

Ahmed & Gul Ltd

Bluebird Care (Luton)

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 

Overall summary

We undertook an announced inspection of Bluebird Care (Luton) on 08 May 2015. We told the provider two days before our visit that we would be carrying out the inspection. Bluebird Care (Luton) is a care agency that provides personal care to people in their own homes. At the time of our inspection approximately 53 people were receiving support or personal care from the service.

There was 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 provider had a robust recruitment process in place. There were appropriate numbers of staff employed and allocated to meet people's needs and provide a flexible service. People were supported by staff who had been trained to support them safely.

Summary of findings

Staff received regular training and supervision and were knowledgeable about their roles and responsibilities.

Staff had the skills, knowledge and experience required to support people well and were able to provide a personalised service to the people they supported and built good working relationships.

People and their relatives were able to speak with the provider if they had any concerns and staff were kind and caring towards the people that they supported.

People were involved in making decisions about their care and support, and support plans were in place which provided details on how to support them.

Risk assessments were in place for all people receiving support and were reviewed regularly.

People were supported to eat and drink well and to access healthcare professionals when required.

The manager was accessible and approachable. Staff, people who used the service and relatives felt able to speak with the manager and provide feedback on the service. The provider carried out regular spot checks on the service being provided and staff performance.

Medication was administered by staff who had received training and were competent in the safe administration of medication.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were processes to safeguard people from the risk of abuse and staff were aware of these processes.

Assessments were in place to protect people who used the service and staff from any foreseeable risks.

There were appropriate numbers of staff to support people's needs.

Good



Is the service effective?

The service provided was effective.

Staff had the skills and knowledge to provide people with the care and support required.

Staff were able to demonstrate their understanding of Mental Capacity Act 2005.

People were supported to eat and drink well.

Good



Is the service caring?

The service was caring.

Staff treated people with kindness and compassion, and were respectful of their privacy and dignity.

People were encouraged to make decisions about their care and support.

People were encouraged to express their views about the service that was provided to them.

Good



Is the service responsive?

The service was responsive

Support plans were in place outlining people's personal preferences and support information which allowed staff to provide a personalised service.

People who used the service felt the staff and the manager were approachable and they could provide feedback about the service regularly.

Good



Is the service well-led?

The service was Well Led

Communication between the management and care staff was good and staff were supported by the manager.

The manager regularly checked the quality of the service provided and ensured people were happy with the service they received.

Processes were in place for the recording of accidents and incidents.

Good



Bluebird Care (Luton)

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 announced inspection took place on 08 May 2015, and was conducted by one inspector. We gave the provider 48 hours' notice because the service is a domiciliary care service and the manager can be out of the office. We therefore needed to be sure that they would be available.

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 also looked at information received from the local authority and information we held about the service which included notifications and information received about the service. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with the manager, we reviewed the care records of six people that used the service, reviewed the records for four care staff and records relating to how the provider assessed and monitored the quality of the service. We spoke with four care workers and ten people who used the service by phone and/or their relatives.

Is the service safe?

Our findings

We spoke with ten people who used Bluebird Care (Luton). All the people we spoke with said that the staff made them feel safe. One person said, “I feel safe with them [staff].” we spoke with a relative about whether they thought the provider assisted in keeping their family member safe and they said “they have the best interest at heart”, they also said “[staff] keep them safe at home.”

Staff were able to demonstrate a good understanding of safeguarding people and were able to explain the actions they would take if they had any concerns. Training records confirmed that staff had undergone training in safeguarding people and records showed that incidents were reported in a timely manner. Staff talked us through how they would keep people safe. They said, “we check who is visiting the person” and “we make sure the home is secure when we leave.” We saw that where referrals were made, measures were put in place to safeguard the person and staff, through multi agency working.

We saw that risk assessments were in place and were reviewed regularly by staff and the people using the service as required. The assessments provided information about the risk, and measures that needed to be put in place to minimise risk to people. We saw examples of risk assessments for people which included medication risk assessments, environmental risk assessments for people’s homes, and Nutritional assessments.

The agency had enough staff to meet people’s needs. Staffing levels were regularly monitored and determined depending on the assessed needs of each person being supported. People using the service and staff told us that there were enough staff available to support them safely. One person we spoke with told us that there was enough staff and they were allocated the same staff members. They said “[staff] don’t rush... they not one’s that go in and out quickly.”

We reviewed the recruitment files for staff and saw that new staff underwent all the necessary pre-employment checks before they started work. These included obtaining references from previous employers, Disclosure and Barring Service (DBS) checks and a review of the applicant’s employment history.

People received appropriate support to assist them to take their medicine safely. This was done by making sure the person had a drink available and staff would observe that the medicine had been taken by the person and would record this. Medicines were only administered by staff who had been trained and assessed as competent to do so. This was supported by our discussions with staff who described the processes involved in the safe administration of medicine. A review of the medicine administration records [MAR], showed that staff were recording correctly when medicines had been taken or refused.

Is the service effective?

Our findings

Staff were knowledgeable and had the skills required to meet the needs of people who used the service. A person we spoke with said that they always had “the same girl” and that she knew them well. They said that staff were “always on time.” When talking to them about the service they received they said “everyone is doing a good job.” One relative we spoke with said when staff attended the home they “just take over, they know [relative] well.”

Staff said that Bluebird Care provided them with regular training and supported them to gain further training if it was required. Staff also said that they were kept up to date with skills relating to their roles and responsibilities and that management would listen to them if they had any concerns about their abilities and supported them to achieve their goals. Staff said that “[manager] supports us and we have regular checks on us.”

When joining the service staff received an induction programme which enabled them to understand the role they were undertaking. Staff said that they received regular supervision and appraisals which were documented to monitor staff performance. We saw from supervision records that staff were given an opportunity to discuss their performance and identify any further training they required. Training was completed regularly and staff were given the opportunity to shadow more experienced staff. Staff also underwent regular spot checks on their performance. We saw that these checks enabled the provider to ensure that the care staff were meeting the required standards and to provide feedback on the care that was being provided. The

manager told us that they had a diverse mix of staff which meant that staff could be matched to the people they were providing support to to help support their cultural and religious needs.

People who used the service were able to provide consent to the care that was being provided to them and where they were unable to provide consent then relatives and health and social care professionals had been involved in making decisions in their best interest. We spoke with people who used the service who confirmed that staff would always ask them for consent before they provided them with and care or support. One person said “They know what to do but do ask me first.”

People were supported to eat and drink sufficient amounts by the care staff. Where people were being seen by other agencies to monitor their food intake, staff would regularly complete food monitoring and fluid charts. Staff we spoke with told us that they would always leave the person with a drink to ensure that they remained hydrated and if they had any concerns then they would report them to the manager.

People were supported to maintain good health because staff were familiar with them and had regular discussions with them and their relatives to identify any health concerns. One relative said “[relative] gets on with them very well” and that they could identify changes in the relative quickly because they were regular and knew their relative well.

This showed that where staff had immediate concerns about a person’s health they would take appropriate action to ensure that their health care needs were always met.

Is the service caring?

Our findings

People told us that staff were caring towards them. They said “they treat me well,” while another person said “yes, they are caring.” A relative we spoke with also confirmed that staff were caring towards their relative, they said “[staff] are very good with him... very caring.”

People told us that they were supported by a consistent group of staff who understood their needs and supported them with respect and dignity. They said “I get on with them, they treat me with respect.” The manager told us that they matched people where they could to enable staff to develop a positive relationship with the person and their family.

There were detailed care plans in place which were reviewed regularly with the person or their representative. People said that they could express their views and were involved in making decisions about their care and support.

They had been involved in developing their care plans and the staff supported them in line with their individual choices and preferences. This enabled staff to assist people in the best way to meet people’s needs.

Staff told us they cared for the people they supported. One person said “I treat people like I would want my own mum to be treated.” They said that they always respected people’s decisions and if a person refused care then they would respect their decision.

People’s dignity was always respected by staff who would close doors when providing personal care. Staff said that they would talk people through the care they were providing and if they were uncomfortable with anything then they would stop. One person while speaking with us about their care said “I like both of them [staff], they treat me well.”

Staff were respectful of people’s privacy and maintained their dignity. People said that staff did not rush, and were kind and respectful when providing them with care.

Is the service responsive?

Our findings

People told us that although they had regular set care packages they were able to make changes to it when required. Staff also said that they “can accommodate any changes.” When we asked people about the timings for their care packages we got a mixed response. One person said “[staff] come on time daily”, while another person said “[staff] not always on time, but I don’t mind.” Another person also commented that when calls were cancelled they were not always informed. A relative we spoke with also said that originally the timing for care were “hit and miss” but that after discussions with the provider it had improved.

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

Staff supported people in a way that minimised the risk of them becoming socially isolated. One person told us “I like both of them.” Staff we spoke with said that they would spend time talking to people and preparing things for them. For example staff told us that for one person they prepared a fresh daily meal. They told us that they talked to the person about their preferences and prepared meals accordingly. Staff said “sometimes I make them a cooked breakfast, they like it so I prepare it for them.” Staff said that they followed people’s care plan document’s but would adjust the plan of care where it was needed.

Assessments were undertaken to identify people’s support needs and care plans were developed outlining how these needs were to be met. We spoke with staff members who told us that they were kept fully informed of changes in peoples’ support needs. The manager told us they would update the person’s care plan to reflect their current needs and this was reviewed regularly.

Staff encouraged people where possible to maintain their independence. They encouraged people who were able, to undertake some of their own personal care tasks. Staff said that they prompted people and assisted when it was needed.

People using the service and their relatives told us they were aware of the formal complaints procedure. They said that they had not had any need to complain but felt comfortable in making a complaint if they needed to. One person we spoke with said “I have no complaints, if I had I would talk to the manager.”

The agency complaints process was included in the information pack given to people when they started receiving care and this was evidenced in documents we reviewed. We saw that where complaints were received, guidance was available for staff to assist them identifying what action needed to be taken. Relatives said that staff and the provider regularly spoke with them about their relatives and encouraged them to raise any concerns that they had about the service.

Is the service well-led?

Our findings

There was a registered manager in place. Staff told us that the manager was “helpful and good” to staff. One person we spoke with said “the provider is good, they listen to us.”

There was regular support available to staff through phone calls, texts and team meetings. Staff felt the registered manager and care manager were available if they had any concerns. Staff we spoke with said that communication was good but that it could be better for new staff. They said that because new staff did not always know the way things worked it was not always easy to get the support required for them.

The registered manager said that staff “genuinely care” about the people they provide a service to. They said that the quality monitoring was good “but needs tidying up”. The registered manager told us that they had recently employed an care manager who would assist in embedding better quality reporting and auditing processes within the organisation.

The manager did however have some quality monitoring tools in place. These included monthly customer reviews. We saw that people were given the opportunity to rate the

care that was being provided to them. Where a person rated an aspect of their care as ‘unsatisfactory’ we saw that actions regularly speaking with people to ensure they were happy with the service they received. Audits were also in place which included checking that all relevant documentation was completed and up to date. The audits were undertaken to ensure that the quality of service was consistent throughout the organisation. Audits included medication audits and audits of care plans amongst others. The care plan audit looked at peoples files and identified area’s of improvement. We saw that action plans were put in place to ensure that any shortfalls were rectified and where action was required they were followed up.

Staff told us that they were regularly observed by the manager or supervisor to ensure that they were meeting the standards expected of them. Relatives we spoke to said that the provider kept them informed and they could speak to them if they had any issues or concerns.

People were aware of the complaints procedures and complaints were dealt with in a timely manner, and we saw that where complaints had been made they were fully investigated and used to further improve upon the quality of service.