

KDMO Ltd

Bluebird Care (Bedford)

Inspection report

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20 July 2018

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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

This inspection was carried out on 18, 19 and 20 July 2018 and was announced. At the last inspection in October 2015 the service was rated good in all domains. At this inspection the service continued to meet all the requirements and achieved a rating of good in all domains.

Bluebird care provides personal care and support to people living in their own homes in the community. At the time of the inspection 60 people were being supported by the service.

People told us they felt safe being supported by the service and confirmed their individual risks were assessed and measures put in place to ensure risks were mitigated where possible. There was a robust recruitment process in place and various pre-employment checks were completed prior to potential staff starting work in the service. There were sufficient trained staff available to meet people's needs. People were supported to take their medicines safely in accordance with the prescriber's instructions.

People were supported by staff who had received appropriate training and support from the management team. People's consent was sought before care was provided and the staff and management were familiar with the principles of the Mental Capacity Act 2005. People were supported to eat and drink sufficient amounts to maintain their health and wellbeing. Where required people were supported to access a range of healthcare professionals such as their GP, or to make dental or Hospital appointments.

The feedback from people who used the service was very positive. Everyone felt totally involved in organising their care. Everyone had a named care coordinator who met with them regularly, to discuss their ongoing care needs, as well as completing spot checks. The care coordinators were accessible and were available in person or on the phone whenever they were needed.

Everyone had a care plan which was reviewed and agreed with them regularly. People said that they would recommend the service. People told us the staff were excellent, kind caring and compassionate and that they were treated with dignity and respect. People's personal and private information was protected to ensure their confidentiality was maintained.

People received personalised care that met their needs. These were kept under regular review to ensure when people's needs change the service was able to respond accordingly. Detailed information was provided to staff to help ensure staff were able to provide effective and responsive care to people. Where appropriate people were supported to pursue hobbies and interests and the management team and staff arranged social events to bring people together and reduce the risk of social isolation. There was a clear process in place if people needed to raise a concern, but no complaints had been made.

No one had experienced any totally missed calls and we were told that on the rare occasion of a carer running late, someone from the office would always contact them.

There were systems and processes in place to monitor the overall quality and safety of the service. The registered manager and staff were continually looking at ways to improve the service. People knew the manager and told us they felt the service was well managed. People, their relatives and staff were very positive about the all aspects of the service and in particular the overall management of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Bluebird Care (Bedford)

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 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.'

The inspection was announced and carried out by one inspector and an expert by experience. An expert by experience is a person who has experience of this type of service. We gave the provider 48 hours' notice to ensure that they would be available to facilitate our inspection.

We reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We received feedback from the local commissioning team. We reviewed information submitted on the PIR Providers information return.

During the inspection we spoke with seven people who used the service, three relatives, two members of the management team, the provider, registered manager and the field care supervisors. We received feedback from five care staff members. We viewed three care plans, two staff recruitment files, training records and other information relating to the overall management of the service.

Is the service safe?

Our findings

We found the service provided continued to be safe. People told us they felt safe being supported by the Staff from Bluebird care. One person told us "Yes, I feel very safe when my carer is here because it's only then that I feel confident enough to have a shower because I have had a history of falling. They are very supportive and make sure that I'm balanced properly. They let me reach where I can, and then will take over from there. I honestly wouldn't contemplate having a shower without the carer being here anymore."

A family member told us "We like [name] to have their visits during the day because unfortunately we don't have the time to be checking up on them as much as we would like. I know the carers will always call me if they have any concerns about [name] and to know that there is the comfort blanket of someone going into them every few hours makes our lives so much easier. "

Staff had received training in how to safeguard people from abuse both as part of their induction and also had refresher training annually. Staff were able to demonstrate they knew how to identify any signs of abuse or potential risks to people's safety and knew how to report or elevate any concerns. One member of staff told us "I would always raise concerns with the office and know they would respond immediately".

Risks were appropriately assessed and where possible mitigated and managed which helped ensure people were kept safe. We saw that risk assessments in people's care records were reviewed annually unless there was a change in which case an immediate review was undertaken. Risk assessments provided information for staff on how to support people safely.

Where possible new staff were introduced to people who used the service in order that when a staff member attended them they knew who was visiting them and felt safe when staff arrived to support them. Where people required the support of two care workers the two care workers worked together for the entire shift to ensure they arrived together at the same time and provided the support together.

Safe and effective recruitment practices were followed to make sure that staff were suitable to work in the roles they were employed for. There were systems and processes in place to undertake all the usual pre-employment checks before staff were offered employment. These included a DBS disclosure and barring check and taking up references with at least one from a previous employer. These checks helped to keep people safe and ensured suitable staff were employed to support people in their own homes.

There were enough suitably experienced, skilled and qualified staff available at all times to meet people's individual needs. Staff received their rotas regularly. People had been allocated regular staff to achieve continuity of care. Visits were assigned geographically to reduce travel and to help minimise staff being delayed in traffic.

A person told us they felt reassured knowing who was coming to support them and at what time. They told us " I have a list sent to me every week which details who should be coming and at what time. I was asked what time I would like the visits when I started with the agency, and the carers are usually here at those

times or at least within 10 to 15 minutes."

People who used the service were supported to take their medicines regularly and staff had received training. Regular spot checks were carried out by field care supervisors and staff had their competencies checked.

Is the service effective?

Our findings

People who used the service were positive about the staff who supported them. One person told us, "I look forward to them coming they are a great bunch and do everything I need." Another person told us "I don't know what training they have had but they seem to know how to care for me properly. I have never had any problems with any of the staff who come to me". A relative told us they [staff] promote my relative's independence which is great because I don't want (person) to become more dependent and need more care".

Staff received regular training and support to help them provide effective care to people they supported. One person told us. "As far as I'm concerned they know what they're doing. I like it because, although there are probably eight or 10 different carers that I see, they come regularly enough that they remember everything that I need help with and also how I like things to be done."

The registered manager confirmed that all new staff were required to complete a comprehensive induction programme where they received training relevant to their role and responsibility. Staff had ongoing and refresher training and staff were trained using the nationally recognised `Care Certificate` training modules. One staff member told us, "The training is very good here and I feel well supported". Another staff member told us "After my initial training, I worked alongside more experience care staff to observe them which gave me the confidence to care for people myself."

Staff were supported in their roles through individual 'one to one' supervision meetings with their line manager where they had the opportunity to discuss their performance, any concerns or any training or development needs. One staff member told us, "I have supervisions regularly, it is an opportunity to discuss any service user changes, personal development, rotas or anything we want to talk about."

People confirmed that they had a copy of the care plan in their folder which they had signed to consent to the care and support that was provided. One person told us "When I started with the agency and it was first written up, I was asked to read it and if I was happy to sign it and every time. They send me a new copy when there's been an alteration or I've had a review, then I always get the chance to re-read it, make any changes and then I sign it."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. Staff were able to demonstrate they knew the steps to follow if they felt people were unable to make day to day decisions.

Where people were assessed as needing support with meal planning or support with food preparation, staff supported and encouraged people to eat a healthy balanced diet that met their needs. Many people were able to provide their own food and required minimal support from staff.

People's day to day health needs were maintained and staff supported people when required. Staff told us "It varies from person to person some people are able to make their own appointments or have the support of family members while other people will ask for our support.

Is the service caring?

Our findings

We found the service provided continued to be caring. People received care from staff who were kind and compassionate. One person told us "I have never felt rushed, at my age I only go at one pace and that's very slow. They are very patient and if they know I can do some of the jobs for myself, they will let me do that and in the meantime, they will usually start to sort me some breakfast out. Time always goes very quickly, but we always get everything done in a way that I'm happy with." Another person told us "They couldn't be more kind and caring. They never mind doing extra jobs for me if I need them and they always make sure that I have everything within easy reach before they leave me to go to the next client. It's just little things like that that make the difference."

People confirmed they were consulted and involved in all aspects of their care planning. One person told us "When I started with the agency, I met with my care coordinator and we talked about everything that I needed help with. She asked me what time of day I would like the calls and we talked about how long each call would need to be. I have regular review meetings and we look through the care plan every time and see if anything needs changing. I don't think I could've been involved in my care planning any more than I have and I was more than happy with the questions she was asking me and the responses I was getting. They have always delivered exactly what they said they would, and I can't ask any more than that."

People told us that staff treated them with dignity, respect and maintained their privacy. Staff told us that they tried to encourage people to maintain their independence and supported them to do tasks themselves where possible rather than taking away their independence. One staff member told us "I always make sure I protect people's dignity as I would like done for myself." Another told us "I never forget we are visitors in people's homes, respect their home and wishes." One person told us "The staff are very helpful and I am so grateful for their support and help, without them I would not be able to remain living in my own home."

Staff were able to demonstrate that they knew people and their routines well and we found that care plans contained appropriate information to inform care staff how to support people in the way they wanted. One person told us, "They (staff) are caring and respectful. Another said, "We always have a nice chat and a cup of tea together when they have time." Another staff member commented, "We have good relationships, we all work well together as a team and I think that helps".

People's confidential records were stored securely in lockable filing cabinets and staff understood the importance of respecting and maintaining confidential information. People had copies of care plans risk assessments and contact details in their own home so that staff and the people themselves could review and discuss anything of significance that cropped up.

Daily record notes were also completed at each visit so that there was an ongoing record of communication between care staff and available to family members if the service users wished to share the information.

Is the service responsive?

Our findings

We found the service provided continued to be responsive. People felt the service was flexible and responsive to their changing needs. One person told us "I have always found them to be very flexible, occasionally we have to contact the office because a hospital appointment has come through and I have always been able to change the time of my care in order for me to have plenty of time to get to the hospital for my appointment. I can't say I've seen any difference in their timekeeping whether it's during the day, the evening or at weekends. They are very reliable and I've never experienced a missed call in the three years I've been having them come to me."

People told us they received care that was personalised and that was based on their individual needs and took account of their preferences and personal circumstances. Staff were very knowledgeable about people's preferences and the way they wished to be supported. Where changes in people's needs were identified by care staff this was communicated to office coordinators to ensure records were updated and that commissioners were aware that people's needs had changed. For example, if the person required an increase in the number of visits or the duration of visits needed to be amended which ensured the person's needs continued to be met.

People were supported to give feedback about the service they received and there were a number of different ways the service 'engaged' with the people they supported. We saw that there were regular spot checks where people views were sought through the completion of a customer satisfaction questionnaire which ensured people were happy with the service. One person told us "I remember being sent a survey, but it would've been some months ago and we sometimes go through a mini survey when I'm having my review meeting with my care coordinator. I can't recall ever making any suggestions that they might of acted upon, because to be fair, I've had very little that I've had to tell them about that I wasn't happy with".

The provider had a robust complaints policy in place. We saw that people's concerns were properly investigated and responded to. One person told us "I know how to make a complaint because there is a leaflet in my folder. But for all the years I've used the agency, I've never had anything to complain about. I'm sure however that if there was something amiss, they would look into it and put it right. I'm certain they would do that, because having seen how they have treated and cared for me over these years, I've got no reason for thinking that they would do any other".

The provider and management team arranged a range of social events for people to access and also to help reduce the risk of social isolation. For example, they had an afternoon tea planned for August 2018, with the proceeds going to local charities. Other events throughout the year had included a cake and craft sale, and participation in Dementia information sharing sessions.

Is the service well-led?

Our findings

We found the service provided continued to be well-led. People told us that they felt the service was well managed and that they felt listened to. The registered manager and the provider were open and transparent throughout the inspection process and staff confirmed that they felt valued and their views were encouraged and respected. We saw that office based staff worked in an inclusive way and supported each other. There was evidence of good team work and a supportive network, and all staff were committed to making the care experience the best it could be to improve outcomes for the people they supported.

The service had a manager who was 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.

The management team demonstrated they were knowledgeable about the people who they supported. The provider and registered manager demonstrated they had clear aims and objectives about how the service was being developed and continually improved. For example, people who used the service were provided with regular updates about the service via a newsletter. Coffee mornings were held to encourage and support social engagement and this had proved to be so popular that the management team were considering increasing the frequency of this as well as other events.

Staff felt supported by the management team and the registered manager was well supported by the provider. Staff confirmed that communication was effective and that they were involved in making decision about improving the service and told about changes.

People were assured continuity and consistency of care outside office hours as there was a robust system in place with senior staff on duty at all times to support frontline staff. This included the registered manager who was available and contactable by telephone. One staff member told us "There is always someone at the end of the phone if you need support or advice."

There were systems and processes in place to monitor the quality of the service. We saw that various audits were completed regularly which ensured any areas that required attention were addressed. Other audits included reviewing documentation such as care records and the management of people's medicines and completed medicine administration records (MAR). Results from feedback were analysed and included in the action plan with staff having clear areas of responsibility and timeframes to achieve the required improvements

Notifications were submitted to CQC as required to inform us about accidents, incidents or events which affect the day to day running of the service.