

Encasa Limited

Bluebird Care (Hull and Beverley)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Bluebird Care is registered with the Care Quality Commission (CQC) to provide personal care and support for people in their own homes. Over 70 people were supported by the service.

This inspection took place on 18 May 2017 and was announced. The registered provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. This is the first inspection of the service since a change in registration.

There was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a 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 cared for by staff who had received training in how to identify abuse and how this should be reported to protect people from harm. Staff were provided with personal protective equipment, this lessened as far possible the risk of cross infection. Staff were recruited safely and all employment checks were undertaken before they started working for the service. Staff were provided in enough numbers to meet people's needs. People were supported to take their medicines when appropriate. Risk assessments were in place which instructed staff in how to keep people safe and to mitigate any potential risk.

Staff had received training which equipped them to meet the needs of the people who used the service. People who used the service who needed support with making informed decisions were protected by legislation and how this is applied to people living in the community. Staff supported people who used the service to eat a well-balanced and wholesome diet which was of their choosing. Staff contacted health care professionals when needed.

People were cared for by staff who were kind and caring, and who understood their needs. People or their representative were involved with the formulation of care plans, these were reviewed regularly and updated where needed. Staff understood the importance of respecting people's privacy, choice and dignity, and could describe to us how they would uphold these rights.

The registered provider had a complaints procedure and this was provided to people who used the service. Staff had access to information which described the person and the way they wanted be supported.

The management culture was open and inclusive. The service provided out of hours numbers for people or staff to call in an emergency. Audits were undertaken of the service to ensure it was meeting people's needs effectively. Surveys and face to face interviews were undertaken to gain people's views about how the service was run, other stakeholders were also consulted. All results of surveys and interviews were collated and a report produced of the findings. Staff and management meetings were held on a regular basis. This ensured the service moved forward and made changes where needed.

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 were cared for by staff who had been trained in how to recognise and report abuse.

Staff had been recruited safely and were provided in enough numbers to meet the needs of the people who used the service.

Assessments had been undertaken which informed the staff in how to keep people safe from preventable harm.

Staff had received training in how to safely support people to take their medicines.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who received appropriate training to meet their needs.

Staff were supported to achieve nationally recognised qualifications in care and to gain further experience.

Staff supported people to lead a healthy life style and to access health care professionals when needed.

People were supported to prepare meals.

People's fundamental human rights were respected with regard to decision making.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring and understood people's needs and how best to meet them.

Staff respected people's right to lead a life-style of their own choosing.

People had read and agreed their support plans, and had been involved with the formulation.

Is the service responsive?

Good ●

The service was responsive.

People received person-centred care which respected their preferences and choices.

People had the opportunity to participate in their care and to make changes where needed.

People could raise concerns about the service and these would be investigated to their satisfaction. Other stakeholders could also raise concerns about the service. Changes were made as a result of concerns raised.

Is the service well-led?

Good ●

The service was well-led.

People who used the service could have a say about how the service was run and could participate in changes made. All suggestions made were welcomed and looked at.

Staff and other stakeholders were consulted about the running of the service.

Regular audits were undertaken to ensure people received a safe, well- led service.

Bluebird Care (Hull and Beverley)

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 registered provider was 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 18 May 2017 and was announced. The inspection was completed by one adult social care inspector.

Before the inspection, we looked at information we had received about the service. The registered provider had completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The local authority safeguarding and quality teams were contacted as part of the inspection, to ask them for their views on the service. We also looked at the information we hold about the registered provider.

We spoke with three people who used the service and two relatives. We also spoke with five care staff and the registered manager.

We looked at four care files which belonged to people who used the service. We also looked at other important documentation relating to people who used the service such as incident and accident records. We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation as it applied to people who lived in the community.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, training records, staff rotas, supervision records for staff, minutes of meetings with staff, safeguarding records and quality assurance audits.

Is the service safe?

Our findings

People who used the service told us they trusted the staff and felt safe when they visited them. One person said, "Oh yes, of course I trust the staff, they come into my home so I have to." Another person said, "I feel safe because the staff make sure my door's locked and they always shout 'hello' when they come in to let me know they are here." People told us staff supported them to take their medicines, one person said, "The staff help me in a morning to take my tablets, and they collect them for me."

People's relatives told us they trusted the staff, comments included, "I think the staff are trustworthy they have to be they're out there alone so it's important." Relatives told us they thought staff were provided in enough numbers to meet people's needs, one relative told us, "My mum needs two staff to help her most of the time and they [the service] make sure two always attend."

Staff told us they were aware the registered provider had a policy on how to report abuse and they could describe this to us. They told us they would report any abuse to the registered manager and were confident they would take the appropriate action. Staff were also aware they could report any abuse or safeguarding concerns to outside agencies, for example, the local authority or the CQC. Staff had received training in how to recognise and report abuse. They could describe to us what signs would be apparent if someone was the victim of abuse; this included low mood, depression or physical signs like unexplained bruising. Staff understood they had a duty to respect people's rights and not to discriminate on ground of race, culture, sexuality or age.

People's care plans contained assessments of areas of daily living which might pose a risk to the person; this included mobility, skin integrity, falls and nutrition. The assessments described how staff were to support people to eliminate, as far as possible, these risks. For example, assisting with mobility by using lifting equipment. The risk assessments were updated on a regular basis.

All accidents which occurred at the service were recorded and action taken to involve other health care agencies when required, for example, people attending the local A&E department. The registered manager audited all the accidents and incidents which occurred to establish any trends or patterns, or to identify if someone's needs were changing and they needed a review of their care. They shared any findings with staff and these were discussed at staff meetings or sooner if needed. There was an ongoing assessment of the nature of the incident or accident, for example, had there been malpractice by staff or faulty equipment. All results had been analysed and findings recorded, we saw evidence of these being discussed with staff or referrals to specialist health care professionals, for example, falls teams or the district nursing services.

People were cared for by staff who were provided in enough numbers to meet their needs and who had been recruited safely. Staffing levels were dictated by the needs of the person and assessments undertaken by the local authority. These had been agreed by the service as part of their contractual obligation. We looked at the recruitment files of recently recruited staff. We saw these contained references, an application form which covered gaps in employment and experience, a record of the interview and a check with the Disclosure and Barring Service (DBS). The DBS carry out a criminal record and barring check on individuals

who intend to work with children and vulnerable adults. These checks help employers make safer recruiting decisions and help to minimise the risk of unsuitable people from working with children and vulnerable adults. The recruitment files also contained a job description and terms and conditions of employment.

Staff had received training in how to support people to take their medicines. We saw copies of people's Medicine Administration Records (MARs), these had been completed accurately. The service undertook audits of MARs when they did spot checks on the staff's working practises in the person's home.

Staff had access to personal protective equipment to be used in people's homes if needed and had attended training in how best to protect themselves and the people who used service from cross infection.

Is the service effective?

Our findings

People who used the service told us they thought the staff had the right skills to meet their needs. One person told us, "The staff are really good, they understand what I need." People who used the service told us they found the office staff approachable, comments included, "I just call the office if there are any problems" and "They [the service] let me know if any of the carers are going to be late, I don't mind I know they get busy sometimes but at least they let me know."

The registered manager had systems in place to ensure staff received the training they needed to effectively meet the needs of the people who used the service. They monitored staff training and ensured this was updated when required. The registered provider had identified training which they considered mandatory for staff to complete. This mandatory training included, safeguarding vulnerable adults from abuse, health and safety, moving and handling and first aid. Staff also had the opportunity to undertake nationally recognised qualifications in care and to expand their knowledge and experience. Specialised training was also provided, this included, diabetes and how to support people whose behaviours may challenge the service or put themselves and others at risk. Staff told us they found the training was adequate to equip them to meet people's needs.

Newly recruited staff underwent a period of induction and this was based on good practise guidelines. Their competency was continually assessed and any areas which they were struggling with the registered manager ensured they got the support they needed to achieve this.

All staff received regular supervision; this afforded them the time to discuss any work related issues. The staff received annual appraisals where their training needs were discussed and any opportunities for further training explored.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For people in the community who need help with making decisions and are deprived of their liberty, an application should be made to the Court of Protection. Currently the registered manager was liaising with the local authority to ensure people's rights were maintained and protected and their liberty was not being curtailed illegally.

Staff told us there were clear lines of communication. Office staff were available during the day and an out of hours number was provided for staff to contact in an emergency.

People's care plans detailed how staff were to support people to eat a healthy balanced diet, this included

the preparation of meals and snacks.

Staff monitored people's health and welfare and made referrals to health care professionals where appropriate. Care files showed staff made a daily record of people's wellbeing and what care had been provided. They also recorded when someone was not well and what action had been taken, for example, contacting their GP to request a visit. There was also evidence of people attending hospital appointments and the outcome of these. Care plans had been amended following visits from GPs and where people's needs had changed following a hospital admission.

Is the service caring?

Our findings

People who used the service told us they found the staff who supported them to be caring. One person said, "The staff are wonderful I really don't know where I'd be without them." Another person said, "They [the staff] are kind and caring, they are very gentle when they help me." People told us they had been involved with the formulation of their care plans, comments included, "When I first started using Bluebird Care they came and asked me what I would like and made sure they could meet my needs." People told us staff respected their privacy and dignity, comments included, "They [the staff] always let me know when they are here and shout if it's ok to come in" and "I never feel embarrassed they just take it in their stride."

Relatives of the people who used the service told us they found the staff kind and caring, comments included, "The staff seem fine. I've always found them courteous and polite" and "The staff are really good they make sure mum is well cared for, nothing is too much trouble."

From speaking with staff we established people were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 which included age, disability, gender, marital status, race, religion and sexual orientation. This information was appropriately documented in people's care plans. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

Evidence in care plans showed people had been involved with its formulation. Reviews had been held where the person had been able to express an opinion about the care they received and if they required any changes.

People's wellbeing was closely monitored and staff liaised with other agencies when required, for example, community nursing services or the person's GP. Daily notes made by the staff showed how they supported the person and how they monitored their wellbeing.

Staff understood the importance of keeping all person information about the people using the service confidential. One member of staff said, "I never share any information about anyone with anyone else" and "We get to know a lot of intimate things about people and we have to keep it to ourselves." The registered provider had policies and procedures in place for staff to follow regarding confidentiality and this was covered as part of newly recruited staff's induction. There was also guidance and policies for staff to follow with regard to use of social media and mobile phones during working hours.

Staff could describe to us how they would uphold people's dignity and support them to be independent. One member of staff said, "I always let them know I'm there and ask if it's ok to come in, it's their home and we are just visitors." Another member of staff said, "I'm always aware of making sure people's dignity is maintained, I always ask if they are okay with things and do personal caring in private." Staff could describe to us how they would maintain someone's independence, comments included, "We have to help people to keep independent because we are not always there so they need to be able to do things for themselves, even if it just making some food or taking themselves to the toilet."

People's wishes for end of life care had been recorded in their care plans.

Is the service responsive?

Our findings

People who used the service told us they knew they had a right to raise any concerns or complaints and who these should be directed to, comments included, "Oh yes, I know I can make complaints, I have done it in the past and it was dealt with" and "I'd just ring the office if there were any concerns."

Relatives of people who used the service knew there was a complaints procedure and who to contact if they had any concerns. One relative told us, "I have raised concerns in the past and these were always dealt with professionally and resolved."

We saw that before people were offered support by the service a comprehensive assessment was completed to ensure their needs could be met. The assessment was then used to develop a number of personalised care plans such as, sense and communication, choices decisions and lifestyle, healthier happier life, safety, moving around, washing and dressing, eating and drinking, breathing and circulation and future decisions. Each care plan had a corresponding risk assessment to ensure people were supported consistently and effectively according to their needs and preferences. The staff told us they could access the care plans and were happy with the content, one member of staff said, "The care plans are fine there's lots of information in them and they get updated when anything changes."

Staff told us they knew they had a duty to respect people's choices, they told us, "We have to respect people's choices it's their home" and "I always make sure people have choices sometimes it's what they want to wear other times it's about what food they want to eat."

The registered provider had a complaints procedure which people could access if they felt they needed to make a complaint. The registered manager told us they could supply the complaint procedure in other formats which were appropriate for people's needs, such as in another language or large print. They told us they would read and explain the procedure to those people who had difficulty understanding it. All complaints had been recorded and resolved to the complainant's satisfaction.

Is the service well-led?

Our findings

People who used the service told us they found the management team approachable, comments included, "I just ring the office if I need anything", "They are always polite on the phone I never have a problem" and "They ring me if there are any changes, they are always apologetic but I don't mind as long as they let me know." People also confirmed they had been asked their opinions about how the service was run, one person said, "I have filled out a questionnaire" and another person told us, "They ask how things are going when they come to check the carers are doing their job properly."

There was a registered manager in post and they understood their responsibilities with regard to their registration. They also understood the requirement placed on them through the registration criteria of the service and how this affected the care and support provided to the people who used the service.

The registered manager told us they tried to create a culture which was open, they encouraged the staff to visit the office for support or just to drop in and have a cup of tea to keep up with things. We saw staff coming to the office for training. Staff told us they found the management team very approachable and could contact them if they needed anything, one member of staff said, "I can go to the manager, she is easy to talk to and is always supportive." They went on to say, "Some of the office staff will come out and do calls if we are short."

The registered manager showed us minutes of meetings which had been held with the staff to pass on information and changes in working practises.

The registered provider told us they were developing links with the local community and had sourced premises which they were intending to convert to a drop in shop where some of the people who used the service could visit and socialise. They also wanted to develop a dementia garden for people to use as part of the shop.

The registered provider told us they aimed to provide high quality support to people in the community, to keep them independent and to support people to continue to lead as fulfilling a life as possible. They were looking to expand the service to raise the profile of community service and the contribution it can make to keeping people at home.

The registered provider undertook audits of the service which included the training staff received, the quality of the care plans and the staff practises. This was achieved by visiting people's home to undertake observations. Time limited action plans were in place to address any short falls.

There were systems in place which gathered the views of people who used the service, their relatives, staff and health care professionals. These were mainly in the form of surveys and face to face interviews with people in their own homes during staff observation visits. We also saw that surveys were used to gain the views of relatives and health care professionals. The outcome of all of the surveys was analysed and a report produced which detailed the findings, any areas of concern and how these were to be addressed.

