SH&B Limited

Bluebird Care (Hambleton and Richmondshire)

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

Overall summary

The inspection was carried out on 22 April 2015. We gave the provider 48 hours' notice of the inspection in order to ensure people we needed to speak with were available. This was the first inspection of the service since they first registered with the Care Quality Commission (CQC)

There was a registered manager in place. 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.

Care and support was provided to people in their own home on a flexible basis and in accordance with

Summary of findings

individual needs. People who received care and support from the agency provided us with positive feedback. They said they received a reliable service and a good standard of support from caring, kind and compassionate staff. People told us they felt safe in the way staff supported them and had confidence in the staff.

Risks to people's safety and welfare had been assessed and information about how to support people to manage risks was recorded in people's plan of care.

People who used the service received support from a consistent staff team and staff were matched to people with the same interests to help build a positive relationship. Sufficient numbers of staff were available to meet people's needs.

Recruitment checks were in place. These checks were undertaken to make sure staff were suitable to work with vulnerable people. The training programme provided staff with the knowledge and skills to support people. We saw systems were in place to provide staff support. This included staff meetings, supervisions and an annual appraisal. The agency had a whistleblowing policy, which was available to staff. Staff told us they would feel confident using it and that the appropriate action would be taken.

Some of the people who used the service were supported with their medicines and staff told us they were trained and felt confident to assist people with this.

Staff had received relevant training which was targeted and focussed on improving outcomes for people who used the service. This helped to ensure that the staff had a good balance of skills, knowledge and experience to meet the needs of people who used the service.

Staff liaised with healthcare professionals at the appropriate time to help monitor and maintain people's health and wellbeing. People were provided with care and support according to their assessed need.

People gave consent to their plan of care and were involved in making decisions around their support. People's plan of care was subject to review to meet their changing needs. Staff told us they felt well informed about people's needs and how to meet them.

The registered manager had a clear knowledge and understanding of the Mental Capacity Act (MCA) 2005 and their roles and responsibilities linked to this. They were able to explain how they would ensure a decision was made in a person's best interests if this was required and the service worked alongside other health and social care professionals and family members. This helped to ensure decisions were made in people's best interests.

Staff we spoke with told us how much they enjoyed working for the service and were committed to providing an excellent service for people. Systems and processes were in place to monitor the

service and drive forward improvements. This included internal audits and also the provider had franchise audits which provided positive feedback about the service.

People's views had been sought through the use of questionnaires. The overall feedback we received about the management of the service was very positive.

Summary of findings

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

This service was safe.

Before people were supported by the service, an assessment was completed covering each person's support needs and what areas the service would be able to assist them with. This ensured that the service was appropriate and able to support people safely. People were cared for in their own homes and the initial assessment the provider undertook included a risk assessment of the environment to ensure that it was appropriate for the person.

There were safe systems in place for supporting people with their medication. The agency had a medication policy and staff received training which included a practical test to demonstrate competency.

Staff had been recruited safely to ensure they were suitable to work with vulnerable people.

Is the service effective?

Good

The service was effective.

Staff received on-going training. The training programme provided staff with the knowledge and skills to support people.

People were included in decisions about how their care and support was provided when they were unable to do so because the provider worked within the principles of the Mental Capacity Act 2005

Staff liaised with healthcare professionals at the appropriate time to monitor and maintain people's health and wellbeing

Is the service caring?

Good

The service was caring.

The registered manager and staff were committed to providing a caring and compassionate service. This was reflected in their day-to-day practices.

Discussions with staff showed a genuine interest and a very caring attitude towards the people they supported.

Staff were very knowledgeable regarding people's needs, preferences and personal histories.

People who used the service were very pleased with the consistency of the staff team and they valued the care, support and companionship offered to them.

People we spoke with told us the staff providing support were respectful and kind.

Is the service responsive?

Good

The service was responsive.

People had a plan of care and where changes to people's support was needed or requested these were made promptly.

Summary of findings

People we spoke with knew how to make a complaint if they were unhappy. People who used the service, their relatives and other professionals involved were given opportunities to provide feedback. This enabled the registered manager to address any shortfalls or concerns.

Is the service well-led?

Good

The service was well-led.

Staff were clear as to their roles and responsibilities and the lines of accountability across the service.

Systems and processes were in place to monitor the service and drive forward improvements. This included internal audits and also corporate audits which provided positive feedback about the service.

The overall feedback from people who used the service, relatives and staff was very positive about how the agency was managed.

Bluebird Care (Hambleton and Richmondshire)

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.

The inspection of Blue Bird Care took place on 22 April 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the staff would be available to speak with us.

Before the inspection visit we reviewed the information we held about the service, which included notifications submitted by the provider and spoke with the local authority contracts and safeguarding teams and with Healthwatch. This organisation represents the views of local people in how their health and social care services are provided.

The inspection was carried out by one inspector. Before we visited we asked the provider to complete a Provider Information Return (PIR). The PIR 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 asked for and received a list of names of people who received a personal care services so that we could contact them and seek their views.

During our visit to the agency we spoke with the nominated individual (director), the registered manager and the second director, care coordinator, supervisor and two members of care staff. We contacted four people who used the service. We reviewed the records for three people who used the service and staff recruitment and training files for three staff. We checked management records including staff rotas, staff meeting minutes, quality assurance visits, annual surveys, the staff handbook and the Statement of Purpose. We also looked at a sample of policies and procedures including the complaints policy and the medicines policy.

Good

Is the service safe?

Our findings

Those people who used the service that we spoke with told us they felt safe when staff were in their homes providing care. One person said "I have total confidence in the carers that visit me." A relative said "I just know my relative will be safe, I trust the staff and they ring me if there are any problems."

The registered manager informed us they had sufficient numbers of staff to provide care and support to people in their own home. They advised us that the staffing numbers were adjusted to meet people's needs. We saw calls to people were arranged in geographic locations to cut down on travelling time. This decreased the risk of care staff not being able to make the agreed call time. Staff told us this was never a problem as they were given travelling time between the calls and were able to stay for the full duration of the call. People who received care and support from the agency told us the staff arrived on time and they received a reliable service. They informed us that in several cases the staff arrived early and at times stayed later. One person did tell us that occasionally staff arrived late but said they lived in the country so could expect delays on country roads.

The staff we spoke with told us they received their staff rota in good time and were always informed of any changes in advance. We saw people were supported by small staff teams to help ensure consistency of care. Staff we spoke with told us this worked well and people told us they preferred to receive support from a regular team of staff. The service had an 'on call' system and people we spoke with told us they were able to contact the office at any time. Staff said the 'on call' rota meant a senior member of staff was always on duty to provide support and guidance out of 'normal' working hours.

Systems were in place to minimise the risk of abuse and the manager was aware of their responsibilities to report abuse to relevant agencies. Staff had access to an adult safeguarding policy and procedure and the local authority's safeguarding procedure. Staff told us they received safeguarding (abuse) training on induction and as part of their on-going training programme. They told us their 'staff handbook' provided information about safeguarding. Staff were able to tell us about the different types of abuse and the actions they would take if they witnessed an alleged incident.

We asked the manager to show us the recruitment checks they had carried out for staff. These showed robust measures were in place to ensure staff were suitable to work with vulnerable people. New staff had completed an application with a detailed employment record and references (professional and character) had been sought. Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff starting work. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list of people who are barred from working with vulnerable adults. Photographs were available for identification purposes. New staff were provided with a contract of employment and job description.

We looked at how the service supported people with their medicines. Staff told us they had received medicine training and this provided them with the skills and knowledge to support people with their medicines.

The service had a policy and procedure for the safe handling of medicines. People's risk assessments and care plans included information about the support they required with medication. Records showed that staff involved in the administration of medication had been trained. Staff we spoke with had a clear understanding of their role in administering medication. One member of staff told us, "I have had training and was shadowed until I was competent." Records we reviewed confirmed this. We were told by the registered manager that staff were not able to assist with medication until they had completed a competency test and had their training regularly updated. The registered manager told us they carried out random checks by visiting people following their scheduled visit to check medication had been given and signed for according to the agency's procedures. This meant staff competence was reviewed and updated regularly so that staff had the skills and knowledge to complete the task in an effective and safe way.

Assessments were undertaken to assess risks to people who used the service. These included environmental risks and other risks relating to people's health and support needs. For example moving and handling a person safely in their own home. The risk assessments included information about what action needed to be taken to minimise the risk of harm occurring. Staff told us about the people they supported and if they had concerns about any aspect of care how they would report it. For example, if a

Good

Is the service safe?

person had a fall or was not eating or drinking well. They told us the benefits of a small consistent staff team meant any signs of a person being at risk were picked up early as they knew people's conditions well. The manager informed us accidents/incident were reviewed to identify any trends or patterns.

Staff also confirmed that they had enough equipment to do their job properly and said they always had sufficient gloves and aprons, which were used to reduce the risk of the spread of infection.

Good

Is the service effective?

Our findings

People who used the service told us they were happy with the standard of care and support they received. People's comments included, "They do everything that needs to be done, they are very friendly but professional as well." and "They are marvellous I couldn't do without them."

The manager explained that as much information about people as possible was obtained before they commenced providing a service in order to ensure the agency could meet that person's needs and they could provide a compatible match between the person and staff. The manager said this included information which got to 'the heart of the person'; their past work and social life, hobbies and interests. The manager said they believed the most important aspect of providing a service was to develop a trusting relationship and having this information assisted with developing this. We looked at people's care records and saw they provided information about people's medical conditions and where the service liaised with health and social care professionals to support people if their health or support needs changed. Care files seen showed referrals to health and social care professionals had been made promptly by the staff. For example, GP, district nurse team and social services. Care plans were updated in a timely manner where a person's needs had changed."

We looked at the training and support programme for the staff. One of the directors for the service had taken responsibility for providing training. The franchise made available a programme of e learning which the provider did not feel provided robust effective training. The agency office had sufficient space to set up a training room which included practical equipment for training, for example a bed and hoist for moving and handling. It was explained they provided induction training in small groups as this prompted discussion and gave the employer an opportunity to get to know staff and observe practice. The agency had developed new induction and on going training for staff which met the requirements of the new Care Certificate.

Staff told us they received a very good level of support from the management; this included regular training and supervision meetings. They told us training was provided in statutory subjects such as, health and safety, moving and handling, safeguarding, medication, food hygiene, Mental Capacity Act 2005 and first aid. Staff comments included, "I did a three day induction when I started which included moving and handling, safeguarding and medication training and we have reviews every so often", "I feel skilled to do my work" and "We get lots of training and guidance." During induction staff were shadowed by experienced staff, as they became familiar with the service and the needs of people they supported. The service commissioned specialist training in order to meet people's needs around specific conditions and the agency had recently commissioned end of life care training as they identified this was an area of growing need. The manager informed us staff would only support people with more complex needs once they had completed the training and felt confident in delivering the care and support.

Staff received one to one supervision meetings with their line manager. These sessions gave staff the opportunity to review their understanding of their core tasks and responsibilities to ensure they were adequately supporting people who used the service. Supervision sessions also gave staff the opportunity to raise any concerns they had about the people they were supporting or service delivery.

The manager told us the staff had key performance indicators for their job role and these were reviewed on a regular basis to monitor staff development and performance. Staff files contained training certificates and these showed staff training was up to date. Supervision meetings were held every three months and staff had an appraisal.

The manager was able to demonstrate an understanding of the Mental Capacity Act (2005). The

Mental Capacity Act (2005) (MCA) provides a legislative framework to protect people who are assessed as lacking capacity so are not able to make their own decisions. The registered manager and staff had undertaken training on the Mental Capacity Act 2005 and this helped them to ensure they worked within the principles of the Act and that decisions were made in people's best interests. The registered manager told us they were not currently providing support where the MCA or DoLs were required. People who used the service were asked to consent to care and support and had signed to say they were in agreement with their plan of care. Staff told us they asked for people's consent before assisting them. They said emphasis was placed on providing individual assistance and maintaining and promoting people's independence.

Good

Is the service effective?

Staff told us they offered dietary support in preparing or providing meals when needed and they would report to the manager and/or family if they had concerns about a person's loss of appetite.

Good

Is the service caring?

Our findings

All of the people we spoke with were happy with the care that they or their relative received. They told us staff were polite, kind, caring, patient and compassionate. They told us that staff treated them, or their relative, with respect and protected their dignity.

One person told us "Carer's are cheerful, friendly and helpful. I don't know how I could possibly make it better." And another person said "I am very happy with the care the carer's are excellent."

Staff were knowledgeable regarding people's needs, preferences and personal histories. They told us they had access to people's care plans and had time to read them. They felt this was an important part of getting to know what mattered to people. We saw people's consent had been sought around decisions about their care package, level of support required and how they wanted this support to be provided.

Staff told us privacy, dignity and confidentiality were discussed on induction and that this formed an integral part of the organisation's training programme. A staff member said, "The agency expects high standards at all times." The dignity training looked at various elements of care. This included personal care and how to maintain a person's dignity at all times. Staff told us their care practices were observed by senior staff when they started and through the on-going training programme. This was to ensure staff were caring for people in a respectful and dignified manner.

The provider explained how they had amended their recruitment advertising to emphasise the need, not necessarily to have experience in the caring profession but to demonstrate compassion and commitment to provide excellent standards of care. The feedback we received from people we spoke with reflected this view.

Discussions with staff showed a genuine interest and very caring attitude towards the people they supported. Staff told us, "I take care of people as if they were my own parents", "I do it to the best of my ability. We get regular spot checks to make sure we are giving good care,", "I like to stay longer and talk with people and their families, it's very important to spend time with them." Staff told us they were always introduced to people before providing care and support and had time to get to the know people.

We were given examples of how staff had been matched with people who used the service who had the same interests and also small teams of staff were allocated to each person. This was seen as an important element of building relationships based on trust and friendship. Staff said this really helped them to get to know people and to understand what was important to them and how they wish to be treated.

The provider was aware of how to contact local advocacy services should a person who used the service require this support.

Good

Is the service responsive?

Our findings

One person told us about the support they received and how the staff had been working with another health professional to help improve their condition. Another person told us about the staff rota and how this was always made available to them. They said, "The same carers come all the time but I just like to know who is coming and when." A relative told us how a member of staff had responded to their relative being unwell. They said, "(staff) took over and could not have done more. (Staff) rang the doctor who came out, then rang the office who rang me and (staff) stayed there until I got to the house. Wonderful and really professional." Another relative reported, "When the manager first came to see us we told them what we needed and they listened." The relative went on to say their family member received the care they needed.

The manager explained following initial enquiry about the service people were given information about the service. A senior member of staff then completed a comprehensive assessment. This information detailed the support people required but also collected additional information to enable staff to develop relationships with people and match people to carers.

People and their relatives said that they had contributed in the planning of the care and staff confirmed that each person had a care file in their homes. The records we looked at showed that some of the people had signed their care plans to indicate that they agreed with the planned care and the interventions by the staff.

The care plans were reviewed regularly or when people's needs changed. This helped to build up a picture of people's needs and how they wanted their support given. Care plans we looked at included a plan of care and information for staff on how to provide care and support in accordance with individual need. Along with people's plan of care, risk assessments and daily records were in place. The daily records provided an over view of the care and support given by the staff. People's care was subject to regular review with them and with relatives if appropriate. Information about how to contact the agency out of normal working hours was made available to people who used the service.

For one person, the care plan had been updated following a medication review by their GP. Discussion with staff, together with feedback from people who used the service and relatives showed that the staff knew people well and staff respected people's choices and decisions about their support needs.

Staff told us what actions they would take in an emergency and this involved always reporting an incident to senior staff on call. A staff member said, "Any accidents I would call the doctor if I needed to and then ring the office and fill in the form on the care plan. It's important to record everything."

The provider had a complaints procedure and information about how to make a complaint was provided to people when they started using the service. A relative said, "We have never had to complain because everything has been great but we have been given the office number

to ring if we need anything."

The provider had a system to record all concerns and complaints received and these had been investigated and written responses sent to the complainants. Where possible, these had been resolved to the person's satisfaction and changes to their care had been made if required. The manager told us that the information about complaints was shared with the staff so that everyone was aware of the concerns raised and they took necessary actions to make the required improvements.

The service had systems in place to help monitor how the service operated and to enable people and relatives to share their views and make suggestions. This included the provision of satisfaction questionnaires, the results of which were analysed and shared with staff and people using the service including areas for improvement. A recent survey had identified people preferred to receive their rota of care to be sent out every Friday instead of every Monday and this had been actioned. The provider told us they were planning on increasing the frequency of customer satisfaction surveys to every 6 months in order to gain a more frequent view of the service provided.

The manager demonstrated a very clear understanding and commitment to providing person centred care. Person centred care ensures people receive care and support tailored to their individual need. This was reflected in the detail and supporting information sought from people to ensure the support people received was specific to their wishes and needs.

Good

Is the service responsive?

Recent satisfaction surveys identified that people using the agency were at an increased risk of social isolation because many people live alone but have similar interests. The provider is looking to bridge this gap by identifying a means of bringing people together for example for coffee mornings / meetings. The provider is also planning to produce a newsletter by January 2016 to improve communication with people who use the service.

Good

Is the service well-led?

Our findings

The provider wrote in their PIR "We believe that strong and transparent leadership is essential in providing a safe and high quality service. All staff training emphasises our vision of person centred care with the recognition that the people we care for are customers and not service users. All our staff are trained to promote independence, dignity, respect and equal opportunities."

We saw the service had an effective management structure. There were clear lines of accountability and ways of working and the roles and responsibilities of staff were clearly defined. Staff were supported by senior staff and this included care coordinators and office staff. Staff told us managers for the agency were actively involved in the service and we found this to be the case. A staff member said, "There is always someone to call if I was worried about anything."

People's care plans were audited and spot checks were undertaken in people's homes to make sure they were happy with the care provided and also to monitor staff performance. The registered manager told us if issues were identified extra staff training and support was provided.

One person told us "(name) pops out to see me regularly to check everything is ok, sometimes that's when the carers are here and other times when they aren't."

Staff attended regular staff meetings and staff told us they felt these were useful meetings to share practice and meet with other staff. One person said "staff meetings are good; we work a lot on our own so it's good to meet up with the others and share experiences." We looked at the records of staff meetings and also saw staff were acknowledged for their hard work, the manager said they were looking at ways to provide additional acknowledgement and reward for staff. Staff told us managers were very supportive. Staff support included regular staff meetings. We saw an agenda for a meeting which was structured and covered a number of areas including staff training medicine records, confidentiality and whistle blowing.

We saw a number of policies and procedures which were provided by the franchise national office. These were updated in accordance with 'best practice' and current legislation. Staff told us a number of policies were discussed at staff induction and through their on-going learning.

There were systems and processes in place to monitor the service and drive forward improvements. The franchise has a Quality Development Manager who visits the service and supports progress with the franchise's Quality Planning Management Tool. This system supported the service's own internal auditing and provided an independent view. The registered manager completed audits to monitor the service including missed/late calls, medications, staff recruitment processes, supervision and appraisals, and accidents and incident reporting. The provider attended regional support meetings and attended a national conference in order to develop networks with other providers and learn about new market initiatives.

The provider explained now the service was becoming more established they have started the process of improving their community presence with meetings with healthcare professionals, advocacy groups and carer groups over the last 6 months.