TAAE Management Ltd

Bluebird Care Sunderland

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 20 and 25 January 2017 and was announced. We gave the registered provider 48 hours' notice of the inspection because it is a community based service and we needed to be sure the office would be staffed and sufficient information would be provided to allow us to contact people in their homes.

This is the first time the service has been inspected since it was registered on 11 December 2014.

Bluebird Care (Sunderland) is registered to provide personal care to people in the community, living in their own homes. At the time of the inspection there were 36 people receiving a service.

At the time of our inspection the service did not have a registered manager. However, the person managing the service had applied for registration. 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.

People and their relatives told us they felt safe receiving support from care workers and were happy with the service.

Staff had a good understanding of safeguarding and had received up to date training. Staff were confident in their role to safeguard people and told us they felt confident to raise any concerns. All safeguarding concerns were reported to the local authority, were investigated and appropriate action was taken.

People had appropriate risk assessments in place which were clearly linked to associated care plans. The service also had general risk assessments in place covering environmental factors and work tasks.

Medicines were managed and administered in a safe way. Medicines Administration Records (MARs) were fully completed. Staff received regular competency checks as well as appropriate training to enable them to administer medicines safely.

People and relatives told us there were enough staff to meet their needs. People received support from a consistent cohort of carers where possible. The care co-ordinator explained how they tried to ensure people were supported by the same staff members. Staff were recruited in a safe way with appropriate checks carried out prior to them providing care and support to people.

Staff received regular training and all essential training was up to date. Staff told us and records confirmed they received regular supervisions. Staff also received annual appraisals which were recorded and included training and development opportunities.

People were supported by staff to meet their nutritional needs where appropriate. Specific care plans were in inform and guide staff about how to provide effective support to people. People told us staff members asked what they would like to eat and made whatever they wanted.

People and relatives spoke highly of care staff and felt they were friendly, kind and very nice. People felt comfortable and at ease receiving support from staff.

Care plans were personalised, detailed and updated regularly. People and their relatives felt involved in care planning and were confident communicating any changes they wanted to management.

People knew how to make a complaint and felt confident to do so. They informed us they had no issues or problems with the service. The manager investigated all complaints received and took appropriate action.

The manager operated an open door policy and staff were happy that they could approach management with any issues or concerns and felt supported in their roles because of this.

The service regularly received compliments in the form of thank you cards, emails and letters from people who received a service and relatives.
The registered provider had quality audits in place to monitor service provision and identify any potential improvements to develop the service further.

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 the service was safe.

Staff had received up to date safeguarding training and were confident in their roles to safeguard people.

Risks to people's safety were assessed and monitored.

Staff were recruited in a safe way.

Is the service effective?

Good

The service was effective.

People and relatives felt staff were well trained and competent in the roles.

Staff received regular supervisions, direct observations and annual appraisals. They also had up to date training.

People had access to a wide variety of healthcare professionals and were supported to access them in a timely way.

Is the service caring?

Good

The service was caring.

People and their relatives were happy with the service and described staff as caring and compassionate.

Staff treated people with respect and dignity while providing support.

The provider had information for advocacy services available should people require support.

Is the service responsive?

Good

The service was responsive.

People and their relatives told us the service was personalised and staff went the extra mile.

Care plans were individualised, including people's preferences and were reviewed regularly.

People and their relatives knew how to raise concerns. All complaints received were investigated and acted upon.

Is the service well-led?

Good

The service was well-led.

The service did not have a registered manager at the time of the inspection. However, the person managing the service was going through the registration process.

Staff told us the manager was approachable and operated an open door policy.

The provider carried out a number of audits to manage the quality of service provision.

Bluebird Care Sunderland

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 and 25 January 2017 and was announced. We gave the provider 48 hours' notice as they are a domiciliary care provider and we needed to make sure there would be staff in the office.

The inspection team consisted of one adult social care inspector and one 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.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was completed and returned within the required deadline.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also spoke with the local authority commissioners for the service, the local authority safeguarding team and Healthwatch. Healthwatch England is the national consumer champion in health and care.

We spoke with four people who used the service and two relatives. We also spoke with the managing director, manager, care co-ordinator and two care workers. We looked at the care records for three people who used the service, medicines records for six people and recruitment records for three staff. We also looked at records about the management of the service, including training records and quality audits.

Good

Is the service safe?

Our findings

People and relatives we spoke with told us they felt safe with the support provided by care staff. One person said, "Safe, absolutely." Another person said, "Safe yes, they're reasonable ladies," A relative told us, "(Staff receive a) safe level of a training. I trust them they are trustworthy."

Staff had a good understanding of safeguarding issues and were confident in identifying potential safeguarding concerns. Staff were also able to explain the reporting process to us. One staff member we spoke with said, "I'd say, 'although you don't want me to break confidence because of the nature of what you've told me I have to pass it on to my manager'. I would then pass it to my manager and it would go to safe guarding team." Another staff member told us, "If I think there is abuse I will tell my line manager. I will record it in my diary, facts and time and alert safeguarding if it's not followed up (by the manager)."

The registered provider maintained records of all safeguarding concerns. Records included details of all safeguarding concerns identified, alerts raised to the local safeguarding authority, investigations and the subsequent action taken. Safeguarding records reflected those notified to the Care Quality Commission (CQC). The provider took appropriate action in relation to safeguarding concerns to reduce the likelihood of a reoccurrence and safeguard people.

People had risk assessments in place where required. These were accessible to staff and regularly reviewed by the care co-ordinator or supervisors. All identified risks had appropriate care plans in place which detailed how people should be supported to manage those risks. For example, the use of specific equipment to assist people to mobilise.

In addition to risk assessments around people's individual needs there were also risk assessments around the internal and external environment of people's homes. The measures in place to minimise potential risks were recorded. For instance, smoke detector locations and when they were checked. Potential escape routes for people in the event of an emergency were also detailed. Records of dates when equipment was serviced and when the next checks were due were recorded and checked during the next six monthly reviews.

Medicines were administered safely and appropriately. All medicine administration records (MARs) were fully completed with any reasons for non-administration recorded. Weekly medicines audits were completed to monitor the quality of medicines administration and ensure this was managed safely. The manager informed us that any errors would be identified through the electronic care plan system 'PASS' or through weekly medicines audits and appropriate action would be taken. There were no errors in the MARs we viewed during the inspection. Staff competencies were regularly assessed by the registered manager, care co-ordinator or supervisors to ensure those administering medicines were skilled to do so safely.

The provider had recruitment and selection procedures to check new staff were suitable to care for vulnerable adults. We found the provider recruited staff in a safe way. Staff files contained applications, interview score sheets and references from previous employers. The provider also checked with the

disclosure and barring service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people.

People and relatives told us there were enough staff to meet their needs. One person said, "I'm very satisfied with the girls they arrive on time, I have two ladies pretty much every day; they come in the morning till lunch time." Another person told us, "(Staff are) always prompt, I have one regular and someone who comes on her day off." We viewed a selection of electronic rotas on the 'Staff Plan' system to check that enough staff were deployed to calls. Each rota contained a list of carers with times of calls and categories of support to be provided. We saw that people had a consistent cohort of carers where possible. The care co-ordinator told us that they tried to organise rotas so people were supported by the same team of care staff. This only changed if there was sickness or holidays or if people requested specific staff to provide support. One relative said, "We have the same carers all the time except for days off but they have the same ones then (providing cover)."

The registered provider kept a log and detailed records of all accidents and incidents. Records included details of those involved, what had happened and details of action taken following an incident or accident. Actions included informing a social worker, carrying out a care review and updating a moving and handling assessment.

Good

Is the service effective?

Our findings

People and relatives told us they felt staff were trained to provide care to meet their needs. One relative said, "The [family members] use a hoist. The OT (occupational therapist) came out at 7am to assess and then trained the staff. They've also had epilepsy training and autism training. I'm very impressed; I's and T's all dotted (and crossed)."

All staff received a structured induction at the beginning of their employment which then led to the care certificate. The care certificate is a set of standards that social care and health workers work to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. The registered provider told us and records confirmed that new staff received a five and a half day induction delivered both internally by management and external training providers. The induction included all mandatory training and shadowing experienced staff. Shadowing was observed by the supervisors who assessed the practical delivery and approach staff had towards people and the support they received. The manager explained new staff also had to complete shadow shifts as part of their induction. The number of shadow shifts depended on the staff member's competence and performance as well as their confidence.

Staff felt they were well supported and had access to adequate training to fulfil their roles. Staff told us they'd had training in areas such as MCA, safeguarding, medicines management, moving and handling, dementia, first aid and health and safety.

Records showed staff had received up to date training in all appropriate areas such as safeguarding, moving and handling, medicines, equality and diversity, infection control and the Mental Capacity Act 2005. The provider had a commitment to supporting staff in training and developing staff to improve service delivery as well as career development. The managing director told us they aimed for staff to develop through learning, shadowing and mentoring so they could embrace opportunities to further their career within the organisation when higher positions became available.

We viewed supervision records that confirmed staff received regular supervisions. Discussions covered a range of areas including how staff felt in their roles, positive or negative feedback from spot checks, reminders of new procedures and training.

The manager told us and records confirmed that they also completed informal telephone supervisions with staff around specific areas. Particularly for staff who were new and for staff who were unable to attend scheduled supervision meetings. As part of the supervision process direct observations were carried out on staff members to assess their performance around interaction with people. This meant the service had alternative methods to ensure staff felt supported in their roles and received the necessary supervision and guidance.

The provider had a policy and procedure in place for each staff member to receive an annual appraisal. Records viewed included discussions around what was working well, which areas could be developed,

additional support that would benefit performance, training and development requirements and any other comments staff had. Appraisals were completed annually and included training needs as well as training goals of staff. For example, to complete a National Vocational Qualification (NVQ) level three in health and social care. Records were up to date and signed by staff members and management.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

At the time of the inspection people had capacity to make decisions about their care. The manager explained that some people were supported by relatives to make decisions relating to their care. The provider had procedures in place should people lack capacity and the manager had knowledge and understanding of these.

Some people had been assessed as requiring support to meet their nutritional needs. Different levels of support were required from prompts and meal preparation to assisting people to eat the meals. Where necessary, people's care records contained nutritional care plans. These included information of how staff were to support the person and contained information around their individual preferences, likes and dislikes.

People had access to external health professionals and were supported by staff to make appointments as and when required. One person told us, "If I'm not feeling well they get the doctor for me." Records confirmed people had regular input into their care from a range of health professionals including GPs, consultant paediatricians, specialist nurses, occupational therapists, physiotherapists, speech and language therapists and pharmacists.

Good

Is the service caring?

Our findings

We spoke with people about whether they thought the service was caring. They told us they were happy with the care they received at the service. One person told us staff were "completely caring and compassionate". A relative said, "My [family member] laughs when they (staff) are here. [Family member] would scream the place down if they weren't happy. (Staff) tell [family member] jokes and rhymes."

People and relatives we spoke with felt listened to and that staff treated them with respect and dignity while supporting them with personal care. One person we spoke with said, "I have one hour personal care (each day). They always ask me if I want them in the room with me or not, I usually ask them to stay outside but keep checking I'm ok." A relative told us, "They (staff) use warm towels to keep [family member] covered when they are giving [family member] personal care."

Staff supported people to meet their individual needs and preferences. People and relatives told us staff did everything they were supposed to and sometimes more. For example, if someone was feeling unwell staff would contact GPs to make appointments.

People's needs had been assessed and appropriate plans of care had been implemented to guide staff how to support people's wellbeing. We viewed people's electronic care records and noted staff recorded daily notes. Records included details of support provided as well as people's mood and conversations staff had with people. For example, if they had any issues or concerns. One relative we spoke with told us, "They write everything down they do. I'm quite happy with it quite confident I just have personal care."

During the inspection the managing director, manager and some staff members were arranging to visit a person who received care and support in the their home. It was a special birthday for the person and staff had arranged to visit with a card, present and birthday cake. The manager informed us that they had checked with the person's relative and gained permission prior to making arrangements as it was taking place on a day the person didn't receive care. This demonstrated staff going above and beyond what was required of them as well as their caring approach to people.

People were supported to be as independent as possible and their capabilities were included in care plans. For example, one person's moving and handling care plan detailed equipment to be used and staff to support person to transfer but care also stated, 'I am however, able to lean to one side to assist you with my positioning.' People accessed the local community with staff support, this included going shopping and attending health appointments as well as activities to meet their social needs. Staff had instant access to information in people's care records about their needs and preferences, including their likes and dislikes. For example, one person's personal care plan stated, 'I would like you to brush and style my hair for me, my preferred hairstyle is a ponytail.'

At the time of the inspection no one was receiving support from an advocate. The manager said, "No one requires support at the moment but we have referred people to advocacy services previously." The manager went on to tell us people had capacity or had relatives to support them to make decisions about their day to

day care. The registered provider worked in partnership with other organisations such as Age UK. They informed us they would support people to access appropriate advocacy services if needed. The registered provider had information available for different advocacy services and the manager told us they would also contact the local authority, specifically if someone lacked capacity to make decisions and required support from an independent mental capacity advocate (IMCA).

Good

Is the service responsive?

Our findings

People and relatives told us the support provided met people's needs. One person said, "Every morning (they support me with) personal care. It gives my wife peace of mind. I do my own medicines, they supervise it." Another person told us, "They send someone to wash my legs and put my bandages on and my tights. They are thick so it's difficult for me." A third person said, "They do everything that's required". One relative said we spoke with said, "They go the extra mile, even the staff in the office. I have a good relationship with the manager too. I can talk on the phone about anything that worries me. The manager worries about the clients, you're not just a name or number; really person centred."

People had a range of care plans in place to meet their needs including personal care, nutrition and hydration, medicines and mobility. The registered provider used an electronic system called 'PASS' for care plans and risk assessments. All staff were provided with a mobile phone device and application to ensure they could instantly access people's care plans and other records prior to entering a person's home. The care co-ordinator gave us a demonstration of the system on their phone to show how people's care plans looked on the phones and how staff updated them with information about the support provided.

The care co-ordinator demonstrated how they used the electronic care plan system and the variety of functions available. For example, how they accessed daily logs staff recorded following care provision. They could also instantly view when all support had not been provided and reasons why. The care co-ordinator went on to explain how staff used the application on their phones to electronically sign in and out of people's homes. The registered provider was in the process of introducing magnetic strips in people's care plans for staff to scan their phones across to log in. Electronic signing in system automatically updated the 'PASS' system with the date and time of the staff member's arrival to the person's home. Staff then used the application on their phones to check people's care plans and record all engagement and interaction, including medicines administered, personal care provided and daily people's general mood.

Care plans contained adequate detail and guidance to inform staff about how to provide the support people needed. For example, one person's nutritional care plan stated, 'Breakfast is usually shreddies. I like a cup of tea with milk. Sometimes I like peppermind tea with milk.'.'

Care plans were reviewed on a regular basis, as well as when people's needs changed. All care plans we reviewed were up to date and reflected the needs of each individual person. People and relatives told us they felt in involved in the planning of their care. One relative we spoke with said, "We've been involved in all the planning. The care plans were reviewed just before Christmas." They went on to tell us they had a care file at home and the provider sent copies of everything for them to sign. A member of staff said, "I talk people through things step by step. Care planning everyone's involved and we adapt to people's needs in the situation. For example if they want to go out to see a friend we make sure they are ready to go and take them there."

Staff could also access their individual working rotas through the application on their phones which meant any changes or updates to rotas were immediately available to staff. Any aspects of people's care not

provided was flagged up on the system, staff then had to record the reason why support wasn't provided. For example, the person refused, was not home when they called or they had already completed a specific activity before the carer arrived such as had their lunch. This meant the provider could monitor what support people received and if there was any patterns or trends. For example, people not being in at particular times or them having the ability to care for themselves with specific tasks. This information was used to inform reviews of people's care packages.

We asked people if they had any complaints about the service and if they knew how to complain. One person said, "I have no concerns. I couldn't wish for anyone nicer." Another person told us, "No complaints at all. I'm happy with the carers." A relative told us, "I would raise any concerns with staff or the manager. I'm very happy with [family member's] care." The provider maintained a record of all complaints received and the subsequent action taken. Records showed the provider or manager had investigated previous complaints received, recorded all action taken and fed back outcomes to complainants. Actions taken included changes in rotas and staff discussions.

Good

Is the service well-led?

Our findings

The service did not have a registered manager at the time of our inspection. The person managing the service had recently been appointed and had begun the application process to become registered with the Care Quality Commission. The registered provider had submitted statutory notifications as required.

The manager told us they operated an open door policy at the service to enable. They said this encouraged staff to approach either themselves, the care co-ordinator or the supervisors with any requests, concerns or issues and requests for any guidance. They also had a senior carer who was also a carer representative in place as a 'go to' person for staff if they wanted any information, advice or guidance as well as to raise any issues or concerns. The carer representative was in contact with staff on a weekly basis and carried out spot checks and audits. During the inspection we observed staff members visiting the office to speak with management. This meant staff had access to senior staff as and when required and felt comfortable approaching them in the office.

Staff told us they could approach management whenever they needed to. One staff member said, "I definitely enjoy working for them. They will go that extra mile if needs be. A friendly, relaxed, approachable atmosphere and never feel awkward walking through into the office. The manager is always asking for new ideas and different ways of working. The thing that stands out is the quality of care and standards." Another staff member told us, "It's a fantastic calming atmosphere; very supportive of each other. The manager is very supportive if you ask for training she never refuses, we will work together to find training."

We received similar feedback from people and relatives. One person said, "I'm quite satisfied, I can talk to the manager and I'm eighty something". Another person told us, "They (the provider and service) were very well talked about. I'm very satisfied". One relative said, "We've got a good relationship with the manager and the office staff they go the extra mile for us. Communication is good. They are a good company I don't know what more they can do".

The service had out of hours arrangements in place to ensure staff members were able to contact a member of the management team if needed. The manager informed us that out of hours arrangements were organised on a weekly rolling rota between themselves, the care coordinator and the two supervisors. The allocated senior person covering had the company mobile phone which all office phones were diverted to.

The manager told us they planned to reinstate quarterly staff meetings to give staff the opportunity to share their views and to also keep them updated on any developments or changes with the service. We noted the last staff meeting had taken place in June 2016. The manager explained that staff visited the office every other week when they took the time to chat with them and provide any updates.

Newsletters were created regularly and circulated to all staff to keep them informed of things happening in the service. The manager told us, "We try to send newsletters out on a monthly basis but as a minimum send them out quarterly. Newsletters contained information such as on call arrangements, medicine compliance and policy updates.

The registered provider completed a number of audits in the service which varied in frequency. Audits included medicines, staff continuity, care plans, complaints, accidents and incidents and safeguarding concerns which were effective in identifying issues and required improvements. For example, medicine audits completed identified issues with missed medicines. Appropriate action was taken and training was scheduled with a local pharmacy. These were effective in identifying issues and required improvements which were then acted upon.

Supervisors carried out random spot checks on staff in people's homes. Checks included whether staff wore the appropriate clothing and identity badges, timekeeping, customer approach, food safety and if they followed infection control protocols. From the spot checks we viewed, there were no actions required. The manager assured us that any actions identified would be discussed and followed up with the member of staff during a supervision session following the spot check.

The senior management held daily catch up meetings to discuss the service and any areas of potential risk or improvement. Discussions included an on call update, accidents or incidents, missed calls and actions, medicines errors, safeguarding and complaints. Minutes of meetings showed discussions and any agreed actions.

The service had received a number of compliments and thank you cards from people receiving a service or relatives of people who had previously received a service. One letter from a relative stated, 'I'm just writing to say thank you on behalf of my [family member] for the care they received recently. We appreciate the flexibility shown so that when we've needed you you've arranged at short notice. All the girls seemed very friendly and [family member] felt at ease with them. We would have no hesitation in using Bluebird Care again and if [family member's] circumstances do change, we will contact you.'

A letter from another relative stated, 'Very happy with the care our [family member] received from Bluebird Care. The carers were all very helpful and caring and if they thought there was a problem that was not within their care they made sure someone was aware so that further action could be taken.'

A note from a person who received support stated, 'I cannot praise the girl who is coming to me, highly enough. She is quick, efficient and thorough. She is pleasant and thorough. If I go where she is working she never stops and chats as she goes. She does a tremendous job, thank you.'