A & J McLellan Limited

Bluebird Care North Tyneside

Inspection report

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Date of inspection visit:
06 September 2017
07 September 2017

Date of publication:
18 October 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

This inspection took place on the 6 and 7 September 2017 and was announced. Bluebird Care North Tyneside is a domiciliary care service providing personal care and support to 96 people who live in their own homes.

At the time of the inspection, there was a registered manager 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 using the service. They were protected from possible abuse by staff who were trained in and understood their responsibilities to safeguard people. Risks to people's well-being were assessed and management plans were in place to reduce identified risks.

Recruitment processes were robust and helped to ensure people were supported by suitable staff. Sufficient numbers of staff were deployed. A field based team of supervisors, a care coordinator and a support coordinator were based in the office. They provided both planned and unplanned care to ensure all visits were covered. The directors, a care manager and team of administrators were also based at the office. Some people and relatives told us that they did not always know which care worker would be visiting and they sometimes saw different care workers. The provider was proactive and was looking at ways to recruit and retain staff to improve overall stability within the staff team. People received their medicines safely and staff were familiar with the actions they should take in an emergency.

People received effective care from a staff team who were well trained and felt supported by the registered manager and office staff. Staff support included one to one supervision meetings and informal support and advice being available at any time they required it. Staff understood their responsibilities in protecting people's rights to make decisions for themselves. They offered people choice and obtained people's consent before providing support. Advice from health and social care professionals was sought and acted on appropriately. When it was part of their care, people were supported to have enough to eat and drink.

People were treated with kindness and compassion. Staff protected people's privacy and dignity when supporting them with personal care. People were helped to maintain independence as much as possible. Confidentiality was respected and people's personal information was kept securely.

The service was responsive to people's needs. Care plans were developed and reflected people's personal preferences and routines. Two people's care plans had not been reviewed by the due date. One person's care plan had limited information on how to support them when they exhibited behaviours that could cause distress and/or harm to themselves or others. A review of the person's care plan was arranged.

The service used feedback from people using the service to improve. Complaints were taken seriously and

responded to in line with the provider's policy. There was an open, friendly and positive culture in the service. Staff felt supported by the registered manager and were confident to raise concerns and issues.

People received care and support from a staff team that worked well together and upheld the values set by the provider. The quality of the service was monitored and where shortcomings were identified, action was taken to make improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff understood how to keep people safe. They were aware of their responsibilities for reporting concerns and the procedures to follow.

Risks to people's safety were assessed and plans were in place to manage and minimise those risks. Recruitment processes were robust and helped to ensure, as far as possible, that people were supported by suitable staff.

There were sufficient numbers of staff deployed. Some people and relatives told us the continuity of care could be improved. Medicines were managed safely.

Is the service effective?

Good

The service was effective. People were cared for and supported by staff who were well trained and supervised.

Staff felt supported by the registered manager and were confident they could seek advice when necessary.

Staff promoted people's rights to make their own decisions. Where support with meals was included in their care package, people were supported to eat and drink.

Is the service caring?

Good

The service was caring. People received kind and compassionate care.

Staff knew people's individual wishes and preferences and worked hard to provide care in a respectful and dignified manner. As far as possible people were supported to be independent.

People's right to confidentiality was protected.

Is the service responsive?

Good

The service was responsive. People received care and support that was personalised to their individual needs, preferences and

routines.

The service recognised people's changing needs and responded to meet them.

People were asked for feedback and knew how to raise concerns if necessary. Complaints were responded to and investigated thoroughly.

Is the service well-led?

Good

The service was well led. People benefitted from a staff team who worked together well and were happy working in the service.

Staff felt well supported and trained. They were confident in the leadership of the registered manager and provider and of the values set by the service.

The quality of the service was monitored and where shortcomings were identified, action was taken to make improvements.

Bluebird Care North Tyneside

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 6 and 7 September 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We therefore needed to be sure someone would be available in the office to assist with the inspection.

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.

Before the inspection we reviewed the information we held about the service which included notifications they had sent us. Notifications are sent to the Care Quality Commission (CQC) to inform us of events relating to the service.

We also reviewed the 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 looked at the results of a survey carried out by CQC to gain the views of people who use the service, staff and community professionals. Twenty people, three relatives and four staff members had responded to the survey.

During the inspection, we spoke with nine people who use the service and eight relatives. We also spoke with 10 members of staff. These included the provider, director, deputy manager, care coordinator, support coordinator, a field care supervisor, two senior care workers and two care workers. We received feedback from a social care professional and two external training providers. We looked at records relating to the

management of the service including eight people's care plans, medicine records and daily communication reports. We reviewed four staff files, training and supervision records and a selection of policies.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe in the presence of staff who supported them. Their comments included, "I do feel safe with them really." Additionally of the 20 respondents received from a Care Quality Commission (CQC) survey, people told us they felt safe from abuse and or harm from their care workers. Relatives also told us they considered that their family member felt safe at the service. Their comments included, "We have no issues, our real concern was would he be safe, but all was fine, and dad always looks happy."

Staff had received safeguarding training and were able to describe the signs which may identify different types of abuse. They were confident about reporting any concerns to the registered manager and provider if they felt people were at risk of harm. The provider had a whistleblowing policy that provided staff with the detail they needed to report any concerns about poor practice. They were also aware of other agencies they could report to outside of the organisation such as the police and the CQC. The provider had produced an easy read safeguarding leaflet for people.

Risks to people who used the service and staff were identified. For example, individual risks relating to falls and moving and handling had been assessed. Where a risk was identified, it was incorporated into the person's care plan, which provided staff with information on how to lessen the risk. Staff said they identified changes in people's well-being and reported them so action could be taken. In addition, as part of the initial assessment, the service assessed the environment for risks to the safety of staff and monitored the risks associated with lone working. Weekly risk meetings were held. Staff raised any concerns about risks to people's health and safety.

People were protected by safe staff recruitment procedures. The provider completed safety checks on all applicants. These included Disclosure and Barring Service (DBS) checks to confirm that prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults. References were obtained to check on behaviour in past employment and a full employment history was taken, which included the reasons for any gaps in employment. All the information required by the regulations was in place.

We reviewed the electronic visit rotas and saw that people were visited by regular care staff whenever possible. There were sufficient numbers of staff to ensure all care visits were made. There were no reports of missed calls and staff confirmed they had sufficient travel time between visits that helped to ensure they got to their visits on time. The service was able to have a flexible approach to staffing levels to support people when more help was required that promoted continuity of care. A field based team of supervisors; a care coordinator and a support coordinator were based in the office. They provided both planned and unplanned care to ensure all visits were covered.

We received mixed feedback about the continuity of care. One person commented, "They (care workers) always call at the right times or within 15 minutes and always call if they are going to be delayed or early." Other people told us, "I don't know who is coming. It is all different ones, but I get a few regular ones as

well," "I used to get regular carers' but I don't now" and "I have a rota but they are changed constantly without informing me." Three relatives made similar comments such as, "It's not always the same care worker", and "It would be nice to have continuity."

The provider confirmed recruitment was on going and they were looking at ways to attract and retain staff to promote continuity of care. These included a strong emphasis on promoting staff development, competitive rates of pay and the option of contracted hours as opposed to zero contract hours. Additionally there were staff incentives such as carer of the month awards. Exit interviews were conducted when staff left to establish their reason for leaving. This helped the provider to plan strategies for retaining staff.

People received their medicines safely. Risks associated with supporting people with their medicines were assessed and recorded in their care plan. The agreed level of responsibility the service undertook when supporting people with their medicines was clearly recorded. When people were prescribed medicines to be taken as necessary (PRN) it was clear how support was to be provided and recorded. Medicines administration records (MAR) were completed to indicate when any medicine including creams and lotions were administered or applied. Additionally each person prescribed with a topical medicine had a body map that detailed an abbreviation code. The record was used to direct care workers where those creams were to be applied. This was in addition to the person's medicine care plan and MAR. However, there was an error with the coding on one person's body map that indicated one cream was to be applied on top of another. We raised this with the deputy manager who arranged an immediate audit of body maps to ensure accurate records and safe application of people's topical medicines.

Staff told us they had received training in supporting people with their medicines. Annual refresher training took place and staff said their skills were observed during 'spot checks' by senior staff. A 'spot check' is an unannounced check on the practical work of a member of staff during a visit to a person who uses the service.

Good

Is the service effective?

Our findings

People received effective care from staff who were well trained. People were positive about the skills care workers had. Some of the comments included, "The regular carer is lovely, she knows her job mind, and she's very good". "The girls are very well trained, but I have to say to them what to do as well", "They are all very well trained and very meticulous in what they do" and "They seem well trained, well some of the young ones' are a bit apprehensive, but I put them at their ease."

Staff received a five and a half day induction over a period of two weeks before they started working at the service. This included training to cover subjects such as moving and handling, safeguarding vulnerable people, medicines and health and safety. Before working independently new employees spent time shadowing more experienced staff. This built their confidence in all aspects of their role. At the end of the shadowing period, their competency was assessed and signed off by a senior member of staff.

Following induction, all new staff completed the care certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Staff refreshed their mandatory training annually and refresher training was mostly up to date. We saw refresher training had been booked for those who required it in the near future. Additional topics such as dementia awareness were included to broaden the care workers knowledge. More recently, staff had experienced what it was like to live with dementia from their participation on a virtual dementia tour bus. Comments from staff who experienced the tour included, "It was amazing because we have so many customers with dementia and now I can relate to their experience" and "It was absolutely amazing. I've been a carer for many years, but that gave me a totally different view." Opportunities to gain recognised qualifications in Health and Social Care were available and staff were encouraged to complete these.

Staff told us that they frequently met and discussed their work in one to one meetings with their manager. One said, "I am very honest and open about my needs and that routine is very important to me. They (senior staff) slowly increased my hours of work and provided regular training and supervision to support my development." Others told us they were able to ask for help and talk about any training they needed. For staff who had been employed for more than one year an annual review of their work enabled them to reflect and plan for their role in the future.

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 service was working within the principles of the MCA.

Staff had received training in relation to the MCA. People's right to make their own decisions was promoted and staff were aware of their responsibilities in regard to this. Some people had given authority to others to

make decisions on their behalf by giving them Lasting Power of Attorney. Where this was the case, the service had requested to see the authorisation giving this legal right.

The service participated in a hydration campaign and informed people in their newsletter about the importance of hydration and keeping their house cool. The campaign welcomed care workers to take part by offering bottles of water to people and by ensuring the water was by the person's side. One person reported that it was a, "Good idea" to keep the bottle next to them.

When it was part of the care package people were supported to have enough to eat and drink. Nutritional risk assessments were completed as part of individuals care planning. These identified the times of visits for meals, likes and dislikes of foods and any specialist nutritional requirements. Staff had received training and explained how they assisted people to choose what they wanted to eat and drink and how they monitored people's food intake if required.

People were supported to maintain good health. Staff sought medical advice from health and social care professionals when necessary. For example, a care worker called an ambulance for a person who was unwell. The person had full capacity and did not want to go to hospital. Partnership working resulted in double up calls for the person and reassessment of the person's needs. This made sure the person's changing needs were addressed.

Good

Is the service caring?

Our findings

People gave positive feedback on the care they received and the staff providing it. Comments included, "They are so kind, that's the thing that stands out about Bluebird, the quality of the care staff, they have", "The girls are all lovely, so kind and helpful", "They are nice to me so I try to be nice to them and, "They are usually all nice."

People's relatives also commented about staff being caring and attentive. Their remarks included, "They are so nice to us, so kind, they can't do enough for us", "They are all lovely with her, she thinks they are all her friends and they love her", and "They are lovely, they come in straightaway and say hello to mum, can't fault them; mum loves to chat."

Staff were able to explain the care they provided for people and recognised the importance of knowing people well. One care worker reflected on dementia training she had received, stating "It got me thinking about (name of person) who's walking had deteriorated." The care worker raised some questions with the person about their comfort of walking and discussed this with the person's relative. As an outcome insoles were fitted in the person's shoes that provided extra comfort and aided the person's walking.

People told us the care workers always treated them with respect and dignity. Relatives also stated that their family members were shown respect at all times by the care workers and commented that the office staff, "Always go out of their way to be helpful."

Staff supported people to maintain their independence. Care plans indicated what people could do and where they required support. People said they were helped to stay as independent as possible and that care workers were considerate of their individual needs. For example, a relative spoke of their family member who would only tolerate the same care worker at all times. Due to holidays, this was not always possible. After discussions with the service, their family member accepted another care worker who they commented, "Makes them laugh".

The agency had a 'privacy statement for customers' that informed them about why they kept information on them and what they did with the information. Information relating to people's cultural and spiritual needs was recorded in the care plans when appropriate and when people had wanted to disclose it. People said they had been involved in planning their care and could make changes if they needed to. Care plans included an area for people to sign to confirm they had been involved in care planning.

People had their right to confidentiality protected. Staff had received training in confidentiality and record keeping. People's records kept at the service were held securely locked in the office filing cabinets. Information held on the computer system was only accessible to authorised personnel. Records kept in people's homes were held in a place agreed by them.

Good

Is the service responsive?

Our findings

People benefitted from a service that was responsive to their needs. They told us they received the care and support they needed when they needed it. One person said, "They do come from the office to check with me and re-write the plan if things have changed" and "I've got a care plan in a book and (name of staff) has been out to check everything is alright."

People's relatives told us that staff responded to any changes of their family member's health needs quickly. For example a relative stated, "It's been marvellous because (explanation of a health concern). Well they (the service) got onto the hospital straight away and the psychiatric nurse and GP came out to see (name of person)." Another relative said, "They (the service) are very on top and doing what is expected." Another spoke of their family members care plans and records, stating, "They have taken his full life history and so they know bits about him, he looks forward to their visits."

People's needs were assessed before a service was offered. They were involved in planning their care and had the opportunity to change any aspect of the plan if necessary. When appropriate, relatives or others who were important to the person had also been involved in planning their care and support.

People's care plans reflected their individual preferences and choices and contained clear guidance for staff to enable them to provide care in the way a person wished. Regardless of this, the plans would benefit from more detail on how to support a person, when identified with behaviours that could cause distress and/or harm to themselves or others. For example, notes by a care worker clearly described how to support a person, when presenting with distressed behaviour. The notes to another care worker were not used to inform the person's care plan and stated, "I've written down some tips and tricks in case you need them." We discussed this with the provider and a review of the person's care plan was arranged.

Of the eight people's care plans we looked at, a review of two were overdue. There had been a restructure of staff within the office and the provider had planned and prioritised the reviews to take place.

Staff confirmed they received updated information about people promptly. This was shared with them in a variety of ways; text message, telephone call and via the daily care notes.

People confirmed they were asked to give feedback on the service through written questionnaires and telephone contact. Following our inspection, the director sent us details of people's feedback about the responsiveness of staff from the most recent survey. Comments included, 'She [care worker] changed my light bulb,' 'They helped alter my clothing,' 'Provided support to my wife' and 'She made an appointment at the doctor and podiatrist for me.'

People also stated they would approach the service if they needed to make a complaint and felt confident that their complaint would be acted upon. One person said, "They are responsive, I know them all in the office and would not hesitate to call any of them." A relative stated, "They are at the end of the phone and know our name. I am confident the person at the end of the phone listens." The service had received 20

compliments in the last 12 months. They also received five complaints. These were responded to satisfactorily within the timeframe of the agency's complaint policy.

Good

Is the service well-led?

Our findings

The service had a registered manager in post. They had been registered with the Care Quality Commission (CQC) since July 2017. The registered manager had sent notifications about significant events to enable CQC to monitor the service.

The provider had strengthened their leadership structure. An operations manager and deputy manager had been appointed. They supported the manager to monitor the quality and safety of the service.

People benefitted from being cared for by staff who were motivated and aware of the values set out by the provider. Comments from people and their relatives included, "I would recommend them to anyone, they are excellent" and "I have recommended them, yesterday actually. I said why not give Bluebird a call." Staff described the organisation's values and stated, "It means a lot to us to do a good job … It's the customer that is important to make sure they are happy."

There was a friendly and positive culture in the service. Staff told us the registered manager was approachable and encouraged good teamwork. One said, "You can speak to the manager and the owners about anything, they are very supportive." Another stated, "It had been a bit unsettled due to management change, but it's settled now."

Although the registered manager was not present during the inspection it was obvious that he was respected by staff and that staff felt supported and valued. Staff said, "He is great and very punctual. When he started he called all the customers to introduce himself." A professional external training advisor used by the service stated, "The registered manager chaired the local registered managers' network for domiciliary care services which was set up to provide an opportunity to share good practice and provide peer support across agencies. They (the agency) are well engaged with our resources and commitment to workforce development."

It was clear that staff were proud to be employed by the service. Comments included, "The management team are brilliant, they call you regularly to see how things are". "It is fantastic and I'm not just saying that. I really would recommend a friend or relative to work for the agency" and "They (Bluebird Care) are a good organisation and I am proud to work for them."

Information technology had been introduced to help support and guide staff. Staff had access to the 'Staff guide app.' Staff could search for advice and guidance on their mobile phone on areas such as medication to help refresh their knowledge. The provider had introduced a new compliance management system which enabled staff to receive and read updates on policies and procedures. It also helped ensure the provider was kept up to date with all changes in legislation and best practice.

The quality of the service was monitored in a variety of different ways. For example, via telephone monitoring calls and during spot checks of working practice. The provider maintained a falls risk register and a pressure ulcer register so these areas could be monitored.

Quality questionnaires were sent to people and their relatives on an annual basis. The last audit undertaken in April 2017 informed that there were some issues with continuity and comments included, "Clients not feeling they get enough information of changes". As an outcome, the service issued each person with a copy of their latest newsletter that addressed most of the concerns. However, from our discussions with people and their relatives, they were not always informed about a change of care worker and wanted more continuity of care. Comments included, "I ring the office and they are nice but it worries me with all the different people, I just wish it was regulars."

Office staff told us that it had proved difficult for them to ensure continuity of care at all times due to staff turnover and absences. This had an impact on the timeliness of people's care plan reviews and audits of supporting documentation. A new electronic system was planned to help improve coordination of care at planning stage and promote continuity of care.

Following our inspection, one of the directors sent us their continuity report. The continuity of care report provided information on the numbers of care workers visiting people. We noted the service had achieved 100% compliance with continuity of care levels which had been set by external auditors.

The service recognised the importance of maintaining links with the local community. Following our inspection, one of the directors wrote to us and stated that regular coffee mornings were held where people and relatives could attend. Coffee mornings were also held to raise money for local and national causes such as Macmillan coffee mornings. They also stated they were involved in 'Winter Warmth' and 'Summer Hydration' campaigns to help ensure the health and wellbeing of people.