

The Little Wren Ltd

Bluebird Care (Lancaster and South Lakeland)

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

This inspection was carried out on the 13 October 2015. Bluebird Care (Lancaster and South Lakeland) registered as a domiciliary care agency with the Care Quality Commission in February 2015. We had not previously inspected the service.

As the agency is small we gave 24 hours' notice of our inspection. This was because the registered provider is actively involved in the day to day running of the agency and we needed to ensure they were available.

The office is based in Lancaster with limited parking available at the rear of the building. At the time of the

Summary of findings

inspection Bluebird Care (Lancaster and South Lakeland) supported 17 people with care and support needs. An out of hours contact number is provided for use in the event of an emergency.

At the time of inspection there was no manager who was registered with the Care Quality Commission. 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.

There were systems in place to ensure people who used the service were protected from the risk of harm and abuse. Staff we spoke with were knowledgeable of the action to take if they had concerns in this area. They told us the registered provider encouraged concerns to be raised.

Staff were knowledgeable of peoples' assessed needs and delivered care in accordance with these. Staff spoke respectfully of the people they supported. People who received care and support and their relatives told us they were happy with the care provision from Bluebird Care (Lancaster and South Lakeland).

There were arrangements in place to ensure people received their medicines safely.

Sufficient recruitment checks were carried out prior to a staff member starting to work with the agency. Staff received training to enable them to give care that met peoples' needs. Staffing was arranged to ensure people received care and support at the time they wanted.

There was a complaints policy in place, which was understood by staff and was available to people who used the service. People were encouraged to give feedback to staff, which was acted upon. The staff spoke positively about the importance of learning from complaints.

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.

The provider had procedures in place to protect people from abuse and unsafe care. Staff were knowledgeable of these.

There were arrangements in place to ensure people received medicines in a safe way.

Staff were safely recruited, and staffing levels were sufficient to respond to peoples' individual preferences.

Good



Is the service effective?

The service was effective.

Staff received training and support to enable them to deliver care which met peoples' needs.

The management and staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA).

Good



Is the service caring?

The service was caring.

People were involved in making decisions about their care and the support they received.

Staff were able to describe the likes, dislikes and preferences of people who received care and support and this was individualised to meet people's needs.

Good



Is the service responsive?

The service was responsive.

People were involved in the development of their care plans and documentation reflected their needs and wishes.

There was a complaints policy in place to address complaints made regarding the service the agency provided.

Good



Is the service well-led?

The service was well-led.

Systems and procedures were in place to monitor and assess the quality of service people were receiving.

The registered provider consulted with people they supported and relatives for their input on how the service could continually improve.

Staff told us they felt supported by the management team.

Good



Bluebird Care (Lancaster and South Lakeland)

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 was carried out on the 13 of October 2015. As the agency was small we announced our inspection. This was to ensure the registered provider was available. At the time of the inspection Bluebird Care (Lancaster and South Lakeland) provided care and support to 17 people.

The inspection was carried out by one adult social care inspector.

Prior to the inspection we reviewed information the Care Quality Commission (CQC) holds about Bluebird Care (Lancaster and South Lakeland). This included any statutory notifications, adult safeguarding information and comments and concerns. This helped us plan the inspection effectively.

During the inspection we spoke with two people who received care and support from Bluebird Care (Lancaster and South Lakeland) and four relatives. We spoke with the registered provider, the manager and four care staff.

We looked at a range of documentation which included three care records and two staff files. We also looked at computerised training records, a medicines audit, and a sample of medication and administration records.

Is the service safe?

Our findings

We asked people if they felt safe. One person who received care and support told us, “Yes. I do.” All the relatives we spoke with told us they considered the staff to be professional and their family members were supported safely.

We viewed three care records and saw individualised risk assessments were carried out and evaluated appropriate to peoples’ needs. We saw risks to peoples’ health and wellbeing were assessed and risk reduction methods were used to ensure peoples’ safety was maintained. For example we saw care plans documented the equipment staff should use to support people and the way people had agreed to be supported. We also saw environmental risk assessments were carried out. The assessments identified the risks in place and the control measures implemented to ensure the risk was minimised.

Staff were able to explain the purpose of the assessments in place and how these enabled risks to be minimised. Staff told us if they were concerned a risk assessment required updating they would discuss this with the person using the service, their relatives and the manager. This would ensure peoples’ safety was maintained. This demonstrated to us there were systems in place, of which staff were knowledgeable to ensure people were supported safely.

Staff told us they had received training to deal with safeguarding matters. We asked staff to give examples of abuse and they were able to describe the types of abuse that may occur. Staff also demonstrated an understanding of signs and symptoms of abuse and explained how they would report these. Staff said they would immediately report any concerns they had to the registered provider, the manager, or to the local safeguarding authorities if this was required. One staff member told us, “In our training we were told what to report and how and the managers tell us that as well. I’d report to [the manager, the provider] or safeguarding if I needed to.”

We saw there was a safeguarding procedure and numbers for the local safeguarding authorities were available to staff. The procedures helped ensure people could report concerns to the appropriate agencies to enable investigations to be carried out if this was necessary.

We reviewed documentation which showed safe recruitment checks were carried out before a person

started to work at the service. The staff we spoke with told us they had completed a disclosure and barring check (DBS) prior to being employed. This is a check which helped ensure suitable people were employed to provide care and support. We saw records of the checks were kept and two references were sought for each new employee. The registered provider told us they considered these checks to be critical. They explained safe recruitment procedures enabled people to be supported by people who were skilled, competent and were suitable to be employed by the agency.

We asked the registered provider how they ensured there were sufficient numbers of suitably qualified staff available to meet peoples’ needs. They told us the rotas and annual leave were agreed in advance. They explained this helped ensure there were sufficient staff available to support people. We were also told if extra staff were required due to a person’s needs, unplanned leave or external events being arranged, additional staff were provided. This was confirmed by speaking with staff who told us additional staff were available if the need arose.

We viewed three week’s rotas and saw staffing levels were consistent with the registered provider’s explanation and the assessed needs of people who received care and support from the agency.

We asked people their opinion of the staffing provision. People were overwhelmingly positive regarding the time keeping and availability of staff. They told us staff were prompt and if it was not possible for staff to arrive on time due to unavoidable circumstances, they received a phone call to explain why this was. People and relatives told us they were happy with the arrangements in place.

During this inspection we checked to see if medicines were managed safely. We saw care plans contained detailed information to ensure the responsibilities of family, staff and the people who received care and support were clear. This helped ensure people were supported to take their medicines safely.

The staff we spoke with told us they had received training to enable them to administer medicines and this was refreshed to ensure their skills were maintained. We saw documentation which confirmed this took place.

We looked at a sample of Medicine and Administration Records (MAR) and saw gaps in one record. We discussed this with the manager who explained they had identified

Is the service safe?

this as an area for improvement and were currently completing an audit. We saw this had been included on a staff meeting agenda to ensure the risk of this happening again was minimised.

Is the service effective?

Our findings

The feedback we received from people who received care and support was positive. One person told us, “I’m confident with everything they do.” Relatives also made positive comments. These included, “They’re brilliant.” And, “I’m really pleased with the service.”

We spoke with staff to ascertain if they received sufficient training to enable them to deliver safe and effective care. All the staff we spoke with told us they were happy with the training provided. One staff member told us they had received specific training to enable them to support a person safely. A further staff member said, “Training is constant here.”

We discussed training with the registered provider. The registered provider told us staff received training to meet the individual care needs of people. We saw evidence that this took place. We saw training in tracheostomy care had been provided. A tracheostomy may be required to support breathing and specific training is required to enable care to be delivered that meets people’s needs. This demonstrated training was provided to ensure staff could provide safe and effective care to people who required this support.

We viewed records which showed staff attended a wide range of training topics which included safeguarding, moving and handling, medicines and food hygiene. Discussions with staff and reviewed training records confirmed staff had access to training and development activities. This helped ensure they could provide safe and effective care.

Staff also told us they received feedback on their performance in a variety of ways. These included meetings with the registered provider or manager. The staff told us these were helpful as it allowed them to discuss any areas

of concern and also to plan any further training required. We were also told staff were observed delivering care in order to assess their competence and we saw evidence meetings and observations took place.

Care files evidenced people’s nutritional needs had been assessed. The care documentation we saw contained detailed information regarding the needs and preferences of people who received care and support. During the inspection we saw one person being assisted to get a drink of their preference. The care plan we viewed contained sufficient information to enable staff to support them effectively. The staff we spoke with told us they had received training in safe food handling practices.

The care files we viewed contained contact details of other health professionals relevant to the persons’ needs. We saw details of continence advisors, doctors and occupational therapists were recorded and we noted a brief description of their role in supporting people was included. All the staff we spoke with told us if they were concerned about a person’s wellbeing, they would contact the registered provider or manager after discussing it with the person. They also told us they would contact the person’s family member or other health professionals if the need arose. This demonstrated staff were aware of the action to take if a person became unwell.

We discussed the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS) with the registered provider and the manager. They told us they were aware of the legislation in place and the importance of ensuring the correct processes were followed. Staff we spoke with demonstrated a good awareness of the MCA and confirmed they had received training in these areas. They told us they would report any concerns immediately to the registered provider and manager. They told us this would help ensure peoples’ rights were protected.

Is the service caring?

Our findings

People told us they felt the care provided met their individual needs. One person said, “The staff are very good.” A relative said, “The way they help [my family member] is marvellous.” They went on to describe the staff as “kind and caring.” A further relative said, “They’re brilliant.”

The care records we viewed showed people were involved in the development of their care plans and when appropriate we saw they were signed by people who received care and support. We spoke with two relatives who described how a member of Bluebird Care (Lancaster and South Lakeland) management team had discussed the care and support their family member required. They told us staff had discussed this with both them and their family member and sought their opinion on the support they required. A further relative told us they considered they had been consulted when the care and support had been arranged.

The records we viewed held person centred information about people who received care and support. We saw records had a section entitled, ‘All about me.’ This information described what was important to people. We

saw peoples’ social histories, preferences and wishes were included. This demonstrated people were encouraged to express what was important to them in order to enable care to be delivered in a person centred way.

During the inspection we observed a staff member supporting a person in their own home. We saw the staff member spoke respectfully to the person and listened to their responses. The staff member was gentle and kind and took time to ensure they understood what the person wanted before they supported them.

The staff member demonstrated respect towards the person. Prior to allowing the Care Quality Commission inspector to enter the home, the staff member checked the person was still happy to meet with us. They also sought consent to open cupboards within the home when the person was looking for an item. We asked the staff member why they did this and were told, “I never presume anything because what I do is all about them. [Person] should be asked. It’s their home and life, not mine.”

Staff spoke respectfully of the people they supported. All the staff we spoke with knew the people they supported and were able to describe their preferences and care needs. This demonstrated staff were caring.

Is the service responsive?

Our findings

Relatives told us they considered the service to be responsive to their family member's needs. One relative told us they had requested a change to their visit times. They told us this had been accommodated.

The care records we viewed contained assessments that informed individual care plans. We noted the care plans contained detailed information on how and when people wished to be supported. For example one care record described how a person wished support with personal care to be provided. This documentation we viewed was sufficiently detailed to enable staff to respond according to peoples' wishes and preferences.

We saw documentation which showed us people's needs were assessed and plans were developed to inform staff of the care and support people required. We saw one care record was being reviewed due to a change in the persons' needs and wishes. We saw evidence in the care records an appointment had been arranged to discuss the care plan and this had been rearranged at the persons' request. This demonstrated Bluebird Care (Lancaster and South Lakeland) responded to peoples' changing needs and wishes.

During the inspection we observed a staff member responding to a persons' request for support. The family member told us this had been discussed with the agency and they had responded promptly. This showed us the service responded to peoples' individual requests.

We saw there was a complaints procedure in place which described the response people could expect if they made a complaint. At the time of the inspection one complaint had been made. We saw the complaint had been addressed and a resolution reached.

People and relatives told us they had access to a complaints procedure and they felt able to talk to staff or members of the management team if the need arose. One relative told us, "I've no complaints." A further relative commented, "They're really good so I haven't needed to complain."

The staff we spoke with explained they would refer any complaints to members of the management team. One staff member told us, "We're very open. If people have feedback that's challenging it's addressed so we can learn and move forward to get the best for our customers."

This demonstrated there was a procedure in place, of which the staff were aware to enable complaints to be addressed.

Is the service well-led?

Our findings

Bluebird Care (Lancaster and South Lakeland) did not have a manager registered with the Care Quality Commission (CQC) at the time of the inspection. The manager told us they had started work at the service in September 2015 and were currently applying to the CQC to become the registered manager.

The registered provider of the service described the management structure in place. They told us they were involved in the day to day running of the service but were hoping to take more of an operational role. They said this would be achieved with the support of the manager. The registered provider explained in addition to the manager they also employed a full time co-ordinator. They told us the co-ordinator was responsible for arranging staff rotas to meet the needs and wishes of people who used the service. In addition the registered provider employed a part time business manager who was responsible for further developing the business. This demonstrated the registered provider was committed to ensuring Bluebird Care (Lancaster and South Lakeland) was well-led.

All the staff we spoke with were clear about their roles and the reporting structures in place. They with told us they had met the manager and were aware they were applying to the CQC to become the registered manager.

Staff spoke positively about the support they received from members of the management team. They told us they would have no hesitation in discussing any concerns with the registered provider or the manager. One staff member told us, "I'd raise anything with [the manager and registered provider] because they want the best for our customers." A further staff member told us, "We all come together to make sure customers' needs are met."

We asked the registered provider and manager what systems were in place to enable people to give feedback regarding the quality of the service provided. They told us they held formal meetings with individuals and contacted people by telephone to seek their views. We saw evidence this took place. We discussed this with one person who told us, "They keep asking us how they can improve."

The registered provider told us they were planning to develop an annual survey to capture the views of relatives and people who used the service. They also told us they

monitored and responded to comments made by people who used the service and their relatives. The registered provider told us this enabled them to review comments made if concerns were voiced and complaints were not made by the people concerned. We saw evidence this took place.

We saw seven comments had been made. We saw the registered provider had responded to each comment and when appropriate an apology had been made. This demonstrated the registered provider had responded to comments in order to improve the service provided. We also saw eight complimentary comments had been made. The registered provider told us all comments were discussed with staff to ensure they were aware of peoples' opinions of the service provided. They told us they were committed to building on customer relations and saw feedback as an opportunity to grow.

We spoke with staff and asked them their opinion of the leadership at Bluebird Care (Lancaster and South Lakeland). Staff told us they felt well supported and were encouraged to discuss any areas on which they wanted clarity, or feedback.

We asked the manager what checks were carried out to ensure Bluebird Care (Lancaster and South Lakeland) operated effectively and areas for improvement were noted and actioned. The registered provider was open and told us they did not have documentary evidence of previous medicines audits. They told us the manager was currently carrying out a medicines audit to ensure medicines were managed safely.

The manager told us they had identified some errors in a medicine record and following the inspection we received the results of the most current audit. We saw this had been included on a staff meeting agenda to ensure the risk of this happening again was minimised. This demonstrated the manager was actively seeking to improve the service provided.

The registered provider also told us they updated peoples' care records as peoples' needs changed. They explained a formal review of the care record took place every six months to ensure documentation was an accurate reflection of peoples' needs and wishes. We saw evidence this was currently being planned.