Gregor & Gent Limited

Bluebird Care (Norwich & North Norfolk)

Inspection report

Unit 6 Oaktree Business Park
Basey Road, Rackheath
Norwich
Norfolk
NR13 6PZ

Tel: 08450178205
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

This inspection of Bluebird Care (Norwich and North Norfolk) took place between 14 May 2018 and 13 August 2018. Our visit to the office was announced to make sure staff were available.

At our previous inspection in August 2016, we found concerns in relation to the level of detail of guidance for staff in people's care plans and the culture and communication between some office staff and people and care staff. We found that there had been an improvement in the quality of information in people's care plans and these provided clear guidance to staff. The registered manager had taken steps with the introduction of new systems and processes to help drive improvement in communication between the office staff and people using the service. Following the most recent satisfaction survey the registered manager recognised further action was still needed to improve communication for some people; this was being fully reviewed.

Bluebird Care (Norwich and North Norfolk) is a domiciliary care agency that provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. At the time of our visit 95 people were using the service.

Not everyone using Bluebird Care (Norwich and North Norfolk) receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager at this agency who was supported by a deputy manager and other senior staff.

The registered manager had implemented an effective quality assurance system to monitor the standards of the service. The registered manager used feedback from people using the service, staff and others to drive continuous improvement.

Staff knew how to respond to possible harm and how to reduce risks to people. Lessons were learnt about accidents and incidents and these were shared with staff members to ensure changes were made to staff practise to reduce further occurrences. There were enough staff who had been recruited properly to make sure they were suitable to work with people. Medicines were administered safely. Staff used personal protective equipment to reduce the risk of cross infection to people.

People were cared for by staff who had received the appropriate training and had the skills and support to carry out their roles. Staff members understood and complied with the principles of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People received support with meals, if this was needed.

Staff were caring, kind and treated people with respect. People were listened to and were involved in their care and what they did on a day to day basis. People's right to privacy was maintained by the actions and

care given by staff members.

There was enough information for staff to contact health care professionals if needed and staff followed the advice professionals gave them. People's personal and health care needs were met and care records guided staff in how to do this.

A complaints system was in place and there was information available so people knew who to speak with if they had concerns. Staff had guidance to care for people at the end of their lives if this became necessary.

Further information is in the detailed findings below

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 assessed risks and acted to protect people from harm. Staff knew what actions to take if they had concerns about people's safety.

There were enough staff available to meet people's care needs. Checks for new staff members were undertaken before they started work to ensure they were safe to work within care.

Staff received the support they needed to help people with their medicines if required.

Infection control practices were in place and staff followed these to reduce the risk of cross infection.

Effective systems were in place to learn lessons from accidents/ incidents and reduce risks to people.

Is the service effective?

Good

The service was effective.

Systems were in place to make sure people's care and support was provided in line with good practice guidance.

Staff members received enough training to provide people with the care they required.

People were supported to prepare meals and drinks as independently as possible.

Information was available to support people if they moved services. Staff worked with health care professionals to ensure people's health care needs were met.

Staff supported people to continue making decisions for themselves.

Is the service caring?

Good

The service was caring.

Staff members developed good relationships with people using the service and their relatives, which ensured people received the care they needed in the way they preferred.

Staff treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People had their individual care needs properly planned for and staff were knowledgeable about the care people required.

People had information if they wished to complain and there were procedures to investigate and respond to these.

Information was available about people's end of life wishes if this was appropriate.

Is the service well-led?

Good

The service was well led.

There was a good working relationship between staff members and people.

The quality and safety of the care provided was regularly monitored to drive improvement.

People's views were obtained about changes to their service, what they would like to happen, and further action taken when previous actions had not fully resolved issues.

Staff contacted other organisations appropriately to report issues and provide joined-up care to people.

Bluebird Care (Norwich & North Norfolk)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place between 14 May 2018 and 13 August 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and we wanted to make sure staff would be available in the office.

Inspection site visit activity started and ended on 14 May 2018 to see the manager and office staff, and to review care records, and policies and procedures. We spoke with people and staff between 8 August and 13 August 2018.

This inspection was carried out by one inspector and an assistant inspector.

As part of the inspection, we reviewed the information available to us about the service, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law.

We spoke with five people using the service and one person's relative. We spoke with five members of care staff and the registered manager. We checked five people's care records and medicines administration records (MARs). We checked records relating to how the service is run and monitored, such as audits, staff recruitment, training and health and safety records.

Good

Is the service safe?

Our findings

People told us that they felt safe with staff from the agency. One person told us that this was because staff "are really lovely." Another person said that they had never had any concerns and staff members made them feel safe. Staff knew how to protect people from harm, they told us they had received training, they understood what to look for and who to report to. Information about maintaining security of people's homes was included in care records. The registered manager was aware of their responsibility to report issues relating to safeguarding to the local authority and the CQC. Information received before our inspection showed that incidents had been reported as required, and staff had taken appropriate action to protect people and reduce risks to them.

Risks to each person were assessed, reviewed and actions were identified to reduce those risks. These included moving and handling risks, such as for showering or bathing, and for other risks associated with these, such as for testing water temperature. People confirmed to us that staff tested the water first and then asked them if they wanted to make sure it was at the temperature they liked before bathing or showering. Information was available to guide staff if people had a health condition, such as diabetes, which included details of what staff should do in particular situations.

Environmental checks of people's homes had also been completed. This provided staff with an overview of where there may be risks, such as for using moving and handling equipment on carpeted floors. Actions were available to show staff how to reduce these risks, and for equipment, when the next servicing or maintenance checks were due.

People told us that there were enough staff but that they were not always told if the staff member was going to be later than expected. Staff had varied views about staffing levels, although they were always able to provide care to people. Two staff told us that there were times when they were asked to cover other staff and this gave them additional work to complete. This was particularly evident at weekends when fewer staff worked. However, another staff member said there were enough staff and they very rarely worked all of the hours that they were available.

The registered manager had looked at staff retention and introduced ways to improve this such as increasing pay and incentive benefits for staff. They told us that staff turnover had improved and they had employed more staff than had left since the beginning of the year. Staff that had been asked to look at improving other areas, such as care records, were also now able to return to their original care support roles. The registered manager thought this would provide more support to staff and in return further reduce staff turnover.

Staff recruitment file showed that satisfactory checks had been returned before the staff member worked with people. A staff member confirmed that checks and information had been returned before they had been able to provide care to people. These included criminal record checks (DBS), identification and a health declaration to ensure that they were safe to work. New staff completed induction training and shadowed more experienced staff so that they had an understanding of how to keep people safe while

providing care and support.

People who needed support with their medicines received this from staff who were competent to provide this. Staff members told us that they had received training to be able to give medicines. People were given their medicines at the time prescribed for them and records were completed appropriately. To ensure that it was clear who the medicine was prescribed for, information, such as identification, specific administration instructions, allergies and contact details for each person's GP and pharmacy, was also available. Audits of medicines found issues, such as poor recording of administration or where there were gaps, and actions were taken to address this.

People told us that staff always wore gloves and aprons when supporting them with personal care and that these were removed or replaced appropriately for other tasks. Staff told us that they had enough personal protective equipment (PPE) available and that further supplies were easily obtained from the agency office. They had received training in infection control and prevention, which provided them with the skills to reduce risks to people. Care records also guided staff in how to reduce these risks. For example, how to ensure food was properly prepared and what to clean spillages with. This showed us that processes were in place to reduce the risk of infection and cross contamination.

Incidents, accidents and other monitoring systems were responded to appropriately at an individual level and information about these fed into broader analysis. Audits identified that there were recording errors in some medication administration records (MARs). A brief analysis had been completed and this identified that there were no obvious trends. Where action to address these individual incidents was recorded, we saw this had been addressed through emails to individual staff and in staff meetings.

Good

Is the service effective?

Our findings

Needs assessments were completed for people using the service before care started. These assessments were completed with information from the person and or their families and health or social care professionals, where available. The registered manager told us that the agency was part of a franchise group and provided guidance and advice about working with current guidance, such as NICE (National Institute for Health and Care Excellence). Staff members explained how they were given guidance from local health and social care agencies about how to keep people cool and hydrated in the hot weather.

People told us that staff knew what they were doing and this was because they had been trained to do the job. One person said, "They all know what to do … they all know how to use the equipment." Staff told us that they received enough training and support to give them the skills to carry out their roles. One staff member commented that they had "lots of training when I first started". They went on to describe that they were able to get additional training if needed and they were able to complete national qualifications in care. Staff training records showed that staff members had received training and when updates were next due. We were therefore satisfied that staff members had received the training they needed to carry out their roles.

Staff members said they received enough support from the registered manager and other staff to do their jobs. They explained that they were visited by a mentor regularly and could discuss any practical issues with them. They received an annual appraisal from a member of the management team and this allowed them to discuss their training and development needs and ongoing issues.

We saw that where needed, people were supported to eat and drink. One person told us that although they did not need support to make meals or drinks, staff members always made them a cup of tea when they visited. Staff told us the actions they would take if they had concerns about a person's eating and drinking. One staff member confirmed that they had contacted the care coordinator about one person who had declined their meal. They had arranged for the care coordinator to visit the person to see if further action was needed. Staff also told us that they had been given advice about how to make sure people had enough to drink during the day and ensured people always had water available. Care records contained information about people's likes, dislikes and what staff needed to do to support the person.

The registered manager told us that they worked with health and social care professionals for those occasions when people used other services, such as hospital admissions. Where people had given permission, staff completed a hospital passport or 'This is me' form. These records ensured that accurate information was available, without the need for people to remember all the details, and to reduce the impact on gathering this information had on other services.

People's care records showed that they had access to the advice and treatment of a range of health care professionals. These records provided enough information needed for staff to contact health professionals and to support people with their health needs, if needed. One person's records showed that a health professional had been contacted for advice after the person's mobility and ability to care for themselves

declined.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Staff had a good understanding of the MCA and worked within its principles when providing care to people. One staff member explained that they had received training and always presumed people were able to make their own decisions. Another staff member told us that they always informed people what they were going to do and waited for the person to say they were happy for the staff member to continue. Staff could access guidance to help people continue to make their own decisions.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring. Staff were described as, "They're all lovely," "We have a laugh and a joke, they're very easy to get on with," and "They're all very friendly, very polite, always say 'please' and 'thank you'."

Care records contained details about how people wanted to be addressed, their likes and dislikes and their preferred routines. We found that staff knew people well and that they were able to anticipate people's needs. One staff member told us how they supported a person who was not able to communicate verbally by writing their questions to the person. They explained how this made sure their actions were in keeping with the person's wishes. A person told us how they had requested a change of care staff and office staff acted on this. They person said they were happy that they had been listened to as they felt supported by the staff who now visited them.

People told us that they were aware of their care records and staff spoke with them about how they wanted their care given. Care records were signed by people to say they were happy that the information reflected their care needs and wishes for how staff should support them.

Staff respected people's right to privacy and to be treated respectfully. This was evident in the way staff spoke about people with thoughtfulness and concern. Staff told us that they greeted people before entering rooms, knocked on doors and called people by their names. Curtains and doors were closed when people received personal care and people were covered as much as possible when receiving a wash.

We saw that care records were written in a way that advised staff to consider people's right to privacy and dignity whenever they provided care and support. For example, in advice about caring for specific needs around continence or personal care, staff were guided to make sure each person received this in the way they were comfortable with.

Good

Is the service responsive?

Our findings

At our previous inspection in August 2016 we had concerns that not all care plans were written in enough detail to provide staff with the guidance to care for people properly. At this visit we found that there had been an improvement in the way care plans were written and the level of detail that described how staff should provide care.

Plans provided clear written guidance for staff members. Information included why people needed the care and support they received, the difficulties the person experienced, what they needed help with and how staff should do this. Information was set out in different sections for different types of care needs, such as washing and dressing, continence and medicines management. Plans also included individual information about how people's emotional needs could sometimes affect them and how staff should respond in these situations.

Plans for those who had additional health conditions, had been introduced. These provided guidance regarding what staff should do if the person became unwell and described the effect this would have on the person. Staff we spoke with had a very good understanding of people's needs in this area. We saw the care plans had all recently been reviewed and if new areas of support were identified, changes had been made. Daily records provided evidence to show people had received care and support in line with their support plan.

People told us that they received the care they wanted and needed, in the way they wanted. One person commented that their, "Care is fine." One person's relative told us that their family member received care "very successfully," from the agency. Staff had a good knowledge of people's needs and could clearly explain how they provided support that was individual to each person. They told us that there was enough information in care plans to guide them in supporting each person.

People and a relative told us that they knew how to make a complaint and who to contact for this. Only one of the people we spoke with had made a formal complaint, which was responded to and resolved to the person's satisfaction. Staff said they were confident the registered manager would deal with any given situation in an appropriate manner. There were copies of the complaints procedures in each person's care records. Records showed complaints had been investigated and detailed the action that was taken to resolve these. These also showed that people were happy with the outcome of their complaints.

The registered manager told us that there was no one currently was receiving end of life care from the service. If there was a need there was a policy and procedure in place to support staff in meeting the needs of a person at this stage of their life. Arrangements were in place for staff to undertake training in end of life care.

Good

Is the service well-led?

Our findings

The service had a change in management since our last inspection in August 2016 and there was a new registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was supported by a deputy manager, office staff and care coordinators in the running of the agency.

At our previous inspection in August 2016 we had concerns that people were not always listened or responded to when they contacted the office and some had become reluctant to call because of the response they received. This inspection found new systems and processes had been introduced by the registered manager to drive improvement in communication with people and organisation of their care. This had helped but we continued to receive some mixed feedback from people we spoke with. One person told us, "Time-keeping is no problem but the office don't let you know if there are any changes. I don't think this is very professional." They also said, "If the office was as good as the staff it would be a fine organisation." A relative echoed this person's concerns and said that on one occasion this had meant they had to assist their family member themselves. Other people, however, said that although staff were occasionally delayed, they were contacted by the office staff when this happened. Two staff members told us that they had also contacted office staff to report concerns, however they had not seen or been told of any updates in regard to this.

The most recent satisfaction survey showed communication remained an area of concern for some people despite improvement actions taken. The registered manager had already acknowledged this and steps were being taken to fully review and to address the concerns with communication.

The registered manager had an effective quality assurance system that used various ways to monitor the standards of the service. Audits and satisfaction surveys were reviewed and analysed; areas identified for improvement were included in a rolling improvement plan that identified persons responsible and timescales for completion.

Newsletters were used to inform people of developments in the service, outcomes of questionnaires and surveys, including improvements being made to address concerns highlighted. However some people told us they had not heard back from questionnaires they had completed. We recommend the circulation of the newsletters is reviewed.

The registered manager had deployed a member of staff to specifically provide oversight and analyse audits carried out to identify any themes or patterns. Medication audits had been revised to ensure any errors were identified quickly and action taken promptly to resolve them and ensure individual safety. Where errors had occurred staff were either addressed individually or as a group to improve the safety in this area.

Staff told us that the manager was approachable and they were able to discuss any issues with him. One

staff member told us, "The manager is very good, very understanding." Another staff member said that they usually spoke with the deputy manager, which worked well for them.

The provider and management of the service have worked hard to create a loyal and strong staff team to deliver upon the values of the organisation. The most recent staff survey produced very positive results demonstrating satisfaction in their role, training, support and supervision. The provider gave thanks to staff for their hard work in the staff newsletter. The provider used retention and acknowledgement incentives such as care assistant of the month awards and loyalty pins to show staff were valued.

Information available to us before this inspection showed that the staff worked in partnership with other organisations, such as the local authority safeguarding team. We saw that the registered manager contacted other organisations appropriately and in relation to safeguarding, investigated the issue and took action where this was required. We saw that information was shared with other agencies about people where their advice was required and in the best interests of the person.