

Anjoy Ltd

Bluebird Care Rugby and South Leicestershire

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 ●

Summary of findings

Overall summary

About the service

Bluebird Care Rugby and South Leicestershire is a domiciliary care agency. It is registered to provide personal care to people in their own homes, including people with dementia, physical disability and mental health conditions. At the time of the inspection visit the service supported two people.

People's experience of using this service

There was no registered manager at the service. The provider and directors understood having a registered manager was a condition of their registration and demonstrated how they were currently trying to recruit to the vacancy.

People felt safe using the service. Staff managed the risks to people's health, safety and well-being and understood how to recognise and report abuse. Staff recruitment processes included background checks to review their suitability to work with vulnerable adults.

People received support from staff when needed. People were supported to have enough to eat and drink to maintain their well-being. People were supported to obtain advice from healthcare professionals when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated with dignity and their independence was promoted wherever possible. Staff provided care to people at the end of their lives.

People were involved in planning their care with support from staff. People and their families understood how to complain if they wanted to.

The provider and the directors worked in partnership with outside agencies to improve people's support when required. There were checks in place to ensure good standards of care were maintained.

Staff felt valued and were rewarded with a range of benefits and incentives. The provider had obtained an award for their staff management achievements.

Rating at last inspection and update

The last rating for this service was requires improvement (inspected 7 August 2018) and there was a breach of regulation. Following the last inspection, the provider confirmed what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Bluebird Care Rugby and South Leicestershire

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

One inspector visited the service.

Service and service type

Bluebird Care Rugby and South Leicestershire is a domiciliary care agency. It provides personal care to people living in their own homes.

The service did not have a registered manager in post at the time of our inspection visit. The previous registered manager left the service in June 2019. This meant the provider is 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 six days' notice of the inspection. This was because the service is small and we needed to be sure the provider would be in the office to support the inspection.

What we did before the inspection

We looked at the information we held about the service. We checked records held by Companies House and sought feedback from the local authority. We used all this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and

improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We telephoned two people who used the service or who had a relative who used the service, about their experience of the care provided.

During the inspection

We spoke with three members of staff including the nominated individual and two directors of the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included two people's care records. We looked at staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including checks on the quality of care provided.

After the inspection

We received further information from the provider to evidence the quality of the service. We telephoned three members of care staff to obtain their views of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management and learning lessons when things go wrong

- Information in care plans guided staff on how to support people safely and staff understood how to reduce the risks to people's safety when supporting them.
- The provider had acted to minimise risks related to emergencies and unexpected events. Environmental risks had been assessed and were reviewed regularly.
- Senior staff monitored any events to identify and address any trends or patterns to minimise the risks of a reoccurrence.

Systems and processes to safeguard people from the risk of abuse

- People told us they received safe care.
- Staff had received training about the different types of abuse. Staff understood they needed to report their concerns to senior staff and felt assured that these would be taken seriously.
- In the absence of a registered manager, directors understood their obligation to report concerns to the relevant authorities and send us statutory notifications to inform us of any events that placed people at risk.

Staffing and recruitment

- People told us there were enough staff to provide support when it was needed and on the whole staff arrived on time to care calls. People confirmed staff telephoned them in advance if they were going to be late to a call.
- One of the directors explained staffing levels were worked out in advance and were dependant on the needs of the people who used the service.
- The recruitment process included background checks of potential staff to assure the provider of the suitability of staff to work at the service. One of the directors explained they prioritised recruitment activity to ensure continuity of care for people.

Using medicines safely

- Staff had been assessed as competent to support people with their medicines, however no one who used the service was supported with their medicines.

Preventing and controlling infection

- People told us care staff wore personal protective equipment when personal care was given. One person told us, "Staff put on gloves and aprons when they start and put them in the bin when finished."
- Staff understood and followed safe infection control guidelines and knew how to minimise risks of cross infection. One member of staff explained how they maintained good hygiene levels in the kitchen and were

aware of food safety guidance.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Protected characteristics under the Equality Act 2010 were considered in people's assessment of needs. For example, people were asked about any religious or cultural needs they had.

Staff skills, knowledge and experience

- Staff were skilled, competent and suitably trained to meet people's needs effectively. Newly recruited staff followed a formal induction programme and were required to undertake training when they commenced employment. They also worked with existing and experienced staff members to gain an understanding of their role.
- Staff were positive about the standard of the training and told us training gave them the knowledge and skills to support people according to their individual needs. One member of staff told us, "Senior management have given me a lot of support and training and I now feel confident to help support other staff."
- The provider's induction was linked to the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff told us they met with their manager on an individual basis and received feedback on their performance.
- Staff were encouraged to study for nationally recognised care qualifications. The provider supported staff to develop their skills and progress to more senior roles.

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

- Some people received food and drinks prepared by care staff. Staff prepared meals in line with people's choices and made sure people had drinks available in between care calls.
- Staff knew about people's individual needs and ensured they had enough to eat and drink to maintain their well-being.

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

- People had been referred to other healthcare professionals to promote their wellbeing, such as the GP for further advice. One member of staff explained how they had recently supported one person to obtain advice from a health professional and how information was shared with other care staff to ensure the person was supported effectively.

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 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- Staff were working within the principles of the MCA.
- Staff obtained people's consent when they supported them. One member of staff explained how they obtained consent by talking with people in a way that suited them, so they could understand the support they were receiving and this improved their wellbeing.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us they felt staff cared about them. One person told us, "The staff are personable people." They went on to explain how staff chatted to them during care calls and put them at their ease. Another person stated, "Care staff have a caring attitude...they treat us with respect."
- Senior staff explained how they had worked hard to ensure their service helped people to thrive in their home environment. A director told us the company motto was to be 'By your side.' They said, "We feel it is important to help people stay in their own home...and continue to enjoy their lives with confidence and peace of mind." Staff shared the management's caring ethos and told us, "We give people care in the way they want it."
- Staff felt confident they could support people to maintain their individual beliefs. They understood some people might need particular support to make them feel equally confident to express themselves.
- Staff felt well treated and valued by the provider and were motivated to provide people with high standards of care. They told us they received recognition for good practice and feedback to help them improve.

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

- Staff spoke confidently about how they supported people to make everyday decisions about their care. Staff understood people's behaviours and knew how people preferred to be communicated with.
- People were asked about their individual preferences and these were acted on. For example, people were asked what gender of staff they preferred and care was provided to meet their needs.

Respecting and promoting people's privacy, dignity and independence

- People told us care staff acted in a way that maintained their privacy and dignity. One person told us, "Staff respect it is my house and ask for my consent. They make sure I'm happy with any arrangements."
- Staff explained how they encouraged people to be independent because it helped them to remain in their own homes and improved their wellbeing.
- The provider ensured people's personal information was treated confidentially. Records were kept securely and could only be accessed by authorised staff.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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 told us staff knew them well and were positive about how responsive staff were to their needs. One person said, "Staff know our care needs because they read the care plan which is all digital now."
- Care plans contained personalised information and gave direction to staff that was specific to each individual. Care plans were recorded electronically and were updated in 'real time.' Care staff told us this meant they had access to information as it happened and this helped them to meet people's needs better because they could look for, "Signs of change or deterioration in people."
- People were included in planning their care in ways that suited their individual needs. A director told us, "From the moment people enquire, we want to understand their needs...We meet people and understand them as a person and why they need care." Reviews of care were carried out by senior staff. A director explained they kept in close contact with people and their chosen representatives by telephone, as well as by visiting them in person, to ensure people's needs were being met.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- One person explained how staff took special steps to communicate in a way their relative could understand. A member of care staff confirmed this and said, "We get close and talk slowly and we write things down."
- People's communication needs were recorded in their care plans.
- The provider told us if people needed information in particular formats, they would ensure these were made available.

Improving care quality in response to complaints or concerns

- No formal complaints had been raised about the service, however, people told us they had raised minor concerns, which were investigated in accordance with the provider's policy and resolved to their satisfaction. A director told us, "My door is open and people can contact me if they wish."
- The provider's complaints procedure was accessible to people in their homes.
- People told us they could raise concerns without feeling they would be discriminated against.

End of life care and support

- Care staff were trained to support people at the end of their lives. A director explained care staff were experienced and worked alongside other health professionals to provide responsive end of life care.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to comply with a condition of their registration, they had moved to a new office premises without informing the Commission. This was a breach of Section 33 of Health and Social Care Act 2008. At this inspection we found the provider had successfully applied to change their registration and was no longer in breach.

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

- Since our last inspection visit, the provider had successfully applied to change their registration conditions and was now registered correctly.
- There was no registered manager in post at the time of our inspection visit. The previous registered manager left the service in June 2019 and the provider was in the process of recruiting a new manager in order to fulfil their registration requirements. The provider and directors understood having a registered manager was a condition of their registration and demonstrated how they were currently trying to recruit to the vacancy. In the absence of a registered manager, they shared the manager's responsibilities.
- People were positive about the leadership of the service. One person told us they would recommend the service to others.
- Staff at the service understood their roles and responsibilities and how to seek advice and guidance about people's care. A member of care staff said, "I have been given time to settle into my role...senior managers help me to look at what I can do better and have given me time to develop."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on their duty of candour which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and directors understood their obligations for reporting important events or incidents to the CQC. They were aware of their duties under the new general data protection regulations and information was kept securely.
- The latest CQC inspection report rating was on display on the provider's website and at the service as required. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.
- The staff and management had values that placed people at the centre of the service and promoted their independence, enabling them to make choices about their lives as much as possible.
- The provider had introduced a career pathway for staff which encouraged them to improve their skills and develop themselves professionally. This included increments in their salary for developing new skills and

celebration of achievements. Staff explained how the staff benefit package improved their wellbeing. One member of care staff explained how they felt valued by the provider because they had been nominated for a national care award. A director explained how they tried to improve staff wellbeing through social events. They said, "We make an effort to get staff together because their work is sometimes isolated and so they can get to know each other."

- The provider had achieved a gold award in 'Investors in people' accreditation scheme, for their staff management achievements. This had been attained at another of the provider's services, where staff working for this service had been recruited and were therefore included in the consultation.

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

- People felt senior staff were accessible and they could communicate any concerns to them. One person told us, "I email them with any feedback or issues. They listen and take action."
- People told us they were encouraged to share their experiences of the service by completing surveys. The most recent survey was collated in June 2019. A director explained because the service was small, they were able to resolve any concerns by contacting people on an individual basis and taking action to improve the service.

Continuous learning and improving care; Working in partnership with others

- A director explained they carried out checks on the quality of the service on a daily basis and had oversight of any events that may occur. Electronic records showed actions were taken to make improvements to the service, following the checks.
- Senior staff had demonstrated their commitment to improve by utilising electronic systems which allowed information to be shared more effectively with staff to help them meet people's needs. Staff told us they liked the systems because they were easy to use and helped them share information with other staff more easily. Staff were able to access the provider's policies and guidance securely on the mobile telephones whenever they needed support. Staff commented this was useful, as they spend a lot of time lone working. Senior staff explained they could check what support people had received straight away and tasks could be changed to ensure people received care that was individual to their needs.
- Senior staff shared best practice with staff to help improve the service. They obtained advice and support from external agencies, for example, NHS Continuing Health Care. They attended franchiser meetings where they obtained updates and shared new ideas. A director told us the new staff guide was developed following discussions at these meetings.
- Team meetings were utilised to communicate updates and required changes to staff. These included updates on individual's needs. All the staff we spoke with were confident they could raise concerns and speak openly about any improvements they thought were required or ideas they had.
- Staff worked with other agencies to improve people's experience of care. These included health and social care professionals.