Bayford New Horizons Limited

Bluebird Care (Oxford)

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

We undertook an announced inspection of Bluebird Care Oxford on 24 March 2016.

Bluebird Care Oxford provides a personal care service to people in their own homes within Oxfordshire. On the day of our inspection 26 people were receiving a personal care service.

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.

We were greeted warmly by staff at the service who seemed genuinely pleased to see us. The registered manager checked our identity before allowing us to proceed with the inspection. The atmosphere was open and friendly.

People told us they were safe. Staff understood their responsibilities in relation to safeguarding. Staff had received regular training to make sure they stayed up to date with recognising and reporting safety concerns. The service had systems in place to notify the appropriate authorities where concerns were identified.

People were supported by staff who were knowledgeable about people's needs and provided support with compassion and kindness. People received high quality care that was personalised and met their needs.

Where risks to people had been identified risk assessments were in place and action had been taken to reduce the risks. Staff were aware of people's needs and followed guidance to keep them safe. People received their medicine as prescribed.

There were sufficient staff to meet people's needs. Staffing levels and visit schedules were consistently maintained. People told us staff were rarely late and they had not experienced any missed visits. The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their role.

Staff understood the Mental Capacity Act (MCA) and applied its principles in their work. The MCA protects the rights of people who may not be able to make particular decisions themselves. The registered manager was knowledgeable about the MCA and how to ensure the rights of people who lacked capacity were protected, this included Deprivation of Liberty Safeguards (DoLs).

People told us they were confident they would be listened to and action would be taken if they raised a concern. The service sought people's opinions through regular surveys and telephone monitoring calls. The service had systems to assess the quality of the service provided. Learning needs were identified and action

taken to make improvements which promoted people's safety and quality of life. Systems were in place that ensured people were protected against the risks of unsafe or inappropriate care.

Staff spoke positively about the support they received from the registered manager. Staff supervision and meetings were scheduled as were annual appraisals. Staff told us the registered manager was approachable and there was a good level of communication within the service.

People told us the service was friendly, responsive and well managed. People knew the managers and staff and spoke positively about them. The service sought people's views and opinions and acted upon them.

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. There were sufficient staff deployed to meet people's needs.

People told us they felt safe. Staff knew how to identify and raise concerns.

Risks to people were managed and assessments were in place to reduce the risk and keep people safe. People received their medicine as prescribed.

Is the service effective?

Good

The service was effective. People were supported by staff who had the training and knowledge to support them effectively.

Staff received support and supervision and had access to further training and development.

Staff had been trained in the Mental Capacity Act (MCA) and understood and applied its principles.

Is the service caring?

Good

The service was caring. Staff were kind, compassionate and respectful and treated people and their relatives with dignity and respect.

Staff gave people the time to express their wishes and respected the decisions they made. People were involved in their care.

The service promoted people's independence.

Is the service responsive?

Good

The service was responsive. Care plans were personalised and gave clear guidance for staff on how to support people.

People knew how to raise concerns and were confident action would be taken.

People's needs were assessed prior to receiving any care to make

sure their needs could be met.

Is the service well-led?

Good

The service was well led.

The service had systems in place to monitor the quality of service.

The service shared learning and looked for continuous improvement.

There was a whistle blowing policy in place that was available to staff around the service. Staff knew how to raise concerns.

Bluebird Care (Oxford)

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 the 24 March 2016. It was an announced inspection. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that someone would be in.

This inspection was carried out by an 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.

We spoke with seven people, three care staff and the registered manager. We looked at five people's care records, staff files and medicine administration records. We also looked at a range of records relating to the management of the service. The methods we used to gather information included pathway tracking, which is capturing the experiences of a sample of people by following a person's route through the service and getting their views on their care.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and notifications we had received. A notification is information about important events which the provider is required to tell us about in law.

In addition we contacted the local authority commissioner of services to obtain their views on the service.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments included; "Yes of course I feel safe" and "I'm safe, I can only compliment them".

People were supported by staff who could explain how they would recognise and report abuse. Staff told us they would report concerns immediately to their manager or the senior person on duty. Staff were also aware they could report externally if needed. Comments included; "Any concerns at all and I would phone the office straight away and report it to the manager. I know I can also call CQC (Care Quality Commission)", "I'd report to the manager and call social services" and "I've had the training. I would support the person and reassure them, then I'd report to my manager. I can call the GP, local authorities or the police".

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to manage the risks. For example, one person had been identified as being at risk of choking. The person had been referred to a speech and language therapist (SALT) who had provided guidance on how to safely support this person. This guidance included ensuring the person was seated correctly before eating, offering small mouthfuls of food and giving them time between mouthfuls.

Another person was not weight bearing and needed hoisting for all transfers. Detailed guidance was provided to staff in the use of the sling, the hoist and final positioning of the person. For example, 'lift pillows up behind head and make sure arms, hands and fingers are straight'. Daily notes evidenced staff followed guidance and safe practices when supporting people.

People told us staff were punctual and visits were never missed. Comments included; "As a rule they are quite punctual" and "Yes usually on time traffic permitting".

Staff told us there were sufficient staff to support people. Comments included; "I'm not pressured to cover extra shifts so I think we have enough staff. I know we recruit as customer numbers increase", "Oh yes there is enough staff. There is always cover, no problem" and "I think we are okay for staff".

Staff were effectively deployed to meet people's needs. The registered manager told us staffing levels were set by the "Dependency needs of our customers". They also told us many of the people had family members who supported them in addition to the support provided by the service. The service used an electronic system to monitor support visits and the system raised an alert if staff were identified as being late. This enabled the service to inform the person, contact staff and make alternative arrangements as required maintaining people's safety. Records confirmed there had been no missed visits identified.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff were of good character and were suitable for their role.

People received their medicine as prescribed. Where people needed support we saw that medicine records were accurately maintained and up to date. Records confirmed staff who assisted people with their medicine had been appropriately trained and their competency had been regularly checked. We spoke with staff about medicines. Staff comments included "Training in medicines is very good. I have had my competency checked this year and I have no problems with medicines" and "I do assist people and I am trained to do so. I get regular spot checks to make sure I am doing it properly".

Good

Is the service effective?

Our findings

People told us staff knew their needs and supported them appropriately. Comments included; "It is nice to have them, they are very good", "They are excellent and good company too" and "I think they are very well trained."

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they received an induction and completed training when they started working at the service. This training included fire, Safeguarding, moving and handling and infection control. Staff comments included; "I have the skills and I am building my experience. The induction gave me confidence and the training has set me up for what I need to do" and "With the training I've been given I feel confident I can do my job. Induction was thorough with lots of information and I shadowed an experienced carer for two weeks which was extremely useful". Induction training was linked to 'skills for care common induction standards' which is a nationally recognised program for the care sector.

People were supported by staff who had specialist training to meet their specific needs. For example, one person had specific needs relating to their condition and we saw that only staff who had received the training to meet this need were consistently deployed to support this person. This training had been provided by Oxford Health NHS Foundation Trust.

Staff told us, and records confirmed they had effective support. Staff received regular supervision. Supervision is a one to one meeting with their line manager. Supervisions and appraisals were scheduled throughout the year. Staff were able to raise issues and make suggestions at supervision meetings. For example, one member of staff had requested refresher medicine training. Records confirmed this training had been provided. Staff were also supported to develop professionally. Two staff had requested to undertake national training at level two in care, and this request had been granted.

Staff were also supported through spot checks and 'Task Observation'. Senior staff observed staff whilst they were supporting people. Observations were recorded and fedback to staff to allow them to learn and improve their practice. Observations were also discussed at staff supervisions.

We discussed the Mental Capacity Act (MCA) 2005 with the registered manager. 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. The registered manager was knowledgeable about how to ensure the rights of people who lacked capacity were protected. Where people were thought to lack capacity mental capacity assessments were completed. For example, one person had appointed a relative as a lasting power of attorney for their welfare and finances. This meant the relative could make care and financial decisions on behalf of the person. We saw a detailed mental capacity assessment was in place which had considered the person's best interests.

Staff demonstrated an understanding of the MCA and how they applied its principles in their work. Staff comments included; "This is protecting people, giving choices and protecting people's rights to make their own decisions. We help them to do just that" and "It is a piece of legislation to protect people who struggle to make decisions. We have to respect their decisions but I will try to persuade them where necessary because we act in their best interests".

At the time of our visit no one was subject to a Deprivation of Liberty Safeguards (DoLS) authorisation. These safeguards protect the rights of people by ensuring that if there are any restrictions to their freedom and liberty these have been authorised by the supervisory body. The registered manager told us they continually assess people in relation to people's rights and DoLS.

We asked staff about consent and how they ensured people had agreed to support being provided. One staff member said, "I always ask first. Even when I know what the answer will be I ask". Another said "I'm in their home so I get permission for everything, I even ask if it is okay to leave at the end". All the care plans we saw were signed by the person evidencing they had consented to the support plan. One person had appointed a relative to have lasting power of attorney, authorising them to make decisions relating to their health and care. We saw this relative had been involved with and had signed this person's care plan.

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included people's GPs and district nurses. Details of referrals to healthcare professionals and any advice or guidance they provided was recorded in people's care plans.

Most people did not need support with eating and drinking. However, some people needed support with preparing meals and these needs were met. People either bought their own food or families went shopping for them. People had stipulated what nutritional support they needed. For example, one person's care plan stated 'offer toast and make tea and juice'. Another person's care plan stated 'on occasions I would like the carer to put ingredients in the slow cooker and put on'. One person told us they cooked their own meals. They said "Once the carer had brought her shopping".

We spoke with staff about people's nutritional needs. One staff member said "Some people I prompt, some I prepare and I only assist one or two. Most of our customers just need prompting but the care plans are really useful with this sort of thing". Another staff member said "One person needs help with eating and drinking and their care plan is very detailed and of great help. Most people just need help with preparation".

People received effective care. For example, one person was at risk of developing pressure ulcers. The care plan provided staff with detailed guidance on how to effectively support this person. The guidance included monitoring the person's skin, instructions on drying the person's skin following a shower and the use of a pressure relieving mattress. Records of maintenance for the mattress were contained in the care plan and we saw the person did not have a pressure ulcer.

Good

Is the service caring?

Our findings

People told us they benefitted from caring relationships with the staff. Comments included; "The staff are always cheerful and frequently joke with me", "The staff are kind, caring and compassionate" and "The girls are friendly and easy to get on with".

Staff spoke with us about positive relationships at the service. Comments included; "I enjoy my job. Every day is different and I love our customers", "We have good relationships with everybody and we get on really well with customers" and "I really like it. I like the care side and it's a well run company. I just like working with people".

People's dignity and privacy were respected. When staff spoke about people to us or amongst themselves they were respectful and they displayed genuine affection. Language used in care plans was respectful. Each care plan contained a privacy statement. This gave the person details of the services policy on privacy including what information is kept and what is done with that information. It also detailed who the service would share any information with. Privacy statements were signed by the person.

People we spoke with told us their privacy and dignity was respected and staff understood this. One person said "Yes they do (respect my dignity), I cannot fault them". Another person said "Whenever I have a shower they sit in the background talking to me".

We asked staff how they promoted, dignity and respect. Comments included; "I draw curtains, shut doors and generally keep things low key and private", "I keep things personal, doors shut that sort of thing. I also encourage them to do what they can for themselves. I think it is one small way of promoting their dignity" and "I'm polite and I try to engage with them, especially with conversation. I do a lot of listening".

The service ensured people's care plans and other personal information was kept confidential. When we entered the offices of Bluebird Care Oxford the registered manager greeted us and checked our identity before allowing us to proceed with the inspection. People's information was stored securely at the office and we were told copies of care plans were held in people's homes in a location of their choice. Where office staff moved away from their desks we saw computer screens were turned off to maintain information security.

People's independence was promoted. For example, one person's care plan stated 'assist me in having a full wash'. The plan went on to state 'allow me to wash my own face and as much as I can manage independently. Prompt me to wash my hair'. Another person's plan stated 'I would like help to decide what I would like to wear'. Staff were aware of the need to promote people's independence. One staff member said "Independence is really important to these people. I involve them as much as I can".

People were involved in their care. We saw people were involved in reviews of their care and had signed reviews and changes to their support plans. People were also informed about who was visiting them and when. Visiting schedules were provided to people and gave information about dates and times of the visit.

They also stated what support the staff would be providing. For example, preparing a meal, administering medicine or assisting with showering. Schedules of support were updated in line with care reviews informing both people and staff of the support needs. Daily notes evidenced visiting schedules were followed and consistently maintained.
All care plans contained a statement, signed by the person stating 'I have been involved in drawing up this plan'. People had also agreed the plan was 'in their best interest'.

People's care was recorded in daily notes maintained by staff. Daily notes recorded what support was provided and events noted during the visit. These provided a descriptive picture of the visit. For example, one staff member had noted in one person's care plan 'found (person) to be well, made a drink and helped them to bed and made comfortable. (Person) was happy and well when I left'.

Good

Is the service responsive?

Our findings

People's needs were assessed prior to accessing the service to ensure their needs could be met. People had been involved in their assessment. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. For example, one person's care plan stated 'I like going out with a carer around Oxford city centre'. Another stated 'I like going on my computer and reading'. One person told us about assessments and reviews. They said "I am generally consulted over any assessment." Staff we spoke with were aware of people's preferences.

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person required support with showering. The person's care plan detailed how the person wished to be supported. The plan stated 'when showering, warm up the flannel, gently rub my eyes and dry with a towel'. Daily notes evidenced this person's preferences were respected.

People received personalised care that responded to their changing needs. For example, during a care review one person requested a visit from the physiotherapist. Records confirmed the physiotherapist visited this person. Another person's condition meant they had become at risk of infection. The care plan highlighted 'lack of good hygiene practice when washing' as the main hazard to this person. The care plan gave staff clear guidance on how to respond to the risk and included 'using different flannels for different areas of the body'. Staff were aware of this guidance and the person had not contracted an infection.

People were supported by staff who understood, and were committed to delivering, personalised care. Staff explained to us how they tailored people's care to suit their personal preferences. Staff comments included; "I treat them as individuals who all have their own way of wanting things done. I do it their way" and "This is about knowing the person, engaging on a personal level. It must reflect their choices and I involve them every time". Staff were able to explain to us how one person had specific wishes relating to how they had a shower. Their condition meant they required staff support but the person had clearly stated how that support was to be provided. This included 'rinse my hair with the shower head, facing the wall away from the sink'. Daily notes evidenced this person received personalised care in line with their wishes.

People knew how to raise concerns and were confident action would be taken. Everyone we spoke with knew how to raise a complaint and felt they were listened to. One person told us they had raised a concern that was "Acted upon immediately". Details of how to complain were held in the 'service user guide' given to all people and their families when they joined the service. The guide also contained contact details for the Care Quality Commission (CQC), the local authority and the Local Government Ombudsman (LGO). The service did not have any formal complaints recorded.

Compliments to the service were recorded and those we saw were extremely complimentary about the staff.

The service sought people's opinions and views. People were regularly called to enquire how they were and

what their opinion of the service was. All contact with people was recorded and all the records we saw were very positive in their content.

Staff had smart phones that were linked to the services information and care planning system. This allowed staff to complete people's care records immediately following the visit. This meant issues, concerns or changes to people's support needs were instantly updated and available to all staff and management. The system also fed into the NHS and ambulance service systems which meant people's care records could be viewed by other health professionals if required to ensure they had the most current information about peoples care. This was a secure system and people's information was kept confidential.

Good

Is the service well-led?

Our findings

People we spoke with told us they knew the registered manager. Staff spoke positively about the registered manager. Comments included; "The manager is very good, helpful and supportive" and "I've not been here that long so I don't know her well but she appears friendly and approachable".

The service had a positive culture that was open and honest. Throughout our visit management and staff were keen to demonstrate their practices and gave unlimited access to documents and records. Both the registered manager and staff spoke openly and honestly about the service and the challenges they faced. Staff told us about the positive culture at the service. One staff member said "I think it is a good service and I am kept well informed. The new phone system is brilliant". Another said "I have been told I will make mistakes but I will be supported. I'm confident I could report anything".

The registered manager had a vision for the service. They said "I want this to be the very best, high quality, personal service in the area. I have a huge passion for quality care and I try to ensure it is delivered to all our customers".

Accidents and incidents were recorded and investigated. The results of investigations were analysed by the registered manager to look for patterns and trends. For example, one person had fallen and suffered minor bruising. The person had not previously suffered a fall and their condition was not thought to have contributed to the incident. The person was referred to their GP and staff advised to be 'observant and report any changes or concerns'.

Staff told us that learning from accidents and incidents was shared through staff meetings and briefings. One member of staff said "We do share learning through updates and care notes on our phones. We also share knowledge at staff meetings".

Staff meetings were regularly held and staff were able to discuss and raise issues. Information, learning and changes to people's care was also shared at these meetings. For example, staff raised a concern about one person's personal care. Following this the person's family was contacted and a review of this person's care conducted. Staff also raised they would benefit from further training to support this person and we saw this training was provided.

The registered manager monitored the quality of service provided. Regular audits were conducted to monitor and assess procedures and systems. Audits covered all aspects of care. Audit results were analysed and resulted in identified actions to improve the service. For example, one audit highlighted the need for environment assessments to be fully completed. Records confirmed the assessments had been completed. We saw the results of the latest audit which was scored at 95%.

The registered manager also monitored the service through the electronic monitoring system. This system produced monthly reports allowing the manager to analyse progress and identify areas where action or improvements were required. For example, where people's visit schedules required updating and revising.

The system also alerted the registered manager where care reviews were pending or overdue. We spoke with the registered manager about this system. They said "We intend to link this system to other systems in the office, such as staff supervisions, to give us a complete overview of the service. It provides me with weekly reports and allows us to respond to people's needs much more quickly".

The service sought people's opinions through surveys sent twice a year. People and their relatives were able to provide views and opinions on the service provided. The results of the surveys were analysed and actions were taken to improve the service. For example, one person had noted on their survey response they would like an amendment to their care plan. We saw this was actioned and the person's request respected. All the feedback from the latest survey was very positive.

Staff surveys were also conducted and again the results analysed and actions identified. For example, one staff member had asked for further moving and handling training and we saw this was provided.

A bi-monthly newsletter was issued to staff and gave information and advice to staff. For example, one newsletter reminded staff to 'please make sure you are all drinking enough in the hot weather and you have plenty of fluids for all our customers'.

There was a whistle blowing policy in place that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.