

Better Lives (UK) Ltd

Bluebird Care (Ipswich)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

This comprehensive inspection took place on 5 and 6 September 2017. Our previous inspection was on 20 July 2015 and, at that time, we rated the service as good.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, younger disabled adults and adults with a learning disability. There are between 120 and 130 people using the service. Areas covered include; Ipswich and surrounding villages, Woodbridge, Manningtree, Claydon, Stowmarket, Woolpit and Bury St Edmunds.

At this inspection, we have found a breach in regulation relating to safe care and treatment. This was because medicines were not managed as safely as they should have been and risks to people were not effectively mitigated. This placed people at potential risks to their safety. This specifically related to moving and handling. The risk assessments were all the same and not specific to the person and their circumstances. The registered manager responded quickly after our feedback and has stated that actions have been taken. It will take time to review all plans in place and ensure practice is embedded. We will in due course follow up to ensure people are safe.

The strength of this agency was that people received a reliable service from staff that they knew and trusted. The service was consistent in terms of timings and staff that stayed the required time and provided the care and support people needed. The service was efficiently arranged from the main office. People told us that they felt safe and well cared for.

People told us that staff were caring and respectful in the way they delivered care and support. People spoke of genuine relationships being developed. The service was working within the principles of the Mental Capacity Act 2005. People's consent was sought before any care was provided and care workers acted in accordance with their wishes. People's decision-making was respected. People were consulted and involved in care planning and the running of the service. People knew how to raise concerns and we found that matters were effectively dealt with and responded to.

Where people required assistance with their dietary needs, there were systems in place to provide this support. People were supported to access health care professionals, where required, to maintain good health. The service worked with other professionals involved in people's care.

Staff were well trained and were supported in their role by managers who were available and responsive to staff needs. Staff spoke highly of the service. Robust systems were in place for the recruitment of care

workers.

There was an open and empowering culture in the service. People and care workers were asked for their views of the service and these were valued and acted on. There was a quality assurance system in place and we are confident that shortfalls will be addressed.

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 not always safe.

Systems in place to reduce the risks to people and keep them safe did not adequately mitigate potential harm.

People's medicines were not consistently safely managed.

There were enough staff properly allocated to ensure people's needs were safely met. Robust recruitment systems were in place to reduce the risks to people.

Requires Improvement ●

Is the service effective?

The service was effective.

Care workers were trained and supported to meet the needs of the people using the service.

The service worked within the principles of the Mental Capacity Act 2015.

Where people required support with their dietary needs, this was provided. People were enabled to access health professionals, where required.

Good ●

Is the service caring?

The service was caring.

People were treated with respect and kindness and their rights to privacy, dignity and independence was promoted and respected.

People were involved in making decisions about their care and these were valued and listened to.

Good ●

Is the service responsive?

The service was responsive.

People's care was assessed, planned and delivered to meet their

Good ●

needs and preferences.

There was a complaints procedure in place and people's comments and concerns were addressed.

Is the service well-led?

The service was well-led.

The service provided an open culture. People and care workers were asked for their views about the service.

There was a quality assurance system in place. Where shortfalls were identified plans were developed to address matters.

Good ●

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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 announced inspection took place on 5 and 6 September 2017 and was undertaken by one inspector. We gave the service notice of this inspection, because the service provided a domiciliary care service and we needed to know that someone would be available.

We reviewed information we held about the service, such as notifications and information sent to us from other stakeholders for example the local authority and members of the public.

Before the inspection, 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.

During our inspection, we visited three people in their own homes and spoke with these people and their representatives about their experiences of the service. We telephoned or emailed two people and three relatives. We also spoke with the service's area manager, the registered manager, and seven care workers. We looked at records in relation to six people's care. We reviewed at records relating to the management of the service, three staff recruitment records, training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

At the last inspection of 20 July 2015 this key question was rated as 'good'. At this inspection we have judged that the rating is 'requires improvement'. This was because risks to people were not always mitigated and medicines were not as safe as they could be.

People's care records included risk assessments and guidance for care workers on how the risks were minimised. These included risk assessments associated with moving and handling, eating and drinking, accessing the community, finances and risks that may arise in people's own homes. One person had a care plan about their skin health, but the risk assessment needed to be further developed to guide staff and lessen potential risks. A consistent approach, using equipment as intended and based upon best practice would ensure the person received best care available. Two care plans examined had the same information regarding moving and handling. Risk assessments were not individualised and did not take into account the differences with people's needs, equipment and environment. On one of these moving and handling risk assessments, information was given to staff that placed them and the person at risk. It stated that the person could be moved around their environment using equipment. The equipment listed must only be used for transfer not transportation. This meant that people were placed at risk because risks were not effectively mitigated.

As care and treatment was not provided in a safe way this was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were trained and assessed as competent to give medicines. However, systems for managing medicines were not as robust as they should be.

People's records did not consistently provide guidance to care workers on the support each person required with their medicines. They did not always guide staff about where in people's homes their medicines were kept.

One person required warfarin to help with their heart and blood flow. The person's care plan was not clear how staff were to support them with this. It did not guide staff about what to do if the dosage needed to change following routine blood tests. This presented a risk to the person's welfare from potentially experiencing serious side effects.

In another case a person had begun to be administered morphine for pain relief. The office staff were not aware of this change and the medicines administration records (MAR) chart had been handwritten by care staff. We found that handwritten orders did not follow the policy and procedure in place.

MAR charts were not consistently completed to show that people were supported with their medicines as prescribed.

Regular medicines audits were completed when charts were returned to the office, but senior staff and managers did not identify the above discrepancies quickly and take appropriate action to reduce any risks to people.

The failure to manage people's medicines safely was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they felt safe using the service and with their care workers. One relative said, "I have confidence in them. I trust them they can be relied upon and [named relative] is totally safe."

There were systems in place designed to minimise the risks to people in relation to abuse. Care workers were provided with training in safeguarding people from abuse and they understood their roles and responsibilities regarding safeguarding, including how to report concerns. Where concerns had been received, the service had raised safeguarding referrals appropriately. Safeguarding issues had been used to improve the service, for example, through staff supervision, disciplinary action and changes made to ways of working so similar events would be prevented.

People we spoke with told us that the care workers visited them at the planned times and that they stayed for the agreed amount of time. One person said, "They are absolutely brilliant. In the two and a half years I have had them coming only once have they been late and that was because the roads were gridlocked. They are reliable and always send someone." A relative told us, "I'm relaxed and trust them to do their job. They do a full visit and stay their time. They are not in a rush when they need to do a shower. They make sure that is done if needed."

We examined the systems in place for organising staff and ensuring reliability and consistency of service and found that this was well organised. Computer systems were used to best effect to organise visits. Types of visits were colour coded. This showed at a glance who received personal care, who received a visit for shopping or cleaning. Staff knew their rosters. People in receipt of services had information sent to them well in advance, so they knew who was coming to support them and at what time. The person responsible for the role of rostering staff and organising visits was competent and diligent in their role and took pride in providing staff support to people when they needed it. They told us that there had been no missed visits in the last two months of service provided. This meant people received a reliable consistent service.

Records showed that the service's recruitment procedures were robust. Systems were in place to check that care workers were of good character and were suitable to care for the people who used the service.

Is the service effective?

Our findings

At the last inspection of 20 July 2015 this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

People told us that they felt the care workers had the skills and knowledge to meet their needs. One person said, "They really do know what they are doing. They have got me walking again."

There were systems in place to ensure that staff were trained and supported to meet the needs of people using the service. They were also provided with the opportunity to achieve qualifications relevant to their role. One care worker told us, "I have my level two in care and now I'm doing my level three. I have a diploma in dementia and know a great deal about type two diabetes." One care worker told us how they felt that they were provided with good quality training to care for people effectively, "This is a good company and the training is always good quality."

Induction training included moving and handling, health and safety, safeguarding, first aid, food hygiene and medicines. Staff we spoke with said that all this training was in date and regularly refreshed. We met one of the trainers and they were very keen and enthusiastic about the training they delivered to staff. Care workers were also provided with training to meet complex health and care needs such as using suction machines, and managing people's PEG feed. We concluded that staff had the knowledge and skill to meet people's needs.

Records showed that new care workers completed training and shadow shifts where they worked with more experienced colleagues as part of their induction. In addition, care workers had completed or were working on the Care Certificate. This is a set of standards that care workers should be working to.

Care workers told us that they were supported in their role and were provided with supervision. One staff member said, "If I have any problems I can always call the office and there is always someone to support me. It is a good experience and have no issues as they are good at responding." This availability and support for staff was echoed by all staff we spoke with. Records showed that in meetings, care workers were provided with the opportunity to discuss the way that they were working and to receive feedback on their work practice. This showed that the systems in place provided care workers with the support and guidance that they needed to meet people's needs effectively and to identify any further training needs.

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. We checked if the service was working within the MCA principles.

One person told us, "They do ask me if it is alright to do my care, but they know what to do and are good at care." We observed that people's consent was sought before care and treatment was provided and the care

workers acted on their wishes.

Care workers were provided with training in the MCA. Care records included information about how people made decisions about their care and if they needed any assistance, such as if they had variable capacity or the type of decisions they needed assistance with. Care records were signed by people to show that they had consented to their planned care and terms and conditions of using the service.

Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. Care records showed that, where required, people were supported to reduce the risks of them not eating or drinking enough. Action was taken when concerns were identified. For example, with people maintaining a safe and healthy weight or if people were at risk of choking. People's permission was sought and health professionals were contacted for treatment and guidance. This included referrals to the speech and language team. One care plan stated, "Follow instruction from dietician rigorously." The member of staff supporting the person was clear what they needed to do. They knew how to support the person to keep them healthy and well in receiving the special nutrition required. Guidance on specialist feeding was clearly recorded in people's care records to guide staff in how to reduce risks and receive nutrition.

People were supported to maintain good health and have access to healthcare services. One person told us, "If I'm not well, they will help me to make an appointment with my doctor." Another person told us how the care staff liaised with the pharmacist to ensure their medicines were right to keep them healthy. Records showed that where concerns in people's wellbeing were identified, health professionals were contacted with the consent of people. Records showed that the service worked with other professionals involved in people's care. When treatment or feedback had been received this was reflected in people's care records. This ensured that other professional's guidance and advice was followed to meet people's needs in a consistent manner. The registered manager told us how they shared positive relationships with people's health care professionals and where required support was provided. This included people's doctors and the support provided to people from community nurses, the hospice and dieticians. This meant that people were supported to maintain their health and well being.

Is the service caring?

Our findings

At the last inspection of 20 July 2015 this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

People had positive and caring relationships with the care workers who supported them. People told us that the care workers always treated them with respect and kindness. One person said, "My carer is wonderful, marvellous. I can think of so many kind words to describe him." Another person commented, "They are good people who support me." We also found that the agency asked people about how staff treated them. We saw the feedback and peoples comments were overwhelmingly that staff were kind and helpful to them. One person had said that one member of staff, "Kindly combs my hair and creams my face." Another person said that, "The care workers are very gentle."

We observed staff as they arrived to support people and whilst they were with people. We saw that staff were talking appropriately to people. We observed staff offering choices and treating them with respect. A relative we spoke with said, "They are very patient and considerate with her. They know just how to approach [named relative] to get the best from her."

Care workers spoke about people in a caring and compassionate manner and they clearly shared positive relationships and knew about the people they cared for. They understood why it was important to respect people's rights including their dignity, privacy and independence. People we spoke with confirmed that their dignity and privacy was respected.

Records guided staff to make sure that they always respected people's privacy, dignity and treated them as an individual. Care plans showed that life events of importance to the person were known by staff. People's religious preferences were clearly documented and information about pets that were important to them was available to guide staff. People's independence was promoted and respected. People's records identified the areas of their care that they could attend to independently and where they needed assistance.

People told us that they felt that their views and comments were listened to and acted on. Relatives told us there was good communication with care staff and therefore they felt consulted and informed.

People's care records identified people's preferences. This included what was important to them, their likes and dislikes, usual routines, how they wanted to be addressed and how they preferred to be cared for, such as their preferences of the gender of care workers that supported them. We saw that people's choices were respected, such as if they refused to receive any care. The risks of this were explained to people; however, their choices and preferences were respected.

Records showed that people had been involved in their care planning. Reviews were undertaken regularly and where people's needs or preferences had changed these were reflected in their records. This told us that people's comments were valued and listened to.

Is the service responsive?

Our findings

At the last inspection of 20 July 2015 this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

People received personalised care which was responsive to their needs. People had their needs assessed before they started using the service. The registered manager had recently visited a person to assess what support they required and when. They were in the process of liaising with professionals to ensure they had fully understood the person's needs. The service planned to match a small team of staff to support the person in their home. Assessments were the basis of care plan development.

People told us that they were involved in decision making about their care and support and that their needs were met. One person said, "I have need of the suction machine and this member of staff knows exactly what I need done. I was in need of mouth swabs and couldn't get any. The carers helped me get some off the internet. That is so good." Relatives spoke of how they were consulted and how they felt like they were working together with the agency to meet their relative's needs. Two different relatives told us how successfully the agency had worked with them as a team for the needs of the person to be met in a personalised way. One relative said, "I'm able to give real quality care because the staff member just takes over from where I leave off. Between us, I know my relative is getting terrific quality care. The net result is that this is the best thing for my relative – being in their own environment." The other relative told us, "It's a very good partnership with the care agency that is because the communication is so good between us." They explained that they knew it was working well when their relative told them, "I want the others not you." We saw several examples of care and support that was personalised and individualised to the person needing support.

Each person had a care plan in their own home and knew where and what the information was for. We examined these documents and found that the majority gave clear guidance to staff. Where people needed support with behaviours that may be challenging to others, their care records guided care workers. There was guidance in triggers to these behaviours and how the support they required to minimise the risk of their distress to themselves and others. Relatives confirmed to us that staff worked well with people living with dementia. Good daily notes were made on the care and support given to people, therefore reviews could be effective and communication with other staff and relatives was clear. A relative told us, "Yes it is all written down. The books are completed with all the water drunk and medicines taken. They are extremely efficient."

Records showed that care reviews were undertaken to ensure that people's changing needs and preferences were identified and addressed. These reviews were completed with the person, other professionals involved in their care to ensure they were provided with a consistent service. This provided the person with a service which was tailor-made to their needs, taking into account their condition and the changes that may arise.

People knew how to make a complaint and felt that they were listened to. There was a complaints procedure in place which advised people and others about how their concerns and complaints would be addressed. One person said, "Oh there were teething problems, but I was able to bring matters up with them

and they were quickly resolved." Records of complaints and concerns showed that they were being addressed and responded to. Whilst looking at the log of complaints the registered manager was able to demonstrate that they used concerns raised to drive improvement within the service. Where issues had arisen with care staff and their performance appropriate measures were put in place to ensure the quality of care expected was maintained. Upon reflection, the registered manager agreed that they would record in more detail complaints received over the telephone and follow these up with an outcome of action taken to the complainant.

Is the service well-led?

Our findings

At the last inspection of 20 July 2015 this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

People were complimentary about the service provided and the registered manager. The majority of people were satisfied and complimentary about services received. One person said, "They are all brilliant." Care workers told us that the service was well-led and they could speak with the registered manager if they needed to. One said, "They are a good employer. They are always quick to respond and available if I call. They are so well organised. It is nice to know we are valued and I feel supported by them." Another care worker said, "This is a nice company to work for. I like my job because they send me to the same customers and I get to know them well."

The service provided an open and empowering culture where the views of people and care workers were valued and acted on to improve the service. People were asked for their views of the service in satisfaction questionnaires. The return rate was just over 50%. The results and the solutions were shared with people and staff. For example, people were re-sent service user's guides that gave them information that questionnaires showed they were not fully aware of. Individuals were sent letters of actions that were specific to them. High scores and satisfaction was found with 93% of people stating staff were polite and respectful. This view concurred with our findings from observations and feedback received.

Staff were provided the opportunity to contribute to the running of the service. They were regularly surveyed and asked their opinions on training, support supervision and communication. The findings were that the management team was approachable, care plans were effective and rosters were working well. All the outcomes were positive. The last survey was conducted in June 2017.

Records showed that care workers were observed in their usual work practice to check that they were working to the required standard and providing people with a good quality service. One care worker told us, "I am observed and we get feedback."

The management team at the service worked well to deliver high quality care to people. There were quality assurance systems in place which enabled the registered manager to identify and address shortfalls. These included audits and checks on people's care records and incidents. We fed back about the findings in medicines and risk assessments and the manager was aware and keen to take action.

The registered manager explained that the service was audited by their head office in July 2017. Where improvements were identified these were included on the service improvement action plan in place with timescales for when they were planned to complete. Records confirmed what we had been told. The registered manager was keen to progress the feedback we have given them at the end of the inspection and has sent through information to show that action is being taken. This showed us that the registered manager was responsive and open to suggestions to improve. They told us about plans for development of a staff newsletter to keep staff better informed. There were also plans to develop a reward scheme that was

meaningful to thank staff for their hard work and dedication. This demonstrated that the manager had plans in place.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were placed at potential risk because there was a failure to manage people's medicines safely.</p> <p>People who use services and others were not protected because risks to people were not adequately assessed with all reasonable actions in place to mitigate those risks.</p>