

Leo 1214 Limited

# Bluebird Care (Swale)

## 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 12 May 2017 and was announced.

Bluebird Care (Ashford and Swale) is a domiciliary care agency registered to provide personal care to people living in their own homes. At the time of this inspection the agency was providing a service to 42 people. Visits were a minimum of 30 minutes and the frequency of visits varied depending on people's individual needs.

The provider was also the registered manager of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the agency. 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 agency is run. The registered manager was supported by a team of staff in the registered manager or care supervisors including care supervisors, to plan and oversee the care provided.

People, their relatives and other stakeholders told us that Bluebird Care provided good care for people. People were supported by staff and management who were committed to people being in control of their own lives and care. They told us the registered manager and office staff were approachable.

Staff were supported and trained and had the skills they needed to support people. Staff were recruited safely and were asked questions related to the values of the service to help recruit the right staff. Staff said they felt supported and confident in their roles. The registered manager or care supervisors staff supported people so they knew them and could step in to cover any shortfalls like sickness. Staff were regularly given feedback to improve their performance or recognise their achievements.

There were enough staff to cover all the calls and meet people's needs. Staff were on time for visits, most people said they did not feel rushed. One relative told us staff did not always stay their allocated time, they had spoken to the registered manager or care supervisors and this had improved but on occasions it had 'slipped' again. People told us staff were 'kind and caring, often going above and beyond what was expected.' Staff treated the people they supported and their families with dignity and respect, always remembering they were in someone else's home.

People told us they had built positive relationships with staff. Staff used their knowledge of people to encourage them to stay well and remain independent. People were left snacks or drinks they liked to encourage them to eat and drink. If staff were concerned about people's health or weight, they contacted the registered manager or care supervisors who would speak to the person's family or make a referral for support. Relatives told us this prompt response to health needs had enabled their family members to stay in their own home which was their wish.

People had care plans which were developed by them, and were based on their preferences. The care plans

were detailed and gave staff the information they needed to provide people's care. People chose the times of their calls and the staff worked around this so that everyone had a call at a time that suited them.

Staff knew how to recognise and respond to abuse. The provider had effective systems in place to investigate and report any safeguarding concerns. Risks to people and staff had been thoroughly assessed and action taken to mitigate them when necessary. Staff informed the registered manager or care supervisors if there was any change in the risks related to people and risk assessments were updated.

Trained staff supported people with their medicines, including people as much as possible. Staff had up to date knowledge on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They supported people to make their own choices. People signed their care plans, giving consent to their care when appropriate.

The provider regularly checked the quality of care given to people through surveys, spot checks and quality assurance visits. Positive feedback was passed on to the staff through team meetings or one to one supervision meetings. The service was a franchise branch of a national company and was audited six monthly by the head office and improvements had been noted.

The service had a complaints policy in place, people and their relatives they knew who to complain to. Most people told us that their complaints were dealt with, but a small number of people felt that their complaint had not been responded to appropriately or the issues had reoccurred.

## 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 knew how to keep people safe and were trained to recognise possible abuse. There were enough staff and they were recruited safely.

Risks to people were recognised, assessed and managed safely. People were supported to find ways to reduce risks whilst retaining their independence.

Medicines were handled safely by suitably trained staff and people were encouraged to take an active role in managing their own medicines.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who knew them well and who were trained to support their care needs.

People were supported to make choices, decisions and take a lead in their own care. Staff had an understanding of the Mental Capacity Act (MCA.)

People were supported with meals if required and were encouraged to eat or drink enough to stay healthy.

People were supported with their health needs, relatives told us this support had enabled people to continue living in their own homes.

### Is the service caring?

Good ●

The service was caring.

People and staff had developed positive relationships and knew each other well.

Staff thought of innovative ways to engage with people.

People told us their 'dignity and privacy were respected at all times.'

### Is the service responsive?

Good ●

The service was responsive.

People were actively involved in writing their own care plans.  
Care plans were very detailed.

When people needed support in an emergency or to have flexibility in their support the agency provided this.

Care was given in the way people preferred by staff they knew.

People were listened to. Most complaints were responded to, but one or two people told us they were not happy with how complaints had been addressed.

### Is the service well-led?

Good ●

The service was well-led.

The registered manager and care supervisors staff knew people well and were approachable.

Everyone in the service shared the same vision and ethos.

The quality of people's care was checked continuously using spot checks and quality assurance visits to people. Views of those using the service and their relatives were sought and acted on.

# Bluebird Care (Swale)

## 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 took place on 12 May and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We needed to be sure that someone would be in the office and that people were given notice in case they wanted to speak with us. The inspection was carried out by one inspector and two experts 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 agency.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection we reviewed all the information we held about the service, we looked at the PIR and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law. We reviewed questionnaires that had been sent to people, their relatives and professionals involved in the agency.

We spoke with the provider/registered manager, office staff and four care staff. We looked at five people's care plans and risk assessments. We looked at a range of other records including staff recruitment files, staff induction and training records; team meeting minutes, quality audits and surveys.

An expert by experience telephoned six people to ask their views on the service. We spoke with nine relatives of people who use the service.

This was the first inspection of Bluebird Care (Ashford and Swale).

# Is the service safe?

## Our findings

People and their relatives told us they felt safe when staff were in their homes. One person said, "I feel very safe when the staff are here," and a relative said, "My dad is completely safe with them." Staff told us, "I report it to the office if I am worried about anything and they can speak to the family."

People were protected by staff who had a good understanding of how to keep people safe. Staff had had training and were able to confidently describe different types of abuse and what procedures to follow. When there had been safeguarding issues the registered manager or office staff had contacted the local authority safeguarding team to discuss the concern and followed the advice given. Relatives told us they were happy with how concerns relating to safeguarding had been addressed. The registered manager had recorded when concerns had been investigated and the outcomes.

The registered manager and care supervisors had identified risks to people associated with their care or health needs. These were assessed and plans were in place to minimise the risks without restricting people. One relative told us, "(Staff) encourage my dad to do what he can and they just make sure he does it safely and takes his time." Staff said they would speak to the registered manager or office if they noticed that a risk increased or changed. People's care plans and risk assessments would then be updated and staff informed of any changes. The registered manager or care supervisors staff and registered manager checked that the risk management plans worked and people were cared for safely.

Some people used equipment to help them move. Staff were trained to use the equipment, and their competency assessed. The registered manager or care supervisor checked that the equipment was safe prior to staff using it. Dates when a service was due for the equipment were kept in each person's care plan and the registered manager or care supervisors would contact the person or their relative around the due date to ensure the service had been carried out. Staff told the registered manager or care supervisors staff if there were any issues with the equipment and record it in people's daily care notes.

When there had been accidents or incidents these were analysed and reviewed for learning. For example, some of the people the service supported were prone to falls. On two occasions staff had not followed the protocol around falls. The staff involved had been reminded of the protocol in a one to one meeting with their line manager and the registered manager or care supervisors had spoken to the person and their relative to explain what staff must do and why. The registered manager or care supervisors staff told us that they reminded and encouraged staff to report any issues. Staff said they knew how to report any accidents or incidents and where the forms were kept. The registered manager or care supervisors staff told us, 'If there is an incident or accident we try to learn from it to stop it happening again.'

Staff were recruited safely. References were sought, a full employment history was in place and a Disclosure and Barring Service (DBS) criminal records check had been completed for each staff member. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. People were not involved directly in staff recruitment but met prospective staff before they began supporting them.

The provider made sure that there were enough suitably trained staff to meet people's needs and to cover all of the calls to people's homes. Before anyone was offered a service the registered manager or care supervisor met with them and talked through what care and support they needed and wanted. The provider only offered people a service if they were sure that there were enough staff who had the skills to meet the person's needs. The registered manager or care supervisors staff supported people so they knew them and could step in to cover any shortfalls like sickness. People were supported by a small team of care staff, so people had a continuity of care and knew who would be supporting them. Staff were then able to monitor risks to people between them and notice changes more quickly.

When people needed support with their medicines this was done in their preferred way and with the person's involvement. Staff had training in handling medicines. The support people needed with their medicines was detailed in their care plan. Staff had their competency to administer medicines checked by the registered manager or before they began giving people their medicines and on an annual basis. One relative told us, "To be honest he prefers the staff to put on his creams etc. He often tells me they do a better job than I do."

Staff completed medication administration record (MAR) sheets when they administered medicines and any concerns were raised with the registered manager or care supervisors. MARs were reviewed by the registered manager or care supervisors monthly and any gaps or concerns were recorded and investigated.

# Is the service effective?

## Our findings

People told us that staff were confident and well trained. One relative said, "They really understand my dad's needs and come up with ideas of how to engage him." and "The staff are great they know what we need them to do, we are extremely happy with such professional carers."

Staff completed an induction which included completing the Care Certificate, which is an identified set of standards that social care workers work through based on their competency. New staff met people they would be supporting and they shadowed experienced staff who knew the person well. The registered manager or care supervisor recorded these visits and asked for feedback from everyone involved before the new staff began working with people independently.

Staff had one to one meetings with a line manager to talk about any training needs and to gain mentoring and coaching. Staff had an annual appraisal to look at their performance and to talk about career development for the next year.

Some staff had been trained to be 'Dementia Champions' and they supported other staff and relatives of people who were living with dementia. One relative told us, "I know the staff have had dementia training, they seem very up to date on it and knowledgeable."

Staff had essential training such as first aid, safeguarding and the Mental Capacity Act 2005 (MCA). Additional training was provided that was related to the support or health needs of the people staff support. The registered manager told us, "We will access specialist training if we need it. Some of our team have recently completed training in oxygen therapy as someone they visit needs support with this." Staff had also completed training in palliative care and stroke awareness. Staff told us their training helped them to give better support to people, "You always learn something new and it can give you ideas about how to support people or things you could try."

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.

Staff had received training and had a clear understanding about MCA. One person told us, "They always ask me what I want them to do and if I am happy for them to go ahead." A relative said, "They really encourage my relative to make as many decisions as they can, I've heard them say let's go to the fridge and you can choose what you want to eat. They encourage him to make choices even when he isn't that concerned". Staff had a good knowledge of the Mental Capacity Act (MCA) and how this worked in practice when supporting people in their own homes. Staff told us, "I always try to give people choices and give them time to think about what they want. Even if they can't understand everything there are usually decisions they can make." People's daily notes detailed what choices people had been offered and how staff had supported

this.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. When people live in their own homes applications to deprive someone of their liberty must be applied for via the Court of Protection. There were no people under the Court of Protection safeguards at the time of the inspection.

People were at the centre of the assessment process which included giving regard to people's capacity to consent. If people needed support, relatives and loved ones were involved in supporting people to make choices and decisions, and this was recorded in people's care plans.

People were asked for their agreement to staff organising review meetings and spot checks of staff practice. A record of their agreement was held on file and if anyone did not agree this was respected.

People were asked about the support they needed to prepare food and drinks at the assessment stage. There were clear records of the support people might need to go food shopping and to prepare meals and drinks each day. Care plans gave details of the best ways to encourage people to eat and foods they enjoyed. If a person was at risk of not eating or drinking enough this was noted in their care plan along with action staff should take to encourage people to eat and drink enough. Staff made referrals for extra support if and when people needed it. A relative told us, "They encourage him, persuade him to have something cooked at lunchtime, for example he will say 'I'll just have a sandwich (lunchtime)' they say 'have something cooked now and I'll do a sandwich for later'. This works brilliantly." One person told us, "She (the staff) is a really good cook; we cook my meals together which I really enjoy."

People's health needs were recorded in their individual care plans along with action staff should take to meet those needs. Staff reported any concerns about people's health to the registered manager or care supervisors staff who then followed this up with people's GP's or by making referrals to other health professionals. People's daily notes included details of how they were feeling and how they had responded to staff each visit.

Staff responded quickly if they noticed any changes in people's health needs and sought the necessary advice. Relatives told us staff had noticed small details such as people being more tired or 'off colour', these had been recorded in the person's daily notes and the registered manager or care supervisors had been informed. The registered manager or care supervisors had then contacted people's relatives if appropriate. Staff had adjusted their support for people if they were unwell for example, completing other tasks such as tidying up or just chatting with people if they do not wish to have support with a shower or get out of bed on that day.

## Is the service caring?

### Our findings

People, their relatives and professionals all told us that the staff and management at Bluebird Care were caring. One person said, "My staff are very competent and caring I couldn't manage on my own." One relative said, "They have a great human touch." Another relative told us, "The team ensure my dad has a good standard of living and a contented element of companionship in his own home."

People told us it was the 'little things that made a difference'. One relative said, "They realise that it is comforting for my father to talk about the past, they really take him down memory lane. There are lots of family photos in the house and the staff asked us to put stickers on the back of each one with the names of the people in them. This meant they could remind him and know who he was talking about. It was a really great idea."

Staff supported people's independence and involved them in planning their care. One relative told us, "It began the first time they came to assess him and had carried on in the same way. When the care supervisor came to the house I was really surprised how I wasn't needed, how good she was. The whole thing is centred around him and his decision was important. She was amazing. The carers have kept him more than alive, contented, enjoying company. He is animated when they come, it's been the making of him to have them around."

People's care plan's showed what people could do for themselves and the best way to encourage them to remain active. One relative said, "He gets a bit complacent, he won't walk about, they say 'come on let's get to the bathroom'. He does more for them than he does for me."

Staff were very aware and respectful of the fact that they were entering people's homes to give support. They took into account the feelings and concerns of other family members living in the house. One relative told us, "I didn't think my relative would accept the help as they are such a private person, but the carers handle it in such a way he is now really relaxed with them being there."

When people needed support in an emergency the staff had helped. One relative told us, "One day I called the ambulance, the carer said, 'I'll stay with you until it comes'. That was good for me, they go the extra mile."

One family had written to the provider and said, 'The carers are very kind and polite, nothing is too much trouble. They really are like part of the family.'

Staff treated people with dignity and respect. One person said, "They are very polite and treat me decently." and "They are very respectful. They never embarrass you." A relative told us, "The main personal care is in the morning. He is very private; he would have a stand up shower in the downstairs cloakroom. The carer would not be in the shower, but outside passing clothes in. She makes sure he is comfortable, she is there. He is getting clean and safe but still private. I trust them."

People's confidentiality was maintained. Staff understood the need for this and records were stored securely. Information was given to people in a way they preferred and information was only shared if people agreed.

## Is the service responsive?

### Our findings

One person told us, "We were involved together, in planning my care. We have regular meeting with senior staff to review and we get phone calls to make sure there haven't been any changes." A relative said, "My dad was involved in planning his care. We've had two updated plans already. Signed copies, they are always thorough, in the folder and kept up to date."

The registered manager completed a detailed assessment of people's needs and captured information about their lives, hobbies and family. People were fully involved in this process. This gave staff information about people's backgrounds and interests, so they were able to talk to people about subjects that interested them. The assessment focused on what people could do for themselves, their 'capabilities' rather than what they could not do. A relative told us, "They listened to him, offered him a choice. When she came she was really focussed on him. She was very very good in that respect."

Each person had a care plan that was written with them or their loved ones if appropriate. They had a copy in their home and there was a copy held safely at the agency office. Care plans gave staff the information they needed to support people in the way they wanted. There was step by step guidance about how to support people's specific needs.

People's care plans contained little details about their preferences and how they liked staff to support them. Staff had guidance around how to enter the person's home and where the person was likely to be in the house for each visit. Some people had preferences about the towels they used or clothing they preferred for certain activities. This was recorded in the care plans and people's daily records showed staff were supporting people in their preferred way.

Care plans were regularly reviewed and updated if anything changed. The registered manager or care supervisors staff contacted people regularly to review their care package and update their care plans. People's visits were planned for the times they preferred, one person said, "They asked what time I wanted them to come and it was planned for what works for me."

People were encouraged to make complaints or raise any concerns. All the people we spoke with said they knew who to speak to if they had a complaint and would be happy to do so. One person said, "There is a form in my folder and it has the number of the person I need to speak to if I am worried."

Some relatives told us that when they had complained the issues had been resolved, "I let them know mum wasn't happy with one of the carers and they never came again." However some relatives were not satisfied with how their concerns had been addressed. Relatives told us, "They don't seem to listen, the carers are great but the registered manager or care supervisors don't always seem to take on board my concerns." and "I called because we weren't always getting the full half hour call, they did speak to the staff but then it slipped again. It's frustrating." The registered manager had recorded all complaints and what they had done to address the concerns raised. They had spoken to the person who made the complaint and discussed any outcomes. The majority of people were happy with the way that their complaint had been

dealt with. Staff had received refresher training as a result and changes had been made to people's care plans.

## Is the service well-led?

### Our findings

Most people told us that the service was well led. One person said, "We have good communication I ring them and they ring me, we are all on first name terms, which is nice." and "The service is my life line. They are well organised." A one or two relatives said they felt they were not always responded to quickly when they emailed the registered manager or office. The registered manager or care supervisors had apologised directly to people and explained any delays. People were reminded of emergency contact details and care supervisors ensured they had the correct email addresses for staff at the service.

There was an open and inclusive culture. Staff were encouraged to give their views about the service and how it could be improved through team meetings and one to one supervisions. Staff regularly visited the registered manager or care supervisors and chatted to the registered manager or care supervisors about any ideas or concerns they had. One staff member had suggested they undertake some additional training in order to give the family carer of the person they supported a break from certain tasks. The registered manager sought the training and supported the staff in the person's care team to attend.

Feedback had been sought from people supported by the agency, families, staff and other professionals. Questionnaires were sent out yearly to people and staff. The results were published by the Bluebird Care head office. The most recent surveys showed that 100% of people were satisfied with the support they received from their carers. The registered manager contacted anyone who raised any issues in the feedback surveys and offered them the opportunity to meet to resolve any concerns. The concerns raised did not relate to the care provided but rather the communication with the registered manager or care supervisors or billing issues. People said that their issues had been resolved or that they understood billing processes more clearly after they had spoken to the registered manager.

People's comments included, 'I find Bluebird Care to be 100% committed to my specific care needs. They are totally professional in all their dealings with me and I cannot fault them.' Relative's feedback included, 'I want to thank the carers who supported my mother, she really appreciated their gentleness and cheerfulness.' and 'It was really important to my mum to stay in her home for as long as possible and you helped her achieve that goal.'

Most people said that the management team were accessible and approachable, "She's lovely, very efficient and very helpful." A relative said, "They are fine. I ring up if I've got a problem or want to swap days they say 'no problem'."

The registered manager and care supervisors carried out spot checks of staff's work on a regular basis. Feedback was then given to staff about their performance. The registered manager or care supervisor visited people to talk to them about the quality of their care.

Each person's care plan, medicines record and daily notes were audited monthly and people and their families were invited to give their input. Care plans had been updated as a result and staff informed of any changes.

Audits were carried out by the Bluebird Care quality team on a six monthly basis. These covered all aspects of the service and the most recent showed improvement since the previous audit, with actions being completed.

The providers and management team had attended meetings with Bluebird Care and other franchisees to keep their knowledge and practice up to date. Information such as changes in legislation or good practice were then passed on to the staff team.

The manager or provider had notified the Care Quality Commission (CQC) of important events as required. Documents and records were up to date, readily available and were stored securely.