

Mutual Benefit Care Limited

Mutual Benefit Care Limited t/a Bluebird Care - Suite 4, Westgate House

Inspection report

The Island
Gloucester
Gloucestershire
GL1 2RU

Tel: 01452414952
Website: www.bluebirdcare.co.uk

Date of inspection visit:
15 February 2017
16 February 2017
17 February 2017

Date of publication:
03 March 2017

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

Mutual Benefit Care Limited t/a Bluebird Care is based in Gloucester and provides personal care to over 83 people living in their own homes in North Gloucestershire. It is a franchisee of a national franchise Bluebird Care Limited which monitors service delivery and offers support and advice.

At the last inspection on 2 December 2014, the service was rated Good. At this inspection we found the service remained Good.

People received individualised care which reflected their personal preferences, wishes and routines. They were mostly supported by staff who knew them well. They liked to have the consistency of staff who were known to them but accepted at times new staff needed to attend to their needs. Wherever possible new staff shadowed existing staff so they could establish a relationship with people. People were treated with dignity, respect and kindness. They said staff were "excellent", "competent and caring", "they are really nice ladies, lovely" and "on the whole they are very good". People's care records were kept up to date with their changing needs and by closely working with health care professionals the risks to people's health and well-being were reduced. People were supported to eat and drink. They were encouraged to make choices about their care and support and to be as independent as possible.

People were supported by staff who had access to training and support to acquire and maintain the skills and knowledge they needed to meet their needs. They were supported to develop in their roles through individual meetings and annual appraisals. The skills of staff were recognised through a monthly carer of the month award and by nurturing their skills to develop further. Changes had been introduced to improve the effectiveness of their work, working in teams and improving the office systems for allocation of staff to people using the service. Further improvements were planned to reduce gaps in rosters and to pay staff for travel time.

People's views were sought as part of the quality assurance process to drive through improvements to the service. Feedback about poor communication between people and the office had resulted in changes to the way in which office staff worked. A range of quality assurance systems monitored the standards of care provided. The Bluebird franchisor also monitored the quality of the service delivered to ensure they maintained the quality of home care and support they expected of their franchisees. The registered manager and senior staff kept up to date with national and local changes in legislation and guidance.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Mutual Benefit Care Limited t/a Bluebird Care - Suite 4, Westgate House

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 15, 16 and 17 February 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that the manager would be there.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We also had feedback from the local authority commissioners of the service, social and health care professionals and the local Healthwatch.

We visited three people who used the service and spoke with them and their care staff. We had feedback from 22 people using the service, six relatives and nine staff in response to questionnaires we sent out. We spoke with four people over the telephone and one relative. We also spoke with the nominated individual, registered manager, quality assurance co-ordinator and five care workers. We looked at a range of records which included the care records for six people which included their medicines records, recruitment records for four care workers and training and supervision records for six staff. We looked at a selection of records in relation to the management of the service.

Is the service safe?

Our findings

People's rights were upheld and they said they felt safe in their homes. People told us, "I feel safe, I always know who is coming" and "I trust them to keep me safe." Staff had a good understanding of how to keep people safe and their responsibilities to record any concerns or issues and to raise them immediately with the office. They also ensured people's property was locked securely using key safes and they made sure people had access to the appropriate equipment to keep them safe. People had been provided with information about how to raise concerns and staff had access to safeguarding information via their mobile telephones. Staff were confident they could raise any concerns under the whistle blowing procedure and the managers would take the necessary action.

Whistle blowing legally protects staff who report any issues of wrongdoing. The registered manager had responded appropriately to a safeguarding issue and had informed the relevant authorities.

People were protected against the risk of harm or injury. Where there were risks or hazards associated with their care and support such as the risk of falling, poor skin condition or becoming dehydrated the relevant risk assessments were in place. Staff described how they made sure they checked people's skin and applied creams when needed. Body maps were used to record any changes in people's skin condition or unexplained bruising. Staff confirmed they always informed the office so they could follow this up. A person described how they had an unexpected fall and staff took the necessary steps to ensure alternative equipment had been provided to keep them safe.

People benefited from staff who had been through a comprehensive recruitment process. A checklist evidenced when information had been received such as references confirming the reason for leaving and a satisfactory Disclosure and Barring Service (DBS) check. A DBS check is carried out before potential staff are employed to confirm whether applicants had a criminal record and were barred from working with vulnerable people. Any gaps in employment history had been followed up with applicants but these had not always been recorded. The registered manager said they would ensure this was done.

People were mostly supported by the same staff with 90% of people replying to our questionnaires stating they had care from staff they knew. One person said recently they had different care staff and they had not always been told who would be coming. People were given a roster each week naming their care staff and most people said they were told if this changed at last minute. The registered manager recognised recent changes in office staff had impacted on the efficient allocation of care staff to people and they had plans in place to resolve this. They also said recruitment was on going and when needed senior care staff and managers provided care to ensure people's needs were met. People commented, "They let me know who is coming, you just get used to them and then they leave", "I usually have the same person, she knows how I like it" and "I have a regular carer the majority of the time, they always let me know who is coming."

People's medicines were safely managed and administered. People had consented to have their medicines administered by staff who had access to electronic medicines administration charts (MAR) which they completed on their mobile telephone as they gave people their medicines. If they did not complete this MAR an alert was raised to prompt them to enter the correct information or a reason for not giving medicines

such as they were refused or not available. The registered manager was also able to monitor this information in the office, which reduced the risk of error.

Is the service effective?

Our findings

People were supported by staff who had access to a range of training to equip them with the skills and knowledge they needed to meet people's needs. One person told us, "On the whole they are very good" and 86% of people who responded to our questionnaires confirmed staff had the skills and knowledge they needed. Staff said they had completed training on line, face to face with trainers and external training. They kept up to date with training considered mandatory by the provider such as first aid, food hygiene and moving and handling. They also completed training specific to people's needs such as end of life care and dementia awareness. New staff completed the care certificate (a set of national standards that health and social care workers adhere to in their daily working life) as part of their induction progressing on to the Diploma in Health and Social Care at levels two and three. Staff were being supported through individual meetings and annual appraisals to reflect on their practice and to assess their training needs. The registered manager said two staff were training as dementia link workers and another was training as a dementia lead.

People's capacity to consent had been assessed in line with the Mental Capacity Act. 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. The provider information return stated, "We gather information about power of attorney and record who we are able to share decisions with. We also have documentation available to record best interest decisions if required." People were observed being encouraged to make choices and decisions about their care and support. One person told us, "They always ask my preferences." Some people had appointed a lasting power of attorney. A lasting power of attorney had the authority to make decisions on behalf to a person, unable to make decisions for themselves, in their best interests. There was evidence they were included in the decision making process when needed.

People were supported to stay healthy and well. Their nutritional needs were highlighted in their care records which reflected not only the risks to them such as malnutrition or dehydration but also their personal preferences for the food and drink they liked to eat. For example, one person liked to have a milky coffee, glass of prune juice and a biscuit left beside them and another person liked a glass of water and a bowl of chocolates and biscuits. During a visit, we saw these were in place. Another person's care plan prompted care staff to ask if they wished to have sandwiches left. The person told us staff always did this. As staff provided food and drink to people they confirmed this on the electronic care plan on their mobile telephone.

Any changes to people's physical or mental health were reported to family and the office. The registered manager described close working relationships with people's GPs, community nurses, speech and language therapists and occupational therapists. Staff could immediately access any changes or advice from health and social care professionals through the electronic care plan on their mobile telephone. For example, the prescribing of 'as necessary' medicines for urinary tract infections.

Is the service caring?

Our findings

People had developed positive relationships with their care staff and said they appreciated having the same staff. They told us staff were "excellent", "competent and caring", "they are really nice ladies, lovely" and "on the whole they are very good". All people and relatives in response to our questionnaires said they were happy with the care they were receiving and care staff were kind and caring. Half of the people questioned did not meet new staff before they worked with them. One person raised concerns about getting to know new staff and had several changes recently. The registered manager was aware of this and had appointed two new care staff to specifically work with them who were due to shadow existing staff so they could get to know the person. People said if they had any particular concerns with care staff they were confident the office would provide an alternative member of staff. People were observed amiably chatting with staff, sharing lighter moments and enjoying each other's company. A person commented it was the odd things they appreciated and that staff often helped them to "plait my hair" if they had time. A member of staff said they were going to leave the service to return home but when they heard the person they had looked after was ill they stayed to take care of them.

People confirmed they were involved in reviews of their care, making decisions and choices about the way in which their care and support were delivered. People said "they stick to the same time and visit for the right length" and "I know the timings of visits, they stay for the right length of time and if they are running late they will let me know". Two people said they had not always been told when last minute changes had been made and their service had been inconsistent. The registered manager said this had been due to shortage of staff in the office organising the rosters and they had taken steps to improve this. People were given information about the service they received and any personal information was kept securely. Records available on mobile telephones were password protected and when care staff stopped working for the service they were unable to access this information. Newsletters were sent out to people keeping them up to date with changes in the service but also giving them advice about topics of interest such as "fire safety" and "staying warm in winter".

People were supported to maintain their independence. Their care records clearly stated what they were able to do for themselves and what they needed help with. For example, needing help with positioning but able to dress themselves. Staff understood people well and their preferences and wishes were clearly highlighted in their care records. People's cultural and spiritual needs were respected and their preferences for gender of staff were noted. One person struggled to understand people whose first language was not English and staff said this would be highlighted in their care records. The needs of people living with dementia had been considered and volunteers had knitted "twiddle muffs" to give to people providing stimulation for busy hands.

People said they were treated with "dignity, respect and privacy" and "the carers are very kind". In response to our questionnaires everyone said they were treated with dignity and respect. The provider information return stated, "During spot checks and supervisions the supervisors are watching for how staff interact with customers, are the curtains closed, is there privacy?" Staff were observed being respectful to people and treating them with sensitivity and kindness. People commented, "[Name] has lots of respect for my

husband. He has shown enormous patience in the last few weeks" and "Carers are respectful."

Is the service responsive?

Our findings

People's care was personalised and their care records reflected their individual wishes, likes, dislikes and routines as well as providing a summary of their past history and backgrounds. Improvements had been made to the detail of people's care plans so they included more information about their individual preferences. For example, what products they liked to use for personal care, what food and drink they preferred and what tasks they could do for themselves. A person commented, "They are all really helpful and ready to help with anything." Care records clearly detailed the tasks to be carried out which staff confirmed they had completed on the records stored on their mobile telephones. One person confirmed, "Staff check on the phone to make sure they have done everything."

People's changing needs were responded to effectively. Staff confirmed they contacted family and the office who would liaise with health care professionals if needed. Office staff were observed offering to contact a person's GP when staff raised concerns about a person's health and well-being. The relative was really appreciative. People told us, "They update changes quickly" and "They review my care annually to see if any changes are needed." The needs of two people we visited had recently changed and staff confirmed the care plans in their homes would be updated with this information. Staff said they found the electronic care plans really accessible and usable, giving them instant updates to people's care needs and any other information they might require. The registered manager was also able to see in real time whether people were receiving the care and support they needed.

People had information about how to make a complaint. In response to our questionnaires 77% of people said they knew how to make a complaint and 82% said complaints were responded to well. Everyone we spoke with said they would contact the office if they had any concerns. People told us, "I would tell them if there is anything wrong at the time. There are no problems" and "I have no complaints, if I did I would tell the carer." Some people commented about poor communication with the office when sending emails. The registered manager said they had advised people to use the provider email address rather than individual email addresses due to staff turnover. The provider had received seven complaints and 27 compliments over the past 12 months. Complaints had been investigated and action taken when needed to address any issues raised. For example, a medicines error had led to further training for a member of staff, spot checks had been carried out to observe the competency of staff and a new system had been introduced to co-ordinate the scheduling of staff.

Is the service well-led?

Our findings

People's views and feedback were used to help drive through improvements to the service. People had been asked to complete a survey in January 2017 and any issues raised were immediately responded to by the quality assurance co-ordinator. They said they would follow these up again in July 2017 to make sure any improvements had been sustained. For example, people expressed concerns about the responsiveness of the office to their telephone calls, emails or complaints. A new system had been put in place whereby senior staff were responsible for co-ordinating the rosters and care as well as responding to people's calls into the office. People's feedback was also sought during spot checks of staff and at their annual reviews of their care. Staff surveys had been carried out resulting in a review of how staff were allocated to reduce gaps between visits and to pay them for travelling time. Comments from people using the service included, "The existing service is satisfactory" and "Very pleased with my help." One person told us, "This is a really good company, A+ for effort and attainment!"

There was a registered manager in post. 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 described the challenges of keeping and maintaining a staff team and how they had reviewed the way in which they supported and appreciated staff to encourage them to remain with the agency. Each month people using the service were asked to nominate a carer of the month who was given a choice of gift. The restructuring of staff teams and terms of employment were a response to staff feedback. The provider actively encouraged staff to take on new roles, such as the dementia lead or more senior tasks alongside developing their knowledge through training and learning opportunities.

People benefited from a range of quality assurance systems which monitored the standard of the service they received. These included care plan auditing, medicines audits and staff training needs. Action plans had been produced evidencing who was responsible for making any improvements and when these would be completed. In addition the service was audited by the franchisor Bluebird to make sure they continued to deliver the "highest quality homecare and support services" the Bluebird Franchise aspired to provide. An action plan highlighted areas for improvement such as personalising care plans and producing a business continuity plan, which had been addressed.

The provider ensured they kept up to date with best practice through links with local networks and services, care providers and commissioners. They also closely monitored national guidance available from CQC, NICE and support from the Bluebird franchise. Future developments included the trial of a digital application for the mobile telephone for staff to access policies and procedures. The nominated individual for the service had been part of a working party to establish this nationally. The values of the provider, "to be an old fashioned service, where the customer's needs come first" were endorsed by people using the service and staff. They told us, "It's the best employer for me" and "I trust them completely with my care."