

AJSS Limited

Bluebird Care (Newark and Sherwood)

Inspection report

Unit 11
Stephenson Court, Stephenson Way
Newark
Nottinghamshire
NG24 2TQ

Tel: 01636673920
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 announced inspection was carried out on 15 February 2016. Bluebird Care (Newark and Sherwood) provides support and personal care to adults living in and around Newark in Nottinghamshire. On the day of the inspection there were 45 people using the service who received personal care.

The service had a registered manager in place at the time of our inspection. 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.

At the last inspection on 1 October 2013, we asked the provider to take action to maintain accurate and appropriate records. The provider submitted an action plan and told us they would be compliant by 20 December 2013. At this inspection we found they had made the required improvements.

People were supported by staff who understood the risks people could face and knew how to make people feel safe. People were encouraged to be independent as safely as possible.

People were supported by a regular group of staff who they knew. People who were supported to take their medicines received support to do so when this was needed.

People were provided with the care and support they wanted by staff who were trained and supported to do so. People's human right to make decisions for themselves was respected and they provided consent to their care when needed.

People were supported by care workers who understood their health conditions and ensured they had sufficient to eat and drink to maintain their wellbeing.

People were treated with respect by staff who demonstrated compassion and understanding. People were involved in determining their care and support and were treated in the way they wished to be.

People were able to influence the way their care and support was delivered and they could rely on this being provided as they wished. People felt they would be able to express any issues of concerns and that these would be acted upon.

People had confidence in how the service was managed. There was a motivated staff team who felt supported by the management of the service, who looked for ways to make improvements.

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 using the service because staff looked for any potential risk of abuse or harm and knew what to do if they had any concerns.

People received their visits as planned because there were sufficient staff employed, and there were contingency arrangements in place if needed.

People received the support they required to ensure they took their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by a staff team who were suitably trained and supported to meet their varying needs.

People's rights to give consent and make decisions for themselves were encouraged.

People were supported to maintain their health and have sufficient to eat and drink.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who respected them as individuals.

People were able to say if there was anything they wanted to change with their care.

People were shown respect and courtesy by staff visiting them in their homes in a way that suited them.

Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care and support and this was delivered in the way they wished it to be.

People's worries, concerns and complaints were listened to and acted upon.

Is the service well-led?

Good ●

The service was well led.

People used a service which was well managed and provided staff with encouragement and support to carry out their duties

People could be assured the quality of the service was monitored to identify where improvements may be needed.

Bluebird Care (Newark and Sherwood)

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 15 February 2016 and was announced. The provider was given 24 hours' notice because the location was a domiciliary care agency and we wanted to ensure there was someone free to assist us with the inspection. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted the local authority who commission services and fund the care for some people who use the service and asked them for their views.

During the inspection we spoke with seven people who used the service and one relative. We also spoke with six care staff, two coordinators, the supervisor and the registered manager.

We considered information contained in some of the records held at the service. This included the care records for seven people, staff training records, two staff recruitment files and other records kept by the registered manager as part of their management and auditing of the service.

Is the service safe?

Our findings

People told us they felt safe using the service and were treated well by the staff who visited them. One person who used the service told us, "I definitely am safe with them, they are wonderful." Another person told us, "I would say on the whole I am (safe) with them, nothing has gone wrong that means anything." A third person said, "I feel safe when they are here, they will call out and tell me they are coming in."

Staff were able to describe the different types of abuse and harm people could face, and how these could occur. One staff member said, "Ensuring people are safe is in the back of our minds all the time." Staff told us they would raise any concerns about people's safety with the registered manager or the senior on call. Staff said they discussed safeguarding in team meetings and had attended training on this.

The registered manager told us about a safeguarding investigation that had taken place. They told us this had not been substantiated, but there had been some learning identified for them from the investigation. The registered manager said they tried to ensure people's safety by providing staff with clear guidance about their work through the organisation's policies and procedures. They also said they were selective in the staff they appointed and required them to go through a period of shadowing experienced staff to ensure they understood how to keep people safe.

People received their care and support in a way that had been assessed for them to receive this safely. People told us there had been an assessment carried out at their home to ensure they could be provided with the care they needed in safety. They also told us when any equipment was needed this was provided. A person who used the service told us, "I need two carers to help me, two carers always turn up. They will wait if the other one is held up. I have never been hurt or injured when they help me." Another person said, "They use the stand aid properly."

Staff described how they visually checked everything was safe in people's property when they arrived. They said if anything was amiss they would notify the office staff or in an emergency call the emergency services. Staff said they were sent text messages to remind them of any issues that came up they needed to be aware of.

Staff told us when they attended a personal care call that required two staff to carry out the activities safely they always waited for the second staff member to arrive. Staff said the equipment they needed to provide care safely was provided and there were risk assessments in the back of people's care plans for them to follow to provide the safest care.

The registered manager told us they contacted an occupational therapist when needed to arrange for any additional support or equipment a person may need. They said the supervisor would always check the required equipment was in place before the care package started. The registered manager also said there was a care plan prepared prior to care starting. They said if required there would be a visit made to assess the person's needs in hospital and another visit made to assess the property was suitable for the care which needed to be given.

There were sufficient staff employed to provide people with consistent care and support which met their needs at the time it was planned for. People told us they had a group of regular staff visit them. A person who used the service told us, "They send carers I am familiar with." Another person said staff visited them, "In rotation, I always have ones I know." Another person said, "They arrive on time, unless they have been held up at a previous call. If that happens someone rings me."

Staff told us there were enough staff employed for them to complete the calls allocated on each round. A staff member said, "I think it is good the number of staff we have. We have enough travel time between calls." Staff also said if they were asked to carry out an additional personal care call if someone was off work, they felt able to say if they did not have the capacity to include it. The registered manager told us all the staff in the office could go out to provide cover for unallocated calls if needed. They also said the punctuality of calls was good.

People were supported by staff who had been through the required recruitment checks to preclude anyone who had previously been found to be unfit to provide care and support. These included acquiring references to show the applicants suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions. Staff recruitment files showed the required recruitment checks had been carried out.

People received the support they needed to ensure they took their medicines as required. A person who used the service told us, "They had to have it in the care plan before they could help me with medication." Another person said, "They give me some tablets and put cream on my legs."

Staff were clear about what support people needed with their medicines. They told us they had received training on how to manage medicines safely and had been observed to ensure they could provide this support competently.

We saw an incident and accident folder contained details of three fairly recent medicine errors. These had been reported by staff when they realised and the registered manager had followed the incidents up with the staff concerned. We commented to the registered manager that the reports made could be more specific about how the incidents had been dealt with and they said they would ensure this was done if there were any more incidents in the future.

Is the service effective?

Our findings

People were cared for and supported by staff who had the skills and knowledge to meet their needs. People told us staff understood their needs and provided them with competent support. A person who used the service told us, "They seem competent, the new ones shadow (experienced staff) for a while, I am quite happy with that." Another person said, "I feel they understand me, I feel positive after they have been."

Staff told us they felt confident in their work and had the training and support they needed. A recently appointed staff member told us that their induction when they started to work for the agency had, "Included a pile of training." They said the induction had also included shadowing an experienced worker and being introduced to the people who they would be visiting.

A recently started staff member said they had discussed doing the care certificate, but they had not started this yet. The care certificate is a recently introduced nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care. The supervisor told us part of their role would be assessing staff were putting into practice the learning they had covered in the care certificate training.

The registered manager told us they were aware there had been "A bit of slippage" in the training. They said this was due to changing over to use the care certificate. They told us they were working to a plan to ensure everyone was brought up to date with their training in the near future. We saw there were some staff who's training in some areas was now overdue for an update to ensure they were still up to date with current best practice.

Staff told us they were supervised when out on visits to ensure they were carrying out their duties correctly. They said they also had discussion based supervision sessions in the office to check how things were going. We saw records were kept of these discussions.

People were given the opportunity to give their consent and make decisions for themselves. A person who used the service told us, "I'm sure my care plan was agreed, my [relation] deals with all that, a supervisor came." Another person told us they had discussed the detail of what was to be in their care plan with a care manager but added, "I don't have time to read it." The supervisor told us people were asked to check and sign their care plans if they were in agreement with these.

Staff told us they always asked people to consent to any care and support before providing this. A person who used the service told us, "They always ask me first." Staff also said they saw people who used the service had signed consent forms in their care plans. The registered manager told us it was the person who used the service that signed their care plans, contracts and terms and conditions where they were able to unless they requested a representative did so on their behalf.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff told us they had attended training on the MCA and always worked on the presumption that people had the capacity to make decisions for themselves. The registered manager spoke of liaising with mental health teams when needed.

People were provided with support to ensure they had enough to eat and drink to maintain their health and wellbeing. A person who used the service told us, "They do well with food, they ask me what I want." Another person said, "They make my lunch and will prepare dinner for me if I want them to." People also told us how the staff offered and made drinks for them during their visits.

Staff followed prepared plans to ensure people had the nutritional support they required. A staff member told us there were details in people's care plans about what drinks and snacks to leave for them. Staff also told us most people they supported with meals told them what they would like to have from what was available in their cupboards or fridge. A staff member told us they had used food and fluid charts in the past to monitor people's nutritional intake when they were concerned if they were having sufficient to eat and drink. The registered manager said there was no one at present who needed this support.

People's healthcare needs were known and supported. A person who used the service told us, "Care is not just about the (physical) care, they help me combat depression." Another person had felt the staff did not fully understand their health needs at first but added, "They are getting their head round it by observing me."

Staff told us any training they needed to understand people's health needs and any health condition was provided when they needed it. We saw a record showing some staff had been trained and assessed to be competent to support one person with a particular health need. Staff also said if they felt they needed any input about people's health they could request this support. A staff member told us, "I have called the emergency service when needed."

The registered manager told us they had contact with other healthcare professionals involved in people's care. This included nurses with specialist knowledge, that supported people who had long term conditions as well as district nurses and physiotherapists.

Is the service caring?

Our findings

People spoke positively about the staff describing them as friendly, sensitive and caring. Comments included, "They will do their best, nice smiley faces", "I am pleased with them they are all so kind" and "I would describe them as kind and sensitive."

Staff described how they built up trust with people by being friendly and empathising with them when appropriate. They also spoke about establishing the best way to communicate with people and conducting themselves in a way that made people feel comfortable with them being in their homes. The registered manager told us people's care was planned in a person centred way.

People were involved in planning their care and support and making decisions about this. A person who used the service told us, "They go through the care plan every few months with me." Another person said, "I had someone go through things with me that was helpful."

A relative told us on some personal care calls one of the staff was of a different gender to their relation. The relative said their relation would prefer to have someone of the same gender providing their care. We discussed this with the registered manager who told us they did all they could to accommodate the person's preference but there was a few calls they could not accommodate as they did not have the available resources to do so at that time. The registered manager said this had been made clear when they set up the care package but they would accommodate the request as soon as they were able to do so. The registered manager discussed the issue again with the relative.

Staff encouraged people to comment on the care and support they received and to say if there was anything that was not to their liking. A staff member said, "I always ask whether they were happy with their care. I tell them if not we can do something about it. We pass back any feedback, I think this has made a difference for people."

The registered manager told us people were involved in planning and reviewing their care as these were done with them, normally at their home. They also said people could make comments and request changes during any less formal contact such as when phoning the office or mentioning it during their visits. The registered manager said they tried to keep people informed of any changes connected with their visit and provide their care as planned.

People who used the service said they felt they were treated with respect. A person who used the service said, "Respect me? I would say so, there's no problem with respect." Another person said, "They are very respectful to everything, me, my home and my [relation] as well."

Staff described the practices they followed to enable to people have privacy and dignity what they supported them. One staff member gave the example that they left the room if someone was on the phone to give them privacy. Staff also spoke of respecting people's confidentiality.

People's independence was promoted. People told us their independence was respected and staff did not take this away from them. A person who used the service said, "They make me feel independent and that I have got my own life."

Is the service responsive?

Our findings

People had their needs assessed so plans could be made on how to provide them with the care and support they needed. A person who used the service told us, "I have got a care plan." A staff member told us the system for care planning meant that care plans were available for them to read before they went to visit people so they knew about them and what care and support they required. A supervisor told us they visited any new person using the service to carry out an assessment of their needs and make a plan as to how these would be met.

Staff told us the care plans provided them with the guidance they needed to provide people with their care and support. Staff commented the electronically produced care plan used was not the easiest document to read but the information they needed was there. On staff member said, "The layout is bland but it is okay when you get familiar with it." Staff said they were informed by a phone call or a text message if the plans were changed at all so they knew about changes before they carried out a personal care call. The supervisor said they kept people's care under review and updated their care plans when needed.

People were provided with their care and support in a way that suited them. A person who used the service told us, "They do what they can when they can, I have nothing bad to say in any way, shape or form." Another person said, "They give me the care I want, very much so." We also found people could vary their care if the need arose. One person told us, "If I want anything doing I only have to ask." A staff member said, "Care can be flexible as long as it is safe. We have to document any variances."

People received their care and support at the time it was planned for. People told us staff usually arrived on time and they were contacted if there was any delay. A person who used the service told us, "They arrive on time and stay the full length of time." Another person said, "I know what time they are coming."

A care coordinator showed us how they planned people's personal care calls to make sure they were scheduled for the right time. Staff told us they usually arrived on time for people's calls. A staff member said, "We are punctual as far as traffic and accidents allow. If we are going to be late we will ring the on call who will tell the customer."

People were given opportunities to raise any concerns and they were told how they could make a complaint. A person who used the service told us, "I know the complaints procedure exists." Another person said, "I will tell them if I am not (happy with everything.)"

Staff knew people had the right to complain if there was anything about the service they received they were unhappy about. A staff member told us, "People know they have the right to complain." Staff said if anyone raised a concern with them they would try to resolve it otherwise pass this on the office based staff. Staff also said people could raise any concerns directly with the office themselves or they could do so via a relative or another person who would advocate on their behalf.

The registered manager showed us the file they kept of any complaints and compliments received. This

included a record of any minor issues raised which helped give a picture of where the service could be improved. For example where there had been a low level concern about familiarity, staff were reminded of the professional boundaries policy.

Is the service well-led?

Our findings

The last time we inspected the service we found people were not protected from the risks of unsafe or inappropriate care because accurate and appropriate records were not maintained. This was a breach of Regulation 20 (1) (a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found the improvements needed had been made to ensure there were accurate and appropriate records.

People felt the service was well run and addressed issues when needed. A person who used the service told us, "I do think it (the service) is brilliant within the restrictions they have." Another person said, "I think they deal with things on the whole." A third person who told us how they depended on the service said, "I want everyone to realise how important home care is." We saw people were provided with information about the service they would be receiving, for example they were sent a copy of their rota each week showing the times of their calls and who would be attending these.

Staff said they felt valued and that they were able to raise issues and make suggestions. One staff member told us when they had raised an issue this had been addressed straight away. Other staff compared this service positively to previous ones they had worked for. We saw staff visiting the office were relaxed and joined in casual conversations with office staff. A staff member told us, "We can always come into the office or there is someone on the end of a phone if we need to say anything."

Each member of staff had individual meetings with the registered manager and those we spoke with told us they felt encouraged to express their opinions. Staff told us they had made suggestions in these sessions about trying different ways of working to improve their work life balance and these were being considered at the moment. The registered manager said this involved the introduction of a shift system which they were planning to try out in the near future.

People felt the staff who visited them were provided with the support they needed to provide a good service. A person who used the service told us, "I don't often need to contact anyone else, everything is fine." Another person said, "The carers make the company, they are great."

Staff had the practical support they needed to enable them to carry out their work. Staff told us they were given their rotas for each week in good time so they knew what was expected of them the following week. They said these included enough travelling time between calls so they could arrive on time. We saw staff visiting the office collected supplies of protective equipment they used when visiting people.

Staff described the management of the service as good and looking to improve. One staff member told us, "I think the managers are approachable, we are all a good team." Another staff member said, "I think they (managers) are open and make improvements." The staff member gave an example that the planned routes of calls had improved over time as the number of people who used the service increased and more staff were employed. Another staff member said they thought there was a very good on call service when the

office was closed so they always felt they had someone to contact if needed. Staff also told us there was a system where they had their practice observed to ensure they provided care and support in the way it was intended.

Staff spoke of consideration being given as to how staff were allocated to work with people who used the service and other staff to ensure they all worked well together. They said they tried to accommodate any specific requests people who used the service made regarding the type of staff who visited them, such as their gender and age range. The registered manager told us they discussed any preferences at the initial assessment and tried to accommodate these where they could within the resources they had.

The provider complied with the condition of their registration to have a registered manager in post to manage the service. We found the registered manager was clear about their responsibilities, including when they should notify us of certain events that may occur within the service. Our records showed we had been notified of events that had taken place the provider was required to notify us about.

There were systems in place to identify where improvements could be made to the service. We looked at systems followed to audit different areas of the service. These include monitoring records to ensure these were completed as expected and that no issues had been overlooked. There was also a quality assurance tool used to check that people's medicines had been managed safely.