

J&Y Webber Services Limited

Bluebird Care South Lincolnshire

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an announced inspection of the service on 19 July 2018. Bluebird Care South Lincolnshire is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It currently provides a service to older adults. Not everyone using Bluebird Care South Lincolnshire receives 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.

There was a registered manager in post at the time of our inspection. 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.

At the time of the inspection, 16 people received some element of support with their personal care. This is the service's first inspection under its current registration.

People felt safe when supported by staff. People were protected from avoidable harm. People received support from a consistent team of staff who arrived on time for each call. Robust staff recruitment procedures were in place. People's medicines were managed safely. Staff understood how to reduce the risk of the spread of infection. The provider had processes in place to investigate accidents and incidents and to learn from mistakes. However, the paperwork used to record these incidents required improving by always recording that the registered manager had carried out a review.

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 support this practice. However, some improvements were required to ensure all people's rights under the Mental Capacity Act (2005) were respected.

People's care was provided in line with current legislation and best practice guidelines. People felt staff understood how to support them. Staff were well trained; felt supported and understood people's needs. Staff performance was regularly monitored. People were supported with their meals where needed. Information was available to support staff with caring for people. Other health and social care agencies were involved where further support was needed for people.

People liked the staff and found them to be kind and caring. Relatives felt assured that staff treated their family members with respect, dignity and compassion. People's independence was encouraged and people were able to contribute to decisions about their care.

People were assessed before joining the service to ensure their needs could be met. People's care records were person centred and staff provided them with support in the way they wanted. People were supported

with following their hobbies and interests. People felt care staff responded effectively to complaints or concerns raised. People's diverse needs were discussed with them and respected. Efforts had been made to discuss end of life care with people, however records relating to this element of care required more detail.

The registered manager was well liked and respected by all. They understood the requirements of their role and did so in line with their registration with the CQC. They ensured all notifiable incidents were reported to the CQC. High quality staff performance was rewarded. People and staff were given the opportunity comment on how the service could be developed and improved. Auditing processes were in place. The provider supported the registered manager to carry out their role effectively and held them to account. The provider was continually looking for innovative ways to improve the quality of the service people received. The service had developed positive links with the local community that benefitted the people who used 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 was safe.

People felt safe when staff supported them. People were protected from avoidable harm. People received support from a consistent team of staff who arrived on time each call. Robust staff recruitment procedures were in place. People's medicines were managed safely. Staff understood how to reduce the risk of the spread of infection. The provider had processes in place to investigate accidents and incidents and to learn from mistakes. However, the paperwork used to record these incidents needed improving.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Some improvements were required to ensure all people's rights under the Mental Capacity Act (2005) were respected. People's care was provided in line with current legislation and best practice guidelines. Staff knew how to support people. Staff were well trained and felt supported. People were supported with their meals where needed. Other health and social care agencies were involved where further support was needed for people.

Is the service caring?

Good ●

The service was caring.

People found staff to be kind and caring and enjoyed their company. Relatives felt assured that staff treated their family members with respect, dignity and compassion. People's independence was encouraged and people were able to contribute to decisions about their care.

Is the service responsive?

Good ●

The service was responsive.

People's health needs were assessed before joining the service. People's care records were person centred and people were able to follow their hobbies and interests. People felt care staff

responded effectively to complaints or concerns raised. People's diverse needs were discussed with them and respected. Efforts had been made to discuss end of life care with people, however records relating to this element of care required more detail.

Is the service well-led?

Good ●

The service was well led.

The registered manager carried out their role in line with their registration with the CQC. They ensured all notifiable incidents were reported to the CQC. Staff respected the registered manager with staff encouraged to carry out their role in line with provider's aims and values. People and staff were given the opportunity comment on how the service could be developed and improved. Auditing processes were in place, these had already identified some of the issues we identified, and these were being acted on. The provider sought innovative ways to further improve people's quality of life.

Bluebird Care South Lincolnshire

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.

This comprehensive inspection took place on 19 July 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure the registered manager would be available.

Before the inspection, we reviewed information we held about the service, which included notifications they had sent us. A notification is information about important events, which the provider is required to send us by law. We also contacted Local Authority commissioners of adult social care services and Healthwatch and asked them for their views of the service provided.

On this occasion, we had not asked the provider to send us a provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant.

The inspection team consisted of an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. They carried out telephone interviews with people and relatives prior to the office-based inspection. They attempted to speak with 13 people. They managed to speak with four people who used the service and three relatives. The inspector visited the office location to see the registered manager, office staff and to speak with care staff.

During the inspection, we spoke with two members of the care staff, the registered manager, care coordinator, administrator and a director.

We looked at records relating to five people who used the service as well as staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

We asked the registered manager to send us copies of various policies and procedures after the inspection. They did this within the requested timeframe.

Is the service safe?

Our findings

People told us they felt safe when staff attended calls in their home. The relatives who were involved with their family member's care agreed. One person said, "I like them to shower me for safety reasons. I know having them there gives me confidence." A relative said, "[My family member] is very safe with them. They are there to support their independence as much as anything. The high-risk time is getting out of bed and they make sure [my family member] takes their time and they keep [my family member] steady with their walker. I like to know someone is going in to make sure they are safe."

People were informed who to contact in an emergency. Phone numbers were provided if people had concerns out of office hours or if they wanted to speak with the local authority safeguarding team if they had concerns about their, or others' safety. Staff understood how to protect people from the risk of avoidable harm and abuse. Staff had received safeguarding adults training and could explain how they would report concerns if needed. This was in accordance with the provider's safeguarding policy.

The registered manager had taken the necessary steps to reduce the risk to people's safety by ensuring detailed risk assessments were in place where needed. These assessments covered areas such as the support people needed with personal care and their medicines and, in line with detailed care plans, informed staff how to support people safely. These assessments were reviewed to ensure they met people's current and changing needs.

People told us staff arrived on time for their calls and they knew beforehand which staff would be attending. One person said, "They [staff] are always on time. I get a rota each week, but I mostly get the same carer. I think it's important you get to know one another, we have set up a great rapport." Another person said, "They are usually on time. On the odd occasion they have been late, someone has let me know." A relative said, "They are usually on time but would let us know if they are running behind."

Staff wore uniforms and always carried identification badges to enable people to be sure staff attending their home were Bluebird employees. One person said, "They all wear uniform, so I can recognise them."

Robust recruitment procedures were in place that ensured people were protected from unsuitable staff. Checks were carried out on people's identity, their work history and whether they had a criminal record that would prohibit them from working with vulnerable people. This contributed to keeping people safe.

Many of the people supported by service were able to manage their own medicines or had relatives to support them. Where staff did support people, there was clear guidance recorded in people's care plans that guided staff on how to do so safely and in line with people's preferred way. People told us they were happy with the support they received from staff with their medicines. One person said, "They [staff] come to prompt me with my medication. They will put my tablets in a tiny glass for me to take and will bring me water. They always wear gloves and sign to say they've done it." Another person said, "They fill up my tablet tray each day and leave it out for me with a glass of water. It reminds me to take them seeing them in front of me."

There were processes in place to ensure people received their medicines safely. Care plans and risk assessments were up to date and reflective of people's needs. Staff who administered medicines were trained and had their competency to do so reviewed regularly. This meant people were protected from the risks associated with medicines.

People told us staff did all they could to reduce the risk of the spread of infection. One person said, "They wear gloves and aprons, they all look very good in their uniform." Staff had received infection control training and had a plentiful supply of personal protective equipment. This included aprons and gloves that assisted them in reducing this risk.

The registered manager ensured any accidents or incidents that could have an effect on people's health and wellbeing were recorded and reviewed to enable actions to be taken to reduce further risk to people. However, we did note that the registered manager or other appropriate person had not always recorded that they had reviewed each incident log or checked that agreed actions had been completed. The registered manager assured us that they were aware of all incidents that had taken place. However, they did acknowledge that more needed to be done to ensure the records relating to this were more robustly completed. They told us they would address this immediately for all future incidents. This would help ensure people continued to receive safe care and support from staff.

Is the service effective?

Our findings

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. We checked whether the service was working within the principles of the MCA. We found an inconsistent approach to ensuring the appropriate person made decisions in relation to the care provided.

Many of the people who used the service were able to make decisions for themselves, this was reflected in their care records with signatures recorded showing people had agreed to the decisions made. Where relatives had lasting power of attorney (LPA) for their relatives, we saw efforts had been made to record this in people's care records. A LPA is a legal document that lets a person appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf. There are two types of LPA. These cover decisions relating to health and welfare and property and financial affairs. However, we did note that where people had stated they had LPA for their family member evidence of this had not always been provided. On occasions, these people had been involved with making decisions about their family member's care. Whilst the records looked at did not suggest that decisions made were not in the person's best interest, we could not be assured that the person making decisions on behalf of their family member had the legal authority to do so. The registered manager acknowledged that more needed to be done to ensure the principles of the MCA were applied appropriately. This would ensure that all people's rights were protected.

The registered manager ensured people's physical, social and mental health needs were provided in line with current legislation and best practice guidelines. Where people had health conditions that staff supported them with, we noted efforts had been made to include nationally recognised guidelines and information in relation to known conditions.

People told us they felt staff had the skills and experience to support them effectively. People and relatives also told us that when new staff were sent to their home, they were always accompanied by a more experienced member of staff until they understood how to support them. This made people feel at ease and comfortable with the new staff member. A relative also said, "They seem well trained. Sometimes they send an extra one like this morning. So they can see what is to be done." Another relative said, "They sometimes come with a new member of staff to shadow. They have never sent anyone completely new on their own."

Records showed staff received an induction and an on-going and wide range of training that the provider had deemed necessary for them to carry out their role effectively. This included training to support staff with moving and handling people safely, the Mental Capacity Act and dementia awareness. Where there were some gaps in people's training where people needed to complete refresher courses, we were informed these had been booked for staff. Where people had developed specific health needs, records showed staff had received training to support them. For example, some staff had received training on supporting a person with percutaneous endoscopic gastrostomy (PEG). This is a medical procedure in which a tube is passed

into a patient's stomach most commonly to provide a means of feeding when people are not able to consume food orally. This showed the registered manager and the provider ensured staff were trained to manage people's changing needs.

Staff felt supported by the registered manager and the provider and felt confident in their role. One staff member said, "I have confidence in my role. I know what I need to do support people and the manager is great at giving me the help and support I need."

Records showed staff received regular supervision of their role. This included observation checks on performance as well as formal discussions with the registered manager about their performance. Staff also received an annual appraisal of their role to help them and the registered manager to review the previous years' performance and to identify any areas for personal development. This approach ensured any concerns with staff performance were addressed and acted on before they affected people.

Assessments of people's nutritional health were carried out to assist staff in identifying any changes that could affect their health. This included if people needed specific support with their diet to control weight loss or gain. People's food and drink likes and dislikes were recorded and the time they liked their meals were specified for staff to adhere to. We noted from the detailed daily running records that people received support with their meals in line with their preferences.

Records showed the registered manager and the care staff were aware of which health and social care agencies to contact to ensure that people continued to receive care and treatment for their current and changing health and social care needs. Referrals to health and social care agencies had been made where needed. People's records showed that when needed, staff had supported people with arranging visits to their GP or healthcare agencies. When staff had been asked to attend with them, records showed they had attended.

Is the service caring?

Our findings

People and relatives told us they found staff to be kind, caring and polite. They praised the approach of staff and welcomed them into their or their family member's home. One person said, "They really look after me they do a marvellous job." A relative said, "They are all lovely. We have set up a good rapport over the months. [Name] does tell me that they tend to get on better with the older carers, but I suppose that's because they ('the older carers') have more life experience."

People and relatives told us all staff were respectful and treated them or their family members with dignity. One person said, "They are all such nice people. They treat me with respect. I don't think they could do better for me." A relative said, "They are all pretty good, we have no problems. They have a certain bold approach, which means they get things done. Efficient is what I would call them. They are all very respectful though, polite and treat [my family member] with respect."

The staff we spoke with spoke with kindness and compassion about the people they supported. They told us they had built meaningful relationships with them and one member of staff in particular told us they, "Very much looked forward to seeing people each day." The people we spoke with also told us they had built positive relationships with the staff who supported them. One person said, "They are all very kind to me. They look after me very well. I am very happy with my care. I have a large variety of people [staff] who come, some older, some young, some married with families some not. It is very interesting for me to get to know them."

People told us their care plans reflected their current needs and were written with their or their relative's involvement. A relative said, "The care plan is very good. It has everything we need them [staff] to do in there, but they will do anything we ask. They will even pop and get milk if we need it. Nothing is too much trouble. They record everything on an iPad, which I think they can then see in the office. It means everything is up to date." The registered manager told us they, or other appropriate staff regularly spoke with people and their relatives to determine whether any changes were needed to the care plans. If changes were needed, these were then made quickly and records updated to ensure the care provided reflected people's current needs and preferences.

People were supported by staff to do as much for themselves as possible. Care plans were in place that contained guidance for staff on the support people needed to carry out daily living tasks independently of staff. This included people's ability to carry out their own personal care, or to complete domestic tasks.

Staff had received dementia awareness training that assisted them in providing appropriate care and support for people living with dementia. Staff spoken with were able to explain how they altered their approach when supporting people to ensure each person was empowered to lead their lives in the way that was most appropriate for them. Staff had received equality and diversity training and the registered manager had ensured that people's religious beliefs, cultural background and preferences were taken into account when care was planned for them. This helped to ensure people were not discriminated against because of their diverse needs and choices.

People's care records were treated respectfully within the service's office. Processes were in place to ensure people's data was stored safely. Some records were stored electronically and access to these records could only be gained via password. Where paper records were in place, these were stored safely in locked areas to prevent unauthorised people from accessing them. Staff had access to people's records outside of the office via electronic devices such as iPads. Staff were only able to access this information during calls to people's homes and for a short period of time afterwards, and then person's record would be locked. The registered manager told us they had the processes in place that ensured all records were managed in line with the Data Protection Act and The General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union.

Is the service responsive?

Our findings

Prior to people using the service, assessments of their health, care and support needs were carried out to ensure staff could respond appropriately when a person started to use the service. People's care records were person centred and contained information about their preferred daily routines. This included the assistance people wanted from staff with their personal care, as well as the tasks people wanted staff to complete at each call.

People were involved with regular reviews of their care and support needs to ensure they received the care they wanted and continued to meet their individual preferences. These reviews took the form of formal reviews with the registered manager or other appropriate member of staff or informal telephone discussions. The registered manager told the informal reviews helped them to address any issues people had before they escalated into more serious problems. People and/or relatives told us when they had requested changes to their or their family member's care this was always responded to quickly. One person said, "I have brought up a small thing in the past and it was dealt with very quickly." Another person told us they had requested changes to the time of their calls and this was accommodated. This meant the staff responded effectively to people's changing needs.

The director of the service told us a decision had been made to only provide calls for a minimum of 30 minutes. This, they told us, meant they could have meaningful calls with people that enabled them to do more with people than just providing basic care and support. Many calls lasted an hour with some calls longer than that. We noted many people were supported by staff to follow their hobbies and interest and to access their local community. Trips to the theatre and sporting events were just some of the events people had accessed recently. People were also supported with going for walks, doing their shopping or visiting other local amenities. The director told us they felt this reduced the risk of people becoming socially isolated and enabled people to lead an active life in their local community.

The registered manager had an understanding of the Accessible Information Standard (AIS). The AIS is a law that requires that provisions be made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way that they can understand. They told us they did not currently have people who required information to be presented in a different way but in light of this Standard, they would remind people that records were available in different format. The registered manager told us care records could be provided in larger print and this is something they would make people aware of. This is important to ensure that people are empowered, treated fairly and without discrimination.

People and relatives told us when they had needed to make a complaint both the staff who supported them and the office based staff responded appropriately. One person said, "I have no problem contacting the office. I have the number and always get an answer." A relative said, "They are very good in the office. I have never rung them about something and not got an answer, even if they have not known straight away they have said they will find out and ring me back and they always have. I think they are very well organised."

Records showed the appropriate processes were place that ensured complaints were responded to in line with the provider's complaints policy.

End of life care was not currently provided at this service, although they did work alongside other agencies to support people who were nearing the end of their life. Efforts had been made to discuss the care people wanted when they neared the end of their life although this had not always translated into detailed end of life care plans. The registered manager told us some people had chosen not to discuss this element of their care, but they did say they would remind people in reviews of their care that the option to discuss this was always open to them.

Is the service well-led?

Our findings

All of the people and relatives we spoke with told us they would recommend this service to others. One person said, "I would definitely recommend them." A relative said, "We would definitely recommend them we are very pleased with the service we have." Another relative said, "I would absolutely recommend them. They will do all sorts of little things too like if (relative's name) needed any shopping the carer will pop off and bring the receipt back etc. it is all very well organised." A third relative said, "I would recommend them as a company."

Records showed people and staff had been sent questionnaires to gain their views of how the service was performing and whether any improvements could be made. Some of the people and relatives could recall being sent questionnaires however all told us they felt able to ring the office and give feedback as needed. A relative said, "I think we have had questionnaires in the past. We have also had letters asking whether we would be interested in them doing things differently. It is nice to be asked." Another relative said, "I am not aware of any questionnaires, but the supervisors sometimes come to give the care and ask what we think." Recent questionnaire results showed people and staff were happy with how the service was performing.

Most of the people and relatives we spoke with were able to tell us the name of the registered manager and all said she was approachable. A relative told us about an issue the registered manager had recently supported them with. They also said, "The manager is very approachable and helpful. Because of their role, they can add a little weight to sorting things out. I thought this was very thoughtful of her." Another relative said, "I know the manager quite well. I have her mobile number. I find her very approachable." The registered manager told us they took the time to get to know the people supported by the service and ensured that people felt confident to raise any concerns with them. They also said, "Due to the size of the service I am still able to give the personal touch, which I like." Staff spoken with also felt the registered manager was approachable and welcomed their views on how to improve the service.

The registered manager was aware of their responsibilities to ensure the CQC were always informed of all notifiable events that occurred at the service. These can include when a person had experienced a serious injury or if an allegation of abuse had been made against staff. This ensured there was an open and transparent approach to providing people with high quality care and support.

The provider recognised high quality staff performance. A 'Carer of the month' award was in place that rewarded staff with going beyond what was required of their role. Staff were rewarded with a voucher, card and certificate that were personally presented to them by the director of the service. The registered manager told us they hoped the award, and it being presented to them by the director, would continue to help staff feel valued.

The provider was actively seeking innovative ways to improve people's experience. They informed us they had recently received funding to trial a new interactive call monitoring process that would further improve punctuality but would also help people to monitor their own health more effectively. This process was in its infancy and the director of the service told us they would keep us informed of its progress when fully

implemented. The provider also attempted to engage with the local community to raise awareness of the service. Initiatives such as 'Cupcake Day' and providing stalls at the local carnival helped people to become more aware of the service. We also noted that annual initiatives with a local supermarket were in place. The supermarket donated items to the service to ensure all people who used the service received a Christmas present. The registered manager told us this helped people to feel part of the service and, "not just someone we care for."

Quality assurance systems were in place. The registered manager told us this helped them to improve the performance of staff with the ultimate aim of improving the quality of service people received. The provider was actively involved with ensuring the service operated effectively. Regular meetings were held with the director to address any areas of concern, but also to ensure that the provider's values and aims were adhered to. Any changes in policy or procedures were also discussed with the registered manager, who was also held to account for the completion any agreed actions or improvements that were required.