

Angel Hands Ltd

Bluebird Care St Albans

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

Bluebird Care St. Albans provides personal care and support services to adults and younger people living in their own homes. At the time of our inspection the provider was supporting up to 58 people.

The service had a registered manager in place. 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 service took safeguarding concerns seriously and followed the local authority policy and guidance when dealing with safeguarding people from harm and the staff we spoke with demonstrated a good understanding of safeguarding issues.

Where appropriate the service had attended and contributed to safeguarding discussions and meetings. They had used these opportunities to further improve their way of working.

There was a robust recruitment procedure to help ensure the staff recruited were suitable to work with the people using the service.

Staffing levels were sufficient to provide the level of care required.

Risk assessments were in place and were regularly reviewed and updated.

Staff were trained to administer medicines safely and had undertaken further training to ensure they could deal with a number of health issues. Regular checks were undertaken to help ensure on-going competence in this area.

There was a robust induction programme, which included mandatory training, shadowing and buddying with an experienced worker. Staff demonstrated a good understanding of their roles and responsibilities.

The service demonstrated a commitment to staff training, which was on-going and regular refreshers were undertaken. Staff were given positive encouragement to undertake further, more specialised training appropriate to the work.

Supervisions were undertaken regularly and considered important in offering an opportunity for discussion between staff and management about on-going work issues. Professional Development Reviews (PDR) were held annually to ensure learning was reviewed and training needs were met.

Care files were clear and comprehensive and contained relevant health and personal information. They were person-centred and included individuals' goals, wishes and achievements. The service was flexible and

responsive to changing needs, desires and circumstances.

Confidentiality was respected and independence was promoted. Communication with relatives was on-going throughout the duration of their relative's involvement in the service.

Comments were encouraged formally and informally and there was a complaints policy in place. Literature given out to families gave the information and opportunity for people to raise concerns or make suggestions.

Best practice guidelines were followed and the service was innovative and creative in its approach to support and training.

Feedback was regularly sought from families and users of the service. The service listened and took action to address any concerns and suggestions put forward by people who used the service and their families.

Team meetings were regularly undertaken, giving staff the opportunity to discuss any issues and to share good practice examples. The meetings were used as a forum to share current best practice guidance and keep staff up to date with new methods and innovation.

A number of audits were undertaken, results analysed and lessons learned from these to drive continual improvement in service delivery.

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.

There was sufficient staff to meet people's individual needs safely.

People were supported to manage their medicines safely.

There were systems in place to safeguard people from the risk of harm.

There were robust recruitment systems in place.

Is the service effective?

Good ●

The service was effective.

People's consent was sought before any care or support was provided.

People were supported by staff that had been trained to meet their individual needs.

People were supported to access other health and social care services when required.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that were kind, caring and friendly.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

People's welfare was key and staff responded to people's changing needs quickly.

The provider routinely listened to and learned from people's experiences to improve the quality of care.

The provider had an effective system to handle complaints.

Is the service well-led?

Good ●

The service was well-led.

The provider was involved in the day to day management of the service.

Staff felt valued and appropriately supported to provide a service that was safe, effective, compassionate and of high quality.

Quality monitoring audits were completed regularly and these were used effectively to drive continual improvements.

People who used the service and their relatives were enabled to routinely share their experiences of the service and their comments were acted on.

Bluebird Care St Albans

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 27 April 2017, when we visited the offices. We gave 24 hours' notice to the service because the location provides domiciliary care and we wanted to be sure a member of the management team would be available. We carried out telephone interviews of people who used the service and relatives on 12 May 2017 and staff on 15 May 2017.

The inspection team consisted of one inspector from the Care Quality Commission.

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. We also reviewed information we held about the service in the form of notifications received from the service.

We spoke with 10 people who used the service in order to gain feedback from them. We also spoke with five members of staff. We spoke with the registered manager on the day of the inspection and the provider. We looked at records held by the service, including seven care files and six staff files in order to review training and supervision records.

Is the service safe?

Our findings

People we spoke with all agreed that the staff made them feel safe through the support they offered to them. One person said, "Oh, yes, they make me feel safe. They spot things around that need to be moved or put away to keep me safe." A second person said, "Yes I do feel safe around them." A third person said, "They are quiet good, so I feel safe around them."

Staff we spoke with told us that they supported people to stay safe in their homes. One member of staff said, "I'm always checking things, if the kettle is unplugged, cooker off and doors locked. It's important to make sure they are safe before leaving."

The provider had up to date safeguarding and whistleblowing policies that gave guidance to staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace. Staff were aware of the provider's safeguarding policy and told us that they knew how to recognise and report any concerns they might have about people's safety. They were also aware of external agencies they could report concerns to. Staff said that if they had concerns, they would report them to the registered manager or if they were unavailable, they would contact external agencies such as the local authority safeguarding teams to ensure that action was taken to safeguard the person from harm. One member of staff said, "I have no issues with whistleblowing, if I had to then I would."

The provider had completed detailed risk assessments for people using the service. These assessments aided staff to provide people with support safely. The assessments identified the risks associated with a task and informing staff of control measures and action that needed to be taken to limit the risk to people they supported. For example, risk assessments had been put in place for areas such as, medication, personal care and handling, and nutrition and hydration. The risk assessments were discussed with the person or their family member and put in place to keep people as safe as possible. Staff recorded and reported on any significant incidents or accidents that occurred and we saw that care plans and risk assessments were updated to reflect any learning from the incidents to further protect the person from future harm.

Staff employed by the service had been through a thorough recruitment process before they started work, to ensure they were suitable and safe to work with people they supported. One member of staff said, "I have been matched to [person being supported] because of my nursing skills." Records showed that all necessary checks were in place and had been verified by the provider before each staff member began work. These included reference checks, Disclosure and Barring Service (DBS) checks and a full employment history check. This enabled the manager to confirm that staff were suitable for the role to which they were being appointed.

Some people we spoke with told us that they were not supported by a consistent group of staff. One person said, "It's always different people that come, but it doesn't bother me, they know what they are doing." A second person said, "It's never the same person, but they always have a badge so I know who they are." A third person however said, "At the moment we have the same [care staff]." When we spoke with staff we also had a mixed response. One member of staff said, "It changes all the time, it's really annoying. The other day I

went to one person after almost three months." A second member of staff said, "I don't have regular clients, so can't build a relationship with them. It might be a month or two before I see them again." Other staff who supported just one person for a longer period of time however said that they supported the same people on a regular basis. One member of staff said, "I only support one person, so I can get to know them." The registered manager told us that due to recruitment issues, they were having to arrange people's visits around the availability of staff rather than focusing on using the same staff for each visit. The manager recognised that this was not an ideal way of working and would be addressing this issue with further recruitment.

Care documents contained detailed medicines records which instructed staff on how prescribed medicines should be given, including medicine that should be given 'as and when required' (PRN) and how a person should be supported. Medicines Administration Records (MAR) showed that medicines had been administered as prescribed. We also saw that each care plan contained a detailed list of people's medicines and provided staff with information about the medicine and why it was required, along with side effects to watch for.

Is the service effective?

Our findings

People received care and support from staff that were trained, skilled, experienced and knowledgeable in their roles. People we spoke with also confirmed this and one person said, "[Staff] seem well trained, they to know what they are doing." Records we reviewed showed that staff had received appropriate training in areas such as safe movement, medication, and first aid. A member of staff said, "The training is really good, I really enjoy it." Another member of staff said, "The training is on-line and practical. It's very good." The provider showed us new technology and techniques which they used to train staff in areas such a dementia care. We experienced a demonstration of the virtual reality technology which was used to assist staff in understanding what a person living with dementia might experience daily. The proprietor had also sourced glasses for staff to use which when worn, gave the member of staff first-hand experience of having cataracts and visual impairments. The proprietor told us that they were always looking for new and innovative ways to train staff and increase their understanding of people's conditions so that they could support people effectively. They also showed us social media videos on safeguarding which had been created for staff to watch in their own time as quick refreshers.

Staff we spoke with told us that they had received supervision and shadowing opportunities, and the records we looked at confirmed this. Staff said that supervision gave them an opportunity to discuss any issues and concerns with the manager. Some staff however said that they did not always feel that they were listened to. One member of staff said, "If I go into the office, then they listen and it's done, but if I e-mail then there is no response. I shouldn't have to go to the office to get answers." Another member of staff however said, "I am supported and have my supervision. [Registered manager] will come to me or I will go to the office. If they come here, then they will observe how I work as well."

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 noted that staff understood the relevant requirements of the MCA, particularly in relation to their roles and responsibilities in ensuring that people consented to their care and support. Staff we spoke with demonstrated an understanding of how they would use their MCA and DoLS training when providing care to people. We also saw that policies and procedures were available for staff to look at if they needed further guidance.

Staff were able to support people with maintaining their health and wellbeing through ensuring that they attended their appointments. Although people we spoke with were not supported by staff to attend appointments, they did tell us that staff would support them by changing visit times or assisting them to prepare for appointments. One person said, "They are good, if I have an appointment then they will arrange for the times to be changed around to suit me."

Staff supported people with nutrition and hydration and this was reflected and detailed in the person's care plan. Where people were not supported with meal times, they told us that staff would leave them with drinks

and snacks. One person said, "[staff] don't help me with meals as I get meals on wheels, but they leave me with drinks and will get me a snack if I need one."

Is the service caring?

Our findings

Interactions between staff and people who used the service were kind, caring and compassionate. One person said, "They are very good people." A second person said, "They are like friends really." While a third person said, "They are mostly kind." A fourth person said, "There is no question what so ever, they are all friendly and kind."

From our discussions with staff we found that they were caring towards the people they provided support to. One member of staff said, "All our clients are lovely."

The provider gave us examples of ways in which staff, the registered manager and the provider worked with people to provide a caring service. We saw that 'wellness' packs were available within the offices and were distributed by supervisors to people when they returned home from hospital. The provider said, "We give these out because some people don't have family nearby so we make sure there is something in the house for them." We saw that each pack contained, UHT Milk, canned food, biscuits and cereal. The registered manager also said, "Our staff also go out and get bits from the shops when people run out of things. We don't have 'shopping calls' but if someone needs something staff will always help."

The registered manager explained how they took additional care of people to ensure they were being cared for even when the person had moved to a care home. The registered manager told us that when people did not have family close by, they continued to visit the person while they settled into the new home and acted as a liaison between the family and the person and would raise concerns with the home and the family when they saw changes in the person. The manager said, "We knew the person, so we had to make sure they were ok."

The proprietor also told us that they celebrated people's birthdays and arranged for cards to be sent out. When people had a significant birthday, they would work with the families to mark it in a special way. For example, one person had a significant birthday and had previously worked within the armed forces. The provider arranged for the person to receive a cake and special birthday greeting from the armed forces who also recognised the person's achievements. The registered manager said, "Everyone was so surprised, and [person] was so pleased. We just couldn't believe it."

Staff were able to speak with us about what people's preferences were and how people wanted to be supported. One member of staff said, "It's [person's] choice how we support them." While another member of staff said, "Whenever I go in I will check through the care plan, so I know what support is needed." A person using the service also said, "[Staff] come in and they seem to know what they are doing."

Staff promoted people's choices and enabled them to be independent where possible. They respected people's dignity and ensured that they had privacy when being provided with personal care. For example, one member of staff told us that when they provided someone with personal care such as a bed bath, they would respect their dignity by closing curtains and doors, and keeping them covered up as much as was possible. This was also confirmed by people using the service. One person said, "[Staff] are very respectful."

People confirmed that they were involved in making decisions about their care through regular reviews and discussions. One person using the service said, "Yes, they go through the care plan every now and then." The registered manager also confirmed that regular reviews were undertaken of care plans to ensure that the service being provided met with people's expectations and where changes were made, staff were informed via e-mail prior to visits. The care records we looked at showed that people were involved and supported to make decisions affecting their care. People said that their views were listened to and staff supported them in accordance with what had been agreed with them when planning their care.

Is the service responsive?

Our findings

People who used the service had a variety of support needs which had been assessed prior to being supported by the service. The provider told us, "We only take on clients we know we can support. If we find that we can't support them as they want, we will support them to move to another provider."

We saw that appropriate care plans were in place so that people received the care they required to meet their needs. One person said, "They seem to know what they need to do, I don't really have to tell them." Another person said, "They do what I want them to do really, they are very accommodating." There was evidence that the care provided was person centred and that the care plans reflected people's needs, choices and preferences. We saw that regular updates were made, and relatives and people were kept informed of any changes in people's care plans through regular review meetings and daily records. Staff also said, "We get regular e-mails when something is changed [with a person using the service], that way we know before we attend the call."

Staff understood people's individual backgrounds, likes and dislikes. Staff said that before they began providing care, they would review the person's care plan so they knew how best to support the person. One member of staff said, "I will always check the care plan, especially if I haven't seen the person in a while as something might have changed."

People using the service and their relatives had been involved in planning their care and in the regular reviews of the care plans. Supervisors were tasked to monitor and update people's care plans in line with their assessed needs and would also liaise with the registered manager and proprietor if additional support was required. The manager told us, "We work with people and try and help them get the right support, even if it's not with us."

The provider had a complaints policy and procedure in place and people were made aware of this when they joined the service and through regular questionnaires and feedback requests. People we spoke with knew who they needed to talk to if they had any issues or concerns. People told us that they would feel comfortable raising any concerns they might have about the care provided. One person said, "I haven't had any need to complain but I'm at that age where if I'm not happy I will let them know." We saw that in 2016 the provider had received four formal complaints and in 2017 they had received one. All complaints had been investigated in line with the provider's complaints policy and resolved.

Is the service well-led?

Our findings

The service had a registered manager in place. We found throughout our inspection that the registered manager was in tune with the way the service was run and was working with the proprietor to provide a good service to people using the service. Staff told us that the registered manager supported them within their roles and acted on any concerns they had. People using the service also told us that they had contact with the office and knew who to go to if they had any queries. One person said, "Yes I know that office number, I will give them a call if I need to."

The service demonstrated an open and transparent culture throughout. The registered manager had an open door policy which meant that staff felt empowered to raise any concerns. The registered manager also encouraged staff to do their best through highlighting their performance and acknowledging good practice and care. We saw that within the office there was a monthly compliments chart. The registered manager told us, "Anytime we get anything positive said about staff it goes on the board. At the end of the month we then go through it in the team meeting and the person with the most compliments gets a prize. It's become a bit of a competition now between the carers."

We saw that staff were invited to regular team meetings which discussed staff performance, best practice and any changes in policies. All the staff we spoke with confirmed that they were invited to the meetings and where they were unable to attend, they would be sent the meeting minutes to review. Staff knew their roles and responsibilities well and felt involved in the development of the service. They were kept informed of changes in the organisation through e-mails and monthly meetings. The registered manager spoke to us about their commitment to ensuring they were able to provide a service which was fit for purpose for the people being supported and also looked after staff's wellbeing. The registered manager said, "I worry about my staff and also the people we are supporting. I feel responsible for everyone and the need to make sure we always get it right."

There was evidence that the provider worked in partnership with people and their relatives so that they had the feedback they required to provide a service that met people's needs and expectations, and was continually improving. The manager regularly sought people's views about the quality of the care. Questionnaires were sent to people and their relatives and the results of the most recent survey showed that people who responded were happy with the quality of the care provided. We saw that where people had provided comments or suggestion, the registered manager had followed these up with the person and where needed made changes in line with the feedback that was received.

The manager had completed a number of quality audits on a regular basis to assess the quality of the service provided. These included checking people's care records and staff files to ensure that they contained the necessary information and that this was up to date. We found that they had kept robust and up to date records that reflected the service provided at the time of our inspection. The manager understood their responsibility to report to the CQC any issues they were required to as part of their registration conditions and we noted that this had been done in a timely manner. Records were stored securely and were made readily available when needed.

