

Audagio Services Ltd

# Bluebird Care (New Forest)

## 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 

### Overall summary

Bluebird Care (New Forest) is a domiciliary care service providing a range of services including personal care for people in their own homes. There were 58 people using the service at the time of the inspection. The service provided support to older people some of who were living with dementia. The also supported people living with physical disabilities.

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.

People told us they felt safe and were confident in the staff that supported them. People were safe because staff understood their role and responsibilities to keep them

# Summary of findings

safe from harm. Staff had a good knowledge of the provider's whistleblowing policy and procedures which meant they were able to raise concerns to protect people from unsafe care.

Risks to people had been assessed and reviewed regularly to ensure people's individual needs were being met safely.

Recruitment processes were robust to make sure people were cared for by suitable staff. There were sufficient numbers of staff deployed to meet people's needs and to keep them safe from harm.

People were supported by staff who received regular training and support to help them provide effective care.

Staff understood the requirements of the Mental Capacity Act 2005 and their responsibilities to ensure that people who were unable to make their own decisions about their care and support were protected.

People were supported by staff that promoted their independence, respected their dignity and maintained their privacy.

There was an effective complaints system in place. People told us they were confident to raise any issues about their care and that they would be listened to and addressed.

People told us the service was well-led and managed by an effective and organised management team. People had confidence in the provider and staff were clear about their roles and responsibilities.

The culture in the service was open, inclusive and transparent. Staff were supported, felt valued and were listened to by the management team. Staff were confident to raise any concerns they had and bring forward ideas that could make improvements to the service.

Systems were in place to monitor and improve the quality of the service provided.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. People were protected from avoidable harm or abuse by staff who knew and understood the principles of safeguarding and how to report abuse.

Risks to people had been assessed to ensure people's individual needs were being met safely.

People received the appropriate support with their medicines as required.

Good



### Is the service effective?

The service was effective. Staff had received training to deliver care safely and to an appropriate standard.

Staff understood the requirements of the Mental Capacity Act 2005 and their responsibilities to ensure that people who were unable to make their own decisions about their care and support were protected.

People were supported with their dietary needs by staff and given choices regarding what they wanted to eat.

Good



### Is the service caring?

The service was caring. People were supported by staff who promoted their independence, respected their dignity and maintained their privacy.

People were cared for by staff who had developed positive, caring relationships with them.

People spoke highly about the quality of the service they received and told us staff were caring and understanding of their individual needs.

Good



### Is the service responsive?

The service was responsive. People received care that was based on an assessment of their needs and preferences.

People were fully involved in all aspects of their care and support and told us that staff were responsive to their needs.

There was an effective complaints system in place. People told us they were confident to raise any issues about their care and that they would be listened to and addressed.

Good



### Is the service well-led?

The service was well led. People had confidence in the provider and staff were clear about their roles and responsibilities.

The culture in the service was open, inclusive and transparent. Staff were supported, felt valued and were listened to by the management team.

There were effective systems in place to monitor and improve the quality of the service provided.

Good



# Bluebird Care (New Forest)

## 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 took place on 11 and 12 January 2016 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides care to people living in their own homes and we wanted to make sure staff would be available to speak with us.

The inspection team consisted of one inspector.

Before the inspection the provider completed 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. We also checked other information that we held about the service and the service provider, including notifications we received from the service. A notification is information about important events which the provider is required to tell us about by law.

We used a variety of methods to inspect the service. We looked at records in relation to eight people's care. We telephoned and spoke with three people using the service and four relatives. We spoke with the registered manager, operations manager, and six members of care staff. We also visited and spoke with five people in their own homes to obtain feedback on the delivery of their care and to view care records held at people's homes.

# Is the service safe?

## Our findings

People and relatives told us they felt safe. One person told us, “I feel very safe with my carers”. Another person said, “My carers are really good with me. I feel very safe”. A relative commented, “My family member feels very safe with her carers. She has never had any problem with them.” Another relative told us, “I have the greatest confidence in Mum’s carers”. People said their care workers identified themselves on arrival and this made them feel safe. One person said, “They always call out when they come in. I feel very safe with them”.

The service had taken appropriate steps to protect people from the risk of abuse. Staff were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. Staff told us there were safeguarding policies and procedures in place, which provided them with guidance on the actions to take if they identified any abuse. They told us the process that they would follow for reporting any concerns and the outside agencies they could contact if they needed to.

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff’s care practice. Staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as the Care Quality Commission (CQC), if they felt their concerns had been ignored. Comments from staff included “I would report any issue that I was concerned about, no matter how small.” And “I know how to report safeguarding and am confident to do so”.

People’s medicines care plans explained who administered their own medicines independently and who needed prompting by care workers. When medicines were prompted staff completed MARs (medicines administration records) to show people had taken them. We also found that people who required support with medicines had a

signed agreement on file giving consent to the level of support they needed. This helped to ensure people were involved in decisions about how their medicines were managed.

The provider had robust recruitment systems in place to assess the suitability and character of staff before they commenced employment. Documentation included previous employment references and pre-employment checks. Staff also had to complete health questionnaires so that the provider could assess their fitness to work. Records also showed staff were required to undergo a Disclosure and Barring Service (DBS) check. DBS checks enable employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work with adults who may be at risk.

People received care and support from familiar and consistent staff. Staff told us they knew the people they supported and were allocated to work with them on a regular basis so that they were able to provide a consistent service. This was confirmed by the people we spoke with. One person said “There is no chopping and changing of my carers, I have regular carers and they know me well. They take their time with me.”

The registered manager told us they did not accept any new care packages if they felt there were not enough staff with the right skills to deliver the package effectively. This helped to ensure that there were always sufficient staff to meet people’s needs safely.

Risk assessments in relation to people’s personal safety and home environment had been carried out before the service commenced and reviewed regularly. For example, safety and security of the premises. Carpets and flooring were well maintained and any risk of trip hazards minimised. One person told us, “They made sure that there was no clutter so that the staff could carry out my care safely”. One person said, “They are very careful in making sure we are all safe. They checked my home thoroughly before they started coming in to see me. They check it every time before they leave also”.

# Is the service effective?

## Our findings

People told us staff who provided care and support to them were well trained and knew what they were doing. They told us staff stayed for the agreed length of time, did not feel rushed and were happy to recommend the service to other people. Comments we received included, “My carer is wonderful, I showed her just once how I liked things done and I have never had to tell her again” and “The staff are well trained and make me feel reassured”.

All new staff were given an introduction to Bluebird Care and its values during their induction. The registered manager told us new staff were not allowed to work with people unsupervised until they had shadowed more experienced staff to build up their knowledge and understanding of how to provide people’s specific care and support needs. Training information provided showed that all the staff were up to date with all areas of training and where additional training to meet the specific need of people was required this provider arranged this. For example, dementia care and where appropriate PEG (Percutaneous endoscopic gastrostomy) feeding. PEG is a procedure in which a tube (PEGtube) is passed into a patient’s stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate.

Staff told us the training was of a good quality, appropriate and prepared them for their roles and responsibilities. One member of staff told us “The training is really very good, they want us to make sure people get good care. It’s about our reputation as well”. Another said “They are always encouraging us to do training”. Staff told us they had received a thorough structured induction when they started to work at the service. Four new members of staff had completed the Care Certificate (these are a set of introductory standards that health and social care workers adhere to in their daily working life to provide compassionate, safe and high quality care and support).

People were supported by staff that received effective support and supervision. Staff we spoke with confirmed they had regular one to one meetings with a care supervisor, monthly team meetings and an annual appraisal. The care supervisor carried out direct observations of care practice so that they could check on the quality of the staff working practices. Staff confirmed these checks were carried out and mostly without any prior

notice. Records were maintained and where improvements were identified these were addressed with the individual staff. One staff member said “You can pop into the office anytime and speak with the manager, provider or care supervisor. You always have their support”.

People told us that staff always sought their consent before they carried out any care or support. Staff had completed training in relation to the Mental Capacity Act 2005 (MCA) and understood how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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 registered manager told us she would work with family members and other healthcare professionals if they had any concerns about a person’s ability to make a decision to ensure that care and support was provided in their best interest.

Where required people told us they were supported with their nutritional requirements. For example, care plans recorded whether the person required support with shopping and meal preparation. One person who had their meals prepared by staff told us they were always asked what they wanted to eat and staff knew their dietary requirements. We saw people’s likes, dislikes and preferences with regard to food and drink had been recorded in their care plan.

People and relatives told us staff were aware of people’s health care needs and knew when to consult with families and seek medical attention if there was a problem. One person told us, “They will call the GP or the district nurse for me when I need their help. On one occasion she (care worker) called an ambulance for me and waited with me until it arrived”. A relative commented, “If Mum has any health problems the carers always ring me on my mobile to let me know”.

Staff gave us examples of how they responded if people appeared unwell. For example, one person had appeared

## Is the service effective?

listless and did not want their usual shower. This alerted their care worker that something might be wrong so they called the person's GP and asked for a home visit which was provided.

# Is the service caring?

## Our findings

People spoke highly about the quality of the service they received and told us all staff were caring and understanding of their individual needs. One person said, "They are excellent, I'm very happy. They are punctual and very professional". Another person said, "They genuinely care about what they are doing, they have a very good attitude and are wonderful".

People told us there was always sufficient time made available for the staff to be able to carry out care and support in an unrushed manner. They said they had regular staff and this ensured they received continuity of care. People told us they had been able to specify whether they preferred a male or female member of staff supporting them and we saw evidence of this in the care records.

Before people started to receive care they were introduced to the staff who would be providing their care and support. People told us they were told in advance if there was a change to their regular care worker, they told us this was a rare occurrence and they had never had anyone they were not expecting turn up to provide care. One person said "I have just met my new care worker, she came round with the manager and now I know who to expect".

Staff spoke about the importance of developing a good relationship with the people they supported. They spoke about people respectfully and described the importance of valuing people, respecting their rights to make decisions about the care they received and respecting people's diverse needs. One member of staff told us, "You might be the only person they see throughout the day. So it's important for people to feel valued and respected". Another member of staff said, "I would treat people the way I would want to be treated and any of my own family they really know what caring is here".

People said staff respected their privacy and dignity. One person said, "My carer always puts me at ease; she ensures that my dignity is maintained. I'm never rushed". Another person said, "I like to dry myself after my shower and the staff support me and respect this". Staff described how they maintained people's privacy and dignity. For example, staff ensured bedroom curtains were closed when people were being supported with their washing and dressing. Training records showed that all staff had undertaken training in dignity and respect.

People told us they had been asked about how they wanted their care to be provided. They told us the information they had provided was in their care plan. Care records we viewed contained information on people's preferences, hobbies, religious and cultural needs.

We were given many examples of care workers caring approach to the people they supported. For example, one person was not at home for their evening care visit. Staff reported this to the registered manager who informed the relevant authorities. The registered manager and staff searched for the person in the local community. This included a search of a local park using torches as it was unlit. They also contacted local hospitals to try and locate the person. The person eventually turned up safely and the staff went to their home to provide support and reassurance after this incident.

Staff told us they read people's care plans and risk assessments before they provided care. They told us the information in the care plans helped them to understand the way people wished to be cared for. One member of staff said, "All the information is in the care plan including the risk assessments".



# Is the service responsive?

## Our findings

Prior to using the service, people's needs were assessed by one of the management team to ensure the service was suitable and could meet their needs and expectations. People told us they received the care they wanted. One person said "They came to see me, we went through what I could do and what I could not do and where I needed the help".

Care records contained detailed needs assessments and care plans had been developed from these that met people's needs and wishes. These provided a good picture of each person, their needs and how these were to be met. Regular reviews were carried out or whenever a person's condition changed. This helped to ensure that care plans remained relevant and provided staff with guidance and instructions about how people wanted to be supported. People consistently told us they were asked whether their support met their needs and whether any changes were required. For example, one person told us they no longer required support with preparing their lunch as they liked to sometimes go out at that time. Other comments we received included, "They telephoned me a few days after I started the care package, to find out how things were going and whether I was happy" and "I have regular visits from the 'head carer'. They want to know if I have any concerns and whether I am happy with the service". Another person told us, "The supervisor comes to see me regularly to ask me about the care".

Care supervisors carry out unannounced spot checks and telephone interviews to assure themselves that people received the care and support that had been planned and that they were satisfied with the quality of the service provided. Records of spot checks and telephone feedback were maintained so that any issues identified could be addressed. This was confirmed by a person who told us, "They carry out spot checks. The girls don't know when they are coming".

People told us they knew what to do if they were unhappy with the service they received. They told us they had been provided with information on how to raise any concerns they had when they started using the service. One person said, "I have no complaints. If I did have a complaint I would speak with the manager. The information is in the folder I was given before they started providing care". The service had received two complaints in the last twelve months and these had been appropriately acknowledged, investigated and the outcome communicated to the complainant.

People told us they were asked for their views and felt involved. Annual surveys were used to formally gather the views of people, carers and other stakeholders and this exercise was last completed in November 2015. We looked at a selection of the surveys that included comments such as, "Staff are very attentive", "It is an excellent service", "They always call on time" and "I don't know what I would do without them".

# Is the service well-led?

## Our findings

People told us the service was well-led and they felt comfortable speaking with the staff and management team. They said the service was well organised and managed. All of the people and staff we spoke with said they would recommend the service.

Staff told us the registered manager and senior staff were approachable and valued their opinions and treated them as part of the team. They told us they enjoyed working for the service. One member of staff said, “It’s like a breath of fresh air working here, everybody wants to make sure that people get the best care. It really is like working with your family”. Another care worker said, “If I thought this service was no good, I would not work for them. My conscience would not allow it”.

The registered manager had clear visions and values of the service and told us, “Bluebird Care New Forest aim to deliver a homecare service that we would be happy for our family and loved ones to receive. We aim to support our customers to maintain their independence and lifestyle by providing the highest quality of homecare. The main aim of the service was to provide high quality, flexible, person centred care and support”.

Staff spoke confidently about the values of the organisation and how they implemented these into everyday practice. Staff confirmed there was an open and honest culture in the service and they felt able to raise issues of concern with the management team and also make suggestions on how to improve the service when needed. The registered manager told us she operated an “open door” policy and staff confirmed they were available and responded to any issues or concerns they raised.

The registered manager was aware of their responsibilities in terms of submitting statutory notifications to CQC informing us of any incidents that had taken place and these were submitted as required. The registered manager told us they received support from the directors who were a visible presence in the office.

Team meetings for care staff were held and we reviewed minutes from the last meeting that was held in December 2015. Staff were encouraged to provide both positive and negative feedback which resulted in action points for the management team to follow up. Staff were provided with information about the business and training opportunities.

Accident and incident reports were monitored to identify any trends and identify people at increased risk and showed that actions were taken to reduce risks. For example, we saw that a person’s risk management plan had been updated following an accident when they were receiving personal care and had a fall. This showed us that action had been taken to reduce the likelihood of further reoccurrence and that appropriate changes had been implemented.

Systems were in place to assess, monitor and improve the quality of the service. These included an audit programme to check medicines, health and safety, care records, staffing, accidents, incidents, safeguarding, complaints, staff training and risk management. The audits were evaluated and where required action plans were in place to make improvements to the service.

In November 2015 the provider introduced an electronic recording system which was used to record the initial assessment, risk assessments and care plans for people using the service. Each care worker carried a personal data terminal (PDT) which they used to record each visit. The PDT held details of the care to be provided and prescribed medication people needed help with. The system was monitored by the operations manager in the office. Care workers recorded their visits and completed daily care records using this system. The operations manager told us, “We believe this system helps us provided an excellent and safe service for our customers. There are currently 22 people on the system and we will have all of our customers on this system by the beginning of February 2016”. One care worker told us, “It takes a bit of getting used to but we have all the information we need to do our jobs at our finger tips”. The operations manager told us, “We still maintain records and visit books in people’s home in case the system failed. Going forward however our aim is to be a paperless service”.

During our inspection an alert was received on the monitoring system regarding a person that had not had prescribed medication during their care visit. The operations manager contacted the care worker regarding this and was advised the medication had not arrived from the pharmacy. The registered manager told us, “We would now contact the pharmacy to check when the medication was to be delivered and if necessary we would go ourselves and collect it to ensure the person received their medication”. The operations manager told us, “We use the

## Is the service well-led?

system to ensure our customers are receiving the best care possible with no corners being cut. All the tasks our customers need completing to enable them to stay living at home and independently are monitored and checked on a live data base system. Our carers cannot leave the call unless they have ticked all tasks. If the task did not get completed they have to tick no and give a reason which then automatically sends an alert to our live database.

The registered manager is a dementia champion and is actively involved with the Lymington Dementia Action Group. A dementia champion is someone with excellent knowledge and skills in the care of people with dementia. They are an advocate for people with dementia and a source of information and support for co-workers. The registered manager told us, "I am very much part of this and we at Bluebird Care actively encourage and involve people living with dementia and their relatives to become part of this group. I have signposted relatives of people

living with dementia to our group to help them come to terms and have a greater understanding of dementia and how it can affect people. We also invite people and relatives of people to become involved in many of our events. For example, tea dances. One relative told us, "This group has really helped me come to terms with and understand what my mum is going through. I wouldn't have known about this group had the manager not told me". Another person told us, "It's good to get together with other families and talk about things. This group enables us to do just that. I find it very comforting talking to other people in the same situation".

The registered manager told us, "If we all have a better understanding of dementia we can make small changes in our attitudes and behaviour, which in turn will make dementia less frightening and more "normal" for those affected. As a care provider it is essential we both understand and support such initiatives".