

Warriewood Ltd

Bluebird Care (Torbay)

Inspection report

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13 May 2016

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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

Bluebird Care (Torbay) provides care and support to mostly older people, who live in their own homes. The services provided include personal care and domestic work for people living in Paignton, Torquay, Brixham, and the surrounding areas.

The service did not have a registered manager. 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 registered manager had left the service in December 2015. The provider was managing the day to day running of the service. They were actively recruiting for a new manager.

We visited the office on 5 May 2016. We carried out phone calls to people and their relatives on 10 May 2016. We carried out home visits on 10 and 13 May 2016. At the time of this announced inspection 24 people were receiving personal care from the service. The service was registered in April 2014 and this was the first inspection.

People were really pleased with the way staff treated them. Each person we spoke with told us their care workers were kind, caring and compassionate. Comments included "It's been really good, they do find good staff, they really do seem to care" and "Enormously caring". Staff spoke about the people they cared for with compassion and concern. People told us staff were respectful and polite. We saw staff and people interact in a friendly way. People were pleased to see the staff. The staff knew people well and chatted with them with warmth and laughter. Staff checked if they could do anything else for each person before leaving. When a staff member left one person, they said to the staff "Thank you for all that you do".

People and their relatives told us they felt safe and comfortable when staff were in their home and when they received care. People told us "I feel safe, I've never felt uncomfortable" and "I know the staff". Staff knew how to recognise signs of potential abuse and understood how to report any concerns in line with the service's safeguarding policy. Safe staff recruitment procedures were in place. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable people.

People told us they had a regular team of staff who had the appropriate skills to meet their needs. Comments included "I'm very happy with them, they meet all my needs" and "They do something right in the training, they have good staff". Staff told us they were happy with the training they received. The service employed a training officer who provided face to face training. New staff completed training before going out to visit people. Staff told us they felt well supported and had regular opportunities to discuss their work.

People told us staff were usually on time. Comments included "They always arrive on time"; "They're always here within a few minutes of the agreed time" and "It's never rushed". People told us they were usually told about any changes. Staff told us they were usually able to get to their visits on time. Staff told us if they

needed more travel time between visits, this was addressed.

Care plans were developed with the person they related to. They described in detail the support the person needed to manage their day to day health needs. Staff knew people well and were able to tell us how they supported people. During home visits, we saw staff responded to people's requests, met their needs appropriately, and knew how they liked things to be done. The service was aware some people may be at risk of becoming socially isolated. One staff member commented "Some people don't see family I'm there every day, it's nice for them to have some company". Staff supported people to take part in activities and outings. Examples included fishing trips, encouraging people to go for a walk, going shopping, trips to the garden centre, and going out for coffee.

Risk assessments had been undertaken for each person. These included information about action to be taken to minimise the chance of harm occurring to people. For example, one person received their medicines via a PEG (percutaneous endoscopic gastrostomy) tube. The district nurse had trained and assessed staff as competent to carry this out. A risk assessment was in place with clear information on how to prepare and administer this person's medicines. People were supported safely with their medicines and told us they were happy with the support they received. Medicine administration record (MAR) sheets were fully completed. This showed people had received their medicines as prescribed to promote good health. Risk assessments relating to each person's home environment had been completed. Where concerns were identified, action had been taken to reduce the risks to people.

The service reviewed incidents and accidents to minimise the risk of them happening again. For example, two staff went out to one person and were not familiar with their moving and handling equipment. The provider contacted the occupational therapist who provided training on the piece of equipment. The office co-ordinators were reminded they needed to make sure staff knew how to meet individual needs before allocating visits.

The service sought regular feedback from people. People had been invited to an 'open office' on the second day of our inspection. The purpose of the event was to discuss how things were going, share stories and make suggestions for improvement. Surveys had been sent out in April 2016. We saw that 17 responses had been received and these were mostly positive. People and their relatives felt able to raise concerns or make a complaint. They were confident their concerns would be taken seriously. People told us they didn't have any complaints. One person said any concerns were acted on quickly. Another person said "I would tell them if they annoyed me, I'd ring the office with any concerns". Where complaints had been received they had been managed in line with the company policy. The provider had contacted people to check they were satisfied with the outcome.

People and staff told us the provider and management team were approachable. People commented "I'm very happy with everything I would definitely recommend them to anybody"; "Everything's as good as it can be" and "I can't think of anything they could improve". Staff said they were able to ask for support at any time and felt the service had improved. Staff told us there was open culture and they were able to make suggestions for improvements. For example, staff told us about the new supervision form they had suggested which contained more detailed information.

The service's vision was to deliver the best care possible. This was reflected in staff's work. All staff we spoke with told us they enjoyed their role. Staff commented "It all runs smoothly" and "It's about the 'Care'" whilst pointing to their uniform which says Bluebird Care.

The provider was keen to develop and improve the service. They told us they received regular updates from

head office. They kept up-to-date with best practice by accessing information through Skills for Care and The United Kingdom Homecare Association. Records were clear, well organised and up to date. The service had quality assurance systems in place to monitor the quality of the service. Bluebird Care sent a representative from their head office to carry out an annual audit. Senior staff at the service checked records and carried out unannounced spot checks to observe staff's work practice. The provider held weekly operational meetings with the deputy manager, supervisor and co-ordinator to discuss what had been happening and plan the week ahead.

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 and their relatives told us they felt safe when they received care.

Staff knew how to recognise signs of potential abuse and understood how to report any concerns in line with the service's safeguarding policy.

Risk assessments had been undertaken and included information about action to be taken to minimise the chance of harm occurring to people. The service reviewed incidents and accidents to minimise the risk of them happening again.

Safe staff recruitment procedures were in place. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable people.

Is the service effective?

Good 

The service was effective.

People had a regular team of staff who had the appropriate skills to meet their needs.

Staff knew people well and were able to tell us how they supported people.

The service employed a training officer who provided face to face training. Staff had completed training and knew how to meet people's needs.

Is the service caring?

Good 

The service was caring.

People were positive about the way staff treated them.

Care workers were kind and compassionate.

People were pleased to see the staff when we visited them in

their homes.

Staff knew people's interests and chatted with them about these with warmth and laughter.

Is the service responsive?

Good ●

The service was responsive.

Care plans were developed with the person. They described in detail the support the person needed to manage their day to day health needs.

Staff knew people well and were able to tell us how they supported people.

Staff responded to people's requests and met their needs appropriately.

People and their relatives felt able to raise concerns or make a complaint if the need arose.

Is the service well-led?

Good ●

The service was well-led.

There was an open culture.

The provider was managing the day to day running of the service. They were actively recruiting for a new manager.

The management team were all approachable.

Records were clear and well organised.

A comprehensive audit system was in place to monitor the quality of the service and make further improvements.

Bluebird Care (Torbay)

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 inspection visit took place on 5, 10 and 13 May 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure staff were available to speak with us. We made telephone calls to people and carried out visits to people in their own homes.

One social care inspector carried out this inspection. On the first day of our visit, 24 people were using the service. We used a range of different methods to help us understand people's experience. We spoke with six people and five relatives. We visited two people in their homes. We spoke with seven staff, the deputy manager, and the two directors. We looked at four care plans, medication records, three staff files, audits, policies and records relating to the management of the service.

Is the service safe?

Our findings

People and their relatives told us they felt safe and comfortable when staff were in their home and when they received care. People told us "I feel safe, I've never felt uncomfortable" and "I know the staff". Staff took steps to ensure people were safe. For example, there was clear information for staff in care plans that told them how to access each person's home. We observed staff calling out to let people know they were entering their homes. A relative told us staff always placed the pendant alarm on their loved one so they could call for help. People told us staff were careful to ensure their homes were secured on leaving.

Staff had completed training in safeguarding vulnerable adults. Staff had a good understanding of safeguarding and knew how to recognise signs of potential abuse. They knew how to report any concerns in line with the service's safeguarding policy. Staff told us they felt confident the provider would respond and take appropriate action if they raised concerns.

Risk assessments had been undertaken for each person. These included information about action to be taken to minimise the chance of harm occurring to people. For example, one person received their medicines via a PEG (percutaneous endoscopic gastrostomy) tube. The district nurse had trained and assessed staff as competent to carry this out. A risk assessment was in place with clear information on how to prepare and administer the medicines. Risk assessments relating to each person's home environment had been completed. Where concerns were identified, action had been taken to reduce the risks to people. For example, if people were unsteady on their feet, staff were told to make sure the floor area was free from trip hazards. When carrying out a visit to a person's home with a staff member, they visually checked the environment as they walked through to make sure everything was as it should be.

People were supported safely with their medicines and told us they were happy with the support they received. People also had the opportunity to manage their own medicines if they wanted to and if they had been assessed as safe to do so. We observed staff take medicines to one person with a glass of water. Staff completed medication administration record (MAR) sheets after they gave people their medicines. MAR sheets were fully completed. This showed people had received their medicines as prescribed to promote good health.

Some people who used the service were living with dementia. One person had shown some aggression and had tried to hit out at staff. The service had held meetings with the staff team who visited the person to discuss how to best manage the situation. The service's training manager had delivered additional training. This meant staff used the same approach to manage the person's behaviours.

The service reviewed incidents and accidents to minimise the risk of them happening again. For example, two staff went out to one person and were not familiar with their moving and handling equipment. This did not result in any risk to the person. The provider contacted the occupational therapist who provided training on the piece of equipment. The office co-ordinators were reminded they needed to make sure staff knew how to meet individual needs before allocating visits.

Recruitment practices were safe. The provider told us they used a screening assessment which identified possible safeguarding risks when potential staff applied for work. As the service was aware of areas of risk prior to the staff interview, these could be explored during the interview. Staff files showed the relevant checks had been completed. The staff files included evidence that pre-employment checks had been made including written references, satisfactory police checks (Disclosure and Barring Service clearance (DBS), health screening and evidence of their identity had also been obtained. New staff told us references and a DBS check had been completed before they started to work in the community. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable adults.

The service had enough staff to carry out people's visits and keep them safe. The service did not take on new care packages if they did not have sufficient staff to cover all of the visits. There was a rota system in place so two staff would share a set of visits. This meant there was more continuity for people and the service was safer as the two staff usually covered for each other. People received a rota each week so they knew who was visiting them and when the visit would take place. Staff told us they had enough time at each visit to ensure they delivered care safely.

There was an on call telephone number for people and staff to ring in the event of an emergency out of office hours. The on call system was managed by senior staff and management. The staff member had access to a computer so they could look up information and make changes where needed.

The service had arrangements in place to deal with foreseeable emergencies. There was a business continuity plan. This gave information on the action to be taken in events such as fire, flood, severe weather conditions, and loss of power. This included a list of emergency contact telephone numbers. The provider had a system in place to ensure visits to vulnerable people were prioritised.

Is the service effective?

Our findings

People told us staff knew how to meet their needs. Comments included "I'm very happy with them, they meet all my needs" and "They do something right in the training, they have good staff".

The service employed a training manager who provided face to face training. New staff completed training before going out to visit people. The service had introduced the care certificate. This certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. The training manager told us they had introduced a new training programme where staff learnt through the scenario of 'a week in the life of a Bluebird carer'. They said this brought the job to life and made it more interesting for staff. New staff members told us "I enjoyed it" and "It gave me more confidence in myself to go out".

New staff worked alongside experienced staff to observe how people had their care delivered. Staff told us additional support was arranged if needed to ensure things went well for the people they visited. One staff member commented "If I ask for help they always give it to me. They're all very nice". New staff sat down with their supervisor every week for the first twelve weeks to discuss their progress. Unannounced spot checks were carried out to observe the staff member's work six or seven times in the first twelve weeks. Staff told us they felt well supported and found the feedback useful.

Experienced staff told us they were happy with the training they received. One staff member commented "I'm very happy with the training, it helps me do my job well. Staff told us they had completed training which was up-to-date in areas relating to care practice, people's needs, and health and safety. Where one person lived with a specific medical condition, the provider had invited the person to come and talk to staff. This meant staff would have a better understanding of how the condition affected the person. Staff training certificates were kept in their individual files.

Experienced staff had the opportunity to be a mentor for new staff and support them in their role. Staff had regular supervisions to discuss their work. These were on a one-to-one basis or as a group. The supervisor told us they brought staff who worked in the same geographical area together to share best practice and how to manage people's needs. Staff told us they were encouraged to work towards diplomas. Staff met regularly at a 'learning with lunch' session. This gave staff the opportunity to share information and hear from a speaker. The most recent session had included a talk on dementia.

Some people who used the service were living with dementia. We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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. Where one person lacked capacity to make decisions, there was evidence that family and representatives had been appropriately involved in decision making. Staff gained consent from people before carrying out personal care and respected people's choices.

Most people who used the service were able to access healthcare services independently. Staff told us if they had concerns about people's health they could ring their GP and then let the office know what they had done.

Staff supported some people with their meals. Staff knew people's food preferences and how to support people to make healthy meal choices. We observed staff offer a choice of two soups to one person. Another staff member knew a person liked a certain breakfast cereal and how they liked their cup of tea to be made. Staff described how they supported a person living with dementia. They told us they showed the person a choice of two dishes and then gave them time to pick one. They sat with the person to encourage them to eat and this worked. Staff knew to contact the office if people did not eat enough or they had any other concerns in relation to eating.

Is the service caring?

Our findings

People and their relatives were really pleased with the way staff treated them. Each person we spoke with told us their care workers were kind, caring and compassionate. Comments included "It's been really good, they do find good staff, they really do seem to care"; "They try to make his life as pleasant as it can be" and "Enormously caring". Relatives gave feedback on surveys saying "Cannot speak highly enough of all your carers that visit. The carers are very polite" and "always take an interest in my mum and make her feel special".

Staff spoke about the people they cared for with compassion and concern. Staff members said "The people I go to are all very nice we have a chat and talk about their histories"; "Leave them smiling better still if you can make them laugh"; and "They're all lovely, I absolutely love what I do".

Staff went over and above for people. For example, one staff member we went out with said "You try and help out as much as you can". Staff told us how they would stay on after they had finished, where this did not affect another person receiving care, to enable people to spend more time doing the things they enjoyed.

People told us staff were respectful and polite. Staff used people's preferred name. One person told us "They always start the visit with 'how are you today' and 'what would you like me to do first'". Staff always asked what the person wanted to be done and did it exactly how they asked. Staff treated people with respect and kindness. We saw staff and people interact in a friendly way. People were pleased to see the staff. The staff knew people well and chatted with them with warmth and laughter. Staff checked with people whether they could do anything else for them before leaving. When a staff member left one person, they said to the staff "Thank you for all that you do".

Staff spoke with people in a way they understood. For example, one person's care plan said they could take a while to respond, staff were to use simple instructions, and to enable them to do more for themselves. We observed a staff member with this person. They clearly explained what they were doing. They encouraged the person to do what they could for themselves. The staff member walked with the person to maintain their mobility whilst commenting "Well done. You're walking well today (name)".

Staff respected people's privacy and dignity. One person's care plan said staff were to ensure adequate and discreet supervision whilst the person showered and to be careful to close the door to protect their privacy. We observed staff respecting their wishes. During the home visits, we saw staff were calm and attentive to people's needs. They worked with the person at their pace.

Relatives were kept informed of people's care. One relative said they received an email each week telling them what had happened for their relation or their loved one. Another relative said that the service kept in touch with updates.

Is the service responsive?

Our findings

People's needs were assessed before they started to use the service. An initial visit was carried out to ensure Bluebird Care (Torbay) would be able to meet the person's needs. Senior staff introduced a staff member at the first visit. This meant staff received good information about the person and the person got to meet the staff who would be supporting them. The person's care was reviewed with them after one week. After a month, senior staff checked how things were going. Care plans were reviewed every six months or when a person's needs changed.

Care plans were developed with the person. They described in detail the support the person needed to manage their day to day health needs. Staff told us they would read the care plan before going out to a new person. Staff knew people well and were able to tell us how they supported people. During home visits, we saw staff followed each person's care plan. They responded to people's requests, met their needs appropriately, and knew how they liked things to be done.

People told us staff had time to meet their needs in the way they wanted. Comments included "They always arrive on time"; "They're always here within a few minutes of the agreed time" and "It's never rushed". People told us they were usually told about any changes. Staff told us they were usually able to get to their visits on time. Staff told us if they needed more travel time between visits, this was addressed.

Staff were aware some people may be at risk of becoming socially isolated. One staff member commented "Some people don't see family. I'm there every day, it's nice for them to have some company". Staff supported people to take part in activities and outings. Staff told us they always asked people what they would do. Examples included fishing trips, encouraging people to go for a walk, going shopping, trips to the garden centre, and going out for coffee.

People and their relatives felt able to raise concerns or make a complaint. They were confident their concerns would be taken seriously. People had a copy of the service's complaints policy in their care plan file. This provided information on how to make a complaint. People told us they didn't have any complaints. One person said any concerns were acted on quickly. Another person said "I would tell them if they annoyed me, I'd ring the office with any concerns". Where complaints had been received they had been managed in line with the company policy. The provider had contacted people to check they were satisfied with the outcome.

Is the service well-led?

Our findings

This was the first inspection of this service. The service did not have a registered manager. The registered manager had left the service in December 2015. The provider was managing the day to day running of the service whilst actively trying to recruit a new manager. They told us they had not had any suitable applicants and wanted to ensure they got the right person for the job. The provider had two directors who were responsible for two Bluebird Care services. They split their time between them.

People told us the management were approachable and were happy with the way the provider had dealt with things. Comments included "I'm very happy with everything I would definitely recommend them to anybody"; "Everything's as good as it can be" and "I can't think of anything they could improve".

The service sought regular feedback from people who used the service. People had been invited to an 'open office' on the second day of our inspection. This was held at a local public venue which was accessible for people. We spoke with one person who had attended. They told us there was open and honest discussion. The purpose of the event was to discuss how things were going, share stories and make suggestions for improvement. Surveys had been sent out in April 2016. We saw that 17 responses had been received and these were mostly positive.

Staff told us there was open culture. Staff said "I feel comfortable talking to all of them, we have a joke and they're always happy" and "If you've got anything on your mind, you could just walk in, the office is always open". Staff told us they were able to make suggestions for improvements. They were listened to and new ways of working were introduced. For example, staff told us they had suggested a new supervision form which contained more detailed information. This had been introduced. Staff said the management was approachable. Comments included "They're on the end of the phone"; "Things are a lot better now. If you ask anything you get an immediate answer" and "They help me out all the time". The provider had carried out a staff survey in Spring 2016. There were 11 responses. These were positive and all of the staff agreed there was open and honest culture.

Staff knew their roles and responsibilities. There were three full time office staff, the deputy manager, supervisor, and co-ordinator. The deputy manager was starting their level five diploma in leadership and management. Comments from staff included "We have a strong team with defined responsibilities"; "We have a great team, great people"; and "I feel really supported by the team, they ring to check I'm ok when on call".

Staff told us they felt valued. One staff member commented "This is a good company they look after you, if you do something well, they thank you". All of the staff who completed the survey confirmed they would recommend working for the agency. One staff member sent the provider an email. They said "I get regular positive feedback about my work, I would like to thank you for your praise and encouragement it is very much appreciated". The provider told us they took staff out for lunch every six months. The service gave 'Employee of the Month' awards to recognise quality work. People and staff could vote for staff members and they were rewarded with flowers or a voucher.

The service's vision was to deliver the best care possible. This was reflected in staff's work. All staff we spoke with told us they enjoyed their role. Staff commented "It all runs smoothly" and "It's about the 'Care'" whilst pointing to their uniform which says Bluebird Care.

The provider was keen to develop and improve the service. They told us they received regular updates from head office. They kept up-to-date with best practice by accessing information through Skills for Care and The United Kingdom Homecare Association.

Records were clear, well organised and up to date. The service had quality assurance systems in place to monitor the quality of the service. Bluebird Care sent a representative from their head office to carry out an annual audit. The last audit was in June 2015. The service was rated 'green' which means they met a high standard. Senior staff at the service checked records relating to visits and medicines. Unannounced spot checks were carried out to observe staff's work practice. The provider held weekly operational meetings with the deputy manager, supervisor and co-ordinator to discuss what had been happening and plan the week ahead. Staff received their rotas weekly and important reminders and updates were attached to them.