K&T McCormack Ltd

Bluebird Care Mid Essex

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

The inspection took place on 9 and 11 September 2016 and was announced.

Bluebird Care Limited is a domiciliary care service that provides personal care to people living in their own homes. They predominantly provide a service for older adults, some of whom may be living with dementia or may have a physical disability. The service does not provide nursing care. At the time of our inspection there were approximately 44 people using the service.

There was not a 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 former registered manager had left in April 2016. The former Head of Care had been appointed as manager and was applying to CQC to become the new registered manager.

Staff supported people to remain safe in their homes. There were sufficient staff to meet people's needs and to manage risk safely. On-call and emergency arrangements worked well. There were effective systems in place to manage medicines and people were supported to take their prescribed medicines safely. The provider had a robust recruitment process which helped protect people from the risk of avoidable harm.

Staff were supported to develop their skills and knowledge. Staff sought consent before providing care and understood people's rights to make choices about their service. People were supported to consume food and drink of their choice. Staff worked well with people and health care professionals, to ensure people maximised their health and wellbeing.

People were treated with dignity and respect by staff. Staff knew people well and had time to spend developing positive relationships with them. People received support that was personalised and responded flexibly to changes in their lives. Staff had detailed guidance to enable them to provide a consistent level of support. They were aware of how to make a complaint and felt that they were listened to by the registered manager.

Staff were enthusiastic about working for the service and worked well as a team. The director was working well with the new manager to manage change within the service. The provider promoted innovation and supported best practice. There were systems in place to check the quality of the service.

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 supported people to minimise risk and stay safe.

Rotas were efficiently planned and ensured sufficient staff were deployed to meet people's needs.

Staff supported people to take their medicines safely.

Is the service effective?

Good

The service was Effective.

Staff were skilled and knowledgeable.

People were supported to make their own choices about the care they received.

Staff enabled people to eat and drink in line with their preferences.

Staff worked well with health and social care services, as required.

Is the service caring?

Good

The service was caring.

Staff knew people well and treated them with compassion.

Staff respected people's privacy and promoted their dignity.

Is the service responsive?

Good

The service was responsive.

Support was flexible and responded to individual needs.

Staff received detailed guidance about people's needs.

People's concerns were dealt with effectively.

Is the service well-led?

Good

The service was well led.

The service was run efficiently and staff knew their roles and responsibilities.

There were systems in place to seek feedback about the service and continually drive improvements.

Bluebird Care Mid Essex

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 9 and 11 September 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to respond to our queries.

The inspection team consisted of one inspector and one expert by experience, who carried out phone calls after the visit to the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

On the day of the inspection we visited the agency's office and spoke with the new manager, the director of the service and the recruitment manager. We met with two members of care staff. We visited the home of two people who used the service and their families plus the staff supporting them on that day. We spoke on the phone to an additional two staff, seven people and five family members.

We reviewed all the information we had available about the service including notifications sent to us by the manager. Notifications are information about important events which the provider is required to send us by law. We also looked at information sent to us from others, including family members and the local authority. Prior to the inspection we sent out a questionnaire asking people and their families to give their opinion of the service. We received 10 responses from people who used the service. We used this information to plan what areas we were going to focus on during our inspection.

We looked at four people's care records and three staff records. We examined information relating to the management of the service such as health and safety records, personnel and recruitment records, quality monitoring audits and complaints.

Good

Is the service safe?

Our findings

People told us they felt safe with the staff who supported them. One family member told us, "We've only started using them recently, but we're really very satisfied…they helped with all the medicines. I feel very safe with them."

Staff were protected from the risk of abuse. We noted that where people needed support with finances, for example, when shopping, there were systems in place to record the support and keep receipts. Staff understood what abuse was and could describe how they supported people to keep safe. They had completed the relevant training in safeguarding and knew who to speak to within the service and which relevant external professionals to contact if they had concerns. Staff were encouraged to whistle blow should they have concerns about the safety of people and the quality of the service they received.

Staff described how they monitored people to look for any signs their health was deteriorating and to ensure they remained safe. A member of staff said they would look for patterns, such a person refusing washes over a period of time. Daily notes were brought in weekly and examined. Any concerns would be escalated, for instance a review of people's care would be carried out or a professional contacted.

Risks were well managed within the service. Staff knew what to do in an emergency. For example, a staff member had supported a person when they had fallen, they had called 999, stayed with the person until the paramedics arrived, called the family and the office. Once the person had been taken to hospital the staff member recorded they had, "Checked doors, closed curtain and blinds before leaving."

Assessments were in place to determine how people would cope in the event of an emergency. There was a comprehensive plan based on risk to help the manager prioritise the deployment of staff in an emergency. Therefore, people who were cared for in bed or who needed timely support to take their medicines would be a visited as a priority. This emergency list was reviewed as required. There was an on call system which people and staff could ring out of office hours. The on-call staff had access to key information from the care plan, such as emergency numbers and any risk issues. Managers assessed the risk of staff being out on visits on their own and provided support where appropriate.

There were clear risk assessments in place for each person. For example, where a person was at risk due to a serious health condition, their care plan highlighted in red all the risks staff needed to be aware of to enable the person to remain safe. A staff member recorded that they had noticed another person was 'wobbly' so they had contacted the office for advice. Where staff used a hoist we saw detailed guidance was in place, for example, outlining the specific straps and loops to be used. A member of staff told us, "If someone needs a toileting sling we (staff working them) get brought in to show how it works." A family member said a new member of staff had once been sent without the necessary manual handling skills but this was exceptional as any new staff member would normally be sent out to shadow with a more experienced carer.

Senior staff had carried out risk assessments of the environment so it was clear who was responsible for keeping people's homes safe. For instance, care plans would state who tested the fire alarm or had a stair lift

serviced. They would also outline what staff needed to do to minimise risk. For instance, making sure stair lifts were stored correctly and in the right position, or being aware of a particular rug which might curl up.

People, staff and relatives told us there were enough staff to meet people's needs. Our observations and discussion with people confirmed that staff were not rushed in their tasks and rotas were planned to give sufficient time to meet people's needs. All staff told us they didn't feel rushed and that when they finished practical tasks, they would stay and have a chat with the people they were supporting. A person confirmed that, "They (staff) are all very nice people and spend the right amount of time with me." Two staff members and one family member confirmed that when required, two members of staff were always provided, for example, when someone used a hoist.

Rotas were extremely well planned and managed. We saw the daily rotas and noted there was realistic time for travel between visits. Every effort was made to provide a punctual service. A staff member told us they had sufficient time to travel between visits but if the rota allowed too much time then this was shortened to avoid them arriving before their scheduled time.

The feedback we received confirmed staff were usually on time. One person told us, "If they're going to be very late then the office phones which I think it good. They let me know what's going on." People told us that they had no experience of missed visits. We were told that if the service was short of staff on one day, the office staff and managers went out on visits to ensure all calls were carried out.

Recruitment processes were in place for the safe employment of staff. The recruitment procedure included requiring detailed application forms, checking references and completing a comprehensive employment interview. Senior staff checked the applicant proof of their identity and right to work and carried out disclosure and barring checks (DBS) for new staff to ensure they were safe to work with vulnerable adults. Staff told us that they had only started working once all the necessary checks had been carried out. We looked at recruitment files for three staff and noted that the provider's procedures had been followed. Where appropriate, one of the senior staff checked out written references on the phone.

People received their medicines safely and as prescribed from appropriately trained staff. There were arrangements and policies in place to support people with taking their medicines. Staff used medicine administration record (MAR) sheets to record when they had supported people to take their medicines. They knew what to do if people refused to take their medicines.

Staff were given detailed and personalised guidance for each person on how to administer medicines. For example, one staff member told us, "For [person] you put it in an egg cup and check they have taken it. They always have a cup of tea or juice." It was clear in people's plans who was responsible for ordering and disposing of medicines.

A staff member described how a person's medicines were kept in a locked safe. They explained the person had dementia and the measures in place to protect them. For example, the number to the safe was not written in the care plan, in case the person read the plan and tried to take medicine independently.

Senior members of staff audited the administration of medicines, for instance, they checked staff were recording when they had supported people with medicines and that there were sufficient MAR sheets in place. Detailed observations took place every three months to check staff were administering medicines safely. These were thorough checks which included checking whether staff were minimising the risk of infection and also whether they were treating people with dignity and respect. We saw that staff had been reminded to record exactly what prescription cream had been applied to assist with monitoring people's

care needs over time.

Good

Is the service effective?

Our findings

We received overwhelmingly positive feedback from every person and family member we spoke with. People told us, "I couldn't ask for better care" and "We have lots of experience with other agencies and we can say that Bluebird is the best so far – very well organised. They never send a new carer on their own, there's always a supervisor for the first few visits to make sure everything is ok." One family member described the challenges of caring for their relative and said, "I know the carers don't have things easy, and things can be difficult sometimes, but I'm absolutely comfortable with the care given by Bluebird. I'm pleased to give very positive feedback for Bluebird."

Staff received ongoing and extensive support to develop their skills. The director prioritised and valued staff training and had invested time and resources into developing an exceptional training programme. They told us had just employed a full time trainer, to be shared with other local branches in the organisation. The training was extensive, and staff were expected to carry out annual refreshers to ensure they kept their skills up to date. The manager had systems to track the training staff had been on and ensure they kept up to date with their learning.

A staff member told us they had a whole week's training as part of their induction and they felt well prepared before going out to support people on their own. Another member of staff confirmed they had received manual handling training and that they felt this enabled them to support people safely. They told us senior staff made sure they had developed the necessary skills to support people. For instance, they described how a senior member of staff had gone out on a visit with the staff supporting a person with hoisting to show them how to clarify how to safely use the loops on the hoist. The staff member told us they felt this had been dealt with safely and effectively.

Staff training records showed the new Care Certificate standards were incorporated within the ongoing training and induction programme. The Care Certificate is a set of standards that social care and health workers are expected to follow in their daily working life. Staff were monitored extensively during the first 12 weeks of employment and were expected to engage in ongoing communication with senior staff as they developed their skills. A senior member of staff told us, "We don't just sign off people's (for the Care Certificate) but need to cross reference against their understanding, often after they have been observed out on visits." New staff shadowed more experienced colleagues before visiting people on their own, but this was a flexible arrangement depending on their skills. We saw examples where new staff had extended the shadowing period, if necessary.

Staff training folders were personalised and tailored to their needs and to any gaps in their knowledge. Staff were also encouraged to develop their interests. For example, a senior staff member described how a person might show an interest in safeguarding children or palliative care and then be able to attend a course in this area.

This focus on training resulted in a skilled staff group. Where families or people highlighted gaps, for example in supporting people with specific needs , additional training was provided to staff to develop their

skills. A family member told us, "They are the best care agency we've ever had. Their people are well trained, regular and we get on well with all of them. The carers are very good at everything they do." We observed staff when they visited people and saw they were capable and calm.
Staff felt their skills were valued and they were listened to when decisions were made about people's care. For example, a staff member told us they would get asked by senior staff, "Do you think this will work with that person?" Staff told us they were well supported and received supervision meetings with their line managers every three months and annual appraisals.

Senior staff carried out spot checks to observe both the physical and emotional support provided by staff to monitor whether they were meeting people's needs as outlined in their care plan. For instance, senior staff checked staff were treating people with dignity and explaining to them the tasks being carried out. We noted a member of staff was reminded to always offer to brush a person's hair. Observations were used to help develop staff skills as the senior staff checked with the staff member how confident they were and whether they felt they needed more training.

We saw where issues had been raised during an observation, senior staff responded effectively with training, advice, supervision and further checks until the member of staff had reached the required standard. Senior staff were positive and motivating and discussed the learning as part of the member of staff's continual career progression in the service.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. Staff had a good awareness of issues around capacity and consent. Staff had been on Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training. A member of staff was able to describe a person's capacity and their ability to make some decisions, such as whether they were going to have a shower on a particular day. The director told us most of the people at the service had capacity to make decisions.

We saw that where people had limited capacity in certain areas, such as when taking their medicines, there was detailed advice to staff when supporting them. People signed their care plans to consent to care and to agree they had been involved in drawing up the plans. When we visited people in their homes, we observed staff offering choice and seeking consent before providing care throughout the visit. A member of staff described how they helped a person chose their meals, "I write down on a note pad what she has in the fridge and the sell by date to help [Person] chose what they want."

A staff member described how they supported people to maintain adequate nutrition. "[Person] has porridge for breakfast. Sometimes they ask for Shreddies or toast but nine times out of ten its porridge." We observed when a person was offered choice at lunch and couldn't make a decision; the staff member had the skills to gently support them to make their choice.

Plans were very specific, regarding people's preferences, for example, one plan stated a person liked their tea black with a level teaspoon of sugar. This meant when new staff visited they were able to be well prepared to provide a consistent service. Care plans also outlined any specific requirements. For instance, one person's care plan stated the amount of thickener required in their drinks. Staff recorded what people ate and how much so this could be monitored over time.

Staff worked with people to support them with their health needs. Staff observed and recorded how people were each day so that they could check for any changes which might indicate people needed support to access health and social care services. Referrals were made, as required, to other professionals. A member of staff said, "We are the first point of call (for other professionals) because we are the eyes and ears." Staff explained how they looked for pressure sores and would call the district nurse if there were concerns. We read on a person's noted that staff had assisted them to ring for the GP when they had a chest infection. Staff communicated well with the person throughout and also rang the office for advice.

A person told us, "The agency and the carers are both absolutely marvellous. They are very good, very kind and very observant. One of the carers noticed that my leg was deteriorating and they phoned the office and had the district nurse come round … they do escalate medical things to the district nurses quite quickly." The staff we spoke to had a wide ranging understanding of the professionals who could support a person. For example, one member of staff had said they had told a person's family to contact an occupational therapist for assessment for a walking aid.

Where people had a specific health diagnosis carers were provided with a fact sheet with guidance to enable them to have greater awareness and knowledge of how best to support a person. As well as the fact sheet, senior staff provided personalised guidance to staff, so for example, where a person had a specific back condition, the care plan outlined how this affected their ability to stand. We saw that a senior member of staff had been on a course about Diabetes and was sharing information with staff, as needed.

Good

Is the service caring?

Our findings

People told us staff were caring and went 'over and above' when supporting them. One person told us, "I'm never rushed – and they do anything for me. Recently one of the carers spotted that I had leaves building up in my front porch and she got the broom out and swept the driveway without me asking – lovely wasn't it?"

Staff spoke with affection about the people they cared for. When we asked a staff member to describe their day, their face lit up as they described the person they had supported. "Oh she's lovely, she was so sweet." A member of staff told us the support they received from senior staff had an impact on the way they treated people. They said, "It's such a compassionate company and makes you think if they are like that for me I have to be like that for the people I support."

Care plans were written to provide staff with an understanding of people, their background and histories. For examples one care plan said, "I used to visit the Scottish Highlands a lot with my husband and I think they are wonderful." Staff understood that people had a past which was important to them. A member of staff told us, "I do like people to be able to be colour coordinated, by having beads and perfume like they used to."

Staff were aware of the importance of their visits to people. A staff member confirmed they always stayed the full half hour with a person, as outlined in the rota. They told us, "[Person] has no real family so I keep them company and stay and chat." People described how important this social contact was. One person told us, "The carers are lovely people. I'm very happy with them all – when they've finished the basics, they don't rush off – they sit and chat – they're lovely people."

Staff were skilled at offering choice to ensure people were involved in decisions about their care. They realised this took time, for instance, one member of staff told us, "As [Person] can't get into their bedroom it's nice to take wardrobe items down to them so they can chose what to wear." They described how they would support people who made choices which might affect their wellbeing. They told us, "If they want to go outside and there's hailstones, I might try and find a sheltered spot or bring the outside into their home."

Staff were provided with information to support people with communicating, for example, one person's care plan said to, "Look at [person] when speaking and speak slowly and clearly." Another person's communication support plan reminded staff to make sure a person was wearing their bi-focals and that these were clean.

Where people could become anxious, staff had guidance on how to minimise anxiety. For instance, one plan said that punctuality and confidentiality were important to a person when assisting them to remain calm. Staff told us the rota provided continuity so that people would be supported by a small group of staff who knew them well. A person told us, "We always have regular carers, and they are really good."

Staff understood the importance of maintaining peoples' dignity. We observed at a person's house how staff opened the curtain after providing personal care. We noted that care plans outlined with great sensitivity the

support people needed with personal care. We saw a number of examples where staff had made specific arrangements around privacy and dignity which were demonstrated thoughtfulness and compassion for the people they supported. This meant that people were not forced to repeat delicate information to each new carer.

Good

Is the service responsive?

Our findings

People told us staff met their individual needs. One person told us, "I think the agency delivers first class care – it's all very good." A family member told us, "I can say that they are a good agency, giving good care. They are very well organised and the handover to new carers is always first class."

People received a flexible service which adapted to their changing needs. For example, a person had additional visits when their family member was away. People told us they had a choice about who provided care to them. For instance, a family member told us, "There was one carer who [Person] couldn't get on with and we phoned the office and they no longer come."

Detailed assessments of people's needs were carried out and care plans outlined the support to be provided. The plans were detailed and personalised. For example, on person's plan said, "I need help washing my back, legs and feet. After this I will have a cup of Bovril and a couple of biscuits." Staff confirmed there was always a plan in place before they started caring for people. Staff knew to check peoples records each day to see if there had been any changes. A family member told us, "The care plan represents [Person] as an individual and the daily record says what is actually done."

The care people received was reviewed every six months or as needed. Reviews were detailed, even when people's needs hadn't changed, which offered them an opportunity to let staff know if they wanted the service altered in any way. Future reviews were scheduled in and staff were also pro-active about bringing reviews forward where people's needs had changed. For instance, we saw that following a visit from a senior member of staff to observe practice, a person's care plan was reviewed as their needs had changed.

Where appropriate, people were supported to remain independent. For example, on person's care plan stated, "Set the washing machine at 'mixed load' but do no turn it on as I do this myself." Another person told us, "I've lost my confidence to go out, and the carers are helping me to build up my confidence again."

People told us they were aware of how to make a complaint but said they had not felt the need to. One family member told us, "If there was ever a problem, and there hasn't been so far, I doubt if I'd phone the office, I'd speak to the carer directly to sort things out – can't see there being a problem though as we all get on so well."

When their service began, they were given an information pack which outlined how the service operated and how to make a comment or complaint. The director told us each person had a nominated person from the management team, either a support care supervisor, care supervisor or Care Manager, who they could refer any queries to.

One family member described how they had contacted the director if there were issues and these were resolved swiftly so did not become formal complaints. The manager told us the service rarely received any complaints and the one complaint that had been received recently had been dealt with swiftly and effectively. In contrast, there was a very large folder of compliments which were used positively to promote

best practice and reward staff.

Good

Is the service well-led?

Our findings

Much of the positive feedback we received from people during our inspection demonstrated that the service was efficiently run. People were positive about both the care staff and the office staff and told us they worked well together. For instance, a person told us, "If I call the office, I always find them nice people to talk with, and I always get a phone call back if they can't answer me directly." A family member told us, "They were short of carers yesterday, and a lady from the office came out to fill in – that was great wasn't it? I'm perfectly happy with Bluebird."

Staff were unanimously positive about the service. They were clear what their roles and responsibilities were although a staff member also said, "The team rallies round and supports each other when somebody is not available." Three members of staff told us it was the best place they had ever worked. One of them told us this was because of the way the service was run, "You know where you are going to be, with your breaks set out. There's only shifting if someone goes off sick."

The director and the newly appointed manager had worked together for a number of years in a different role and were providing a smooth transition during a time of change. The change in registered manager was facilitated by the involvement of the director in the daily running of the service who provided continuity for staff and for people and their families.

The director told us the company was growing and they, "Promote good carers and reward from within." We looked on staff records and saw on-going discussions with staff about opportunities for development and progression within the organisation. The level of commitment and value given to staff training and development demonstrated a commitment to retaining staff over time.

Good practice was rewarded, for example, a member of staff told us they had received a voucher after positive feedback from a family member. There was an expectation staff would use the opportunities available to continuously improve and poor practice was not tolerated. A person told us, "We used to have some problems with a few carers who have now left."

Quality checks took place of the support being provided and these were detailed and thorough. For instance, one of the checks had picked up there were gaps in recording in a person's daily records. These records were used to monitor the service people received and the checks ensured senior staff had access to full and detailed information about people. There were other measures in place to monitor the quality of the service. For instance, a manager from the provider head office carried out an annual inspection, which resulted in an action plan to drive improvements.

Regular surveys took place with people, families and staff and outcomes were analysed and used to drive improvement. For instance, a recent survey highlighted that time keeping was a priority for people and their families and the director told us about different improvements being introduced to address this concern.

The director was passionate about developing a high quality service and developing best practice within the

organisation. They were a member of various national and local caring networks who provided regular updates on good practice. The service was continually developing in line with best practice. The manager described a number of new systems being introduced which would improve the safety and quality of the service. For example, a new 'pass system' was being introduced which would inform the manager of the staff on duty and their whereabouts, allowing them to respond more quickly to gaps and possible risks. The director told us they used social media to promote any vacancies or news stories in the organisation.