

Old Orchard Services (Huntingdonshire) Ltd

Bluebird Care (Huntingdonshire) LTD

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 (Huntingdon) LTD is registered to provide personal care to people who live in their own homes. The service's registered office is located on the outskirts of Huntingdon.

At the time of our inspection there were 22 people receiving personal care from the service.

This announced inspection took place on 13 January 2016. This was to make sure that the provider was in when we visited.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 suitability and skills of staff were ensured through a robust recruitment and induction process. This helped ensure that staff met legal requirements. People's needs were met by a sufficient number of staff at the times people wanted.

Staff were trained in, and had their competence for, medicine's administration regularly assessed. Safe medicines administration and management practices were adhered to. Staff had the necessary knowledge and skills to be confident in identifying and reporting any harm should this ever occur.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The registered manager and some staff were knowledgeable about the situations where an assessment of people's mental capacity could be required. No person using the service lacked mental capacity or required care that was in their best interests. However, not all staff had an embedded understanding of the MCA. This meant there was a risk of people being provided with care that was not always in their best interests should this be required.

People's care was provided with compassion by dedicated staff who knew and understood people's preferences. People's privacy and dignity was respected by staff who adhered to good standards of care. People were supported to make decisions about the aspects of their lives that were important to them.

People and family members were involved in planning their care provision. This also included the registered manager, senior care staff, healthcare professionals and care managers. Advocacy arrangements were in place to support those people who required someone to speak up on their behalf. Regular reviews of people's care were completed to help ensure that people were provided with care and support based upon their latest information.

People were supported to access a range of health care professionals including a GP. Health care advice and guidance was adhered to. Prompt action was taken in response to people's health care needs.

People were supported, where required, to ensure they ate and drank sufficient quantities. People had the choice to eat their favourite foods where and when they wanted to.

People were supported to raise concerns or suggestions in a way which respected their rights. Staff responded quickly to any changes in a people's well-being and if they had concerns about their care details. Information and guidance about how to raise compliments or concerns was made available to people and their relatives.

Effective audits and quality assurance procedures were in place. This helped identify good practice, areas for improvement and what worked well. The registered provider attended a range of meetings to help ensure good practice was identified and shared. Support was provided to develop staff's skills and obtain additional care related qualifications.

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.

Risks to people's safety were recorded or managed effectively. This meant that the risk of people being harmed was minimised.

Staff had been trained in protecting people from harm. They were knowledgeable about the actions they needed to take if they ever suspected any type of abuse. People were supported in a safe way with their medicines administration.

A sufficient number of staff were employed to meet people's needs. This was after all the required and essential pre-employment checks had been satisfactorily completed.

Good



Is the service effective?

The service was effective.

Training was provided so that staff were provided with the right skills to support people receiving a service.

Staff received an induction, supervision and appraisals to enable them to perform their roles effectively.

People were supported to live as independently as possible. People were supported with their dietary and nutritional needs where required.

Good



Is the service caring?

The service was caring.

People were treated with kindness and compassion in a way which made a difference to their lives.

Staff responded to people's requests for assistance and support in a meaningful manner. People were treated with dignity and respect

People were involved in the decision making process in planning their own care. Staff were knowledgeable about the people they provided care to.

Good



Is the service responsive?

The service was responsive.

People were supported to actively take part in their hobbies and interests. Staff responded to request for changes to people's care preferences.

People's compliments were used to recognize what worked well. A complaints procedure was in place and people were supported to access this when required.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

The provider had effective quality assurance procedures and processes in place to monitor the safety and effectiveness of the service.

The views of people and staff were actively sought regarding the service through a range of meetings, surveys and individual discussions.

The registered manager provided leadership to ensure that the standards of care met those set by the provider.

Bluebird Care (Huntingdonshire) LTD

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 registered manager is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the scheme, and to provide a rating for the scheme under the Care Act 2014.

This announced inspection took place on 13 January 2016 and was completed by one inspector and an expert by experience. The provider was given 48 hours' notice because the location provides a domiciliary care service and the registered manager and staff are often out during the day; we needed to be sure that someone would be in.

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

took this into account when we made judgements in this report. We looked at other information that we held about the service. This included the notifications we had received from the service. A notification is information about important events which the provider is required to tell us about by law. Before the inspection we sent people a questionnaire about their satisfaction of the care they were provided with.

During our inspection we observed how staff interacted with people. We spoke with ten people. We spoke with the director of the service, the registered manager, two staff supervisors and two care staff.

We looked at five people's care and medicine administration records. We looked at records in relation to the management of the service such as quality monitoring records and staff meeting minutes. We looked at staff recruitment documents, supervision and appraisal processes, training records, compliments and complaints records.

Is the service safe?

Our findings

People told us that they were safe when they received their care from the service's staff. One person said, "The [name of provider] girls [staff] are always on time and they stay with me until all my care has been completed to my satisfaction." Another person told us, "I feel safe because they [staff] treat me nicely and they are careful when they hoist me out of my chair." A staff member said, "I feel that I definitely have time to spend with people and I have time to travel from one person to another."

Risk assessments had been completed for risks such as those for people's moving and handling and personal hygiene. Information was provided to staff on how to support people with various aspects of their care. Risk assessments were in place included those for people who were at an increased risk of harm. For example, people at risk of developing a pressure sore area. Where people had the responsibility for the risks they took then this was recorded.

Staff we spoke with had been trained in safeguarding and had a thorough knowledge of how to protect people from harm. This included an understanding of who, and how, to report any situations where people were at risk of harm should this ever occur. One person said when asked if they felt safe said, "Yes, perfectly safe. I would raise it [concern] myself if there was such a thing." Staff were knowledgeable about ensuring people were not discriminated against in any way. For example, by ensuring they put the provider's safeguarding and medicines administration policies into practice. Staff were aware of the provider's whistle-blowing policy and procedure. They told us they would feel confident in raising any concerns and that there would not be any recriminations.

Staff recruitment records provided assurance that appropriate pre-employment checks had been satisfactorily completed. These checks included a record of staff's previous employment history, written references, their fitness to do the job safely and that a satisfactory criminal records check had been received. Staff told us

about their recruitment and the documents they had to supply. This meant that the service only employed staff after all the required and essential recruitment checks had been satisfactorily completed.

We saw and people told us that their needs were met on time and by a sufficient number of staff. One staff said, "It is good that we get the time to sit and chat with people without having to rush at all." Where people's needs required additional staff support we saw that this was provided such as when people required two staff to assist with their safe moving and handling. Staff told us that if they were going to be delayed they let the office know and the reason for this. One person told us, "Yes, they are on time, we have a quarter of an hour leeway. They ring if later, only happened twice in the last year." They added that they generally had the same staff providing care apart from when staff were on holiday or off sick. Staff confirmed that absences due to sickness or leave were covered with extra shifts. Management meeting minutes also confirmed that there were staff whose role also included cover for holiday periods. Another person said, "They [staff] are on time. They [the provider] always get someone out to me."

Arrangements were in place for the safe administration, storage, ordering and disposal of people's medicines. People were encouraged to manage their own medicines as far as practicable. One person told us, "They [staff] remind me to take my lunchtime medication." People's medicines were found to be clearly identified for the person they related to. Staff told us they had regular medicines administration training. They added that their competency to safely administer medicines was checked every six months and during unannounced spot checks. Checks were completed to ensure people were only administered medicines they had been prescribed to them. Incidents regarding medicines administration errors were responded to promptly by management staff. Staff were provided with updates to any medicines administration guidance through the provider from the UK Health Care Association. This is a national organisation for services that provide care to people living in their own home. Staff were knowledgeable about ensuring that people took their medicines in the prescribed manner such as, with water.

Is the service effective?

Our findings

People told us, and we found, that their needs had been assessed and determined before they used the service. This was either by the registered manager or staff with a management role. We found that where ever possible staff were matched to care for people who had similar or shared interests. For example, those interests associated with horses, football or indoor board games. One person said, “[The staff] are absolutely well matched [to person].” Another person said, “Some [staff] are easier to get on with than others. I am happy [with them] overall.” The same person added how much difference the staff had made to their lives. They said, “I would be stuck without them. They have given me so much more independence.”

Staff told us about their induction to the service. This included classroom training as well as shadowing experienced members of staff. One care staff said, “I have worked in care before but I was still expected to complete all their [the provider’s] training programme.” Another staff member said, “It was good to get to know the people I would be caring for.” One person told us, “I would say they [staff] are first class. I’ve known [name of staff] for a long time.”

Staff told us that their training was mainly e-learning but face to face training was available for those subjects such as moving and handling. The registered manager showed us the matrix for staff supervision, appraisals and training. We saw that the completion of these were regular and in line with the provider’s requirements. One person said, “I do feel that staff are [well trained]. If not I would let them [the registered manager] know.” Staff were made aware of changes in care practice such as the Social Care Institute for Excellence. Another person said, “They [staff] are fine, don’t rush, they do over the half an hour sometimes.” Staff confirmed that they were supported to gain additional health care related qualifications. The registered manager had a level five management qualification in care and staff with responsibilities for supervising staff also had appropriate qualifications.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular

decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. We found that not all staff had an embedded understanding of the MCA. This meant there was a risk of people being provided with care that was not always in their best interests should this be required. At the time of our inspection all of the people who were using the service had the mental capacity to make informed decisions for themselves either with, or without, support from staff. One person told us, “They [staff] know what they are doing; I just direct them [with decisions].”

We observed that staff sought permission before entering people’s homes and then they introduced themselves. This was to make sure the person was aware of their presence. This enabled people to have their wishes respected. Care staff confirmed that people’s care was provided by staff who knew what mattered to the person and what their preferences were. Examples of this were where staff had supported people to do take part in their daily life activities such as gardening. One person said, “They [staff] do what I want them to do but they do ensure I do as much as am able to do.”

Staff told us and we found that that they had regular supervision and an annual appraisal. They told us that this support was an opportunity for them to raise any issues or concerns related to, or about, work. One care staff said, “We now get regular support from the senior carers. It is an opportunity for us to be reminded of what good care should look like.” One person said, “The staff definitely know what they are doing. I am [an] easy going person but they support me no matter what my needs are.”

We found and saw that people were encouraged and reminded to eat and drink sufficient quantities. One person said, “They [staff] just go to the freezer; pull something out and I say ‘that will do’. They give me a choice of drinks.” Another person said, “They [staff] know how much I eat and when. It’s my choice.” A third person told us they had their usual cooked breakfast. They said, “The girls [staff] ask me what I want but they know really what I will say.”

People told us and we saw that they were supported to access health care professionals including community nurses or a GP when needed. One person said, “I recently

Is the service effective?

needed a doctor and they [staff] acted straight away. I couldn't fault them." A staff member said that where specialist health care support was needed this was always requested in good time. Another person said, "If I ever felt

unwell I feel totally confident that staff would do something for me and call someone [health care professional]." People were assured that requests and referrals for health care would be made in a timely manner.

Is the service caring?

Our findings

People were provided with care that was delivered in a sensitive and caring way. We observed care staff speaking with people at a pace the person was comfortable with whilst ensuring the person fully understood what was being said. People were consistently offered choice based on what was important to them. Examples included, being asked on a daily basis if they were well and if they were in any discomfort at all. One person said, "I find every day is different. They [staff] are terrific support. I'm comfortable with them." Another person told us, "On occasions I have felt distressed. They [staff] put the kettle on and we have a chat about it. I feel much better afterwards." One care staff told us how they had supported a person who lived on their own to have a Christmas meal at the person's request. They added that having worked in care for some time that knowing a person was going to be alone at that time of year was something people really appreciated.

We found that staff were knowledgeable about people's preferences. For example, where people usually sat and how their day to day care needs would normally be provided. One person said, "They [staff] are respectful and pleasant. Pleased to have them in my house." Staff completed a daily record of care visits and the care that had been provided. People were aware of the care plans they had and these were based upon their individual needs. Care plans included guidance and information about how staff were required to provide people's care. This meant that staff had the information in people's care plans to meet people's needs in the way the person wanted.

We saw staff supporting people in a way that people wanted whilst respecting their independence. For example, staff listening to, and giving, people time to complete their conversations and responding with empathy and sincerity.

One person said, "They always stay the full time, over time sometimes if needed. They even get my prescriptions for me." Staff explained how they respected people's privacy and dignity. This was by offering reassurance and only washing people a bit at a time. One person said, "They [staff] wash me with a bed wash. They keep me covered with towels. That's why continuity of staff is important to me." A third person said, "When they [staff] get me up they keep me covered when they put my underclothes on." This showed us that staff respected people's privacy and dignity.

We were told and saw that care staff always knocked on people's doors and waited until the person acknowledged them. Staff entered people's homes in the way the person preferred such as by the side entrance. People confirmed that staff always respected their dignity and never discussed other people or their individual circumstances. One person said, "I never hear them say anything about other people." One care staff said, "It's the little things that can make the biggest difference." Examples included making sure people's walking frame was in reach as well as sitting down to have a chat and a coffee. Another person said, "If they [staff] finish [my care] early, they say is there anything else that wants doing."

People told us that they could have visitors whenever they wanted as well as being supported to see their family members. One person said, "My daughter sees me regularly which I like." People's care plans confirmed the arrangements for support from family members as well as clear information on the people in people's lives that were important to them.

Independent advocacy arrangements were available if this was required. Advocacy services assist people who may not be able to speak up for themselves. Staff told us that people using the service were generally supported with a relative or friend but the information on advocacy was in the service user guide (SUG).

Is the service responsive?

Our findings

The registered manager confirmed that people's needs had been assessed to ensure the service could provide them with appropriate care and support. We saw that people had confirmed their agreement to the care plan when they started using the service. This was to help ensure that the service and its staff were able to safely meet people's expectations. We found that staff knew people's needs well. People were supported with hobbies, pastimes and interests that were important to them. For example, watching birds in the garden and reading a book or newspaper.

Staff respected people's chosen religious preferences. One care staff told us that sometimes people told them things that they had not previously been aware of. They said, "It can be new things or historical events they [people] had experienced throughout their lives." We saw in records viewed that people's life histories were used to provide staff with background information about the person. For example, if a person liked gardening or indoor activities such as knitting, then this was what they were supported with. This was to help ensure people had as much choice as possible. Other activities included people who went to a day centre, watching their favourite programmes on TV or going out with staff for a walk.

The registered manager and staff with supervisory responsibilities told us that people's care plans were kept up to date. Reviews of care plans were undertaken every six months. One person said, "When I have an assessment they [staff] ask if there are any changes I want to make." Where a more urgent need arose such as a person returning from hospital then changes to people's care needs were made. These included the times of the care call, variations to the number of staff required or newly prescribed medicines. A

follow up call or visit to people was also completed within one week of them using the service. This helped ensure that people's care was based upon their most up-to-date care information.

Staff meeting minutes showed us that the registered manager and staff were able to highlight areas they found needing improvement. One person told us, "My circumstances changed so they [staff] have to do extra bits I ask them to do them." Areas covered included staff ensuring they correctly followed the provider's out of hours contact procedures. Other examples included reminding staff to respect people's right to confidentiality. This proactive approach helped ensure that actions were taken to address any concerns or suggestions as swiftly as practicable. The majority of feedback that the registered manager and staff had received from people using the service was positive and complimentary. This as well as information from our questionnaires confirmed that people were satisfied with the care they were provided with.

People were provided with information about how to raise a concern. This was included in the SUG people had been provided with as well as through day to day contact with care staff and the registered manager. The SUG included details about the appropriate authorities, people could access if their concerns were not responded to, to their satisfaction. For example, the Local Government Ombudsman for social care. Responses to people's complaints and concerns were acted upon within the timescales outlined in the service's complaints procedure. We found that the daily contact with people in their homes enabled staff to identify and act on any issues quickly. One person told us, "If necessary I would ring [name of director] in the office. Certainly quite comfortable complaining [if required]."

Is the service well-led?

Our findings

We found that the provider and registered manager had effective quality assurance and audit processes in place. These had identified several areas for improvement including ensuring that staff accurately completed the recording of the time they had spent with people. We found that these audits had identified that incidents had occurred involving errors in the administration of people's medicines. We found that the registered manager and staff had taken appropriate action to ensure people were safe. The registered manager had submitted appropriate notifications to us about important events they are required, by law, to do so.

We saw and staff told us that they supported people to maintain links with the local community. This included going shopping, attending a day centre, appointments with healthcare professionals and being visited by friends. The provider told us they also sign posted people to the Cambridgeshire 'Community Navigator Service'. This is a local authority service which supports people at risk of social isolation.

The registered manager and all staff were aware and knowledgeable about the values of the service in putting people's individual wishes first. Staff explained to us what this meant for each person they supported. One care staff said, "It's not just about giving people the care they need. It's about respecting what people want and not what we think they need."

All staff told us they liked working for the service and that it was a good team to be part of. One care staff said, "I have worked in other care services but [name of provider] is by far the best." They told us that this was because it was like a big family. All staff confirmed that the registered manager was a very approachable person, that their door was open and that they were keen to develop staff's skills. One person said, "I'm over the moon with them [name of provider]. I'm moving and I want to stay with them. They are perfect, nothing needs improving." In our survey questionnaire staff told us that the organisation was good to work for, that the registered manager knew everyone who used the service and that they and the provider dealt swiftly with any concerns that staff may have had. Staff confirmed that they received regular supervision and attended staff meetings so that they had the opportunity to discuss issues and be involved in developing the service.

The registered manager and director were aware of the challenges in recruiting staff. This was to ensure that only staff who possessed the right skills and passion about care were employed. One person said, "The service is extremely well managed. [There is a] happy atmosphere, all staff understand what they need to do." This showed us that managers and staff had a shared understanding of what was important to people.

People's views were sought daily, but more formal reviews took place including the option to speak with the registered manager. People confirmed that this was the case. One person told us that their views had been obtained in November 2015 with their family member. This was to obtain people's views and satisfaction of the quality of care they had received. Another person said, "They [staff and managers] are very good [with communication]. I get an email every week keeping me informed." People knew the registered manager's name and how to contact them. Another person said, "I see [name of registered manager] she comes to see me to check that everything is alright. She sometimes even helps with my care to make sure they [staff] are all doing it properly." This helped the registered manager prioritise any issues which affected people's care.

Staff confirmed that they were supported by the registered manager with their personal development. This was to help motivate staff. The registered manager told us that they were supporting all new staff in completing the Care Certificate. This is a nationally recognised qualification in care. One senior care staff said, "I am regularly reminded about training and when I have to do this by." The registered manager monitored staff's performance around their completion of their mandatory training.

We saw that any trends such as those for accidents and incidents were monitored. Action was then taken such as referrals to the appropriate health care professional or additional training for staff. An example included obtaining equipment to support people with their independence. We saw that the management staff undertook regular checks on the accuracy of people's medicines administration records. Any errors such as staff forgetting to sign their confirmation of the administration were acted upon. Ways this was completed was at staff supervision or for more general issues during staff meetings. One person said,

Is the service well-led?

“They [care staff] always say ‘how are you feeling’. Any changes which happen are addressed straight away. I would give them 12 out of 10, I don’t think they can improve on anything, they are very special people.”