

Ajit Ltd

# Bluebird Care (Stevenage)

## Inspection report

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## Ratings

Overall rating for this service

Good 

Is the service safe?

**Requires Improvement** 

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

The inspection took place on 3 March 2016. We gave the provider 48 hour notice of our intended inspection to make sure that appropriate staff were available to assist us. We also contacted people who used the service after we carried out the inspection. At the time of our inspection Bluebird Care (Stevenage) offered care and support to 78 people in their own homes.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

People told us staff supported them to take their medicines in in time. Staff were trained in safe administration of medicine practices, however we found that the medicine administration records had unexplained gaps where staff had not signed to say they administered peoples` medicines.

People and their relatives told us that their family members were kept safe and well cared for when they were being supported by the service. Staff had received training in how to safeguard people from potential abuse and knew how to identify the risks associated with abuse.

Recruitment processes were robust and ensured staff employed to deliver care and support for people were of a good character and suitable to meet people`s needs safely. There were sufficient numbers of staff available to meet people's individual needs and the service provided was flexible.

Potential risks to people's health and well-being had been assessed and reviewed regularly to ensure the risks to people's health and wellbeing were effectively managed.

People and their relatives were very complimentary about the abilities and experience of the staff who provided care and support. Staff received training when they were employed and regular updates to ensure they were up to date with their knowledge and best practice guidance.

Staff supported people to stay safe in their homes and people were supported to maintain their health and well- being. Staff developed appropriate positive and caring relationships with the people they supported and their families, and feedback from people was consistently positive about the service they received.

Staff asked people for their consent before providing care and support. People and their relatives where appropriate were involved in the initial planning of the care and support people received. People's personal information was stored securely and confidentiality was maintained.

People told us they felt the staff provided care and support that was delivered in a way that promoted their dignity and respected their privacy. Staff were knowledgeable about people`s preferred routines and

delivered care that was individualised to the person they were supporting.

People told us they felt that staff listened to them and responded to them in a positive way. They appreciated that the registered manager sent them regular questionnaires to seek their views about the service they received. People and their relatives knew how to raise concerns and they were confident that the registered manager would take appropriate action to address any concerns in a timely way.

People and their relatives were positive about the staff and the management of the service. The registered manager regularly audited the service any improvements needed were promptly actioned.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service delivered care to people safely.

People had their medicines administered by staff who had been trained in the safe administration of medicines. , However, there were unexplained gaps in people`s medicine administration records.

Staff were trained and knew how to safeguard people from abuse and knew how to report concerns internally and externally.

Risks associated with the support people received were assessed and regularly reviewed.

Recruitment processes were robust and there were sufficient staff with the right skills and experience to meet people`s needs at all times.

### Is the service effective?

**Good** 

The service was effective.

People received support from staff who were appropriately trained and were able to meet people`s needs effectively.

Staff felt supported by managers, they had regular one to one meetings with the registered manager where they had the opportunity to discuss development opportunities.

People were offered the support they needed to eat a healthy balanced diet.

Staff contacted health care professionals if people`s health declined.

### Is the service caring?

**Good** 

The service was caring.

People developed positive relationships with the staff who supported them.

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

People were supported to retain their independence and live in their own homes for as long it was possible.

People were treated with dignity and respect and their privacy was maintained.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received care and support which was appropriate to their needs.

The service was flexible and adapted the support to people`s changing needs.

People were aware of how to make a complaint and felt their concerns would be addressed in a timely way.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The manager had a clear vision about the service they provided and the promoted an open and transparent culture.

There were systems in place to monitor the quality of the support provided and to drive improvement.

The manager sent regular surveys to people, relatives and staff to gather feedback on the service and promptly actioned any shortfalls.

# Bluebird Care (Stevenage)

## **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 took place on 3 March 2016. We told the provider 48 hours before our visit that we would be coming to ensure we could access the information we needed. Before our inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During and after the inspection we spoke with four people who used the service, four relatives, five support staff, the registered manager and the director of the service. We looked at nine care plans, four employment files and other relevant documents relating to how the service operated.

We were unable to observe care provision due to the nature of the service which provided personal care and support to people living in their own homes.

# Is the service safe?

## Our findings

People who used the service told us that staff helped and supported them to take their medicines safely. Staff had been trained in the safe administration of medicines and knew how to ensure people received their medicines safely. One staff member told us, "Medicines are locked in a safety box and we need a pin [number] to open it to administer the medicines. We will lock them away to make sure people are safe and medicines are not left around." Medicine administration records (MAR) were collected monthly and reviewed by staff in the office to ensure people had their medicines as prescribed and staff signed the records.

However, we found that in some instances unexplained gaps in MAR's were not identified. . This meant that staff could not be sure that people had taken some of their medicines in all cases or not. As a result the registered manager implement new checklists which two supervisors had to sign upon checking the MAR`s. They also prioritised meetings with each member of staff to reiterate the importance of maintaining accurate and complete MAR's. The registered manager also planned visits to people`s homes to spot check MARs themselves. This meant that immediate steps were taken to ensure that people's medicines were managed safely. Although these failings gave rise to potential risks to people`s health nobody actually suffered any harm in this instance.

People and relatives told us they felt the service they received was safe and met their needs. One person said, "I am happy with the care I receive and staff make me feel very safe." A family member of a person who used the service told us, "Staff always ask [person] if they need anything else before they go and they make sure [person] is comfortable and safe before they leave." Another relative said, "[Person] is safe and well looked after."

Staff received training about how to safeguard people from harm and were knowledgeable about the risks of abuse. They knew how to raise concerns, both internally and externally, and how to report potential abuse by whistle blowing. One member of staff told us, "I will always look for signs of bruising or behaviour changes and report to the manager straight away. I know I can also contact local authorities and CQC if I have concerns." The registered manager personally introduced new staff to people to ensure they knew who visited them and felt safe when staff arrived at their homes. Information and guidance about how to report concerns, together with relevant contact numbers, was made available to staff. This meant that the provider made all the necessary arrangements to ensure people were safeguarded from potential abuse.

Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed. The registered manager conducted all the necessary pre-employment and identity checks before staff were offered employment. There were enough suitably experienced, skilled and qualified staff available at all times to meet people's individual needs. Staff visited the office once a week when they received their planned rotas for the week ahead and discussed any changes with the manager. The rota was designed to take account of travelling time and ensured staff arrived at the agreed times. One member of staff said, "I love this job. My visits are mainly close together and I have 15 minutes allocated between them. I don't have to rush and make people feel I need to go."

People told us they were happy with the service they received, staff never missed a visit and they were very rarely late by more than a couple of minutes and made sure people were informed in these cases. One person told us, "This is the best care company I ever had. Even if they [staff] are a bit late they always phone to let me know." A family member told us that their relative went through a very difficult time because of their medical condition and they were afraid that this would affect their ability to remain in their own homes; however with the support from staff and another health service had managed to recover. They said, "We [Person and family member] had such a difficult time but staff were always here on time and we could count on their help. We are very lucky with the service."

Where potential risks to people's health, welfare or safety had been identified, these were assessed and reviewed regularly by the registered manager or named care staff. This was done in consultation with health and social care professionals where appropriate, to take account of people's changing needs and circumstances. This included areas such as slips, trips and falls, internal and external environmental hazards. For example, effective support plans were put in place to reduce the risks associated with staff taking people out in winter time. There were also risk assessments for people who lived in remote villages in case staff was not able to reach them due to the weather. The registered manager told us, "We have arrangements with neighbours and other close relatives in case bad weather prevents us to reach people in time. We need to know people will be safe in case we cannot get there."

There were processes in place to monitor incidents and accidents that occurred. The registered manager told us there had been no incidents or accidents since our last inspection. However, staff was familiar with the reporting and recording procedure and they would investigate and review any that occurred. This was to ensure that steps would be taken to monitor and reduce identified and potential risks to people.



# Is the service effective?

## Our findings

People who used the service and their relatives were very positive about the staff who provided care and support. One person told us, "They [staff] know what they are doing, they [staff] look after me very well." One relative said, "Staff are very well trained, even new staff are taught well. They are working alongside experienced care staff until they know what to do."

People received care from staff who had been trained and well supported to meet people's needs in a safe and effective way. We found that the management team and care staff were all very knowledgeable about people's health, welfare and individual support needs. One relative told us, "We cannot expect a better service; they [staff] are excellent. We are very grateful for what they do."

Newly employed staff members were required to complete a structured induction programme during which they received training relevant to their role and achieved nationally recognised 'care certificate' qualifications. They shadowed more experienced colleagues and were not permitted to work unsupervised until they demonstrated their competence in their duties. Staff received training in areas such as safeguarding, medicines, health and safety, infection control, moving and handling, food hygiene and first aid.. One staff member told us, "The training is very good and we are asked by managers if we want to do more specialist training like end of life training."

Staff had regular 'one to one' supervision meetings where they had the opportunity to review and discuss their performance. One staff member told us, "I have very good one to one meetings with the manager and also we [staff] are asked to complete a weekly questionnaire about how we feel if we have any worries about clients or other issues." Staff told us they felt valued and well supported by the management team. One staff member said, "The manager is very approachable. I feel acknowledged and valued. This is a lovely company to work for."

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. At the time of our inspection we found that the provider was working within the principles of the MCA where necessary and appropriate to the needs of the people they supported.

Staff told us they obtained people's consent before they offered any support. One staff member said, "I always ask the people I support if they are happy for me to help them, where they want to be helped and what I can do for them." People also signed their care plans to agree with the support they received from the service.

Staff helped, supported and encouraged people to eat a healthy balanced diet that met their needs. We found that some people needed very little support from staff, for example just to warm their food or prepare a snack, whereas others required staff help to cook their food. One relative told us, "Staff is ever so good, they always leave a cup of tea and drinks for [person] before they go. They sort out the menu for the next day

with [person] and ensure they help them to eat what they want."

People's identified needs were documented and reviewed to ensure that the care and support provided helped them to maintain the best physical, mental and emotional health possible in all of the circumstances. Staff liaised with appropriate health and social care services if they felt there was a change in people`s condition. They also contacted family members or relatives involved in the person`s care. One relative told us, "Staff are very good and prompt in letting us know if anything is wrong. They contact the GP or district nurses if they notice [person] is not well." One staff member said, "I will call the emergency services if person is very unwell. If they need to see a GP I will call the office and they will arrange a GP to visit."

## Is the service caring?

### Our findings

People who used the service and their relatives told us that staff provided support in a kind, compassionate and caring way. One person told us, "Staff are very nice, they are caring and very kind to me." Another person told us, "I am very happy with the staff, they are very nice." One relative told us, "Staff are very nice and have a very good relationship with [person]. They always have a laugh together."

Staff told us they had continuity in supporting the same people over a period of time and this gave them the opportunity to learn their likes and dislikes and form good trusting relationships. One person told us, "I have the same staff coming in. The manager will bring around anybody new so I get to know them before they come to help me." One staff member told us, "I have my regular people I visit and support. It is very important to have a connection and trust." Another staff member said, "It is very important for vulnerable people and us [staff] as well to have continuity and trust each other." They gave us an example of when they were contacted by a family member of a person they supported to ask their help and support when communicating some unpleasant news. They said, "They [family member] wanted me there because I have a good and trusting relationship with the person."

People who received a service, and where appropriate their relatives, were involved in the planning and reviews of the care and support they received. One person told us, "I am involved in planning the care and support I receive." One relative said, "The manager came and assessed the environment before they started to support [person]. Then we sat down and discussed the care." Care records reflected peoples' views and what they expected from staff. For example, one person's care plan detailed, "I want to retain my dignity by maintaining my personal hygiene and the standard of cleanliness in my home." Staff told us they protected peoples' dignity and privacy. One staff member told us, "I always ask people if they would like me to support them in their bedrooms or the bathroom. I give them enough time to make sure they feel comfortable and relaxed."

Records were stored securely and staff understood the importance of respecting confidential information. They only disclosed it to people such as health and social care professionals on a need to know basis. Care records contained privacy agreements signed by people which gave the right to staff and management to share confidential information only to relevant persons.

## Is the service responsive?

### Our findings

People who used the service received personalised care and support based on their individual needs and which took full account of their preferences and personal circumstances. Detailed information and guidance was in place to help staff provide care in a person centred way, based on people's individual needs. This included information about people's preferred routines, medicines, dietary requirements and personal care preferences. For example, entries in guidance provided about one person noted, "I will be in bed when you arrive. Please shout out that you arrived, don't bend over me if I am asleep as you will startle me." Another entry about another person stated, "Please help me to remain as active and independent as possible. I do not want to go into a nursing home or hospital. I want to stay in my own home near my family."

People received a `client information pack` prior to using the service where they had all the information about Bluebird Care. In addition they had a meeting with a member of the management team and they agreed the support they needed, numbers of visits, duration of the visit and what they wanted to achieve from receiving care at home from the service. Care and support plans were developed around people`s wishes and what was important for them. Staff had guidance in how to deliver care and support to people in their preferred ways. One relative told us, "They [staff] give [person] a shower every day because they love it. They [staff] are on their hands and knees to ensure they are doing everything the way [person] likes it."

People`s support plans changed if their needs changed. One staff member said, "I called the manager and informed them about one person who needed more time from us to meet their needs. The manager started the process and sorted everything out so we could meet the person's needs." Another person requested the times of the visits to be changed, although this could not be honoured by the service immediately they made arrangements and in a short time they had changed the times to suit the person better. This meant that the service acted promptly to meet people`s changing needs and adapted the support they offered to people.

People had regular reviews arranged with the manager where they discussed every aspect of the service and support they received. One person told us, "The manager is very good in involving me in my care plan. One relative told us, "We [family] are involved in the reviews and we are very pleased about the service." Staff were not routinely required to support people to pursue hobbies and social interests or to take part in activities relevant to their individual needs. The manager told us they would provide this support as and when there was a need for it.

There was a complaints procedure in place and people told us they knew how to raise concerns. There were very few complaints received by the service and these were recorded, investigated and responded to promptly by the registered manager. People and their relatives told us they had no reason to complain and if they had anything to discuss this was sorted out promptly by staff and the registered manager. One person told us, "If I have a problem I will phone the office. The registered manager is very quick in picking things up and solve the problems." One relative said, "They [staff and manager] sort things out very quickly, I cannot complain."

## Is the service well-led?

### Our findings

People were complimentary about how the service was run and they felt the registered manager was approachable and available. One person said, "The manager is very good, they are interested in what is going on and they are always available to talk to me." Staff told us that the registered manager was approachable, effective in their roles and gave them clear and consistent leadership. This meant that staff understood and were clear about their roles and responsibilities. One staff member said, "The manager is really nice, they are open and friendly and they care about staff as much as they care for people we support." Another staff member said, "The manager is approachable and they make me feel acknowledged and valued. They always listen to us."

The registered manager regularly carried out unannounced spot checks to observe if staff arrived at the agreed time to visit people and check their competency. One staff member told us, "The manager checks on all of us, they just turn up and check if everything is ok, if we arrive in time and if we support people as we should."

The registered manager was very knowledgeable about the people who received support, their needs, personal circumstances and the relationships that were important to them. They ensured that staff had the tools, resources and training necessary to meet people's needs at all times. The management team and staff were very clear about the values and the purpose of the services provided. One staff member said, "I love working for this company, they are really about the people and staff."

People's views about the quality of services provided were actively sought by the manager. Their relatives were also encouraged to have their say and voice opinions about the service and how it was managed and operated. The registered manager contacted people by phone after commencement of the service and ensured they were happy and content. The registered manager used six monthly surveys to obtain feedback from people and gather their views on the service. One person said, "They [registered manager] sends out questionnaires at least twice a year to ask about our opinion about the service." We found that action plans were developed in case people reported any areas they felt the service had to improve. The registered manager followed up and talked to people about the issues and put measures in place to improve the service. For example, a person felt that staff should take their footwear off in winter time or when the weather was wet to avoid stains on carpets. The manager actioned this and communicate to staff to wear overshoes or take footwear off.

The registered manager carried out checks and audits in a range of key areas in order to monitor the quality of services provided and reduce any risks that had been identified. This included areas such as staffing arrangements and performance, training, complaints, the planning and delivery of the care and support. The information gathered from the audits was used to improve the service. For example, the manager acknowledged that the systems in place to ensure that people's medicines were managed safely were not always as effective as they should have been and took immediate steps to make the improvements required. The provider also conducted an annual audit and checked all areas of the service provision in line of the methodology used by CQC. They checked if the service was safe, effective, caring, responsive and well led. Recent audits highlighted areas in need of improvement and the action plan developed clearly

identified the staff or managers responsible for improving the service within agreed time lines.