Care Quality Commission

Solihull Metropolitan Borough Council

Bluebell Centre

Inspection report

West Mall
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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

The Bluebell Centre is a promoting independence service which provides support to people in their own homes. At the time of our visit 36 people were using the service.

We visited the offices of the Bluebell Centre on 10 September 2015. We told the provider two working days before the visit we were coming so they could arrange for staff to be available to talk with us about the service.

The service has 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 promoting independence service involves a multi-disciplinary approach involving care workers, social workers and occupational therapists agreeing a programme of intensive support for people with the aim of skilling them or re-skilling them to manage the

Summary of findings

activities of daily living. It is particularly used for people who need support to help regain skills and confidence after being discharged from hospital. The service is generally provided for a period of six weeks.

People and their relatives told us they felt safe using the service. Care workers were trained in safeguarding adults and understood how to protect them from abuse. There were processes to minimise risks to people's safety; these included procedures to manage identified risks with people's care and for managing people's medicines safely. Checks were carried out prior to care workers starting work to ensure their suitability to work with people who used the service.

Care workers received an induction and a programme of training to support them in meeting people's needs effectively. Through a system of meetings and appraisals, care workers were encouraged to discuss their training and developmental support needs.

The provider and registered manager understood the principles of the Mental Capacity Act (MCA), and care workers gained people's consent before they provided personal care.

People received support from kind and motivated care workers who were committed to helping people to regain their independence. By giving people time, care workers gave people confidence to complete their own daily living tasks. Care workers understood the importance of respecting people's privacy and dignity.

Care plans and risk assessments contained relevant information for care workers to help them provide the personalised support people required to achieve their goals. Weekly multi-disciplinary meetings ensured the level of support people received was continually assessed. People knew how to complain and information about making a complaint was available for people.

Care workers were supported by a management team they found open, approachable and honest. People and care workers were encouraged to provide feedback which was used to assess and improve the service provided. The provider and registered manager took an active role in monitoring the service to ensure the service continuously improved.

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.

Care workers understood their responsibility to keep people safe and report any suspected abuse. There were procedures for managing risks associated with peoples' care, a thorough staff recruitment process and a safe procedure for handling medicines. There were enough suitably experienced care workers to provide the support people required.

Good

Is the service effective?
The service was effective.

Care workers were trained and supervised to support people effectively. The provider and registered manager understood the principles of the Mental Capacity Act 2005 and care workers gained people's consent before care was provided. Care workers worked well with health and social care professionals to support people.

Good

Is the service caring?
The service was caring.

People received support from kind, caring care workers who were committed to helping people to regain their independence. Care workers gave people confidence to complete daily living tasks and understood the importance of respect and dignity to people.

Good

Is the service responsive?
The service was responsive.

Care workers listened to people and were responsive to their needs. Care workers had a good understanding of people's choices and preferences and the knowledge to meet people's individual needs as they changed. People knew how to raise concerns, but had no complaints about the service they received.

Good

Is the service well-led?
The service was well led.

Care workers received management support and were motivated to deliver high quality care. People were encouraged to give their feedback about the service which was regularly assessed to ensure it continued to meet people's needs. The registered manager and the provider played an active role in quality assurance and ensured the service continuously improved.

Good

Bluebell Centre

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.

The inspection took place on 10 September 2015 and was announced. We gave the provider 48 hours notice we would be coming so they could ensure they would be in the office to speak with us and arrange for us to speak with care workers. The inspection was conducted by two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

We reviewed the information we held about the service. We looked at the information received from the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they planned to make.

We contacted people who used the service by telephone and spoke with eight people, (three people who used the service and five relatives). During our visit we spoke with three care workers, a care co-ordinator, the registered manager and the provider's Head of Service.

We reviewed three people's care plans to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the service's quality assurance audits and records of complaints.

Good

Is the service safe?

Our findings

People and their relatives told us they felt confident and safe with the care workers who visited them in their homes. One relative told us, "Oh yes, [person] feels very safe with the girls. When he came out of hospital initially, he was frightened, but now he is much more confident."

The provider protected people against the risk of abuse and safeguarded people from harm. Care workers attended regular safeguarding training and told us the training gave them a good understanding of what constituted abusive behaviour and their responsibilities to report it to the management team. One care worker explained, "I am looking out for financial abuse, sexual, psychological and organisational abuse. We also look out for domestic abuse and cultural abuse." Care workers were confident the registered manager would act appropriately to protect people from harm. One care worker told us, "I understand what to do if I suspected any type of abuse was taking place. You always have to take things seriously, record it and report it to your manager." We asked another care worker what they would do if they felt appropriate action had not been taken by the registered manager. They responded, "I would give it three days and then go straight to the safeguarding team myself."

The provider protected care workers from the risks associated with late night visits or visits in remote locations. Care workers were issued with a copy of the lone working policy as part of their induction, together with a mobile phone. The policy contained processes and procedures care workers had to follow to confirm their safety. One care worker told us, "The manager makes sure we are safe. If you don't arrive at a call they [co-ordinators] ring to see where you are and if you are okay." Another said, "I do the evenings. We phone before we start and at the end of the night I phone to let them know I'm in my car and on my way home."

There was a procedure to identify and manage risks associated with people's care, such as risks in the home or risks to the person. Risk assessments were up to date and reviewed regularly. One care worker explained, "When you go into a service user you must always read the risk assessments so you know how you need to work safely." Records of care calls showed that any potential risks which had been identified during a visit were recorded on the daily records sheet and highlighted. Care workers told us this was to ensure the next care worker undertaking a visit was aware of the risk. One care worker told us, "If anything changes that may be a risk, we make a phone call and it will be written in the daily notes." Another care worker explained, "Every client has a risk assessment and sometimes we identify risks not in the risk assessment. We raise that with our manager and then it has to be included in the risk assessment." Records showed that care workers took action when environmental risks were identified. For example, one care worker had highlighted a possible hazard due to a fraying carpet in one person's home. The daily record showed this potential risk had been discussed with a family member and reported to the management team in the office.

Care workers sometimes had to use specialist equipment to support people who needed assistance to move around. Care workers told us they always visually checked equipment to ensure it was safe and in good working order before they used it. One care worker told us when using a hoist, "I check it has been serviced, check it has power, check the sling to make sure there are no faults and check the people handling section of their care plan so we are okay to use it."

The provider had contingency plans for the service which minimised the risk of people's support not being delivered consistently. For example, there were plans in place in the event of bad weather so any disruption to people's care and support was minimised.

There were sufficient experienced care workers to provide the calls people who used the service required. The registered manager told us they would not accept support packages unless they had the care workers available to meet people's needs safely and consistently. They went on to explain, "We don't use agency staff at all in promoting independence, it is not that sort of service."

Prior to staff starting work, the provider checked their suitability to work with people in their homes. This included references from their previous employers and the Disclosure and Barring Service (DBS). The DBS assists employers by checking people's backgrounds to prevent unsuitable people from working with vulnerable people.

We looked at how medicines were managed by the service. Some people were able to take their own medicines, other people required prompting to take their medicines and some required assistance from the care workers. Where

Good

Is the service safe?

people needed assistance, it was recorded in their care plan so that care workers knew what support was required to meet the person's needs. For example, care plans stated whether medicines needed to be taken with a drink or after food. One person told us, "They give me my medication at the right time." A relative confirmed, "They administer medication correctly and on time."

Care workers said they were confident administering medicines because they had received training and were regularly observed to make sure they were competent to administer medicines safely. Care workers told us the medicines policy and procedures were revisited annually at staff meetings.

We looked at a selection of medication administration records (MAR). Records showed medicines had been given and signed for at the correct times. Where medicines had not been given, the reason was recorded on the MAR. MARs were checked regularly to make sure people continued to receive their medicines as prescribed. One of the care co-ordinators explained, "Any changes [in medication], the carers will bring the MAR in for a new chart so it reflects the new medication."

We asked care workers what action they would take if people refused their medicines. One care worker responded, "It all depends on what the medication is. I have got one person who is refusing paracetamol but that is up to them because it is their own pain. If it was a medication that had been prescribed and it was essential, then it would have to be reported. I could also phone the GP and get their advice as to whether it was a medication they needed."

Good

Is the service effective?

Our findings

People and their relatives told us staff met their needs effectively and provided the support they needed to regain their independence. One person said, "They showed me how to use the equipment like walking frames and the bath chair. I depend on their advice." A relative told us, "They are brilliant. They provide excellent support with personal care. It makes things easy."

Care workers told us they received an induction into the service that made sure they could meet people's needs when they started work. The registered manager confirmed the induction training was modelled on the new Care Certificate. The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. Care workers told us that in addition to completing their induction, they were regularly assessed to check they had the right skills and attitude to support people.

Care workers also followed a regular programme of training so their skills were updated and they worked in accordance with good practice. The registered manager explained, "Training is tailored to what service is being delivered and the people it is delivered to." Where a need had been identified, staff had received training in areas such as dementia, Parkinson's Disease, strokes, diabetes and mental health. One care worker told us, "My role changed and I had additional training to make sure I understood the changes." Another told us, "If I felt I didn't have the right knowledge and skills, I would speak to my colleagues for advice and ask my manager for more training." Care workers told us their practice was regularly observed following training to ensure they used their knowledge effectively.

Care workers were further supported using a system of meetings and yearly appraisals. They told us regular meetings with their line managers provided an opportunity to discuss their personal development and training requirements. One care worker said, "If I have a supervision, I ask if I can have training on whatever, and normally they are pretty good."

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The MCA protects people who lack capacity to make certain decisions because of illness or disability. DoLS referrals are made when decisions about depriving people of their liberty are required. Care workers told us they knew if a person lacked capacity in certain areas of their life, as this was documented in the initial assessment. Where there were concerns about people's capacity, they were referred to the social work team for an assessment. One care worker told us, "You must always think that the person can make their own decisions."

Care workers we spoke with had completed training in MCA and DoLS and knew they could only provide care and support to people who had given their consent. Care workers respected people's decisions to refuse care where they had capacity to do so. One care worker said, "If a service user refuses, then I try to encourage them. I break the task down to make it more achievable. Ultimately, it has to be their choice to do it or not." Another care worker explained how they would respond if someone refused personal care, and said, "I would explain the benefits and if they were still adamant they didn't want to shower, I would document it and report it because this person is at risk of self-neglect." Nobody had any restrictions on their liberty.

Care workers told us people were seldom reliant on them preparing their food and drinks. As a promoting independence service, care workers prompted and encouraged people to undertake as much of their own meal preparation as possible. One care worker explained, "We are promoting independence so I try and encourage them to do as much as I can."

The promoting independence team worked well with health and social care professionals to support people. This included regular engagement with occupational therapists and social workers to ensure people had the right support and equipment in place to make tasks easier and safer for them. Where care workers had identified concerns around people's health, they had consulted other healthcare professionals such as GPs and pharmacists. Where people required further support after the six week promoting independence period, they were referred to a social worker for an assessment for on-going care.

Good

Is the service caring?

Our findings

People and their relatives were pleased with the care workers who worked with them to develop confidence and promote independence. They all confirmed that care workers were caring and respectful and spent time listening to them. One relative told us how their family member "looked forward to their visits" and another spoke of how their relation's confidence had improved. One person explained, "They are lovely girls. Anything I ask them to do, they do it. It has given me confidence." One person had commented in their quality questionnaire, "My three carers have all been wonderful and helped to boost my morale which was at a very low ebb when I came home from hospital."

One care worker told us about a person who was unable to speak English. They explained, "Our other service (within the provider group) has staff who could speak the person's language. We called them over to complete the assessment so we could be sure we had all the correct information and we knew what this person needed."

Care workers were enthusiastic about their role and demonstrated an understanding of how important it was for people to be given time to achieve as much independence as possible. One care worker told us, "It's important to support and encourage service users so they can be as independent as they want to be." Another said, "You need to take your time and be patient and don't rush." People and their relatives confirmed that care workers gave them time. One person told us, "They always ask if I can do something or need help. They encourage me to do things by myself." A relative said, "One of the girls takes her to get her pension at the Post Office. They talk gently with her and walk slowly as the Post office is just around the corner. I can't thank them enough."

The registered manager told us that as far as possible people were supported by the same care workers. They explained, "Because our teams are quite small, there are only a limited number of people to fill a call. If we don't have consistency and continuity, how are we going to get a true picture and the customer journey could be quite different. We try and get the best people in to do a call." A care worker confirmed, "I think they do try and keep the same people. It is nice if you can keep to the same one as you get used to their routine and they get used to you." All the people we spoke with confirmed that care workers spent their allocated time on visits and sometimes extra.

People told us that care workers asked them what they wanted support with and how they wanted that support to be provided and they respected their decisions. People commented that they did not feel at all pressured by the care workers. One person told us, "I depend on them for a lot. I have a little chat with them here and there." Another said, "I lost confidence after I came home from hospital but things are improving now."

Care workers understood the importance of respecting people's privacy and dignity and people told us care workers treated them with respect. One care worker explained, "I always make sure the curtains are closed and if they need to use the commode, I walk out of the room." Another told us, "You are a good carer if you treat somebody with respect and dignity." One person had fed back to the service the following comment; "I was treated with respect at all times by very dedicated staff."

Care workers demonstrated satisfaction in seeing the improvement they could bring to people's lives which enabled people to continue living independently in their own homes. One care worker told us, "Our girls really work with people to promote their independence. For some it is life changing. To have someone come out of hospital and be fully dependent and then to see them go on and have an independent life, I think that is wonderful."

Good

Is the service responsive?

Our findings

People and their relatives told us care workers listened to them and were responsive to their needs. One person told us, “The care workers are brilliant. They bend over backwards to do your wishes.” Another person told us, “They have arranged an OT (occupational therapy) assessment for a bathroom adaptation for me.”

Social workers prepared an initial plan of care when referring people to the service. A promoting independence co-ordinator then visited people and discussed an individual support plan based on the initial assessment. Support plans were comprehensive in detail and contained information for care workers about the support people required to meet their personal objectives to become more independent. One care worker explained, “In the support plan there are 10 goals and as it goes on we can see what they have done.” All the support plans we looked at had been signed by people which showed they had been involved in planning their care. Care workers we spoke with had a good understanding of people’s needs, choices and preferences.

Care workers told us they had time to read support plans and records. One care worker told us, “As a promoting independence worker I’m not rushed. It’s a slower pace and we have more time to read records and spend with service users.”

Every week multidisciplinary review meetings were held to review people’s support plans. These were attended by promoting independence co-ordinators, social workers and occupational therapists. Care workers told us they contributed to these weekly meetings through the completion of a summary progress report. One care worker explained, “This is really helpful because if there has been a change or you need some equipment, they sort it out really quickly.”

Care workers told us that communication between staff and management was good which meant that care workers had the necessary and up to date knowledge to meet people’s individual needs as they changed. After each call care workers completed a detailed record of their visit so the next care worker had all the information they needed to provide consistent support. One care worker said, “If anything changes, which it does, you get a phone call and you always read the notes when you start a call so you are up to date.”

Care workers told us they had regular scheduled call times and enough time allocated to carry out the care and support required. The registered manager advised, “Every call is tailored to what activity they are doing at that time.” Where care workers identified that somebody may require longer calls, they reported this to the office. One of the co-ordinators explained, “If a package is taking longer and the carers feed that back, we would give them extra time with the view it could reduce again when the person became more re-abled.” One care worker confirmed, “If you feel a service user needs more time, you ring the office, explain, and they will increase the time you have.” Another said, “If you need a bit more time, you can go over.”

Care workers found there was enough time allocated to travel between their calls, but traffic could cause delays. One care worker said, “Sometimes it can be a little difficult, but it just can’t be helped. I would phone the client and just say I’m running late and I would inform the office what I had done.” Care workers told us they logged in and out of each call so staff in the office could promptly identify any missed or late calls and take appropriate action. One relative told us, “They are always on time and will call to inform you if they are running late.”

We looked at how complaints were managed by the provider. Every person using the service was supplied with a copy of the complaints procedure and an explanation given of how any complaints would be managed.

We asked care workers what action they would take if people raised a concern directly with them. One responded, “I would try to deal with a small issue and I would tell my manager. If it was big, I would report it to my line manager.” Another replied, “In the communication folder there is a section on how to make a complaint. I would support them in making a complaint and I would ensure it had been dealt with and the client had felt listened to. If not, I would help them to take it further.”

People we spoke with were happy with the service they received and had never had a reason to complain or raise a concern. When asked if they knew who to contact if they had a concern, they all confirmed they would contact the supervisor by telephone or email. We looked at the record

Good

Is the service responsive?

of complaints. We saw there had been one complaint in the last nine months which had been dealt with in accordance with the complaints procedure. The member of staff involved had a meeting with their line manager and learning from the complaint had been shared with other care workers to ensure the quality of service was maintained.

Good

Is the service well-led?

Our findings

People and their relatives were positive about the service and how it had improved people's lives. A typical comment from a relative was, "[Person] has dramatically improved from not being able to comb her hair to cooking for herself and loading the washing machine. I never knew this kind of support existed for people leaving hospital. It is simply amazing."

There was a clear management structure to support staff. The registered manager was part of a management team which included co-ordinators who carried out the assessments and planned the calls. Care workers spoke positively about the support they received from the registered manager and the rest of the management team. One care worker said, "My line manager and the other managers are very good. If you raise something, or you need something, then they action what you need." Care workers found the registered manager was approachable and open. One care worker told us, "She is a very caring lady. If you did need to speak to her and it was urgent, she would speak to you that day. She is open and honest with you. If she goes to any meetings which involve our service, she will feedback to keep us informed." During conversations, it was clear care workers were motivated to deliver high quality support to people to give them their independence.

New people to the service were given a leaflet explaining the level of care and support provided. This clearly explained that it was a short term service provided to help people achieve agreed goals. The registered manager also took time to ensure people understood they were receiving a "promoting independence" service rather than personal care. They explained, "I meet with senior practitioners in the hospitals and I check people know what service they are going to get. If they do just want a package of care, we are not the service for them." A care worker confirmed, "When I first go into a client, I always ask if anyone has explained the service to them."

Care workers had regular scheduled meetings with the registered manager and other team members to discuss how things could be improved. Meetings covered discussions on a range of topics, for example, medication policies and people's care and support needs. At the August meeting, the provider had invited staff to complete a "Wellbeing Charter" which provided them with an opportunity to give their views about the service and their working environment. This was on-going at the time of our visit.

Each person who used the service was asked to complete a quality assurance questionnaire at the conclusion of service provision. These responses were being collated to identify any actions that needed to be taken to improve the quality of care provided. We looked at a sample of the returned questionnaires and found people were happy with the support they had received. Responses included: "The carers supported me fully and encouraged me to do those tasks within my ability" and "A wonderful service that must save the NHS money".

The registered manager understood their responsibilities and the requirements of their registration. For example they had submitted statutory notifications and completed the PIR which are required by Regulations. We found the information in the PIR was an accurate assessment of how the service operated.

We asked the registered manager about the challenges of the service. They told us there had been a lot of changes over the previous 12 months in the roles and responsibilities of care workers and in the systems to support the service. The registered manager said this had been a difficult time but staff were now more comfortable with the changes. One care worker told us, "I think in the last six to eight months the stress levels have gone down dramatically. People now know the new systems." Another care worker confirmed, "There was some resistance (to change) but I think that has been overcome. I think it is a great service and I totally understand why we have to log in and log out."

The provider reviewed the service to ensure it continued to meet people's changing needs. For example, the service had recently been extended from 6.00pm to 10.30pm as it was identified that some people would benefit from promoting independence support in the evening. This was due to be reassessed with the night care workers to make sure people continued to receive the most beneficial service for their needs.

The provider completed checks to ensure staff provided a good quality service. The management team made unannounced visits to people's homes to check quality and

Good

Is the service well-led?

also completed audits in areas such as medicines management and support records. The registered manager and the provider played an active role in quality assurance and ensured the service continuously improved.