Rushton Vale Ltd

Bluebird Care (Rushcliffe & Melton)

Inspection report

82 Grantham Road
Radcliffe On Trent
Nottingham
Nottinghamshire
NG12 2HY

Tel: 01159333114
Website: www.bluebirdcare.co.uk

Date of inspection visit:
13 April 2016
14 April 2016

Date of publication:
12 May 2016

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was announced and took place on 13 and 14 April 2016. Bluebird Care (Rushcliffe and Melton) is a domiciliary care service which provides personal care and support to adults, in their own homes, in Nottinghamshire. On the day of our inspection 69 people were using the service.

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.

People were kept safe by staff who understood their responsibilities with regard to protecting people they were caring for from harm or abuse.

People were being cared for by sufficient numbers of staff. People received the required support with medicines and they were managed safely.

People were cared for by staff who received the training and support they required to carry out their roles effectively.

People were encouraged to make independent decisions. Staff had received training and understood the principles of legislation designed to protect the rights of people who lacked capacity. We found during our inspection that capacity assessments and best interest decisions were not always documented and this was rectified by the registered manager following our visit.

People received the support they required to meet their nutritional and healthcare needs.

People had positive relationships with their care workers. People and their relatives felt that their relation was treated with kindness and people's privacy and dignity were respected.

People, who used the service, or their representatives, were encouraged to contribute to the planning of their care and to give their views on the running of the service.

People told us that they were not always kept informed of changes to their care calls and expressed concern about the system used to deploy staff. The registered manager introduced a new monitoring system for late calls following our visit.

People were supported with their independence and to maintain their interests. People's care plans did not always contain sufficient guidance for staff but we found staff were knowledgeable about people's needs.

People were provided with information about how to make a complaint and complaints were responded to appropriately.

People, or their representatives, were encouraged to provide feedback on the service. Staff felt supported and motivated by the management team to provide a high quality service to people.

The registered manager and the provider had a good understanding of effective quality assurance systems. There were processes in place to monitor quality to drive improvements within 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.

Effective systems were in place to recognise and respond to allegations of abuse and risks to people were regularly reviewed.

People were cared for by sufficient numbers of staff.

People received the required support with medicines and they were managed safely.

Is the service effective?

Good

The service was effective.

People were supported to make independent decisions where they were able and the principles of the Mental Capacity Act were adhered to.

People were cared for by staff who received the training and support they required to carry out their roles effectively.

People were well supported with their healthcare and nutritional needs.

Is the service caring?

Good

The service was caring.

People had positive relationships with their care workers and people and their relatives felt that their relation was treated with kindness

People's privacy and dignity was respected and staff were aware of the importance of promoting people's independence.

Is the service responsive?

Requires Improvement

The service not consistently responsive.

People told us that they were not always kept informed of changes to their care calls and expressed concern about the

system used to deploy staff.

Care plans did not always contain sufficient detail about how people could be best supported in line with their preferences and with their medical conditions.

People were supported to maintain their independence and pursue their interests.

People's relatives and staff felt the registered manager would respond to any complaints.

Is the service well-led?

Good

The service was well led.

People, or their representatives, were encouraged to provide feedback on the service. Staff felt supported and motivated by the management team to provide a high quality service to people.

Systems to monitor the quality of the service were robust and effective.

Bluebird Care (Rushcliffe & Melton)

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 13 and 14 April and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, we asked the provider to complete 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 received this information as requested. We also checked the information that we held about the service and the service provider.

We spoke with 15 people and eight relatives of people who received a service from Bluebird Care (Rushcliffe and Melton). We visited two people who received care from the service and observed the care and support provided. When visiting the agency office we spoke with the provider, the registered manager, a care supervisor, one team leader and three care staff.

We reviewed a range of records about people's care. These included the care records for five people and three medicine administration records (MARs). We reviewed other records relating to the management of the service such as minutes of meetings with staff, the employment records of three members of staff and the findings from feedback the provider had sought from people.

Good

Is the service safe?

Our findings

People and their relatives told us that they felt very safe with the care workers who provided support. One person told us, "I feel quite safe with the carer," whilst another person said, "There is one carer who is excellent. [Carer] makes sure I don't slip at all. [Carer] knows I am frightened of falling so [Carer] reassures me all the time." One person's relative told us, "I know my relative is in safe hands when the carers come. It's the only chance I have to get out myself so it has to be somebody who is trustworthy and knows what they're doing and that's what we get."

People could be assured that staff knew how to respond to any allegations or incidents of abuse. A safeguarding policy was available and staff received training in safeguarding people from abuse. All of the staff we spoke with displayed a good knowledge of how to recognise signs of potential abuse and how to respond. They understood the process for reporting concerns internally and escalating these to external agencies if needed. Staff were confident that the registered manager would take appropriate action in relation to any concerns raised. One member of staff explained, "I would report to the (registered) manager. I would ring the police or other outside agencies if needed. The manager would take action." Records showed that the management team were fully aware of their responsibilities in referring concerns to external agencies, such as the local authority safeguarding team, and had done so when required.

Potential risks to people who used the service and to care workers were identified and action taken to reduce risks. These included environmental risks and risks due to the health and support needs of each person. For example, guidance was provided in care plans for staff on how to respond to an emergency, such as a fire, how to reduce the risk of spread of infection and how to provide reassurance and reduce anxiety if the person was anxious and resistive to support with their personal care.

People were supported with their mobility in a safe way. We saw that people's care plans recorded details of the support and equipment required for people with restricted mobility to enable them to move around their home. We saw that the equipment required was recorded in care plans along with dates when equipment safety checks were due and who was responsible for the checks. We checked accident and incident forms and found that people's risk assessments had been updated as required following incidents to enable people to be safely supported and reduce the risk of injury to the person. Records showed that staff were proactive in identifying risks to people. For example, records showed that one staff member had reported their concerns about a deterioration in a person's mobility to the registered manager who had then requested the input of an occupational therapist.

People we spoke with felt that there were sufficient staff to meet their needs. All of the staff we spoke with told us they felt there were enough staff working in the service to meet the needs of people. One member of staff told us, "There is definitely enough staff to cover (staff absences); there are not many missed calls." Staff showed an awareness that the safety and well-being of the people they supported was paramount to delivering a good service, and would stay on past the allotted time if required to ensure people's safety.

The provider and registered manager told us that missed care calls were monitored and information we

viewed confirmed a low number of missed care calls in the last three months. People's care records contained information about the level of risk posed to people if care calls were missed to help the registered manager monitor the risk to people if care was not provided. People confirmed that they were attended to by the right amount of staff to meet their needs. The registered manager had picked up that when two staff had attended a care call, they had not always both signed daily records to confirm their presence, and had taken measures to address this.

We checked recruitment records and saw that the registered manager had taken the necessary steps to ensure people were protected from staff that may not be fit and safe to support them. Before staff were employed criminal records checks were undertaken through the Disclosure and Barring Service (DBS). These checks are used to assist employers to make safer recruitment decisions. We also saw that proof of ID and references had been sought prior to employment and retained in staff files. When recruitment checks had resulted in information which required further consideration or safety measures to be put in place this had been done to help ensure people were safe.

Some people required support from staff to help them manage their medicines and people told us that they received their medicines when required and these were managed safely. Staff told us that they had received training in the administration of medicines and were confident in providing support. We saw records which confirmed that staff had received training in the administration of medicines. Spot checks were carried out by senior members of staff to check staff competency in respect of medicines administration.

Care records and MAR sheets contained information about the medicines to help ensure their safe use. For example, any allergies people had were recorded, staff were instructed where creams needed to be applied and information about medicines that where prescribed to be given as required (known as PRN) included maximum dosage and time intervals between dosages.

We reviewed medication administration records (MARS) and saw that staff completed these if required. Monthly audits of MARS were undertaken to check that staff were recording medicines administration appropriately and any discrepancies were noted and discussed with staff. We looked at the storage of medicines in one person's home and found that external creams and ointments had been dated upon opening to ensure their effectiveness. Care plans showed who was responsible for reordering people's medicines. While some relatives undertook this, the service provided support to other people so that their medicines were ordered on time.

Good

Is the service effective?

Our findings

People we spoke with and their relatives told us they felt the staff that cared for them were very competent. One person told us, "The staff who come are excellent. I can't praise them enough." Whilst one person's relative said, "They are brilliant really. We're very grateful for the support." Two people's relatives gave us examples of how care workers dealt well with their relations particular needs in a skilled and reassuring way.

People were supported by care workers who had the knowledge and skills required to meet their needs. The staff we spoke with said that they were fully supported by the management team at the service. One staff member told us, "The training is brilliant, I can't fault it," whilst another staff member said, "The training is good, it goes in and is relevant. We are kept up to date."

Records confirmed that staff had received training in a variety of areas relevant to their roles, such as food safety, infection control, moving and handling and fire safety. Some staff members had received training specific to the needs of people they were supporting such as catheter care, end of life care. The registered manager had identified the need for diabetes training and this had been planned for.

All new care workers completed an induction programme at the start of their employment that followed nationally recognised standards. Staff told us that the induction equipped them with sufficient knowledge and information to undertake their roles. The induction included an undefined period of shadowing and the staff member would only work without supervision once they and a senior member of staff were confident of their capability. One staff member told us, "I had two weeks of shadowing and then I was asked if I was confident to work with people on my own." Staff told us that they were given information about the person they would be supporting prior to meeting them.

Staff received support to understand their roles and responsibilities through regular supervision sessions and annual appraisals. We saw that these were used effectively to discuss training issues, provide feedback and discuss any concerns. All of the staff we spoke with felt supported in their role and able to raise any issues or concerns which would be responded to.

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. People told us that staff asked for their consent and they made choices about how their care was delivered. One person told us, "I make choices," whilst another person said, "I tell them what I need and they are always obliging." The staff we spoke with had received training in the MCA and were knowledgeable about its requirements. One member of staff told us, "It's about asking for consent and giving people choices." Another member of staff described how they would make a best interest decision on behalf of someone who lacked capacity and the

importance of taking into account the person's wishes.

We reviewed documentation and found capacity assessments had not been recorded for some of the people who used the service that may not have been able to make decisions themselves. For example, we found that one person's capacity to consent to staff assisting them with medication had not been documented. Another person had restrictions around their movement which had been agreed with the person's relative, however, there was no documented evidence that the person lacked capacity and that, if they lacked capacity, the decision was in their best interests. We spoke to the registered manager who agreed that this needed to be in place and we received confirmation following our inspection that capacity assessments and best interest decisions had been put into place for both people.

People told us they were supported by care workers to eat and drink enough and they received meals in a way they preferred. One person told us, "They are very careful about what I like and don't like," whilst another person said, "We both have to have help and they make sure that we are able to sit and have our meals together."

People's care plans included information about how they should be supported to maintain their nutritional intake and these were kept under review and changes made when necessary. For example, we saw that the support one person required to eat their meals had changed and this had been updated in their care plan. We looked at the care plan of one person which contained good information on any allergies the person had, their food preferences and dislikes, where they liked to eat their meals and what support they required. The person had a food and fluid chart in place and staff recorded what meals and drinks they had prepared for the person.

People told us that they were supported to maintain their health and attend medical appointments if required. One person told us that they had been supported by a care worker to attend a dentist appointment the day prior to our visit.

Staff told us that they liaised with people's families and external healthcare professionals as required to ensure that people's healthcare needs were met. People's care records provided details of healthcare professionals involved with the person and records confirmed that staff were proactive in seeking medical attention or liaising with external healthcare professionals if required. We saw evidence within people's care records of staff contacting the GP or seeking emergency medical assistance if required, in addition to liaising with occupational therapists and social workers if appropriate.

Good

Is the service caring?

Our findings

People told us that staff were caring, compassionate and respectful. People's comments included, "I don't mind which carer comes because they are all really kind and thoughtful," and "Carers are wonderful." One person's relative told us, "They are superb. They are brilliant and kind. They are really kind to me as well."

We found that positive, caring relationships had been developed with people and their relatives. One person's relative told us that they appreciated having the care worker to talk to when they were concerned about their relation. All of the care workers we spoke with talked about people warmly and respectfully and were knowledgeable about their needs and preferences. We accessed records which showed that staff had been responsive to people's distress and on occasion had spent additional time with the person and their relative to ensure the person's safety and wellbeing. For example, care records showed that a person had become distressed by the noise outside their home and the care worker had supported them to go outside so they could explain where the noise was coming from. We observed one care worker supporting a person with their meal and they took their time, spoke to the person and responded to the person coughing in a caring and safe way.

Information was contained within care plans about how people liked to live their lives and what was important to them. For example, they included information such as the person's religious preferences, interests, important relationships and what could cause them upset or distress. Staff were also provided with information about how people communicated and how they responded to different types of communication, such as giving someone a hug to reassure them.

Care plans were reviewed with people who used the service or their relatives on a six monthly basis. People confirmed that they were involved in these reviews and one person told us, "The (registered) manager has been out and discussed my needs with me. They do listen to what I want." We saw that reviews were documented and people's views were sought with regards to the care they were receiving and action taken in relation to concerns raised. People were provided with relevant information in the form of a 'Customer Guide' and information recorded about how the person preferred to receive communication, such as via post or email.

We found that people were provided with details of advocacy services, in the event these were required. The registered manager informed us that no one who was using the service currently required an advocate as people felt able to speak for themselves or had family members who advocated on their behalf but that people's request for advocacy would be respected and facilitated, if required. Advocates are trained professionals who support, enable and empower people to speak up.

People were supported to have their privacy and were treated with dignity. People we spoke with confirmed that staff respected their privacy and dignity. One person told us, "There is one carer who is excellent. [Carer] showers me and has to do quite intimate things for me but [Carer] is ever so careful and gentle." Staff we spoke with showed a clear understanding of the importance of treating people with privacy and respect and were able to give us examples of this, for example, when providing personal care, giving people choices and

respecting their wishes.

We saw that senior members of staff carried out spot checks on staff which included consideration of whether the person was treated with respect and dignity and whether they were supported to make choices. Several staff had signed up to become Dignity Champions. Dignity Champions commit to speak up about dignity and ensure its promotion in the way services are organised and delivered. In addition, a member of staff had been appointed as a Dementia Champion and it was planned that this person would disseminate information on how to improve understanding of dementia and encourage others to make a positive difference to people living with dementia.

People's confidential records were stored safely and securely within the office. The registered manager demonstrated how the new electronic information system they were in the process of introducing would keep people's information safe.

Requires Improvement

Is the service responsive?

Our findings

Some people told us that staff were not given sufficient travel time between care calls to enable them to always be on time or did not know which staff would be supporting them. One person told us, "Somebody needs to sort out the rotas" whilst one person told us, "The problem is when they send different people. They are all lovely people but I never know who's coming through the door." One staff member told us that call times may vary as travelling times can be difficult to manage. The provider showed us how travelling times between calls were calculated by a computer system and the registered manager and supervisor told us that people could request a copy of their rota and efforts were made to contact people if there were changes in relation to care calls. However some people told us they were not always informed of changes and worried about late calls due to travelling times. A system for monitoring late calls was introduced following our feedback.

Some people's care plans contained information about how they wished to be supported to ensure that the care delivered was person centred. For example, one person's care plan contained a good level of detail as to how the person should be supported with their personal care. The care plan gave information about the toiletries the person used, where items were located, what the person could do for themselves and what they required support with. Other people's care plans did not contain the same level of detail. For example, records showed that one person could be low in mood and resistive towards personal care but there was little information about how staff should respond to the person. When we spoke to staff they were knowledgeable about the person's needs and gave examples of how they would respond. An action plan had been produced by the registered manager following our visit which documented the action which was being taken to ensure each person's care plan contained a sufficient level of detail.

Staff knew how to respond to people's medical conditions, such as diabetes, or check people's skin for signs of pressure damage although some people's care plans did not contain much documented guidance for staff. We spoke to the registered manager and the supervisor who confirmed that staff were provided with training on monitoring people's skin integrity during induction and records we saw confirmed this. The registered manager had recognised that training on diabetes was required and this had been arranged. We received assurances from the registered manager that care plans would be updated to give more information to staff about how to support people with their medical conditions.

People's care and support was planned in partnership with them. Records confirmed that when their care was being planned, an assessment of their needs was carried out. People told us that they felt that staff supported them to pursue their interests and maintain their independence. One person told us, "It's made such a difference to me. They take me out and help me go shopping. If I feel like it, they will help me to walk my dogs and they are helping me to do some baking. I'm very happy with the service." Another person told us, "I've been trying to prepare the vegetables and they are really patient and support me to do that. It makes me feel less useless."

People gave their views about the support they received by completing annual surveys about the service and the way in which their care was delivered. People's care plans were kept under regular review and

people or their relatives were included in reviews. We saw that people's care plans had been updated when required.

Staff we spoke with told us that people's care plans were useful, kept up to date and helped them learn about the person and that they were communicated with if people's needs changed to ensure the correct support was provided. One staff member told us, "We are communicated with well if people's needs change." Staff we spoke with gave examples of how they supported people to retain their independence and avoid isolation. One staff member said, "We do have time to sit and chat which is often important to the person," whilst another told us, "We provide social calls. Care plans guide us and we offer choices."

People and their relatives were aware that they could make a complaint if they were not happy with the service being provided. One person's relative told us, "I've had no complaints. I will ring if I am not happy. Any little niggles I've had have been dealt with." Another person told us that a concern they raised was dealt with appropriately by the provider. We saw that people were provided with information about how to make a complaint about the service.

Care workers understood that people who received a service should feel able to raise concerns and were able to tell us how they would respond to any complaint raised. The staff members we spoke with felt that any concerns would be responded to by the registered manager. We saw that the service had received four complaints in the last year and that these had been dealt with appropriately. A number of concerns had also been recorded. Action taken in response to complaints included discussions with care workers and retraining if necessary. We saw that the person who had made the complaint had been responded to.

Good

Is the service well-led?

Our findings

People expressed satisfaction with the support they received from Bluebird Care (Rushcliffe and Melton). One person told us, "I know if I needed to change anything the manager would come and sort things out," whilst another person said, "They were excellent. We couldn't have had anything better."

People and their relatives felt that the service was responsive to any issues and were flexible. One person told us, "I just tell the carers if there is any problem, which will normally be if I need to change a visit or something, and they pass the message on for me." Another person's relative said, "They are very flexible to be honest. I have two half days so that I can get out and do things for myself. Sometimes I ask if I can change one of those days and they always accommodate me."

Staff were motivated, felt supported by the management and comfortable in expressing their opinions of the service. Staff also told us they were confident that action would be taken if required. Comments included, "You can give your opinions and they will be listened to," and "It's brilliant. I feel supported and there is always someone to talk to. I can state my views." One member of staff told us, "They get things sorted. [Provider and Registered Manager] can get hold of problems."

People and their relatives had a chance to have their say on how the service was managed during care reviews and via an annual survey. The last survey had been sent out in January 2015 and the provider acknowledged that another one was due. We saw that the surveys gave people a chance to comment on the support they received. The results had been collated, an action plan produced and a newsletter sent to people who used the service to respond to issues raised. One of the actions taken was to remind people they could request a copy of their rota.

People and their relatives knew the provider and registered manager and found them approachable and felt that the information provided by the service was clear. There was a registered manager in place who was aware of their responsibilities and was supported by the provider. We checked the records we held on Bluebird Care (Rushcliffe and Melton) and found that we had received notifications from the service when required. Providers are required by law to send us notifications regarding events in the service.

The attitudes and behaviours of staff were kept under review by the provider. Staff felt able to raise any concerns to ensure people were safe and the service had a whistle blowing policy in place. We saw that appropriate action was taken if concerns were raised about staff members. A new staff spot check had been introduced for new care workers which was in line with nationally recognised standards of care delivery such person centred working, communication and recognising equality and diversity. Records confirmed that staff supervision was being used effectively to review staff performance and incorporate feedback from spot checks and discuss any concerns.

People could be assured that the quality monitoring of the service was robust and effective. The registered manager told us that they monitored the quality of the service by reviewing care and medication records completed by staff and feedback from people and their relatives. The registered manager told us that care

records were reviewed on a monthly basis by a senior member of staff and any issues arising from the review were discussed with staff. We reviewed care records and found these to be completed as required. A record was made of the reviews, the issues identified and any action taken, such as addressing issues with individual staff members or at a team meeting. We also saw that accident and incident forms were being used effectively and monitored for any trends to enable the service to reduce the risk of harm. People's care plans were updated if any changes had occurred and were reviewed regularly. In addition the provider had carried out audits and had taken action to improve the quality of service delivery. People were kept informed of changes and improvements within the service via a newsletter and had signed up to 'The Social Care Commitment' which aims to support staff to deliver high quality care and support.