Shropshire Care Limited

Bluebird Care (Shropshire) - Domiciliary Care

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

This inspection took place on 6 September 2016 and was announced.

The service was last inspected on 4 February 2014 and was meeting all requirements of the law.

Bluebird Care UK is a national franchise. A franchise is when a franchisee (the provider) has bought the right to sell a specific company's (the franchisor's) products in a particular area using the company's name. The franchise operates over two hundred locations across the United Kingdom.

Bluebird Care (Shropshire) is registered to provide personal care to people of all ages living in their own homes. The provider had offices in Shrewsbury, Oswestry and Church Stretton to enable them to provide personal care for people in surrounding areas. The service provided personal care to 178 people at the time of our inspection. This included four children.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe when staff supported them in their own homes. They were supported by staff who had received training in and understood how to protect them from any harm and abuse. Systems were in place for staff to follow which protected people and kept them safe. Staff knew how to and were confident in reporting any concerns they may have about a person's safety

People were supported by staff who were familiar to them. People knew in advance which staff member would attend their care calls which reassured them. Care calls were monitored by the office team to make sure staff turned up and stayed for the agreed amount of time. Checks were completed on potential new staff before they started work to make sure they were suitable to support people living in their own homes.

Staff had the skills and knowledge to understand and support people's individual needs. These skills were kept up to date through regular training and staff were also supported in their roles by managers and colleagues

Staff asked people's permission before they helped them with any care or support. People's right to make their own decisions about their own care and treatment was supported by staff. People were supported by staff who knew them well and were caring in their approach. Staff made sure people were involved in their own care and listened to what people and their relatives had to say.

People were treated with dignity and respect and they were encouraged to maintain their independence as much as they were able to. People were supported to identify how they wanted their care delivered. Staff

provided care and support how people preferred it and in a way that was individual to them. Staff responded to any changes in people's needs and supported them and their relatives to access other services as required.

People and their relatives had opportunities to give their opinions on the service that was provided and about the staff that supported them. People and relatives knew how to complain and were confident that the registered manager would listen to their concerns. People and their relatives had regular contact with the agency's office staff and found them approachable, polite and helpful.

Systems were in place to assess and monitor the quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were supported by staff who had the knowledge to protect them from the risk of harm and abuse.

Risks to people's safety were identified and measures were in place to help reduce these risks.

Sufficient staff were available to respond to and meet people's needs safely.

Is the service effective?

Good

The service was effective.

Staff received training to give them the skills and knowledge to meet people's needs effectively.

Staff respected people's right to make their own decisions and supported them to do so.

Where needed people were supported to eat and drink enough and to access healthcare from other professionals.

Is the service caring?

Good

The service was caring.

People were involved in their own care and treatment.

Staff treated people with compassion, kindness, dignity and respect

Is the service responsive?

Good

The service was responsive.

People received care and support that was personal to them and was reviewed regularly.

People were asked for their opinions on the support they

received. They were encouraged to make comments or raise complaints about their care.

Is the service well-led?

Good

The service was well led.

The provider led a strong and experienced senior team.

The provider had quality assurance systems in place to assess and monitor the service provided.

People and their relatives felt involved in their care and found staff and managers approachable and helpful.

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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 took place on 6 September 2016. We gave the service 48 hours' notice of the inspection because it is a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out 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. Their experience was as a person using domiciliary care as a young person.

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

Before our inspection we reviewed information held about the service. We looked at our own system to see if we had received any concerns or compliments. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the service is required to send us by law. We requested information about the service from the local authority and Healthwatch. The local authority may have responsibility for funding people who used the service. Healthwatch are an independent consumer champion who promotes the views and experiences of people who use health and social care. We used this information to help us plan our inspection of the service.

During the inspection we spoke with 13 people who used the service and five relatives. Relatives we spoke with were also involved in providing care to their family member. We spoke with 12 staff which included care

staff, office staff and the Director of Care who was the registered manager. We also spoke with the registered provider of the service. We viewed three records which related to people's care and support needs, people's medicines and assessment of risk. We also viewed other records which related to quality monitoring and the management of the service.

Good

Is the service safe?

Our findings

All of the people we spoke with who used the service told us they felt safe. They told us they also felt comfortable with the care staff being in their homes and they had no concerns about the safety of their possessions. People and relatives told us that staff secured their property when they left. One person told us, "I feel safe, I feel comfortable with them because I know them". We spoke with the registered manager and five members of staff about protecting people from abuse. They demonstrated a clear understanding of the types of abuse that could occur, the signs they would look for, and what they would do if they thought someone was at risk of abuse. This included who they would report any concerns to. The registered manager told us they and all staff had attended training on protecting people from abuse.

People were protected from the risks associated with their care and their environment. One person told us that they needed help with their mobility and staff followed their care plan. They said, "They know what to do and how to support me safely". We saw risks associated with people's mobility, their medical conditions and medicines had been assessed by supervisors and staff were aware of these. Any risks within the person's home were assessed to ensure people and also staff were kept safe within this environment. Plans had been put in place to help reduce these risks. The registered manager had developed an agreement with the Fire Service whereby designated fire staff would go out to people's homes. They conducted fire tests and provided free smoke detectors for people. This initiative had been very well received by people. Staff told us they checked all equipment before they used it and informed the person and the office staff if repairs or routine checks were required. For example, we saw a response from a relative to an incident at their family member's home. The staff member could not access the property and so they had to arrange for the door to be forced. The family member had written to the service expressing thanks to them for the prompt action taken to ensure their relative's safety. In addition they were very pleased about the prompt repair to the door arranged by the service to ensure the person remained safe.

People were supported safely and their needs met by sufficient numbers of staff. They told us they usually saw the same staff and received a weekly rota which named the staff who would be coming to support them. One person told us, "They never miss a visit; I am usually sent the same staff which I like. If they can't come they let me know who is coming but it is not often." Another person said, "If they're more than 15 minutes late the office will phone and let me know, but they are not often late. When they are it's usually because of the traffic or an emergency somewhere else". Staff told us they would always inform the office if they were running late so they could let the person know. One staff member told us, "Some people get worried if we are late. It is good manners to let them know." Another staff member commented that they can be very busy. They said, "The shifts worked are usually very busy, breaks can be non-existent sometimes." The registered manager told us staffing levels were constantly reviewed and arranged according to the needs of the people that used the service.

The provider had introduced electronic systems to enable the staff teams to communicate with each other. This 'real time' technology was accessed by care staff when on their visits via a mobile or tablet 'app'. Only people who had the passwords were able to access the information. The system allowed the support team at the office to be aware of staff care calls and if there were any concerns highlighted which required action

to be taken. This meant that the safety of both people receiving care and staff could be monitored at all times.

People were supported by staff who had received appropriate checks prior to starting work. Staff confirmed that before they started work the provider had sought references from their previous employers. They told us they had not been allowed to start work until the references and disclosure and barring service (DBS) checks on their background had been completed. This ensured they were suitable to work with people in their own homes. The DBS is a national agency which checks if people have a criminal background.

People who required help with their medicines received them when they needed them. People we spoke with told us staff helped them with putting prescribed creams on, such as skin moisturising cream. We saw that assessments were completed by senior staff to establish the level of support people needed with their medicines. People confirmed that staff spoke with them about what support they needed and wanted. Staff told us that they received training and had to be observed supporting people with their medicines to make sure they were competent to do this safely.

Good

Is the service effective?

Our findings

People who used the service and their relatives felt that staff had the skills they needed and knew how to look after them. They felt the staff were well matched to them and that they completed the tasks they needed to at each care call. One person said, "Everyone is marvellous they do everything they should. They do their job well". One relative said, "They are well trained and have the skills needed to look after [person's name]. Staff told us they usually had the time they needed at care calls to carry out their roles effectively. People's care and support plans were provided in electronic form on staff's mobile phones. These plans were password-protected and could not be accessed by anyone without the password. Staff said the plans contained the information they needed to support people effectively. One staff member said, "If I am not sure about anything I contact the supervisor to double check on what I am doing."

The service provided support to four children and their families. We saw that the staff team who provided this support had received specific training to be able to provide the correct support. This included children's safeguarding and first aid. There was also specific disability training in place to enable the staff team to assist the children's parents safely. In addition, Bluebird Care had developed a child-friendly care planning system. One parent told us that they would like to see more training for the staff team with regard to their person's specific condition. They said that they were happy with the support provided but this would make it even better. We discussed this with the registered manager. They confirmed that information had been provided to all staff about this persons condition.

The provider had improved the delivery of staff training by employing a training manager. We spoke with the training manager. They were very enthusiastic about their new role. They told us that they had responsibility for supporting all staff with their training requirements. Staff members told us that they had access to training and on-going support provided by the registered manager and supervisors. One staff member told us "Training is good and if I need any specific training I can talk to the registered manager or supervisors about it." The director of care had introduced the 'Topic of the month.' The care managers now produce this monthly for staff. Staff are supported to understand and gain new knowledge about health issues people may have. Topics covered included epilepsy, acquired brain injury and dementia care. The staff we spoke with felt that this was very positive because they could relate the training to specific people they were caring for.

The registered manager told us that all new staff received induction training. The induction programme included training on health and safety, fire safety, emergency first aid, safe food handling and infection control. Other essential training included protection of adults and moving and handling. We spoke with five members of the care team. Staff we spoke with told us they had completed an induction when they started work and they were up to date with their training. One staff member told us that they had lacked confidence to give out medicines in people's homes. They discussed this with the registered manager who arranged for them to receive extra training and support to increase their confidence. The staff member agreed that this had been very successful and they were now confident in supporting the people with their medicines.

Staff we spoke with told us they enjoyed working with the people they provided care to. They all said they

had initial shadowing visits with experienced members of staff when they started. They said that this helped them to understand people's needs and get to know what was expected of them. Staff also told us they received regular formal supervision and attended regular staff team meetings. Supervision is a process where the employee meets with their manager or supervisor to discuss their work and any concerns they may have. Care staff told us they had been subject to regular unannounced checks carried out by supervisors where their working practices were evaluated and they had received feedback. They told us there was an out of hours on call system in operation that ensured that management support and advice was always available for them when they needed it. This meant that there was always a senior person available from the organisation to support staff at all times and in times of emergencies. This senior person was also supported at peak times by another senior care assistant to ensure all aspects of the on-call service could be met. This ensured staff safety when working out of office hours.

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. Staff told us they had received training in the MCA and were clear on how this would affect their practice if they supported people who could not make their own decisions. One staff member said, "I always inform the customer of what is going on and ask for their consent. If they say no then I don't do it. I will talk to the customer and explain what is going on and ask again later." The registered manager told us that, at present, everyone who used the service was able to make their own decisions. Staff we spoke with told us that the people they supported were all able to give their consent to the care they received. If people were unable to give their consent staff told us they would seek advice from the office staff.

Not all people required support with eating and drinking. Where it was required, people were supported to maintain a balanced diet and have enough to eat and drink. People were asked what support they needed and any risk associated with this was assessed and a plan of care developed for staff to follow. Staff told us that when needed they would prepare snacks and drinks for people to have later. One staff member said, "We record all food and drink in their daily notes so we can monitor what they are having. If we had any concerns or thought they were struggling with either preparing or eating then we would let the supervisor know".

People were supported, where needed, to access healthcare services. Although it was not the responsibility of the service to arrange routine appointments all staff would provide support for this. We saw that the service worked with local healthcare professionals to ensure people received and had access to the required services. Referrals were made to the community nurse team so people could be assessed for equipment such as pressure relieving cushions.

Good

Is the service caring?

Our findings

People were cared for by staff they were familiar with. People and family members thought staff had a caring and kind approach when they supported them. People and their relatives told us that because they usually saw the same staff they were able to build relationships with them. One staff member said, "By visiting regularly and talking with customers and their relatives we can see any health issues that arise. We see any issues with relatives such as stress and strain on them." We saw an email from a family member of a person who used the service. This family member lived abroad and was not able to visit often. They wrote, "Bluebird does exactly what it says on the packaging - they care. They have provided the highest care for [person] for many years. Their people have 'gone the extra mile' on so many occasions to maintain [person's] quality of life. They have a passion for doing things right."

People told us they felt involved in their own care and treatment and in making decisions about how they wanted their care delivered. One person told us about when they first started using the service. They said, "The care manager came to see me and we talked about what I wanted and how I wanted things doing. They were interested in me and listened to what I said I needed". Some relatives we spoke with were also the person's main carer and told us that staff worked with them to ensure people's needs were met. One relative said, "They talk to us about how we want things done". Staff we spoke with displayed a good understanding of people's health and care needs. They understood the support each person required to meet their assessed needs. Staff told us that all people they supported were known to them and the service tried to regularly allocate the same care workers with people being supported. One person's family member told us, "[Family member] does not want male care staff. We asked for female carers when they started coming in. They have always made sure this happens." Another relative told us, "Yes, I'm involved in making changes to [person's name] care. Review meetings are held once every six months. The managers are very helpful and support from Bluebird enables me to manage [person's name]. [Person] will never be independent but the support from Bluebird Care means they can remain living at home." We were told by a family member, "In general I would describe the carers as very good and have a professional connection with [person]." This meant that people received continuity of care from the same care workers and that their wishes were respected.

People and relatives felt that staff were respectful to them and maintained people's dignity and privacy when they supported them. One person told us that the staff always respected them and make sure they were not embarrassed. They said, "The staff always make sure the bathroom door is closed and knock on the door to see if I am OK." Staff told us that they discussed and received training during their induction on privacy, dignity and human rights. One staff member said, "I always treat people how I would want to be treated myself". Other staff told us they always used good manners, addressed people by their preferred name and made sure people had privacy when supporting them with personal care. One family member told us, "I can't fault the staff. They are very kind and treat [person's name] with great respect and dignity."

Good

Is the service responsive?

Our findings

People received personalised care because they told us they were involved in their care planning before the service began. They considered they were consulted and were able to tell the service what their needs were, how they wanted them to be met and at what time of the day they required the support. One person told us, "Someone came and assessed me before my care started. We talked about what I needed help with and how I wanted this to be done". Another person said, "It was all sorted out before the carer started to call to help me." We saw people's care and support plans and risk assessments were reviewed regularly with the people.

The provider had introduced electronic care records which staff accessed by mobile phone. These were connected to the support team at the main office. The system enabled the supervisors to monitor calls, including the times calls were made, what care and support was provided and if there were any issues of concern. The system flagged up any visits where staff did not log in or where issues were recorded. This enabled the care managers to take immediate action to deal with concerns about a person raised by the staff during a visit. Care records we looked at contained assessment of risks and any action needed by staff. They also included information about people's likes and dislikes, the support they required and how this was to be carried out. We saw this information had been gained from people who used the service. People's care had been discussed, planned and agreed with them, and was delivered in the way they preferred. One person and one family member, however, felt that this method of care recording was not good for them. The person said, "I do not have any record of what the staff have done so I write it down myself." The family member made a similar comment. They said, "It was better when we had the blue files so we could see what was happening." We discussed this with the registered manager who had spoken with the people concerned and was arranging for them to have a communication book in their home.

People were encouraged to give their opinions about the care they received and to raise any concerns or complaints. One person said "If I'm not happy I can just phone the office, I have their number." People told us they had telephone calls from the office staff to ask how things were and they also received questionnaires to complete asking for their opinions on the care they received. One relative said, "They [management team] make it clear if we not happy with staff or anything to tell them." People and their relatives were also sure that their complaints would be fully investigated and action taken if necessary. One person using the service told us they had made a complaint and this had been dealt with appropriately and they were happy with the response from the registered manager. This meant people had confidence in the provider's complaint system. The provider's complaints procedure was included in the statement of purpose. We reviewed complaints and saw that the provider had dealt with complaints in accordance with their procedure. A system was in place to analyse the trends and any patterns of complaints so the registered manager could act and put plans in action to stop similar complaints in the future.

Good

Is the service well-led?

Our findings

Everyone we spoke with told us they found the office staff approachable and helpful. One person said, "I am happy with the agency and would not want to change them." They told us they received questionnaires and telephone calls where they were asked to give their opinions on the care they received and also about individual staff that had supported them. It was also an opportunity for them to raise any concerns. Feedback about staff was used as part of staff development and discussed with the relevant staff during their supervisions. This was confirmed by the staff we spoke with. Supervisors carried out unannounced checks on care staff to make sure they turned up on time, wore their uniforms and identification cards and supported people in line with their care and support plans. They talked to people who used the service at quality monitoring visits to find out if they had any problems with the care and support they received. We saw records of these visits in people's personal files.

Staff understood their roles and responsibilities within the service. They said that communication was good and information was available to them in a number of ways. These included telephone calls, texts and in person. They told us this helped them to keep up date on what was happening within the service or if there were any changes and developments. We were shown the system of communication in the office and how the support team kept in touch with the staff. We saw that any issues highlighted by staff were quickly picked up and dealt with. For example, we saw how a staff member had contacted the care coordinator to tell them that a person they were supporting had gone into hospital. This enabled the coordinators to suspend the calls until they returned.

Staff told us they were aware of the service's whistle-blowing procedure and they would use the procedure, if they needed to. This meant that any incidents of poor practice would be reported by staff to the registered manager. The staff were also aware of how they could inform external agencies such as the Care Quality Commission (CQC) and local authority if they needed to.

The service had a registered manager in post. They said that they had good support from the provider who was based in the main office. We spoke with the registered provider who confirmed that they were very 'hands-on'. Staff told us they received good support from the registered manager and senior support staff. One staff member told us, "I get good support. I can ring the office whenever I need to if I need any help". We spoke with three care staff about the management support provided. They told us that the registered manager was always available and helpful. Staff said that they received good on-going support. One staff member told us, "The agency is run very efficiently. We work well as a team. You can always get hold of someone and there is a nice atmosphere in the office". Another staff member said, "I love my job. We have brilliant staff and the manager is approachable."

We looked at how staff were supported when working on their own, particularly during the dark hours. We saw that the service included this as part of the environmental risk assessments of people's homes. For example, consideration being given about trip hazards such as plant pots outside the door, and unlit pavements. Staff were reminded to have a torch and spare batteries, shovels and blankets in their cars. Staff told us that they knew about these measures.

There was a system in place for reporting accidents and incidents to the registered manager. Staff logged any accidents or incidents and the registered manager monitored these to identify any patterns or trends. Action was taken to minimise the risks involved or to prevent future occurrences. This meant that the registered manager could monitor and review incidents and take action where necessary. The senior management team held weekly management meetings. They also held monthly 'risk avoidance meetings' where all complaints, accidents, incidents and risks to people using the service were monitored and discussed. We saw the minutes of these meetings and were able to identify actions taken following the meetings.

We saw that the registered manager and provider were members of the local safeguarding reference group. They attended meetings which ensured the service had access to the latest safeguarding guidance from the group. This information was shared with staff.

The provider and registered manager had been involved in the local hospitals hospital avoidance project. Within this project, the service worked with the community health teams and the Clinical Commissioning Group (CCG) to provide immediate short term care for people in their home who were unwell. This initiative prevented admission to hospital for the person and enabled them to receive essential care at home. The service had developed a rapid response process in partnership with the local GP and district nurses' service. In addition, the service worked with the hospital discharge team to support and enable people to return from hospital sooner by providing a short term care package. This partnership working was shown to contribute to considerable cost savings for the CCG by reducing unnecessary hospital admissions and delayed discharges.

The provider had held a dementia awareness day in the local offices. The local community was invited to come and enjoy tea and cakes whilst they learned more about how to support people with dementia. They were working to become a dementia friend hub for the local community. This meant that, if anyone local living with dementia became lost, they could be taken to the offices as a place of safety. They had also gone into over 60's clubs and local schools to inform the club members and schoolchildren about how to be a dementia friend and how they could support people. All staff were dementia friends. In addition, the staff team had delivered dementia friends training to the area's fire-fighters.

The staff team had worked to develop an in-house newsletter which was sent out every quarter to people, staff and professionals who worked with the service. It was also available to people in the community. The newsletter informed people of what was happening with Bluebird Care. This included the celebrating of staff achievements, new initiatives within the service, awards achieved and future plans.

The provider had developed internal initiatives which celebrated and rewarded the staff team. For example, people who had worked for the provider for a year were treated to an adventure experience day of their choice.. We spoke with one staff member who was coming up to their award and was looking forward to it. They told us, "We all are very grateful for this and it shows us that we do matter to the owner." The service also had a 'Carer of the quarter' award which celebrated staff who had 'gone the extra mile' in their role. These staff were nominated by the people and family members using the service. We also saw that the service had won many external awards for the quality of their service. One of these was the 'Consistent Outstanding Contribution for the best Bluebird franchise in the country. This accolade came after a very in-depth audit of the service by the franchise owners.