexible, personalise service for people at the end of life. In another example the service initially supported a person with double up visits and a sitting service. However, when the family found it difficult to meet their relative's needs at night, a night sitting service was quickly added. Staff worked alongside the end of life nurses, contacting them to ensure the person's pain medication was appropriate. At the time of death, a member of the management team ensured they were present to support the staff member on duty. Staff told us they felt well supported in these instances.
- Regarding end of life care, one relative wrote, "you guys are amazing, and went above and beyond to make sure [relative] was cared for, and supported in the most kindness and empathetic ways, you also looked after us, and we really appreciate that, for such a tough time in our lives you made it that bit easier and for that we will never forget...[registered manager] and [care team manager], what can we say, you were both amazing, sacrificed your sleep, fought for [relative] and us and were just generally lovely."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was committed to developing a person-centred culture with the service, in line with people's own vision and values. Staff told us the registered manager was very approachable. One staff member told us, "It's nice to work for a company that cares and supports staff. It is reassuring to know we have support and that they are genuinely there for us. Any problems I can speak with them. They care about our wellbeing."
- Relatives reported a positive, person-centred culture at the service. One family member told us, "Staff really care. They have built the right thing, and this comes from [registered manager]."
- The management team was open and knowledgeable about the service. The registered manager reported relevant issues to the CQC.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care.

- Staff were clear about their roles and responsibilities and knew they could go to the management team for advice at any time.
- Audits were completed, and appropriate action taken, where required. The provider had implemented an electronic monitoring and reporting system that gave real time information. Staff told us that this system worked well and saved time. For example, all medication administration records (MAR) and daily notes were instantly accessible by staff at the office. There was no need to collect paperwork anymore as everything was stored electronically and available daily to audit. This gave the provider and registered manager an instant overview of the service being provided.
- Staff knew what was expected of them to ensure good standards of care were always maintained. One staff member said, "We have spot checks for medication, they also come and check we have our ID, our uniform is correct, we are using the correct PPE (Personal Protective Equipment) and getting calls done when we should."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff felt engaged in the running of the service with supervisions, team meetings and other opportunities to catch up. One staff member told us, "Even [nominated individual/provider] comes down to speak with the staff and checks that we are all ok."

- People and their family members felt engaged and involved. People had opportunities to regularly give feedback about their care and support. Surveys were sent annually and regular reviews held to support people to express their views. The results of the survey showed people's feedback was positive. Where any concerns were raised, the service contacted people to ask how they could improve. One family member told us, "Yes, I feel listened to."

Working in partnership with others

- The service worked in partnership with health and social care professionals. A professional told us, "They have engaged well with us since I introduced our services to them."