

Roch 2 Limited

Bluebird Care (East Hertfordshire)

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?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 23 April 2018 and was announced.

Bluebird Care (East Hertfordshire) is a domiciliary care service that provides care and support to people in their homes. Not everyone using Bluebird Care receives the regulated activity of personal care. CQC only inspects the service being received by people provided with personal care. At the time of our inspection, Bluebird Care was providing personal care to 66 people.

At our last inspection on 15 May 2017, the service was rated requires improvement with breaches of regulation 12, 13, 17 and 18 Of the HSCA 2008. This was in relation to assessing the risks to the health and safety of the service users, proper and safe management of medicines, staffing levels. Systems and processes were established but not operated effectively to prevent abuse of service users and assessments to monitor and mitigate the risks relating to the health and safety and welfare of service users were not effectively completed.

At this inspection, we found that the provider had taken the required action to address these shortfalls and were meeting the required standards. The service has been rated good. However further improvement was required in relation to ensuring people received their calls at their preferred times.

There was a manager in post who had registered with the Care Quality Commission (CQC). 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 legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Potential risks to people's health and well-being were identified by staff and they knew how to manage these effectively and protect people from harm. Risk assessments were completed to keep people safe.

People told us that they were involved with their care and staff always asked for their consent when providing care.

People and their relatives told us that their family members were kept safe and well cared for when they were being supported by the service. Staff had received training in how to safeguard people from potential abuse and knew how to identify the risks associated with abuse.

Recruitment processes were robust and ensured staff employed to deliver care and support for people were of a good character and suitable to meet people`s needs safely.

People told us staff supported them to take their medicines. Staff were trained in safe administration of medicine practices and had their competency regularly observed.

People and their relatives were very complimentary about the abilities and experience of the staff that provided care and support. Staff received training and regular updates to ensure they were up to date with their knowledge and best practice guidance.

Staff supported people to stay safe in their homes, and people were supported to maintain their health and well-being. Staff developed appropriate positive and caring relationships with the people they supported and their families, and feedback from people was consistently positive about the service they received.

People and their relatives where appropriate were involved in the planning of the care and support people received. People's personal information was stored securely and confidentiality was maintained.

People told us that staff provided care and support in a way that promoted their dignity and respected their privacy. Staff were knowledgeable about people`s preferred routines and delivered care that was individualised to the person they were supporting.

People told us they felt that staff listened to them and responded to them in a positive way. People and their relatives knew how to raise concerns and they were confident that the manager would take appropriate action to address any concerns in a timely way.

People were asked to provide feedback about the service they received regularly and we saw these were positive.

People and their relatives were positive about the staff and the management of the service. The registered manager regularly audited the service any improvements needed were actioned.

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 kept safe by staff trained to recognise and respond effectively to the risks of abuse.

Sufficient numbers of staff were available to meet people's individual needs at all times.

People were supported to take their medicines safely by trained staff.

Potential risks to people's health and well-being were identified and managed effectively in a way that promoted their independence.

Safe and effective recruitment practices were followed to help ensure that all staff were fit, able and qualified to do their jobs.

Is the service effective?

Good 

The service was effective.

Consent was obtained by staff before care and support was provided.

People were supported by staff that were trained and received the appropriate support.

People were assisted with a healthy balanced diet that met their needs.

People had their day-to-day health needs met with access to health and social care professionals when necessary.

Is the service caring?

Good 

People were cared for in a kind and compassionate way by staff that knew them well and were familiar with their needs.

People were involved in the planning, delivery and reviews of the care and support provided.

People's privacy and dignity was promoted.

People's confidentiality of personal information was maintained.

Is the service responsive?

The service was responsive.

People received personalised care that met their needs and took account of their preferences and personal circumstances.

Detailed guidance made available to staff enabled them to provide person centred care and support.

People were given extensive opportunities to help them pursue social interests and take part in meaningful activities relevant to their needs.

People and their relatives were confident to raise concerns, which were dealt with promptly.

Requires Improvement 

Is the service well-led?

The service was well led.

Effective systems were in place to quality assure the services provided, manage risks and drive improvement.

People, staff and relatives were all positive about the service.

Staff understood their roles and responsibilities and felt supported by the manager.

Good 

Bluebird Care (East Hertfordshire)

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 the 23 April 2018 and carried out by one inspector. We told the provider 48 hours before our visit that we would be coming to ensure we could access the information we needed. We also made telephone calls on the 2nd and 3rd May 2018 to speak with people and their relatives about the service they received.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events, which the provider is required to send us.

During and after the inspection we spoke with six people who used the service, four relatives, six support staff including the senior and supervisor, one care coordinator, the registered manager and the providers. We looked at three care plans, three employment files and other relevant documents relating to how the service operated.

Is the service safe?

Our findings

At the last inspection 15 May 2017, we found that the provider did not ensure the proper and safe management of medicines, they did not ensure adequate systems and processes to prevent abuse to service users and the provider did not ensure there were sufficient staff to meet people preferred support. At this inspection, we found that the provider had taken the required action to address these shortfalls and were meeting the required standards.

People who used the service told us that staff helped and supported them to take their medicines safely. Staff had been trained in safe administration of medicines and knew how to ensure people received their medicines safely. Staff had regular spot checks to ensure they followed best practice. We saw that medicines were monitored and regularly audited by the registered manager. Medicine administration records we looked at were completed correctly. One person commented, "[Staff] make sure I remember to take my tablets."

Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed. The registered manager conducted all the necessary pre-employment and identity checks.

There were suitably experienced, skilled and qualified staff available to meet people's individual needs. Staff we spoke with confirmed they received their rotas on time. Most people told us they were allocated regular staff to promote continuity of care.

People told us they felt the service they received was safe and met their needs. One person said, "I feel safe when they are in my home, they are like friends." Staff we spoke with were able to demonstrate they could identify risk to keep people safe. Staff told us that any changes to people's needs were reported back to the office. We saw that care plans contained risk assessments for the person and the environment. We saw that there was clear guidance for staff on how to support people's needs. Staff confirmed that the electronic system they used to access people's care plans worked well.

Staff received training on how to safeguard people from harm. Staff we spoke with were knowledgeable about how to identify any signs of abuse. They knew how to raise concerns, both internally and externally. One member of staff told us, "I would firstly speak to them [people who used the service]. I would document and report my concerns to the office." Another staff member told us, "I would always report any concerns." Staff we spoke with demonstrated they knew how to escalate concerns if required to the social services and CQC.

Accidents and incidents were monitored and reviewed by the registered manager and all incidents were looked at quarterly by the providers to ensure patterns and trends were identified. Staff were informed of any changes and had access to regular meetings and supervision to support best practice. Staff were familiar with the reporting and recording procedures. One staff member said, "I Have seen a big improvement, things are running smoothly now. When things are reported they are acted on." Staff understood that reporting was important to ensure that steps would be taken to monitor and reduce

identified and potential risks. The registered manager held regular meetings and supervisions to ensure staff were up to date with relevant changes.

Is the service effective?

Our findings

People who used the service and their relatives were positive about the staff that provided care and support. One person told us, "I am very happy with the support I receive very happy."

Newly employed staff members were required to complete a structured induction programme during which they received training relevant to their role. They worked alongside other experienced colleagues and were not permitted to work unsupervised until they were assessed as competent in their duties. Staff received training in areas such as safeguarding, medicines, health and safety, moving and handling and first aid. One staff member told us, "I have had regular training and I feel confident." All staff we spoke with confirmed they had training. We saw that there was a training schedule in place to ensure people updated their training when required.

Staff had 'one to one' supervision meetings where they had the opportunity to review and discuss their performance. One staff member told us, "I have had supervisions and regular spot checks." Staff told us that the registered manager was approachable. They confirmed they had the opportunity to attend staff meetings.

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. At the time of our inspection, we found that the provider was working within the principles of the MCA where necessary and appropriate to the needs of the people they supported.

Staff confirmed they obtained people`s consent before they offered any support. One staff member said, "Choice is important, it gives them [people] their independence. People have the right to choose what to wear or what they want to eat."

Staff helped, supported and encouraged people to eat a healthy balanced diet that met their needs. We found that some people needed very little support from staff just to warm their food or prepare a snack; others required staff to do their shopping and cook their food. One person told us, "They [staff] support me with my food."

Staff reviewed and documented people's needs to ensure that the care and support provided helped them to maintain the best physical, mental and emotional health. Staff liaised with appropriate health and social care services if they felt there was a change in people`s condition. We saw in people's support plan that other professionals were involved to promote people's health. One relative said, "If there are any problems, they [staff] contact me."

Is the service caring?

Our findings

People who used the service and their relatives told us that staff provided support in a kind, compassionate and caring way. One person told us, "The staff are fantastic very caring and very efficient."

Staff told us they had continuity in supporting the same people over a period; this provided staff and people with the opportunity to develop relationships to learn people's likes and dislikes. One person said, "Oh yes they [staff] are a very nice group of girls, I have regular carers." Although most people we spoke with felt they had a group of regular carers, this was not everyone's experience. For example, one person said, "Every time I get someone different but they are all good carers."

People we spoke with confirmed that staff promoted their independence and supported them to live at home. People and the relatives told us that staff were kind and caring and confirmed staff treated them with respect. One person said, "The care is brilliant, nothing is too much trouble for them [staff]." People confirmed that staff took time to talk. One person said, "[Staff] speak to me respectfully they hug me when I need it. They feel like part of the family. One relative commented, "[Staff] are very capable, [person] is well looked after, they are comfortable with the carers' they always ask them what they would like. I can relax knowing my [relative] is being looked after."

People and their relatives confirmed that they were asked about their preferences and had been asked about their care needs. People we spoke with were happy with the care that staff provided. All people we spoke with felt staff were kind and caring.

Records were stored securely and staff understood the importance of respecting confidential information. They only disclosed it to people such as health and social care professionals on a need to know basis.

Is the service responsive?

Our findings

There was an electronic monitoring system to monitor calls, to ensure people received their calls on time. Staff monitored people's calls throughout the day. The call times were audited regularly to ensure people were receiving their calls at the correct times.

However, people and their relatives gave mixed feedback about the times staff arrived. One person said, "Still chaotic, nothing has changed. Staff don't arrive at routine times." We found that call times changed on people's rotas. For example, one rota we looked at that had the agreed call time as 09:30. The call times ranged from 09:00 to 09:45 and these could run early or late. We found the service had an agreement with people that calls could be up to 30 minutes late. We noted for one person who required two carers there were in 28 days seven times that the calls were early by more than 30 minutes and on two occasions 50 minutes early. However this was not the same for everyone and there had been improvements made by the provider but this area required further improvement.

Some people we spoke with were happy with the times of their calls. One person commented, "I am very satisfied they turn up on time." Another person commented, "Staff mostly turn up on time, if there running late they don't always communicate this. We would like them to let us know."

One person commented, "Sometimes they [staff] are late, they don't have enough time to get here. Most staff agreed that they did not always get the required travel time needed. One staff member said, "They don't give realistic travel times especially during rush hour traffic." Another staff member said, "Travel time has improved on the whole. If I am running late, I contact the office. I think travel time is unrealistic."

We spoke with the registered manager about travel time and they showed us an email they had recently sent asking staff to let them know if the planned travel time was not enough. There had only been two responses. The registered managers said, "We want to make sure the travel time is adequate and we need staff to let us know of any issues." However, the registered manager felt that there was adequate travel time provided.

People received information about the service to enable them to make an informed choice about the care they receive. In addition, people told us they received care and support that met their individual needs. One person we spoke with explained to us how old they were and how they were not mobile anymore. They commented, "[Staff] are very kind to me, they get me up, washed and dressed, they make sure I have everything I need. I am very satisfied." A relative commented, "We feel they [staff] listen and respond to what we say; they do what is agreed. They have been brilliant. They have allowed my [relative] to be able to stay at home."

People received care, treatment and support from staff who had guidance about people's health and care needs. Staff reviewed people's needs to ensure they received appropriate care. Care plans were stored electronically and the appropriate staff had access to people's care plans. There was guidance for staff that enabled them to provide people's daily support. One relative commented, "Staff are lovely without exception. When I am there they are charming and helpful, they do the job they are there to do and they all

have the skills needed to do the job well."

People who used the service, and where appropriate their relatives, were involved in the planning and reviews of the care and support they received. One person told us, "Yes I have sat down with [Name of registered manager] and they went through the care plan with me." "A relative we spoke with told us that their family member did not have capacity to understand everything. They also said, "I have been part of several reviews at [relatives] house and they are very much a part of that."

People were supported to have their say the registered manager told us that there were regular reviews and spot checks where people views are sought to ensure people were happy with the service they received.

There was a complaints procedure in place and people told us they knew how to raise concerns. People were aware of how to make a complaint should they need to. We saw where complaints were received these were responded to and investigated by the provider. One person commented, "I rang the office with a concern and they got things sorted, I was happy with the response I got." Another person said, "I have no complaints at all, they really are a kind bunch. All people we asked knew how to raise concerns.

Is the service well-led?

Our findings

At the last inspection 15 May 2017, we found that the provider did not assess, monitor and improve the quality and safety of the services provided. At this inspection, we found that the provider had taken the required action to address these shortfalls and were meeting the required standards.

The provider monitored the quality of the service. We saw that the registered manager completed regular audits to identify where improvements were needed. The compliance officer for Bluebird Care also completed regular audits checks and ensured action plans were completed where required to ensure best practice. However, although people's call times had improved there still required further improvement.

People who used the service told us that the service was well led and they felt listened to. One person said, "The staff are fantastic and the office staff are approachable." Another said, "I ring the office and speak to [Name] they get things sorted. I am happy with the response I get." People we spoke with knew the registered manager.

The registered manager and the provider were knowledgeable about the people who received support, They ensured that staff had the tools, resources and training necessary to meet people`s needs. The registered manager was clear about the values and the purpose of the services provided. Staff we spoke with felt that the registered manager and the office staff were approachable.

The registered manager told us that to encourage people to come in and talk they had dedicated a time slot each week where staff could come unannounced to have a chat. However, they also stated that staff were welcome at any time if there was a need. Staff we spoke with felt they had a voice. One staff member said, "[Registered manager] is approachable, I feel they listen to me."

Staff were positive about the registered manager of the service and felt there was strong leadership. One staff member said, "The registered manager is very approachable." The registered manager was clear about their vision regarding the purpose of the service, how it operated and the level and type of support provided to people. The provider was actively recruiting. Office staff were knowledgeable about the people who used the service and their needs.

The manager felt supported by the provider. They told us, they attended regular meetings to talk about concerns or ideas they had, there was daily communication with the provider. The provider supported the registered manager with their training and development; they were completing their level five training in social care.

The registered manager attended meetings to ensure best practice was maintained. There were links to the local authority for training. The registered manager said, "I feel supported and the [provider] is very supportive. I can contact them at any time." The registered manager told us that they have a good team around them. There was a clear staff structure in place and staff were aware of their roles and responsibilities. There was an out of hour's service operated for people to ensure that people had support

when required.