

Lifestyle Support Limited

Bluebird Care (Mid Staffs)

Inspection report

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31 May 2016

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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?	Requires Improvement ●

Summary of findings

Overall summary

We inspected this service on 25, 26 and 31 May 2016. This was an announced inspection and we telephoned 48 hours' prior to our inspection in order to arrange home visits with people who use the service. Our last inspection took place in May 2014 and the provider was found to be meeting the legal requirements we looked at.

Bluebird Care (Mid Staffs) provides personal care and support to people living in their own homes in Cannock and the surrounding areas. At the time of our visit, 64 people were receiving a regulated service. There was a registered manager at the service. 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.

Improvements were needed to ensure people's feedback on the service was used to make changes where needed.

People told us they felt safe with staff. Staff recognised their responsibilities to protect people from abuse and were confident the manager would take action if they raised any concerns. Risks to people were assessed and managed to keep people safe whilst promoting their independence. People received their medicine as prescribed and were supported to apply any creams they needed. People's needs and preferences were met when they were supported with their dietary needs and staff ensured people were referred to health professionals when their needs changed.

There were sufficient staff to meet people's needs and checks were made to confirm staff were suitable to work with people in their own homes. Staff received an induction and training to gain the skills and knowledge to support people. Staff felt valued and supported by the management team.

People received personalised care and were happy with how the staff supported them. People told us the staff were kind and caring and looked forward to their visits. Staff gained people's consent before providing care and support and understood their responsibilities to support people to make their own decisions. Staff treated people in a caring way, respected their privacy and promoted their independence.

People knew how to raise a complaint and felt confident their concerns would be acted on. The manager and provider carried out checks to monitor and improve people's care.

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.

People felt safe when they received care. Staff understood their responsibilities to keep people safe from avoidable harm and protect them from abuse. There were sufficient, suitably recruited staff to meet people's needs. People were supported to take their medicines and apply creams as required

Is the service effective?

Good ●

The service was effective.

People's needs were met by staff that knew them well and had completed training so they could provide the support people wanted. Staff supported people to make their own decisions and sought their consent before providing care. Where agreed, people received support with meals and drinks. Staff monitored people's health to ensure they were supported to access the support of health care professionals.

Is the service caring?

Good ●

The service was caring.

People had good relationships with staff and were comfortable with them being in their home. Staff were kind and caring and respected people's privacy and dignity. Staff knew people's preferences and encouraged them to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs and preferences. People knew how to raise complaints and were confident action would be taken if they raised concerns about the service.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

The provider sought people's opinion of the service but did not always take action to make improvements where required. Quality checks were in place to monitor and improve the care people received. Staff felt valued and supported by the management team.

Bluebird Care (Mid Staffs)

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 on 25, 26 & 31 May and was as announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to arrange home visits and telephone calls to people who used the service and to ensure staff were available to speak with us. The inspection was carried out by two inspectors.

We checked the information we held about the service and provider. This included the Provider Information Return (PIR), statutory notifications that the provider had sent to us about incidents at the service and information we had received from the public. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. A statutory notification is information about important events which the provider is required to send to us by law.

We visited five people and spoke with one person and two relatives on the telephone. We spoke with the provider, the registered manager, the deputy manager and five care staff. We reviewed records held at the service's office, which included five people's care records to see how their care and treatment was planned and delivered. We reviewed three staff files to see how staff were recruited, trained and supported to deliver care appropriate to meet each person's needs. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

People told us they felt safe with the staff and had no concerns about the way they were treated. One person said, "I've got an emergency call pendent, staff make sure I've got it and ask me at least a dozen times to check I'm okay before leaving". Staff we spoke with told us they had received training in safeguarding and understood their responsibilities to keep people safe and protect them from abuse. Staff were aware of the signs to look for that might mean a person was at risk of abuse. They knew how to report their concerns and were confident that their concerns would be taken seriously and acted on by the management. One member of staff told us, "We report things like unexplained bruising, for example a person had bruises following a stay in hospital. It was probably where they had taken bloods. I reported it and it was taken seriously". We saw that the manager and senior staff referred their concerns to the local safeguarding team. Staff were aware of the whistleblowing policy and knew they could contact external agencies such as CQC if they needed to. Whistleblowing is a way in which staff can report misconduct or concerns about wrong doing in their workplace. One member of staff told us, "I have done it in the past and I was supported by the management". This showed the staff and manager understood their responsibilities to keep people safe from harm.

People told us the manager or deputy visited them prior to providing a service to assess any risks associated with providing care in the home environment. One person told us, "Staff understand my moving and handling needs and there are always two carers to move me using the hoist". We saw the person's care records included risk assessments and moving and handling management plans which identified that two staff were needed to move the person safely with a hoist. Plans were also in place where people were at risk of poor nutrition or developing sore skin due to pressure damage. For example, staff recorded that they minimised the risks by checking people's skin and applying any creams as detailed in the care plan. Environmental assessments and management plans included information regarding electricity, gas and water cut-off switches to ensure the safety of people and the members of staff providing care and support. We saw that the plans were reviewed and updated to ensure people continued to be supported in a safe way. Staff told us when there were changes to people's needs, the manager briefed them by phone. This meant people were supported safely as their needs changed.

The provider had sufficient staff to meet people's needs. Most people told us they usually saw the same staff, who arrived on time and stayed for the set time. Some people told us staff a lot of staff had left and we discussed this with the provider and manager. They confirmed that a number of staff had left during April and had plans in place to address the shortfalls. The manager told us, "We are managing to cover with staff working extra shifts and myself, the care-co-ordinators and deputy manager also cover where needed". We saw that the provider had an ongoing recruitment programme and an open day was being held aimed at evening and weekend staff. The provider told us they also offered contracted hours, rather than zero contract hours as incentives for staff.

The provider had procedures in place to ensure people were supported to receive their medicines and apply any creams as prescribed. Staff told us they had undertaken medicine training and had their competence checked to ensure they supported people safely. They told us the training manager carried out spot checks

by observing their practice and monitoring the medicines administration records (MAR). These are completed by staff to record when medicine has been given, or if not given the reason why.

Is the service effective?

Our findings

Staff had the necessary knowledge and skills to provide people with the right care and support to meet their needs and promote their wellbeing. One person told us, "I always get the care that I require. What they [the staff] do for me is invaluable". A relative told us, "The carers and managers all understand people living with dementia, they are very empathetic". People told us new staff accompanied experienced staff before they worked with them independently. One person told us, "New staff shadow to learn the ropes, new carers don't come without any training". Staff told us they received an induction and ongoing training and support to meet people's individual needs. One member of staff told us they were new to care and had been encouraged and supported by the established staff. They told us, "I worked with a very experienced carer and got lots of support and encouragement with skills such as moving and handling using the hoist. It's a lot to take in and you learn more when you go into the field. My colleagues were very supportive, they told me they felt like me when they started". All new staff were required to complete the nationally recognised Care Certificate which meant they were being supported to gain the skills and knowledge needed to work in a care environment.

Staff told us they were provided with training that was specific to the needs of people they supported, for example people living with a learning disability or dementia. We saw checks were in place to ensure staff were observed during their induction period and at regular intervals to check their practice. One member of staff told us, "It's nerve racking at first but you get feedback and any problems are discussed with you and further training is offered if needed". Staff told us they received supervision on a regular basis but could ask for a meeting with the manager at any time if they had any concerns. They told us it gave them an opportunity to discuss the people they supported and identify any training needs. This showed the staff were supported to carry out their roles effectively.

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.

We checked whether the provider was working within the principles of the MCA. People told us they had been involved in agreeing the support they needed and we saw that people had signed their care plans to consent to their care. One person told us, "I have agreed my care plan and any changes. Staff seek my consent, I am in control of what is being done". Staff knew about people's individual capacity to make decisions and understood their responsibilities to support people to make their own decisions. A member of staff told us about how they supported a person living with dementia who sometimes did not want personal care. They said, "I say to them, let's get you fresh for the day and show them the first item of clothing. If that doesn't work we have a little sing song and go back to it, by which time they may have forgotten that they had initially refused". This showed the staff understood the importance of gaining consent.

People who were supported with mealtime visits told us staff offered them choice in relation to their meals and encouraged them to eat and drink enough to maintain good health. One person told us, "[Name of carer] makes my porridge in the morning and at lunch time they ask me which meal I want from the freezer and heat it up for me. I have a sandwich for tea time and when they come at night they check I've eaten it and have had enough to drink". We saw that the person's dietary needs had been assessed and staff had recorded their food and drink intake each day and any concerns were reported to the office to ensure that the appropriate action could be taken, for example follow up with the person's GP or the district nurse. This showed people were supported to eat and drink enough to maintain good health.

People were supported to manage their own health care but told us the staff supported them to access other health professionals if needed. One person told us, "The carers are proactive and support me if there are any concerns. My ankle was sore during the night and the carers have checked for any pressure sores. I would follow it up usually but if needs be they would contact the office to request a visit from the district nurse". Relatives told us they were kept informed of any changes in a person's health. One relative told us, "If [Name of person] is not well, the staff let me know. They have my personal number and text me".

Is the service caring?

Our findings

People and their relatives were complimentary about the staff. They told us they were kind and caring and listened to them. One person said, "There's nothing they won't do for you, they are very obliging". Another person said, "I'm very happy with them, they are all very good". A relative told us, "The carers are excellent, they seem genuinely caring, we are really pleased". People told us they felt comfortable with the staff and looked forward to them coming. One person told us, "They cheer you up and we have a good laugh". Another said, "They've become part of the family. I think of them more as friends than carers". Staff told us they enjoyed working with people and were committed to supporting people to have a good quality of life. One staff member said, "I love the job, it's a pleasure and privilege to go into people's homes and make a difference". Another said, "I like the feeling of helping someone".

People told us the staff treated them with respect and promoted their dignity. One person told us, "I've never felt uncomfortable with the staff, I can't fault them". Another said, "I'm quite shy but the staff put me at ease, they are very hot on dignity and I'm comfortable with what has to be done. They've never made me feel awkward or embarrassed". People told us staff knew them well and took an interest in their important relationships. One person told us, "The carers say my partner is part of me so they are part of my care. They make us both a cup of tea and if there was a problem with my partner, the carers would call the doctor for us". Another person told us, "The staff were good when the dog died, they missed the dog as much as we did". Staff understood and respected people's privacy. One member of staff told us, "It's important people feel they can trust me to be in their home".

People told us the staff respected their daily routine and staff always asked them what they needed. We saw that people had been asked for their preferences in all aspects of their care and their choices and decisions were reflected in their support plans. One person told us, "I'm happy with the care plan as it is". A relative told us they were involved in supporting their relation to make decisions about their care. They told us, "Communication is good with the carers, we can leave messages for each other about things that are needed and the daily logs are informative about how [Name of person] is feeling".

People were encouraged and supported to be as independent as they wanted to be. One person told us, "The staff help me with personal care but understand I want to do some things for myself as long as I can". A relative told us, "The carer told me if [Name of person] can do anything for themselves, they encourage them and won't do it for them".

Is the service responsive?

Our findings

People told us they were happy with the care they received and that it met their individual needs and preferences. One person told us, "I usually have two regular carers but the other carers who come know what I like too". Another person told us, "I've recently had a review with the physio who recommended some exercises. The staff understand what's needed and support me to follow them". A relative told us the support their relation received had enhanced their wellbeing. They told us, "The visits have perked them up. They're more chatty because they're getting regular interaction". People had agreed how they wanted to be supported and had a copy of their care records in their home. People and their relatives told us a senior member of the care staff or the manager visited them to see if they were happy with their care and if any changes were needed. Where any changes were made, staff told us they were notified by a member of the provider's management team. One member of staff told us, "The care co-ordinators update us by phone or text, for example changes to equipment or medicines and I always check the care plan to make sure there are no changes". People and their relatives told us they were able to contact the office if they needed to make changes or cancel calls. We saw that people had the contact numbers for the office and the out of hours service, in the event of an emergency. One person told us, "Sometimes I have to change things when I have a period of respite and they always start the calls again when needed". We saw the provider recorded people's requests for changes to their call times and reviewed the information when planning their staff rotas.

People were supported to follow their hobbies and interests and take part in activities that interested them. Care plans we looked at identified that people were supported to be a part of their local community to avoid social isolation, for example going shopping.

People and their relatives told us they knew how to raise concerns and complaints and felt comfortable doing this. One person told us the deputy manager had taken action when they had raised a concern. They said, "Our concerns were taken seriously. The deputy manager acted immediately, they came to see us, told us what action they would take and followed it". A relative told us, "I've always found the carers and management to be approachable". They told us they had raised a complaint with the provider about a change to their relation's call time, "They are listening and understand why it's important to [Name of person] and I'm hopeful they will be able to offer a permanent solution". The provider explained they were in regular contact with the person's relative and hoped to add an additional rota to meet the person's needs.

We saw people had received a copy of the complaints procedure. Records showed that complaints were investigated and responded to in line with this. Complaints were reviewed by the provider's senior management team and discussed with staff to make improvements where needed.

Is the service well-led?

Our findings

People told us they were asked for their views on the service in a number of ways, including by telephone, during reviews or spot checks or when the provider sent a questionnaire. Feedback from the provider's 2015 customer satisfaction survey demonstrated that people were positive about the care and support they received but were unhappy about late and changed calls. People told us they received a copy of their care rota each week but were not always informed when changes were made or when staff were running late, which meant they did not always know who would be visiting them. One person told us, "We get a rota every week but we sometimes get different carers because they are covering". One person said, "I'm happy with the care I get but sometimes the carers are terribly late". The provider told us they made every effort to contact people to make them aware of changes. We saw the provider's service improvement plan but this did not include any action to improve communication methods. This meant the provider did not always use people's feedback to make improvements in the service where needed.

We saw the manager had systems in place to check that people received a good service and the provider had recently appointed a compliance officer to support the audit process. An electronic monitoring system was in place to monitor whether people received their planned support and alerted senior staff to ensure people were not left at risk of harm. The provider told us, "We always ensure the customer has the contact details to alert us immediately and people are fully supported if a missed visit has occurred". The manager carried out audits on the administration of medicines and where improvements were required, an action plan was put in place and discussed with staff as required. Checks were carried on the records made by staff during their visits and any concerns were discussed with staff. Accidents and incidents were recorded and the system had just been introduced to monitor and highlight trends and ensure action was taken to prevent reoccurrence. Spot checks were carried out on staff practice that looked at areas such as dress, time keeping and the support provided. Staff told us and records confirmed that any concerns were discussed with them and they were supported with retraining where required.

Staff told us the manager was approachable and they felt supported by the senior management team. One member of staff told us, "You can always speak to a member of the management, usually the same day if you are worried about anything". Staff told us they had meetings with the manager to discuss changes in the service that affected them and were asked for their views on how the service could be improved. We saw that an employee representative programme was being developed to give staff the opportunity to feed any concerns or ideas into the senior management team meetings.

People's confidential records were kept securely at the office base to ensure people's rights were upheld. The manager and provider understood the responsibilities of registration with us and notified us of important events that happened in the service. This meant we could check that appropriate action had been taken.