

Tarpeys Ltd

Bluebird Care (Solihull)

Inspection report

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15 March 2019

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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

About the service:

Bluebird Care (Solihull) is a domiciliary care agency. It provides personal care to people living in their own houses in the community. Not everyone using the service receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection, it was providing a service to 55 people.

People's experience of using this service:

- Although staff recruitment was safe, there were issues with availability of evidence of pre-recruitment checks. This was resolved during the inspection.
- Consideration into a person's mental capacity had not been dealt with appropriately. This meant that the service was involved in unauthorised restrictions. We have made a recommendation about this that can be seen in the 'Effective' section of this report.
- The provider had arrangements to check and audit systems.
- People were protected against avoidable harm, abuse, neglect and discrimination. The care they received was safe.
- People's likes, preferences and dislikes were assessed and care packages met people's desired expectations.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People's care was person-centred. Care was designed to ensure people's independence was encouraged and maintained.
- People and their relatives were involved in the care planning and review of their care.
- The service had a stable management structure. The registered manager and provider had implemented systems to ensure they continuously measured the safety of people's care and quality of the service.
- People had an active say in how the service was operated and managed through individual meetings, surveys and reviews.
- More information is contained in the full report.

Rating at last inspection: Good (08 July 2016).

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up: We will continue to monitor the service to ensure that people receive safe, high quality care and re-inspect based on the overall rating. We may inspect sooner if we receive information of concern.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 remained Good

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained Good

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained Good

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained Good

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained Good

Details are in our Well-Led findings below.

Bluebird Care (Solihull)

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

The inspection team consisted of one adult social care inspector.

Service and service type:

Bluebird Care (Solihull) is a domiciliary care agency. It provides personal care to people living in their own houses in the community.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

- Our inspection 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.

Our inspection process commenced on 12 March 2019 and concluded on 15 March 2019. It included visiting the service's office and telephoning people who used the service and their relatives. We visited the office location on 12 March 2019 to see the registered manager, provider's representative and office staff, and to review care records and policies and procedures. We telephoned four people who used the service and four relatives during the inspection on 15 March 2019.

What we did:

Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public and the local authority. We checked records held by Companies

House.

Our plan took into account information the provider sent us since the last inspection. We also considered information about matters the provider must notify us about, such as events involving injury. We obtained information from the local authority commissioners and safeguarding team and other professionals who work with the service. We also looked at the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection. We spoke with four people who used the service and four relatives. We spoke with the registered manager, a provider's representative, two senior staff who were based in the office and two care workers.

We reviewed six people's care records, five staff recruitment and personnel files, staff training documents and other records about the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt the service was safe.
- People were protected from the risks of harm, abuse and discrimination.
- The service had a safeguarding and whistleblowing policy in place which set out the types of abuse, how to raise referrals to local authorities and the expectations of staff.
- Staff and management had a good understanding of their responsibilities. One member of staff said, "I would deal with the issue myself to prevent any further concerns then report to the manager straight away."
- Staff completed safeguarding training to provide them with knowledge of abuse and neglect.
- The registered manager was able to describe the actions they had taken when incidents had occurred which included reporting to the Care Quality Commission and the local authority.

Assessing risk, safety monitoring and management:

- People's care files included risk assessments based on their support needs. Risk assessments covered areas such as the home environment, moving and handling, smoking, medicines, falls, behaviours, cognition, communication, mobility, nutrition, continence and medicines.
- Staff were aware of people's risks and knew how to support people in a safe way, whilst maintaining their freedom.
- There was a comprehensive contingency plan in place to safely maintain the business and continuation of support to people in the event of an emergency.

Staffing and recruitment:

- Recruitment systems and processes were in place. However, in three of the six files we considered, we found that some pre-recruitment checks had not been documented. These included someone who may not have been medically fit to work. All other checks such as criminal records and identity checks had taken place and were documented. We discussed this with the registered manager who explained what checks had taken place and we were satisfied that staff had been safely employed. The registered manager said, "In future we will ensure that all checks are documented so that any reviews thereafter are complete."
- Through our discussions with the registered manager, staff, people who used the service and their relatives, we found there were enough staff to meet the needs of people who used the service.
- Staffing levels were determined by the number of people using the service and their needs, and could be adjusted accordingly. One relative said, "No problems with staff visiting on time. If they are stuck in traffic, the office will always let me know."
- Staff told us there were sufficient staffing levels and their shifts were covered when they were on sick and annual leave.

Using medicines safely:

- People's medicines were administered safely.
- The service had a medicines policy in place which covered the recording and administration of medicines.
- Records showed staff were up to date with medicines training.
- Staff shadowed an experienced staff member and then were supervised with giving medicines.
- Medicine competency checks of staff were undertaken. This ensured they remained safe to continue to administer medicines.
- People who were supported with medicines had a medication administration record (MAR). We found these were accurately completed and showed that people received their medicines as prescribed.
- MAR records were returned to the office monthly and checked.
- People told us they were happy with the assistance they received with the administration of their medicines.

Preventing and controlling infection:

- Staff completed training in infection prevention and control on a regular basis. Records confirmed this.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons. One staff member told us, "The company supplies us gloves and aprons."
- People told us that staff wore PPE.
- We noted that staff had completed training in food hygiene.

Learning lessons when things go wrong:

- There were systems in place to learn lessons when things went wrong and make improvements.
- Incidents were recorded and all of these were reviewed by the registered manager
- Systems were in place to share lessons learnt following incidents and complaints. These were discussed in team meetings and supervision sessions.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service gathered as much information as possible about a person before a new care package commenced. Senior staff carried out a needs assessment to ensure that the service could meet the person's needs. This included assessments from health care professionals.
- Staff knew people's preferences, likes and dislikes. Information within care records included meal choices, and personal hygiene routines.

Staff support: induction, training, skills and experience

- When new staff joined the service, they completed an induction programme which included shadowing more experienced staff. One staff member said, "I had a comprehensive induction and was shadowed by experienced staff before I was allowed to work alone."
- Training was provided in subjects including medicines, end of life, dementia care, fire safety, food hygiene, manual handling, moving and handling, health and safety, safeguarding adults, infection control, first aid, equality and diversity and the Mental Capacity Act 2005.
- Staff told us the training provided helped them to perform their role. One staff member said, "The manager is particularly innovative around learning and supplies laminated guides to staff and introduces latest developments and practices in formal and informal meetings."
- Staff said they felt supported and received regular supervision and six monthly appraisals.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough. One person said, "Care staff are really good and encourage me to eat and drink properly. They always make sure that I have things available before they leave."
- Some people required support with their meals. Care records showed how people's dietary needs were assessed, such as their food preferences and how they should be assisted with their meals.
- Staff recorded what people ate and drank in the daily care logs to enable them to monitor their food and fluid intake.
- Records confirmed staff had received training in food hygiene.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with other agencies and professionals to ensure people received effective care.
- Where people required support from other professionals, this was arranged and staff followed any guidance provided. In reviewing care documents, we noted that information was shared with other agencies if people needed to access other services such as GPs, and health and social services.

Supporting people to live healthier lives, access healthcare services and support

- Staff were aware of what action to take if people were unwell or had an accident. They told us they would contact people's GP or phone for an ambulance as necessary and inform people's next of kin. We noted in one case, staff and management had properly raised concerns to health and social care professionals about a person domestic circumstances. This had been raised on an emergency basis and the registered manager had made further representations when it appeared that professionals had misunderstood the situation.
- Records showed the service worked with other agencies to promote people's health such as district nurses, GPs and occupational therapists.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. When people are using services in the community, the Court of Protection has to agree to any restrictions on people's liberty.

We checked whether the service was working within the principles of the MCA and if any applications had been made to the court of protection.

- The registered manager told us that most people who used the service had capacity to make their own decisions. Mental capacity assessment forms were completed during people's needs and support assessments to ascertain whether or not they had capacity to make decisions related to their care and treatment.
- Staff also ensured people were involved in decisions about their care. One member of staff said, "I always ask for people's consent about what we do. Sometimes people don't want something and it's important that they are given choices. It all helps to preserve their independence."
- However, in one case we noted that a person's mental capacity had deteriorated over time and as such, they could not consent to restrictions and supervisions that were imposed in the community. Although it was clear that the service believed that it was acting in the person's interests, these restrictions required lawful authority and representations should have been made to the local authority around the changes in the person's condition. During the inspection, we noted that the registered manager made written representations around these concerns so social care professionals could make an informed decision around seeking lawful authorisation.

We recommend that a system of review is implemented around people's mental capacity and, where appropriate, formal and documented representations are made where there are concerns that restrictions may be unauthorised.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us staff were caring. One person said, "The staff are lovely. Really caring and loving people."
- During the inspection we noted that staff, at all levels, showed a good awareness of people's individual needs and preferences. Staff also talked about people in a caring and respectful way.
- We noted that office staff arranged visits on people according to their needs and preferences. Staff were suitably matched with people and people told us that there was good continuity of care. When staff had to change, people were notified beforehand.
- One member of staff said, "I think we have a good relationship with the people we care for. You have to be caring in this sort of job or else you just couldn't do it."
- The service recorded compliments from people and their relatives. These showed that people found staff to be caring and kind.
- Discussions with the registered manager and members of staff showed they respected people's race, religious beliefs and sexual orientation. This meant people could feel accepted and welcomed in the service.
- Training records showed that staff had completed equality and diversity training. The provider also had a comprehensive policy on equality and diversity and it was available for staff to consider.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received.
- Records showed that people who used the service and relatives were involved in care planning and reviews. One relative said, "We were all involved in the review about my relative's care and support needs. Thereafter the manager spoke to me about something that came out of the review. This helped me discuss a sensitive concern with my relative."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us their privacy and dignity was respected. One person said, "Staff always knock on my door and ask permission before doing anything. They respect my privacy and dignity whenever I have any visitors."
- Staff gave examples about how they respected people's privacy. One staff member told us, "I always make sure that the person I am caring for is covered whenever I am performing personal care."
- Staff promoted and encouraged people's independence. A relative said, "My relative has become a lot more confident since using the service. I have witnessed carers encouraging independence and I am sure that this has helped."
- We noted people's care plans were written promoting independence and with encouragement for staff to

support people to maintain their independence.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care planning was person-centred and dealt with people as individuals with support arrangement to suit people's needs and requirements. When we spoke to people and their relatives, they told us the service met their personalised needs.

- Staff knew people's likes and dislikes, and how to provide personalised care.

- People's care and support plans gave staff information on their background history, likes, dislikes, healthcare needs and routines.

- Reasonable adjustments were made, where appropriate, and the service identified, recorded and met people's information and communication needs, as required by the Accessible Information Standard. This included providing important documentation in accessible formats including easy to read. This standard was introduced in 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need.

- Care documentation showed that the service identified and recorded communication impairments.

- We looked at how technology was used in the service. Staff at the office monitored a computerised system to assist in supporting people in a timely way. The system also allowed staff and people to monitor the provision of care in 'real time' to ensure that people were supported completely. One member of staff said, "I always try to help people with technology. I helped someone last week with some internet shopping on their tablet."

Improving care quality in response to complaints or concerns

- People's feedback, concerns, complaints and compliments were recorded and analysed.

- Staff knew how to provide feedback to the management team about their experiences which included supervision sessions and team meetings.

- People and their relatives said they were aware of how to make a complaint.

- Records showed that the service had received one complaint since the last inspection. We found the complaint was investigated appropriately, the service had provided a resolution to the complaint in a timely manner and recorded lessons learnt.

End of life care and support

- The provider had an end of life care policy that detailed how to support people receiving palliative and end of life care.

- At the time of the inspection, no one was being supported with end of life and palliative care.

- Training records showed that staff had received end of life training.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility

- The service demonstrated a commitment to provide a person-centred and high-quality care approach by engaging with everyone who used the service, their relatives and health care professionals.
- During inspection, we saw the registered manager and senior staff encouraged feedback from people and relatives when speaking with them on the telephone.
- The registered manager said they always acted on feedback to continuously improve the service.
- A relative said, "The manager and staff are great. It's a well run service."
- Records relating to the care and support of people who used the service were accurate, up to date and complete.
- Policies and procedures were available to support staff in care delivery.
- There were plans to continue improvements within the service and we noted that this was discussed at meetings with staff. The provider also provided a newsletter to staff where developments in the service were covered together with contact details of management staff.
- The service had a policy and an understanding of their responsibility of duty of candour. Duty of candour is intended to ensure providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology.
- The registered manager said, "It's about being honest and open. Taking ownership of any failings."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff members understood their roles, and the importance of quality performance and support and risks assessment requirements. One member of staff said, "We all know our roles and responsibilities."
- Notifications the registered manager and provider were obliged to make such as those alleging abuse and deaths of people, had been made to the CQC and local authority.
- There was an extensive on-call system that provided support to people and staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- All the people and relatives we spoke with told us management staff were approachable.

- Staff members we spoke with were complementary about the registered manager, provider's representative and support they received from office staff.
- Records we looked at showed that regular staff meetings were being held.
- There were recruitment and retention incentives for staff including employee of the month and year awards. This was celebrated in the provider's newsletter and staff said that this was a good incentive and helped them feel valued.
- The service had received a number of compliments from people and relatives about the service and individual staff members. One said, "I'd like to thank you all. My relative was blessed to have such kind dedicated staff."
- We noted that the service had recently received recognition in a national award as being one of the best 20 community services in the Midlands area. This was based on feedback from people who used the service.

Continuous learning and improving care

- The service had quality assurance processes and systems to monitor and improve the service.
- We noted that the registered manager discussed with staff areas of improvement at team meetings.
- Annual surveys were sent out to people who used the service and staff. The results from the 2018 survey had been sent out August 2018 and we noted that they were positive about the care and support people received. We noted that the provider had implemented a change in an aspect of staff conditions as a result of feedback from the survey.

Working in partnership with others

- The service worked in partnership with key organisations to support care provision and service development. For example, the registered manager told us the service had worked with the local authority and local health services. This included work with district/community nurses to ensure 'joined-up' care.