

Optima Management Limited

Bluebird Care (Chiltern & Dacorum)

Inspection report

Unit 14 Langley Wharf
Railway Terrace
Kings Langley
WD4 8JE

Tel: 01442933499
Website: www.bluebirdcare.co.uk

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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

About the service

Bluebird care (Chiltern & Dacorum) is a domiciliary care service who provide personal care. The service supported 47 people at the time of the inspection of which 30 people were supported with the regulated activity.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People received care which met their support needs. People were put at the centre of their support. People felt safe with the support they received. There was a consistent staff team, which meant people received the calls they needed and got to build up relationships with the same staff.

The staff team were passionate about providing high-quality person-centred care and keeping people independent in their own homes. People received support from health professionals and staff worked collaboratively with outside agencies.

People were positive about the management of the service and feedback from people was always welcomed to improve the service. The management team had a positive ethos and were dedicated in providing good care.

The quality assurance systems in place ensured that the provider and the management team could implement changes to the business to improve the care people received and were able to monitor the quality of the service being given.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published in 14 February 2017).

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Bluebird Care (Chiltern & Dacorum)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team was made up of two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 13 August 2019 and ended on 20 August 2019. We visited the office location on 13 August 2019. Calls were made on the 20 August 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, care coordinator and care workers.

We reviewed a range of records. This included two people's care records and three medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records. We spoke with one professional who regularly visits the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective systems in place to safeguard people. Where concerns had been raised matters were dealt with in an open and transparent way. For example, at the time of the inspection a person was discharged from hospital unsafely. This was immediately raised by the management team to the local safeguarding team who took the appropriate action on the day.
- People using the service felt safe with the support they received. One relative told us, "I feel safe to leave the house and know the staff will come and support [relative]. There is no hesitation with Bluebird."
- Staff received safeguarding training and knew how to identify and report concerns relating to abuse and they felt comfortable in raising concerns. One staff member told us, "I would look to see if someone wasn't right in themselves, they may be shaking or have unexplained bruising. They may be withdrawn or nervous. Items in their home maybe missing. I would phone the office straight away and they would advise me what to do."

Assessing risk, safety monitoring and management

- People had risk assessments in place that highlighted what the risk were and how to support the person to minimise them.
- People's care plans highlighted what the person's goals were. For example, people wanted to stay in their homes and be supported to be as independent as possible. The risk assessments and care plans ensured that they had taken this into consideration when developing these.
- The provider ensured equipment used in the persons home as part of their support package was regularly serviced. Details of who to contact for any repairs was available.

Staffing and recruitment

- The management team were proactive with the recruitment of new staff to meet the needs of the growing business. This meant the service ensured there were regular staff to support people using the service. This gave people continuity of care from a staff team who knew them well and understood their support needs and preferences.
- The management team managed the rota's effectively which gave staff enough travel time to get between calls. Rota's were sent out to people, so they were aware of the time staff were arriving and who to expect.
 - People were supported by staff who had been through a robust recruitment and selection process. This included all pre-employment checks, such as referenced and criminal records check.

Using medicines safely

- Staff received training to safely administer medicines for people. Staff's competency were checked to

ensure they were skilled and confident to administer people's medicines. People received their medicines when they needed them.

- People's medication records were checked on a monthly basis. The audits did not always detail the actions taken when recording errors had been made, however the management team had sent out a memo to staff to make themselves aware of the policy and procedure in place when managing medication.

Preventing and controlling infection

- Staff had the relevant training in infection control.
- Staff had all protective equipment needed to support people safely. One relative said, "They all wear uniforms and use gloves and aprons when needed."

Learning lessons when things go wrong

- The management team reviewed incidents that happened and used feedback from people to improve the support they provide across the service. All incidents were discussed in team meetings and addressed in memo's which ensured the staff were aware of the lessons learnt and what improvements if any were needed.
- Staff said they felt comfortable in speaking up when things may have gone wrong.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Peoples voices were clear throughout their care plans. For example, In the care plans it listed items that were important to the person's care and where the person would like those items to be kept. It also detailed how to support the person maintain their independence.
- People's care plans highlighted their physical, mental and social needs and detailed what outcomes the person wanted from the support.
- Staff and management were up to date with current care standards and guidance. This was reflected in how people received their support.

Staff support: induction, training, skills and experience

- People were supported by staff who had ongoing training in area's which the provider had identified as relevant to their role. One staff member said, " I have had all training available and then we have extra training for example, depression, Parkinson's, diabetes and dementia. If we would like any other training the management would provide this for us."
- Staff felt supported by their manager and had opportunity to discuss their professional development and wellbeing through individual supervisions and appraisals.

Supporting people to eat and drink enough to maintain a balanced diet

- Peoples care plans identified where support was needed around nutrition. Care plans highlighted people's likes and dislikes and what support they needed for their meals. One person said, "Yes, they will always as what I want to eat and drink. They will have a look at what I have in the fridge and give me options."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff who knew them well which ensured the care delivered met people's needs consistently. Staff were proactive in supporting people with all aspects of their support. During the inspection the management team were liaising with occupational therapists, social workers, GP's and hospitals to ensure that people had the right care.
- The staff team have worked together with other health professional to provide person centred care. One professional said, "Bluebird have some really complex service users and they always try and get the best outcomes for them whilst ensuring the safety of their staff. They are open to trying equipment, will always make themselves available and will try and problem solve before needing to involve us. Bluebird are very

knowledgeable about the service users they work with and seem to have a good rapport with them and their family members."

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's care plans detailed how people wanted their support which ensure they have control of how their support is delivered. Where people lacked capacity, decisions were discussed in their best interest.
- At the time of the inspection there was not anyone who needed to have their liberty deprived.
- Staff understood what the mental capacity act meant and how to support the person in making particular decisions. One staff member said, " We try and keep people independent. I would ask what clothing they would like to wear or what food they want but always trying to keep them as independent as possible and giving them control of their lives."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People felt they were treated with kindness and respect. One person said, "What we value the most about the service is trust, they always come, always administer medication and prepare food and drinks, It has changed everything for the better."
- Staff showed passion and commitment when speaking about the people they supported
- The management team were proud to talk about the support they got from the provider. The provider and management made sure they not only cared for the people they supported but also the welfare of the staff. For example, through access to employment benefits scheme.
- People's care plans and records were written by staff and used respectful language, these were developed in line with people's individual needs. Where there were changes to their support this was quickly responded to.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were involved in developing their care plans and making decisions about their care. People could express their views about the service they received through regular care reviews. One relative said, "Yes we have reviews every three months they make sure everything is going well and we are happy, check the support time is right and the staff are right for us". Another person said, "The managers come out and see if anything has changed and if I am happy with the care."

Respecting and promoting people's privacy, dignity and independence

- Staff reviewed a person's needs to empower them to become more independent. One person was hospitalised on their return home the person needed 24hour support. Their care was initially increased. Staff supported the person to build their confidence which enabled them to become more independent. They now only require a daily visit from staff to support them.
- Everyone we spoke to said they were treated with dignity and respect. Staff spoke about how they would ensure they provided privacy to people when needed. One staff member said, "We would cover the person up whilst we support them with their personal care, knock on the door and we will give them privacy when they need it."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and their relatives were involved in developing their care plans. People's needs were identified, and their choices and preferences were recorded and well known by staff. For example, one person found it difficult to get motivated to do daily tasks, a staff member found that the person had an interest in music. The person started having music therapy which they not only enjoyed but they started to dance and sing and wanting to engage in daily activities. As a result of the music therapy the person became more involved in their care and continued to live independently.
- The management created a social events for people using the service. This meant that people had a choice to attend and meet with people to build relationships. For example, people attended afternoon tea where they met other people using the service as well as the staff.
- Staff and relatives kept daily records to evidence what people were doing with their day and what support they provided to people at each care visit. This helped to show how they were achieving their outcomes. The registered manager reviewed these once a month.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Where people are unable to communicate their needs through verbal communication staff built relationships with people to ensure they are able to express themselves. For example, one person communicates through touching certain parts of their body and using certain speech. The staff have taken time to build a relationship, so they understood how the person communicated. The provider has introduced assistive technology such as a camera to help the family communicate with the person.

Improving care quality in response to complaints or concern

- A complaints policy and procedure was in place which was shared with people and their families.
- The management team dealt with complaints. The records showed that any concerns raised had been responded to appropriately detailing actions and outcomes. The registered manager reviewed this information monthly to spot ongoing concerns and put actions in place to resolve these.
- People told us they were comfortable in raising concerns if they needed to and were confident it would be dealt with.

End of life care and support

- The management team spoke about the importance of integrity and kindness when supporting someone with end of life. An example of this was, a family was being supported by the staff. The person was at the end of their life, the family felt that the staff were caring, conscientious and sensitive when providing care. The family felt involved in the decisions being made and that it would be in the best interest of their relative.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were pleased with the staff and the care they received. One person said, "The staff are fantastic all of them, there is not one that I do not get on with."
- Another person said, "It's a really lovely company and it lives up to what a caring company should be."
- People were involved in their care and were encouraged to express their views about the support they were given. People we spoke to said they are able to offer feedback and felt listened to.
- Staff had been given the opportunity to be involved in improving the and developing the service. One staff member said, "We have team meeting which is very good, most carers come and it gives us a chance to air any issues or things that could help people to improve people's support."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager understood the legal requirements linked to their role. They had links to other organisations to ensure they kept up to date with any changes.
- The management team collated information from quality monitoring and feedback to improve their service. These improvements were shared with people using the service and staff. This information was put into an action plan and completed.
- The provider demonstrated they looked to continuously learn and improve care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had clear governance systems in place which enabled the management team to have confidence in the service being delivered. This included business plans, spot checks, and audits of care plans, medicine records and staff performance. In addition, the registered manager carried out regular meetings with the office staff team to discuss processes that improve the support being given along with reviewing their governance system.
- The registered manager and provider worked closely to analyse trends and outcomes to improve the service. For example, they would look at staffing ratio's, logged calls, care plan reviews. This meant that they could proactively put actions in place to improve and change their service inline with the change of support needs.
- Staff were positive about the management of the service and were able to feedback about the service in

staff meetings and supervisions.

- Staff understood their roles and responsibilities and they felt the management team were always supportive and compassionate. Staff told us were motivated and supported to understand their roles and responsibilities. A staff member said, "I feel 100% supported, I have never had a company that offer this amount of support."

Working in partnership with others

- The registered manager had worked with charity's for partnership working events and offering their services to help other people in the community. For example, the provider has sponsored events as well as encouraged charity events to give back to the community.
- The management team worked collaboratively with external professionals, as well as meeting with other locations in the company where they worked in partnership to share knowledge and skills to achieve good outcomes form people. For example, where specialist training is needed they were able to access specific courses and that could improve the service.