

Kingfisher Business Solutions Limited

Bluebird Care (Derbyshire Dales & Amber Valley)

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

The inspection took place on the 28 September 2016. The provider was given 24 hours' notice of the inspection, as this is a community service where people are often out during the day and we needed to make sure that the registered manager would be available to meet us. This was the first inspection of the service.

The service is a community service registered to provide care and support to people in their own homes, who live in the Derbyshire Dales and Amber Valley areas of Derbyshire. There were 35 people using the service on the day of 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 were safe from harm or abuse as staff had the knowledge and skills to safeguard them from harm. Risks were identified and managed in a way that kept people safe, whilst still promoting their independence and rights. There were sufficient staff available to provide the care that people needed as well as having time to talk and get-to-know people, which promoted their wellbeing.

People were cared for effectively, by staff who had the skills and knowledge to meet their individual needs. Staff received training and information on how to care for people with different health conditions. Staff were supported by the policies and processes in place and by the registered manager who was available for advice, support and guidance. Staff understood and followed the principles of the Mental Capacity Act 2005 (MCA) and ensured people understood and consented to their care. People were supported to maintain a healthy balanced diet and to access community healthcare services where required.

People developed positive relationships with staff who cared for them and told us they looked forward to their visits. Staff enjoyed their roles and demonstrated compassion for the people they cared for. People were included in decisions about their care and staff listened to their ideas and preferences. Staff promoted people's dignity and independence, and encouraged people to do as much as possible themselves during visits, whilst it was safe to do so.

Staff took time to get-to-know individuals and their life stories, preferences and aspirations. This enabled them to provide a personalised service for people based on their individual needs and abilities. People and staff were matched for suitability of character and personality as well as the skills of the carer, this enabled people to build trust and develop positive relationships with the staff who cared for them. People were consulted about their care experience and improvements were made where required.

The management team had an open and inclusive management style, where people and staff felt valued

and empowered, to raise concerns or make suggestions on how to develop the service. There were positive links with the local community and the service operated from a 'shop front' office which enabled people to drop-in to see the staff or to enquire about care for a family member. There was good visible and accountable management and leadership of the service and a willingness to improve by the staff and management team. The quality assurance systems in place, provided opportunity for improvements to be identified and addressed. The management team were keen to develop the service, improve the quality of the care people experienced and had the knowledge and skills to do so.

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 were recruited safely and all pre-employment checks were completed before they cared for people. Staff understood their responsibilities to keep people safe from harm.

Medicines were managed safely and staff received relevant training.

Is the service effective?

Good 

The service was effective.

Staff clearly knew people's care needs and had the knowledge and skills to meet these needs.

Staff were supervised and supported by the management team; who also provided access to a wide variety of training and information which helped staff understand and meet the individual needs of people.

Is the service caring?

Good 

The service was caring.

People were cared for by staff who were kind and compassionate. Staff developed positive relationships with people based on dignity and respect.

Staff promoted people's rights, dignity and independence.

Is the service responsive?

Good 

The service was responsive.

Staff clearly understood people's preferences and choices and respected these by offering a personalised service.

The management sought feedback and used this to improve the service and the care people experienced.

Is the service well-led?

Good ●

The service was well-led.

Staff were supported by a management team that was available and responsive to any concerns. There were clear roles and responsibilities in the team and staff knew what was expected of them.

The registered manager and the directors had the knowledge and skills to develop and deliver the service; and were keen to improve and deliver a higher quality service.

Bluebird Care (Derbyshire Dales & Amber Valley)

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 28 September 2016 at the provider's office base in Belper. We gave the provider 24 hours' notice because they provide a community based service and the managers are often out during the day; we needed to be sure that someone would be in.

The inspection team consisted of one inspector and one expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses a community based service.

Before the inspection we reviewed any information we held about the service, including any information the provider had sent us. This included the provider information return (PIR). A PIR is a report that we ask the provider to complete which gives details of how they deliver their service, including numbers of staff and people using the service, and any plans for development. We also reviewed any notifications the provider had sent us. Notifications are reports the provider must send to us to tell us of any significant incidents or events that have occurred.

In order to gather information to make an assessment of the quality of the service, we looked at a variety of records and spoke to different people. We reviewed care records which included needs assessments, risk assessments and daily care logs; management records which included staff records, policies, development plans and evidence of training. We also spoke to the registered manager, a director of the service, four staff and seven people who used the service or their families.

Is the service safe?

Our findings

People told us they felt safe with the staff from Bluebird Care. One person told us, "Yes I do (feel safe), I've got regular carers", another person told us, "Yes, they're wonderful". A relative told us, "Absolutely, we have confidence in the service; there's nobody we haven't been happy with". People told us they would contact the office if they were unhappy with the service or had any concerns and, "Speak to the manager". Staff told us they had received training on safeguarding adults and they told us how they would respond if they had any concerns regarding a person. They understood their responsibilities to keep people safe from harm or abuse. There were safeguarding and whistleblowing policies in place to explain what to do if staff had any concerns; and they told us they would not hesitate to escalate any concerns within or outside the organisation if necessary. This meant people were safe from avoidable harm or abuse.

We saw risk management plans in care records and we saw evidence these had been discussed and agreed with people. They were signed by people and their comments and preferences recorded. One person told us, "Yes, we discussed things in depth" and a relative told us, "Yes we've been involved in all of it". Risks to people were identified and assessed and any risk management plans were recorded in people's individual care plans.

People told us they received a rota each week by email, advising them who would be providing their care each day and the time of the visits. One person said, "The timekeeping is very good" and another person said, "They're very, very good. They are usually on time, but if it varies for any reason they let me know". A relative told us, "We've had no issues; we get a rota emailed every week". Staff told us the management team try to keep calls together where possible, but there are usually some gaps owing to when calls are required by people. They told us they have enough time to do what they needed to do and often had time to sit and chat with people, which they enjoyed. There was an out-of-hours phone service available for people to use if they needed additional support and on-call to cover staffing issues out of office hours. Staff were willing to cover additional shifts for absence through sickness and annual leave. There were sufficient staff available to care for people safely, staff did not feel rushed and there was adequate time in-between calls for travel and contingency plans for severe weather or sickness.

There was an effective recruitment process in place to confirm staff employed were of good character and suitable to care for people. We were told, new staff did not commence employment until the necessary checks such as, proof of identity, references and satisfactory Disclosure and Barring Service (DBS) certificates had been received. A review of staff recruitment records confirmed the appropriate pre-employment checks had been made. There were recruitment and induction policies in place and these were followed; evidence of induction was also seen during the inspection. This demonstrated the provider acted responsibly when recruiting staff and ensured they were suitable to care for people before they started lone working.

There were medicine policies in place and staff were trained and observed by senior management before they were allowed to administer medicines to people. Many people took care of their own medicines or family members assisted with this; some people were 'prompted' or 'checked' by staff to see if they had

taken their medicines. People told us they were happy with how their medicines were managed, one person said, "Staff check to make sure I've taken my medicine and record it". A relative told us everything was working well and the service had responded to a number of changes in their relatives care needs recently. We saw medicine administration records (MAR) were returned to the office each month and audited by the registered manager. Any errors were highlighted and brought to the attention of relevant staff immediately and discussed in supervision with options for additional training if required. Staff told us the registered manager did spot checks and observed them administering medicines and they had regular updates on medicines and medicines training. We saw information on medicines and health conditions in people's care files which ensured staff knew what medicine people were taking, how to administer it and how this helped to manage their health condition. This ensured people received their medicines safely and as prescribed.

Is the service effective?

Our findings

People told us they thought the staff had the skills and knowledge to care for them effectively. One person said, "The crew know what they are doing", and another said, "They know what they are doing and I have confidence in them. I've never had a bad one". A relative told us, "They are very well trained and have a willingness to learn". They went on to tell us the staff had received bespoke training to care for their family members particular needs.

Staff told us they had a thorough induction which included role play, online and face-to-face training, finishing with observations of their care. One staff member told us, "I really enjoyed my induction, it was really interesting". The provider expected new staff to undertake the Care Certificate as part of the development of their caring role. The Care Certificate identifies a set of care standards and introductory skills that non-regulated health and social care workers should consistently adhere to. Staff told us they have regular refresher training, for example, moving and handling, safeguarding and more specific training on particular health conditions including Parkinson's, dementia and diabetes. We saw the training matrix and evidence in staff records of training they had completed and when it was next due. This meant staff training was well managed and staff maintained the knowledge and skills necessary to care for people effectively.

A staff member told us, "Communication is pretty good" within the organisation. They explained the different records they used to share information with the staff team, which were kept with people's care plans. These included, daily logs, accident and incident forms and care reviews. We saw audited copies of these records and could see they were comprehensive, signed and dated by staff. This demonstrated there was good communication between staff that enabled them to care for people effectively.

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 and found they were. The registered manager told us they completed a mental capacity assessment for every person with dementia or if they had concerns that a person lacked the capacity to make decisions about their own care. They told us they included other relevant people when making decisions in people's 'best interests', for example the person, family members and healthcare practitioners where appropriate. We saw 'best interest decisions' in care records which related to specific activities and appropriate people were included in making those decisions. Staff told us how they ensured they had consent from people before offering care and respected people's right to say no. They told us of one person whose relative had a Power of Attorney in place to make decisions on their behalf, regarding health and welfare. Staff told us how they liaised with the relative regarding the person's care plan and any changes required. Another person had reached the stage where

they may require an independent advocate and options had been discussed with them. An independent advocate will support them to maintain control of their decisions and their care. People's decisions were respected and staff followed the principles of the MCA when caring for people.

People who received support with their meals told us they were very happy with how this was managed. One person said, "They make my breakfast and wash up", they went on to say how their regular carer always made sure they had enough food in the house and went shopping for them if necessary. A relative told us, "It's very good; they are very flexible and good at judging things". Staff told us they liked to offer choices to people and usually had time to make something hot or prepare from fresh ingredients if that was what the person wanted. All staff we spoke to recognised the health benefits of maintaining a balanced diet and drinking enough fluids. They told us of one person who was at nutritional risk and how they used a food and fluid chart to monitor this person's intake and ensured they stayed well. People received support to have a balanced diet and enough fluids to help them maintain their health.

People told us, where needed, staff supported them to access community health services. We saw records confirmed staff had supported people to appointments and received support or advice from clinicians regarding the treatment people received. We saw referrals to services when people required specialist healthcare, or calls were made to the GP or pharmacist if there were medical concerns. This meant people were supported to maintain good health.

Is the service caring?

Our findings

People were cared for by staff who respected them and enjoyed caring for them. One person told us, "They are very caring", another said, "I think very highly of them"; and a relative told us, "They are absolutely lovely and have big smiles". Staff told us they really enjoyed their work and took pleasure in caring for people and enabling them to stay at home and live independently. One staff member said, "We have some lovely customers, I am genuinely fond of them. I admire their independence, we have people in their 90's and we only offer support where it is needed". They went on to say how they, "Love the diversity of people and their different lives" and how they had to be 'mindful' of this when caring for people. Staff told us how it was good to see people gain confidence, become more independent, and find ways to live with the changes that had happened to them. This demonstrated staff cared about people and spent time getting to know them.

People told us they were involved in planning and reviewing their care with staff. One person told us, "I had a full assessment which produced the care plan, which I signed". A relative told us, "It (the care plan) has been signed and evolved as her needs have changed". Another relative told us, "We are involved and my [relative] is involved as much as she is able to be". Staff respected people and encouraged their independence. One person told us they were treated with respect and, "They (staff) never overstep the mark". Another person said, "They give me choices, I like things my way" and another said, "They know what I like and I can ask if I need anything else doing". We saw evidence of involvement in people's care plans; they were signed by people and included their comments and preferences. Staff encouraged people to be actively involved in planning their care and making their own decisions.

People told us staff respected them and listened to them. One relative told us how staff had learned how to communicate with their family member, "Staff are very flexible and patient". One staff member said, "We have to respect that people make their own choices about what is best for them, we are not there to judge them, we have to be impartial". People told us that staff maintained their dignity by using towels, closing doors, and by being friendly and relaxed. Staff told us how important it was to enable people to retain their independence and ensured that people continued to do as much as they could. A relative told us, "Staff enable her to be as independent as she can be". Staff told us how they encouraged people to prepare their own drinks and meals if possible, but were there to offer support if needed. They encouraged people to carry out some personal care themselves and dress themselves where possible. They told us how important it was for people to keep moving to maintain flexibility and strength. Staff told us how they used people's preferred names when talking to them, and were discreet when offering care when a person had visitors. Staff respected people and promoted their dignity and independence.

Is the service responsive?

Our findings

Care plans were personalised and contained information on people's preferences, likes, dislikes, history, family and important people in their lives. This enabled care staff to build positive relationships with people as they used the information to open discussions with people and to guide how they cared for people. One staff member said, "We have to be mindful of people's aspirations and how they like things done". People contributed to their care planning and their comments and preferences were recorded. We saw evidence in daily logs that staff respected these and carried out tasks and care in the way people preferred. For instance, staff watered plants, opened windows, prepared drinks how people liked them; tidied up and put things away just the way people preferred them to be and used the make-up, toiletries and towels people preferred. A staff member told us how they had "Twenty minutes 'jammin' time" with one of the people they cared for, as this helped them relax and have some fun. This demonstrated staff knew what was important to people and respected their choices. This enabled people to retain their identity and control over their lives.

People told us they were involved in care reviews. One person said, "Yes, I have regular reviews" and a relative told us, "We've had them to get more support". Another relative told us, "We have had them for changes and every few months". Staff told us how they adapted care to meet the changing needs of people. For instance providing sleep-over care when family members were away or changing times of care visits to accommodate appointments or visits from family.

The registered manager told us how important it was for people to choose who comes into their home. They tried to match carers to people's personalities and deployed different carers to people new to the service, before establishing their team of carers. This gave people the opportunity to see who was available to support them and express preferences for people who suited their personality. One person told us, "I've got regular carers and they're very good. I feel like someone they care about". Another person said, "They know what I like and what needs doing". A relative told us, "She has a small team of regular carers that have got to know her and vice versa". A staff member said they had, "Some regular customers, it means we can offer some continuity and keep an eye on their changing needs". This meant staff were able to offer a more personalised care experience to people and build positive relationships based on individual choices and personalities.

People were given choice about the gender of carers where possible, and male carers were not used for personal care visits where people had specifically requested 'female only' for personal care. People signed staff time sheets at the end of the care visits which enabled them to have some control and involvement in their care.

There was a complaints policy in place and staff told us there was a copy of the policy and a complaints form in the care files in people's homes. People told us they knew how to make a complaint but explained they were happy with their care and had no reason to complain. One person told us how they had rung the office to enquire why different staff had arrived to provide their care and had been told it was because of annual leave. They were happy with the response. People and relatives said whenever they had contacted

the office to discuss 'anything' they always had a positive response. The service had not received any formal complaints but they did have lots of compliments from satisfied relatives and people who had used the service.

The provider conducted an annual survey with people, families and staff, and encouraged people to feedback on their experiences of care. We saw the results of the last customer survey and the recommendations included ensuring there is a complaints policy and customer guide in every care file, (family members confirmed these were in files); and where possible keeping a small team of carers for people (people confirmed that where this was important to them this had happened). The results of the last staff survey lead to discussions with staff regarding rotas, driving and mileage, uniforms and staff retention. People who used the service and staff told us they would not hesitate in contacting the office or the registered manager if they were unhappy or had any concerns. They told us they always had a positive and supportive response and felt the management team took any concerns seriously and explored options to improve things for people and staff. This demonstrated the provider welcomed feedback from people and staff and used this to improve the service.

Is the service well-led?

Our findings

The management team had an open and inclusive management style, where people and staff felt valued and empowered to raise concerns or make suggestions on how to develop the service. People told us they were happy with the service. One person told us, "I am more than happy", another person said, "I'm extremely happy and very satisfied. I can only say it's been the best, which is quite unexpected". A third person told us, "They are friendly staff, professional and let me know if they have any concerns". Staff told us they felt supported by the management team and staff worked well together. They said the registered manager was always available for support or advice when required and there was a positive culture within the organisation, where everyone wanted to do their best for people. One staff member said, "It's a lovely place to work, the directors are very nice, caring and approachable" and, "The team is supportive, everyone helps each other it's nice. I could tell from the start they were nice people". Another staff member said, "The manager has been really nice to me from the start, she encourages people to report everything, she is very caring and supportive".

We saw minutes of team meetings and one-to-one supervisions where staff were able to raise concerns, discuss any ideas for improvement and were included in discussions regarding improvements or changes. This demonstrated that the views of staff were included when considering improvements to the service.

The service had developed positive links with other community organisations which enabled them to reach out and offer support to the wider community. For instance, staff supported a local Alzheimer's carers group by providing a support and friendship group for people to meet-up, when their carers attended the local support group. This enabled carers in the community to access the support they needed and gave the people they cared for, an opportunity to meet new people in a safe environment.

There was visible leadership and management of the service. Staff told us the directors and registered manager, who were all present during our inspection, were approachable, available, knowledgeable and supportive. People told us they were extremely happy with how the service was managed. One person told us, "It's always staffed, we can email or pick up the phone, even at weekends", another person said, "It's extremely good" and a third person said, "It's very responsive, easy to contact and the staff are well trained". A staff member told us, "The manager does my supervision and is always available for support if needed. There is always someone available in the office. I would recommend to anyone as a place to work or if someone needed care". People and staff were very happy with the management style, their availability and their willingness to listen and support.

The registered manager followed all Care Quality Commission (CQC) requirements in respect of their registration and provided information as requested, in a timely manner. For example the provider information report was completed and returned to CQC promptly; this was then available for the inspector when planning the inspection.

Staff knew their roles and responsibilities and were motivated to improve the care experience for people who used the service. One staff member told us, "Everyone has a role, people do their job. I love working

here, the manager is really supportive. I feel like part of the team".

The quality assurance processes in place were integral to the data management systems within the service and enabled the provider to identify areas for improvement. These included auditing records, observations of staff, reviewing comments, complaints and feedback from people. The results were analysed and discussed with staff in team meetings, supervisions and were fed into the service development plan that was displayed for staff to see in the office. People confirmed the senior staff audited the quality of the care they received, by carrying out observations of staff and asking for feedback from people and families. One person told us, "They've done spot checks, I couldn't be more satisfied", another told us, "A senior comes to discuss any changes" and a third person said, "Yes we've had contact and spot checks". Staff confirmed the managers did 'spot checks' on them to check their competency and gave them feedback on their practice. Staff welcomed this and responded positively to feedback, expressing a willingness to learn and improve. We saw medicines were audited monthly and the process enabled the registered manager to identify any trends in medicine errors, which they then addressed in team meetings and supervisions. Staff also used a reflective practice book to develop their skills in identifying their own areas for development and learning from mistakes. This demonstrated the management systems in place were effective and were used to drive improvements to the service in a positive way, which staff engaged with.

The service had signed up to the 'Dementia Pledge' and used their resources when developing training and information for staff and when identifying areas for improvement. For instance, information on specific conditions were kept in people's care plans. Staff told us they were more aware of the different types of dementia and how it affected people. They told us they found the information provided in people's care plans useful, in identifying triggers, signs and symptoms that may be related to people's conditions.

One of the directors showed us information they received from other organisations they were members of. For example, they had received legal and employment information on the changes in employment law and national minimum wage; and examples of good care practice and training, from United Kingdom Home Care Association (UKHCA) and Caring Matters. This demonstrated the provider had a responsible approach to keeping up-to-date with legislation and best practice in the health and social care sector. This ensured the continued safety of people and staff and helped the provider maintain their commitment to offer high quality care for people in the community.