

Ampi Limited

Bluebird Care (Maidstone)

Inspection report

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26 February 2019

27 February 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Bluebird Care (Maidstone) is a domiciliary care provider that was providing personal care to people in their own homes. Most of the people being supported were elderly. At the time of our inspection there were 113 people receiving support.

People's experience of using this service:

- Some people told us that not all staff were skilled in carrying out their role. They said they thought newly recruited staff would benefit from some additional training. We have made a recommendation about this.
- We found people received safe care and support from staff. Staff knew what actions to take to ensure people were protected from abuse.
- The registered manager made sure there were enough staff before considering supporting new people. Those staff were recruited safely.
- Staff worked well together to ensure people received joined up care and support. People said they knew staff well, and felt staff knew them well.
- People received support from staff who had a caring nature.
- People were treated with kindness and respect, and their privacy and dignity was respected.
- People received personalised care which was responsive to their needs and preferences.
- The service had a registered manager who was dedicated to providing high-quality care which promoted an open and fair culture.
- Audits were in place to assess the performance of the service and to action any concerns as they arose.
- The service had developed strong links with the local community in innovative ways.

Rating at last inspection:

Good (report published 8 September 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection. We found the service continued to meet the characteristics of Good.

Follow up:

We will continue to monitor the service through the information we receive. We will carry out another scheduled inspection to make sure the service continues to maintain Good.

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Bluebird Care (Maidstone)

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out 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. They had experience of caring for elderly people.

Service and service type:

Bluebird Care (Maidstone) is a domiciliary care agency which provides care and support for people in their own homes. Care is provided for a range of people including older people and people at the end of their lives. The service operates in areas of West Kent. Not everyone using Bluebird Care (Maidstone) received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 4 days' notice of the inspection visit because the registered manager and other staff we wanted to speak with may not be in the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 26 February 2019 and finished on 27 February 2019. We visited the office location on 26 February 2019 to see the registered manager and office staff; and to review care records, staff records and policies and procedures. We asked the registered manager if they could seek the

permission of people using the service to visit them in their home to gain their feedback, and we visited those people on 27 February 2019. We spoke to care staff on 27 February 2019 on the telephone.

What we did:

We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as allegations of abuse. Providers are required to send us key information about their service, what they do well, and improvements they intend to make. This information helps support our inspections. The provider was not able to complete a Provider Information Return as we had not requested this. Therefore, we looked at this information when we inspected the service and made the judgements in this report.

During our inspection we looked at the following:

- Notifications we received from the service
- Five people's care records
- Four staff recruitment files, staff supervision and training records
- Audits and quality assurance reports
- Rotas
- Medicine records

We also visited four people in their homes and spoke to them and their relatives about the support they received. We spoke with eight people and five relatives on the telephone. We also spoke with the registered provider, the operations manager, the registered manager, the live-in care manager, the training manager, the office support manager, a care coordinator and five care staff.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Training was provided to staff in their induction which helped staff to be aware of different types of abuse, and how to report any concerns they had. Staff also received updates to this training each year, so they could keep up-to-date with changes to legislation and best practice. People told us they felt safe with staff.
- Staff we spoke with were knowledgeable about safeguarding procedures and were confident that their managers would investigate any concerns they raised appropriately. They also knew they could raise concerns with external agencies if they needed to, such as with the local authority safeguarding team, or with CQC.
- The registered manager was aware of their responsibility to report any safeguarding concerns to the local authority and CQC and had done so when required.

Assessing risk, safety monitoring and management

- Risks to people and the environment were assessed in people's homes before support started to be provided by staff. Senior staff were trained to carry out these assessments.
- When risks were identified, guidance was provided to staff on how to reduce the risks. Risks were reviewed regularly, and guidance was amended to reflect any new risks. One relative told us, "The carer always dries the floor in the wet room so that (name) isn't at risk of slipping if they need to use the toilet later on."
- The registered manager kept a log of when moving and handling equipment, such as hoists, were due to be serviced so staff were safe when using them. Additionally, staff said they checked equipment before starting to use it, including checking the batteries, wheels and slings of hoists.

Staffing and recruitment

- There were enough staff available to meet the needs of people using the service. The registered manager assessed staffing levels before deciding to take on more people into the service. People thought there were enough staff to respond to any changes to their needs, with one telling us, "When I need more care I am confident that they will have the resources."
- Rotas had recently been reorganised, so staff were supporting people in a small geographical area. This had resulted in less travel time between visits, and a reduced risk that staff will be delayed due to traffic problems. It also meant people were being supported by a smaller number of staff, so were better able to build relationships with them.
- People told us staff arrived on time, and they would be informed if staff were running late. People also told us that staff spent enough time with them, with one telling us, "Sometimes I have to chase the carers away, they're never clock watching!"
- Staff were recruited safely. Pre-employment checks were made, including obtaining a full employment history. Staff completed Disclosure and Barring Service (DBS) checks before they began working with people.

DBS checks identify if candidates had a criminal record or were barred from working with people that need care and support. References were sought and verified.

Using medicines safely; Learning lessons when things went wrong

- People had their ability to independently manage their medicines assessed before they started to receive a service. Those who needed help were supported by staff safely.
- Staff had regular training and had their competency checked to make sure they were giving people their medicines in accordance with the person's prescription.
- Staff used an electronic system to record if the person had taken their medicine and told us they found it easy to use. Senior staff had access to this information in real time, meaning they could swiftly act if, for example, the person had refused to take their medicine. It also helped senior staff to identify if any medicine errors occurred.
- Accidents, incidents and near misses were recorded and report by staff to the registered manager.
- The registered manager took steps to ensure lessons were learned when things went wrong. For example, when records showed one person had not received their medicine in accordance with their prescription, senior staff spoke to the person's GP to ensure they were safe. They then arranged for additional training for the staff member which made sure they were competent to support people in the future.

Preventing and controlling infection

- Staff confirmed they had access to enough personal protective equipment such as gloves, face masks and aprons.
- Senior staff checked if staff were using them during regular spot checks in people's homes. We saw people using equipment when we visited them.
- Staff received infection control training, which included providing guidance on how to best control infectious diseases.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- People and their relatives told us they did not think all staff had the skills, knowledge and experience to deliver effective care and support. People and their relatives said they had not found all newly recruited staff were competent to carry out their roles. No concerns were raised about more established staff's training or competency.
- For example, one person needed support with equipment as part of their personal care. A relative of that person told us, "The type of bag [person] has leaks if not placed correctly and some new staff aren't familiar enough with it. New people can be a bit slap dash and don't realise how precise they need to be."
- Another person needed to be supported by using other equipment as part of their care, and their relative fed back to us, "If I'm honest, the new carers could be better trained with the ceiling hoist."
- Another relative said, "I wish they would train them to make a bed properly. Pulling a duvet over a rucked bottom sheet is not good enough and can cause sores."
- Furthermore, another relative told us, "I think that some of the training is minimal and some carers need to know more about Parkinson's. They don't understand how you need to be patient."
- We spoke to the registered manager and operations manager about these concerns. They told us that people and relatives had not raised these concerns through the usual channels prior to the inspection.
- The registered provider told us all newly recruited staff received a comprehensive three-day induction along with the shadowing more established staff for as long as staff, and their managers, felt they needed. This induction included catheter care, training on how to use hoists, and how to support people with Parkinson's disease, amongst other subjects.
- New recruits were supported to complete the Care Certificate. The Care Certificate sets out the learning outcomes, competencies and standard of care that care services are expected to uphold. Staff were required to complete and pass the Care Certificate before they passed their probation period.
- Comments from staff relating to the quality of the induction were sought and was consistently positive. However, given the feedback we received from some people and their relatives, we recommend that the registered provider considers seeking advice and guidance from a reputable source regarding the induction process and ensures that the planned training put in place newly recruited staff is embedded into their everyday practice to ensure people are supported appropriately and equipment is used safely.
- Established staff were supported with a programme of training to make sure their skills were kept up-to-date. This included subjects such as; safeguarding principles, health and safety and manual handling. The registered provider told us that staff preferred face-to-face training, so all courses were provided in this format where possible.
- People were complimentary about the quality of established staff, with one person telling us, "Having such a good carer means that I can stay at home and my partner can still be my partner and not become my

carer."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs, preferences and choices had been assessed so that care achieved effective outcomes in line with national guidance. A staff member told us, "Assessments are detailed, they pick up on all the areas we need to know about."
- These assessments had considered any needs the person might have to ensure that their rights under the Equality Act 2010 were fully respected, including needs relating to their disability or religion.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff made sure people had access to health professionals when they needed it. For example, staff made referrals to a person's GP when they needed medical support. On another occasion staff noticed one person was unstable on their feet. The registered manager arranged for an occupational therapist to visit to see if the person might benefit from any equipment to help prevent them from falling. Another person told us, "I am confident that they would know who to call if they came in and found me unwell."
- Staff supported people to attend appointments around their health. One person said, "I like them coming in with me to the doctors as they can remember what's said and then explain it to me."
- Staff shared important information with other professionals when needed. Information was kept in a 'hospital passport' within the person's care records. This provided information to health professionals on people's care needs and preferences in case they needed to go into hospital.

Supporting people to eat and drink enough to maintain a balanced diet

- Most people could support themselves with their meals or received support from their families.
- When staff needed to provide support, they did so safely. They were provided with health and safety and food hygiene training. One staff member told us, "We make sure we give people a choice. One person that I support has dementia. They had ten different meals in their freezer, so I took them to the kitchen to help them to pick something out."

Ensuring consent to care and treatment in line with law and guidance

- 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 law 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 make 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 in order 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.
- Staff we spoke with were knowledgeable about the MCA. Where necessary they took steps to ensure people were fully protected by the safeguards contained within the Act.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were treated with kindness and respect in their day-to-day care. Staff knew people and their needs well because rotas were organised in a way which meant people were seen by a small group of staff. One person told us, "Having a regular person means that they become friends and they know my place so well." The rota was sent to people in advance so they knew who would be attending, and people told us they were appreciative of this. One person said, "I love the extra message on the bottom of the rota – 'Keep well,' 'Hope you've had a good week', 'Hope you're enjoying the lovely weather'. It's just a little touch but it makes me smile."
- We heard staff speaking with people in a caring way. One staff member asked the person about how they had slept the night before and asked about their cat and family. This helped to reassure and settle them when they were assisting them with care.
- People could choose their staff if they wanted to. The service provided 'live-in' care to some people, and senior staff arranged for a 'meet and greet' to make sure the staff member was well matched to the person. Another person said, "I asked to have the person that had been so good with my wife and they were able to arrange that. It keeps another connection as I can talk to them about my wife." A different person told us, "We have got to know the carer so well, it's like they're part of our family. My sister attended the local carol concert with them."
- Staff sought accessible ways to communicate with people. One person used an electronic device to record their care preferences and wishes. Staff used a white board to communicate with another person.
- The registered manager kept a log of people, and staff, birthdays and arranged for birthday cards to be sent. People said they appreciated this, with one person telling us, "I had a birthday card and a tin of sweets. It was very thoughtful."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and they and their relatives were involved in making decisions about their care and support.
- The registered manager arranged for reviews of people's care to take place every 6 months. They asked if people wanted their relatives to attend and arranged this if they wished.
- If people did not have relatives to support them, the registered manager would refer them to external lay advocates for support. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.
- We saw staff encouraging people to make decisions about their day-to-day care, such as what to wear and what breakfast they wanted to eat.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to be as independent as possible. One staff member said, "I always encourage people to do things for themselves. Even if I'm helping with a shower, I'll make sure they're doing as much as they can. For some people, I just stand outside the bathroom and offer encouragement. With others I might be helping, but they wash their own face."
- People had their privacy and dignity respected. Staff were mindful not to discuss private information with family members if the person did not want them to. One person told us, "They never invade my privacy or anything like that."
- We saw people being supported in a dignified way. One staff member said, "I make sure people are covered when take them from one room to another, to help with their dignity."
- The registered manager made arrangements to ensure that private information was kept confidential. Care and staff records containing private information were stored securely in an office when not being used. Computer records were password protected so that they could only be accessed by authorised members of staff.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received support which was built around their choices, needs and preferences.
- Each person had their own individual care plan which showed the support they needed, and how they wanted this support to be provided. Staff told us these care plans were sufficiently detailed to enable them to provide support in the way the person wanted. One staff member said, "The care plans are good. If the person's needs change they [senior staff] carry out a review.
- People told us they received care and support in the way they wanted. One person described their care plan, "They included changing the water in the flower vases – it's very detailed about the things that are important to me."
- People were supported to access the community. Some people's care plans included how and when staff were to take people out, such as to local events or shopping. One person said activities were discussed when devising their care plan, adding, "I go for coffee down the road, meeting friends and I wouldn't be able to do that without [staff member]."
- The registered provider also arranged a number of events and outings for residents each year. This included regular trips to the beach for people, and a Christmas meal. This allowed people to develop relationships with others using the service. Feedback was positive, with one person saying, "I loved meeting people in different circumstances. I appreciate and value those occasions."

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make a complaint as information on how to make a complaint was held in people's care records. People said they felt any concerns they had would be treated seriously by the registered manager.
- The registered manager kept a log of complaints, and records showed they had been responded swiftly and action was taken to learn from any mistakes.

End of life care and support

- The service was not providing support to people at the end of their lives at the time of the inspection.
- However, the registered manager could describe the steps they had taken in the past to be sure people were supported to have a pain free and dignified death. This included close liaison with local district nurses and GPs to make sure people had access to appropriate medicines.
- Staff received training during their induction on how to support people at the end of their lives.
- Senior staff had access to specific care plans, which included making sure staff were aware of people's wishes, their religious and spiritual beliefs and how they would like them to be respected.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered provider had a set of brand values and a vision which they kept under review. This included statements such as; "More than care;" "Trust in us all;" "Experts in what we do" and "Always here for you."
- The registered manager said they made sure staff were working in accordance with these values by being in close contact with people and relatives using the service. They carried out regular spot checks of staff, and the values were discussed during staff inductions and in team meetings.
- Staff had access to an application on their telephone which enabled them to access any company policy or procedure when working in the community. It also provided them with information on, for example; how to support people with pressure sores or other medical conditions.
- All management staff had previously worked as care staff before being promoted. This meant they understood the role of care staff well, and care staff told us they felt supported by their managers. One told us, "I've not been here for long, but I feel comfortable. Managers are on the end of the phone whenever I need them."
- People said they thought the service was well led. Comments included, "There is always a great response to any query that I have;" "They always call me back, and I am made very welcome if I pop into their office;" and "They are great for advice. I thought we needed another call but they said they could add on a bit of time and that was more cost effective for me."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- It is a legal requirement that a registered provider's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered persons had conspicuously displayed their rating on their website and within their offices, which were accessible to staff and the public.
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered persons had submitted notifications to the Care Quality Commission in an appropriate and timely manner in line with our guidelines.
- The registered manager and other senior staff kept up-to-date with changes to legislation and best practice by being members of organisations which support the development of manager such as; Skills for Care.
- The registered provider carried out a series of audits to measure the quality of service being provided to

people. For example, the operations manager met with the registered manager monthly to discuss the performance of the service. This included making sure all care plan reviews had taken place, making sure rotas had been posted on time and measuring continuity of care staff for people, so managers knew if people were being supported by as few members of staff as possible.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered provider and senior staff made sure staff, people and their relatives were involved and engaged in the service.
- Managers met regularly to discuss the performance of the service. Staff told us they attended regular staff meetings where they discussed changes to policies and procedures and upcoming events. Staff said they could raise concerns in these meetings and felt their managers listened to them.
- The registered provider organised two customer questionnaires a year. Records confirmed any concerns raised from the feedback was acted upon. One person told us, "I said I didn't think they give enough travel time to carers. I think that has improved recently." Another said, "I put 'truly satisfied' on the form as that is what we are."
- Audits carried out by the franchisee showed a 91% satisfaction and compliancy rate for the year.

Continuous learning and improving care

- Arrangements were made for the service to learn, innovate and ensure its sustainability.
- The registered provider owned three domiciliary care services. Managers met with each other monthly to discuss achievements or barriers in order to learn from each other.
- The registered provider told us they had visited an 'outstanding' rated service in order to learn how to improve the service. This had led to some changes in processes that staff followed.
- The service had implemented the use of an electronic care planning system; which staff could access and update whilst visiting people. This allowed information to be updated more quickly and meant all staff were up to date with people's needs.

Working in partnership with others

- The service worked in partnership with other agencies to enable people to receive 'joined-up' care. This included working with health professionals such as; occupational therapists and voluntary services in the wider community. Newsletters containing good news stories were sent to health professionals and other people involved with the service twice a year.
- The registered provider had arranged for staff to visit a local hospital to support patients with dementia on a ward. Feedback from ward staff was positive, and the service was in the process of introducing an online reminiscence activity tool for people to take part in on the ward. People could watch old films, musicals and staff could use the tool to spark conversations with patients.
- They also provided a grant which community organisations could bid for each year. Recent winners included a community ambulance service.