Albion Angels Limited

Bluebird Care (Brighton & Hove)

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 18 February 2015 and was announced. We last visited the service on 27 June 2013 and we found the service met the regulations we inspected.

Bluebird Care (Brighton and Hove) is a domiciliary care agency and provides personal care and support for people living in their own home in the Brighton and Hove area. Care was provided to adults but predominantly older people, including people with a physical disability or learning disability, people with a sensory loss and people with mental health problems or living with dementia. At the time of our inspection around 40 people were receiving a service.

The last registered manager had sent in an application to the CQC to deregister to take on a new position in the agency. A new manager had been recruited and was able

Summary of findings

to show us that she had made an application to the CQC to take over the registered manager role. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There were systems in place to keep people safe. The people we spoke with said they usually got their visit from regular staff, and that staff arrived on time. They said they were happy with their care staff who undertook their care call.

Detailed assessments of risks to people had been completed and reviewed. The service employed enough, qualified and well trained staff, and ensured people's safety through appropriate recruitment practices.

There were safe procedures in place to help people take their medicines.

People told us they were involved in the planning and review of their care. Where people were unable to do this, the manager told us they would liaise with health and social care professionals to consider the person's capacity under the Mental Capacity Act 2005.

Care staff received an induction, basic training and additional specialist training in areas such as caring for people living with dementia. Care staff had supervision in one to one meetings and staff meetings, in order for them to discuss their role and share any information or concerns.

If needed, people were supported with their food and drink.

The needs and choices of people had been clearly documented in their care plans. Where people's needs changed people's care and support plans were reviewed to ensure the person received the care and treatment they required.

People and their relatives told us they were supported by kind and caring staff. Care staff were able to tell us about the people they supported, for example their likes and dislikes and their interests. People told us they always got their care visit, that they were happy with the care and the care staff that supported them. One person told us, "I'm happy with the way they look after me." Care staff encouraged people to be involved in their care.

People were consulted with about the care provided. They knew how to raise concerns or complaints.

The manager, along with senior staff provided good leadership and support to the care staff. They were involved in day to day monitoring of the standards of care and support that were provided to people using the service.

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?

Good

The service was safe. People and their relatives told us that they felt safe with the staff that supported them.

There were clear policies in place to protect people from abuse, and staff had a clear understanding of what to do if safeguarding concerns were identified.

Detailed risk assessments were in place to ensure people were safe within their home and when they received care and support.

There were enough staff to deliver care safely, and ensure that people's care calls were covered when staff were absent. When new care staff were employed safe recruitment practices were followed.

There were systems in place to manage people's medicine safely.

Is the service effective?

Good

The service was effective. Staff had a good understanding of peoples care and support needs. Communication systems in the service worked well and ensured that staff were made aware of people's current care and support needs.

There was a comprehensive training plan in place. Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. They were aware of the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty safeguards (DoLS).

People were supported to eat and drink and maintain a healthy diet.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals if they had concerns about a person's health.

Is the service caring?

Good

The service was caring. Care staff involved and treated people with compassion, kindness, and respect.

People were pleased with the care and support they received. They felt their individual needs were met and understood by staff. They told us that they felt they were listened to and that they mattered.

There were clear policies and guidance for staff on how to treat people with dignity and respect and gave us examples about how they did this. People and their relatives told us care staff provided care that ensured their privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive. People had been assessed and their care and support needs identified. These were regularly reviewed and changing needs were responded to. The views of people were welcomed through spot checks and reviews and the completion of quality assurance questionnaires. Information received informed changes and improvements to service provision.

Summary of findings

Staff supported people to access the community and this reduced the risk of people becoming socially isolated.

People who used the service and their relatives felt the staff were approachable and there were regular opportunities to feedback about the service. People told us that they knew how to make a complaint if they were unhappy with the service.

Is the service well-led?

Good

The service was well led. There was a manager in post, who was supported by a team of senior staff. The leadership and management promoted a caring and inclusive culture.

Care staff told us the management and leadership of the service was approachable and very supportive. There was a clear vision and values for the service, which care staff promoted.

Effective systems were in place to audit and quality assure the care provided. People were able to give their feedback or make suggestions on how to improve the service, through the reviews of their care, and the completion of quality assurance questionnaires and this was acted upon.

Bluebird Care (Brighton & Hove)

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 checked 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 18 February 2015 and was announced. We told the manager two days before our inspection that we would be coming. This was because we wanted to make sure that the manager and other appropriate staff were available to speak with us on the day of our inspection. One inspector undertook the inspection, with an expert-by-experience, who had experience of older people's care services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience helped us with the telephone calls to get feedback from people being supported.

Before the inspection, we reviewed information we held about the service. This included previous inspection reports, and any notifications, (A notification is information about important events which the service is required to send us by law) and any complaints we have received. This enabled us to ensure we were addressing potential areas of concern. We telephoned the local authority commissioning team, who have responsibility for monitoring the quality and safety of the service provided to local authority funded people. Also a health care professional, and care managers from the local authority commissioning team to ask them about their experiences of the service provided.

During the inspection we went to the agency's office and spoke with the provider, the manager, a supervisor, and five care staff. In addition to this we spoke with one further care staff over the telephone following the inspection. We spent time reviewing the records of the service, including policies and procedures, six people's care and support plans, the recruitment records for four new care staff, complaints recording, accident/incident and safeguarding recording, and staff rotas. We also looked at the provider's quality assurance audits. We spoke with seven people who used the service, and five relatives.

Good

Is the service safe?

Our findings

The people we spoke with consistently told us they felt safe and that care staff made them feel comfortable. One person told us, "I feel safe, they do all the checks before they start to come, they check on all the medication and all my needs, that makes me feel safe."

People told us they usually got their visit from regular care staff, and that care staff arrived on time. They said they were happy with the care staff who undertook their care calls. One person told us, "They are almost always on time and even if they are 15 minutes late they always phone from the office." Another person told us, "They will always send the same person unless they are on holiday or sick, as long as you want them, they make a point of that." Those with less frequent care calls had the same care workers most of the time. People with more care calls told us they usually had the same groups of care staff, on a rota of between four to six care staff. Over time they had come to know the care staff they would be having. Care staff told us they had their regular people they went to, often with additional people to cover for staff vacancies, annual leave and sickness.

The provider had a number of policies and procedures to ensure care staff had guidance about how to respect people's rights and keep them safe from harm. These had been reviewed to ensure current guidance and advice had been considered. This included clear systems on protecting people from abuse. Senior staff told us they were aware of and followed the local multi-agency policies and procedures for the protection of adults. Care staff told us they were aware of these policies and procedures and knew where they could read the safeguarding procedures. We talked with care staff about how they would raise concerns of any risks to people and poor practice in the service. They had received safeguarding training and were clear about their role and responsibilities and how to identify, prevent and report abuse.

There were arrangements to help protect people from the risk of financial abuse. Care staff, on occasions, undertook shopping for people. Records were made of all financial transactions which were signed by the person and the staff member. Care staff were able to tell about the procedures to be followed and records to be completed to protect people. One person had shopping done for her and she reported that the carers were very careful with change and receipts.

All new people to the service had an initial assessment completed. This information had then been used to create the care and support plans. Assessments were undertaken to assess any risks to the person and to the care staff supporting them, and protect people from harm. Each person's care plan had an assessment of the environmental risks and any risks due to the health and support needs of the person. These had been discussed with them or their family and regularly reviewed. The assessments detailed what the activity was and the associated risk, who could be harmed and guidance for care staff to take. For example where care staff needed to support people to move through lifting. Equipment maintenance was recorded, and this was checked during any review or spot check of the care provided. Any incidents and accidents were recorded. The manager told us she kept an overview of these to monitor if any patterns were identified and the quality of the care provided and provide guidance and support where needed.

Procedures were in place for staff to respond to emergencies. Senior staff used a risk management system to identify priorities of care calls in the event of an emergency. Care staff had guidance to follow in their handbooks and were aware of the procedures to follow. For example care staff were able to describe the procedures they should follow if they could not gain access to a pre-arranged care call. The care staff told us they would report this to the office straight away and enable senior staff to quickly locate the person and ensure they were safe. There was an on call service available so that care staff had access to information and guidance at all times when they were working. Care staff were aware how to access this and those who had used this service told us it had worked well, they had felt supported and received the guidance they needed.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people, and we saw that the number of care staff supporting a person could be increased if required. For example where a person's mobility had changed. The supervisor showed us

Good

Is the service safe?

how calls were rotered. They told us the system used highlighted individuals preferences to be considered, such as if a person had specifically requested the care call be undertaken by a male or a female worker. All the care staff had received the essential training to meet people's care needs, and supervisors were aware of care staff's particular strengths and availability when allocating calls.They tried to allow for short travel times between care calls, which decreased the risk of care staff not being able to make the agreed appointment times. If care staff were running late with their calls people were notified. Care calls were put on the rota in advance and people received a schedule to tell them which care staff were due to call on each visit. We received positive comments from people and their relatives about the receipt of these rotas and of the names of care staff being sent in advance. The manager informed us there had not had any missed appointments, and this was confirmed by the people we spoke with. If care staff were unable to attend an appointment they informed the manager in advance and cover was arranged so people received the support they required. One person told us, "They will always send the same person unless they are on holiday or sick, as long as you want them, they make a point of that."There was an ongoing recruitment programme to recruit care staff for the agency. Feedback from people, relatives and care staff was that there had been a high turnover of staff during the last year, but that they had started to see improvements. This had impacted on the continuity of care staff provided, but that there were enough staff to meet the needs of people. The manager acknowledged there had been a high turnover of care staff. They had been meeting with care staff prior to leaving to ascertain their reason for leaving to help aid retention of care staff. Senior staff had been working to improve the continuity of care staff allocated to care calls. This was following feedback they had received from the annual quality assurance survey people had completed this was an area people felt could be improved. Care staff spoke of a good team. One care staff commented, "We work together well. We try to support each other."

Comprehensive recruitment practices were followed for the employment of new care staff. We looked at the recruitment records for the last four care staff recruited, and we checked these held the required documentation. Checks had been carried out by the provider to ensure that potential new care staff had no record of offences that could affect their suitability to protect adults. New care staff were able to confirm the recruitment procedures had been followed. Recruitment documentation was also subject to audit by the manager to ensure the correct policies and procedures were being followed.

Medicine policies and procedures were in place for care staff to follow and there were systems to manage medicine safely. Care staff told us they had received medication training, and they were aware of the procedures to follow in the service. New care staff were taken through a competency process as part of their induction. The recording of any administration of medicines was audited as part of the review of the care provided. People who were supported with medicines and the application of creams all reported that the care staff were good, all their medications had been recorded in the care plan, and they had been happy with the care provided.

Good

Is the service effective?

Our findings

People told us they felt that care staff understood them and their needs. One person told us, "I would recommend them to anyone." Care staff told us they felt they had received the training they needed to meet peoples care needs. There was good communication between staff in the agency's office and the care workers to keep them up-to-date about people's care needs.

People were supported by care staff that had the knowledge and skill to carry out their roles. The manager told us all care staff completed an induction before they supported people. There was a period of shadowing a more experienced staff member before new care staff started to undertake care calls on their own. The length of time a new care staff member shadowed was based on their previous experience, whether they felt they were ready, and a review of their performance. They were then supported for a further twelve weeks, when weekly monitoring was undertaken of the standard of care they provided. The new care staff confirmed this, and told us they had received the information and support they needed to start working on their own. One care staff told us, "I felt confident. Everyone is willing to listen. "Care staff received essential training, which included training in moving and handling, medication, first aid, safeguarding, health and safety, food hygiene, equality and diversity, and infection control. In addition care staff were able to develop by completing further training for example in dementia care. Care staff told us this had given them information and a greater understanding of how to support people living with dementia in their own homes. This was through a mix of training provided through trainers within the agency, E learning and practical sessions for example for moving and handling. Care staff told us they felt they had received the training they needed to meet peoples care needs. They had received regular updates of training as required. One care staff told us they felt the training had improved with more practical sessions now being provided, particularly with moving and handling. It had enabled them to gain more knowledge and practice in the use of the moving and handling equipment such as hoists. People told us that they were matched with care workers they were compatible with. If they felt a staff member was not suited to them they were able to change them, by speaking to one of the senior staff. People told us where they had requested a change in staff this was agreed. One healthcare professional told us they thought that care staff had the necessary skills to support people and that if they wanted extra guidance they had always asked for this.

Care staff told us there was good communication between staff in the agency. They were kept up-to-date with people's care needs; they were informed when they needed to complete refresher training. They received regular supervision though one to one meetings and observations whilst they were at work and appraisal from their manager. These processes gave care staff an opportunity to discuss their performance and identify any further training they required. Additionally there were regular staff meetings and newsletters to keep care staff up-to-date of any changes in procedures or to remind them of practices to be followed. The care staff confirmed that they received regular support from their manager.

There were clear policies around the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA is legislation which provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. DoLS are the process to follow if a person has to be deprived of their liberty in order for them to receive the care and treatment they need safely. The manager told us that if they had any concerns regarding a person's ability to make a decision they worked with the health and social care professionals to ensure appropriate capacity assessments were undertaken. Care staff told us they had completed or were due to complete this training and all had a good understanding of consent, and where people lacked the capacity to make decisions about their care and welfare. One care staff told us, "We can't force them." People told us that their care staff talked them through what they were doing and always asked for consent. One person commented, "She always says to me, shall we wash your feet now and then we can put the cream on?"

Care staff supported people to eat and drink and maintain a healthy diet. Care plans provided information about people's food and nutrition. People were supported at mealtimes to access food and drink of their choice. One care staff told us, "They mostly tell us what they want. "Much of the food preparation at mealtimes had been completed by family members and care staff were required to reheat and ensure meals were accessible to people. If people had been identified as losing weight care staff told

Good

Is the service effective?

us food and fluid charts were completed to monitor people's intake. One person told us the care staff cooked a meal for them once a week and it has always been good. Care staff had received training in food safety and were aware of safe food handling practices.

We were told by people and their relatives that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. However, care staff were available to support people to access healthcare appointments if needed. They liaised with health and social care professionals involved in their care if their health or support needs changed. One person who had support with their healthcare appointments told us, "They take me to appointments when I need to go. I can ring up the office 20 times a day if I need to and they wouldn't get annoyed."

The health and social care professionals told us the manager kept in contact with them and informed them of any concerns or changes in people's care needs.

Is the service caring?

Our findings

Caring and positive relationships were developed with people. People and their relatives were very complimentary about the care staff and the quality of care that they received. We were told of positive and on-going interaction between people and care staff. One person told us the care staff were, "Very kind and considerate and make my life easier." Another person told us they, "Couldn't ask for anything better." Another person told us, "We've got so used to them all we feel as though they will always be friends."

People told us they had been asked what care and support they needed, how this should be provided and they felt that they had been listened to. Care staff told us how they knew individual needs of the person they were supporting. They told us that they looked at people's care and support plans and these contained detailed information about people's care and support needs, including their personal life histories. They also always asked people how they liked things to be done. One care staff told us, "We try to get them involved as much as we can." Another care staff told us, "I encourage them to do as much as they can do." One relative told us of a situation where their relative could have become agitated. They said the care staff, "Understood that he would get agitated so she took him for a walk. She understood him, in fact she told me what to do." Another relative told us, "They come in and chat about all sorts of things, one of them talks to him about the football, he loves that." Another relative told us, "The carer is lovely, she understands, I know that because of the way she treats him and because he is sad when she goes."

All the people told us they felt care staff treated them or their relative with dignity and respect. One relative told us, "They treat him with great respect, they always ask if he wants anything. They are very caring and they treat him with great dignity." One person told us, "They always close the bedroom door when I need some help with personal things." A relative told us, "When they come, we have a brief chat and then they go upstairs and sort out everything with my relative and I'm happy with that because I really trust the carers and my relative is happy so I know it is alright." Another relative told us, "The bedroom is a bit small so it can be a bit of a squash but they are always careful to close the door to make sure she has her privacy." Another relative told us, "They come in and they really care about her a lot, you can tell. If she's not too good they have a sing song and a laugh." Care staff had received training on privacy and dignity and had a good understanding of dignity and how this was embedded within their daily interactions with people. They were aware of the importance of maintaining people's privacy and dignity, and were able to give us examples of how they how protected people's dignity and treated them with respect. One care staff told us when they assisted people with their personal care, "I try to give them space and turn around." Another care staff told us, "I keep them covered as much as I can, and make sure they are ok all the time." Another care staff told us, "Privacy and dignity is covered during induction. Keep them covered as much as we can, make sure they are warm, and make sure they are ok all of the time."

Care records were stored securely. Information was kept confidentially and there were policies and procedures to protect people's confidentiality. There was a confidentiality policy which was accessible to all care staff and was also included in the care worker handbook. People received information around confidentiality as well. Care staff were aware of the importance of maintaining confidentiality and could give examples of how they did this. One staff member told us, "We never talk about one customer with another."

For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available in the information guide given to people who used the service. The manager was aware to tell who they would contact if people needed this support.

Good

Is the service responsive?

Our findings

People and their relatives were involved in making decisions about their care wherever possible. People told us they received care, support and treatment when they required it. Care staff supported people to go out of their homes and minimise the risk of them becoming socially isolated. One person told us, “They have helped me to go out. I wouldn’t manage without them.” Care staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

People told us they had been involved in developing their care plans, and felt that they had been listened to and their needs were top priority. One person told us, “I know exactly what is in it, they will do anything for me.” Another person told us, “I am very involved (with the Care Plan) I decide and they write it and then I agree it.” A detailed pre-admission assessment had been completed for any potential new people wanting to use the service. This identified the care and support people needed to ensure their safety. The care and support was personalised and care staff confirmed that, where possible, people were directly involved in their care planning and in the regular review of their care needs. One relative told us, “We have had three updates to our care plan.” They explained that the service was very satisfactory and said, “The cat likes to sleep on my relatives bed and so every night the blanket goes onto the bed for the cat and even that went into the care plan so the cat wasn’t left out either.” The care and support plans were detailed and contained clear instructions about the care and support needs of the individual and the outcomes that people hoped to be achieved with the support provided. Individual risk assessments handling had been completed. Care staff told us that people’s care and support plans were up-to-date and gave them the information they needed. If there were any changes in the care they would ring up the office and ask for someone to come out and update the information.

People and their relatives were asked to give their feedback on the care provided through spot checks of the work completed, reviews of their care provided and through quality assurance questionnaires. Where people had concerns they were made aware of how to access the complaints procedure and this was available in the information guide given to people who used the service. The complaints policy gave information to people on how to make a complaint, and how this would be responded to. The policy set out the timescales that the representatives of the agency would respond in, as well as contact details for outside agencies that people could contact if they were unhappy with the response. The information provided to people encouraged them to raise any concerns that they may have.

We looked at how people’s concerns and complaints were responded to, and asked people what they would do if they were unhappy with the service. People told us they felt listened to and that if they were not happy about something they would feel comfortable raising the issue and knew who they could speak with. Care staff told us they would encourage people to raise any issues that they may have with directly the manager. Where people had raised concerns they felt these had been dealt with satisfactorily and quickly. For example, where people had asked for a change in care staff to provide their care for example due to gender preferences. There was a process to follow for the investigation of any complaints raised. However, no formal complaints had been received in the last year.

Good

Is the service well-led?

Our findings

People told us they felt included and listened to, heard and respected, and also confirmed they or their family were involved in the review of their care and support. One relative told us, "We work well with the agency."

There was a clear management structure with identified leadership roles. The manager was supported by a co-ordinator and two supervisors. People told us there had been a number of changes of people who were working in the office, and they were not always clear who was who and their roles in the agency. We discussed this with the manager who told us a letter had been sent out inform people of recent changes. A new member of staff had just started to work in the office and it had been planned that a further letter would be sent out to inform people who this was and how to contact them. Care staff told us they felt the service was well led and that they were well supported at work. Care staff told us the manager and supervisors were approachable, knew the service well and would act on any issues raised with them. One care staff told us, "They are pretty caring, and do their best for the customer." Another care staff told us," It's organised. We all work together really well. We all help each other out."

The vision and values for the service was available for people to read. The aim of staff working in the agency was to provide, 'Excellent quality care to keep you safe and comfortable in your own home. We believe that it's your life and your care, so it must be your way. We see each of our customers as unique, with their own individual lifestyle and needs. We keep you in control and provide you with the care and support that you want, where and when you want it'. Staff demonstrated an understanding of the purpose of the service, the importance of people's rights and individuality, and an understood the importance of respecting people's privacy and dignity. We were told by care staff that there was an open culture at the service with clear lines of communication. All the feedback from people and care staff was that they felt comfortable raising issues and providing comments on the care provided in the service. The two health and social care professionals told us the communication between them and the staff at the agency was good, with guidance and changes to people's care and support needs being followed through.

There was a whistle blowing policy in place. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The care staff we spoke with had a clear understanding of their responsibility around reporting poor practice, for example where abuse was suspected. They also knew about the service's whistle blowing process and that they could contact senior managers or outside agencies if they had any concerns.

Senior staff monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received, and undertaking unannounced spot checks to review the quality of the service provided. This included arriving at times when the care staff were there to observe the standard of care provided and coming outside visit times to obtain feedback from the person using the service. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed. If any concerns were identified during spot checks this was discussed with individual staff members during one to one meetings with their manager. One care worker told us, "They check the signatures are in place." Additionally any issues identified had been discussed with the care staff team as a topic at the staff meetings, or had been detailed in the staff's newsletter for care staff to read and be aware of.

People were also able to comment on the care provided through the completion of quality assurance questionnaires. The last questionnaire was sent out in 2014, the results of which had been collated and discussed by the senior staff in the agency. An action plan had been compiled to address areas identified as needing improvement. Senior staff told us they were working on addressing these actions, which included the improvement in the continuity of care staff rotered to undertake care calls and ensuring people knew about the complaints procedure and how to raise any concerns.

There were systems in place to drive improvement and ensure the quality of the care provided. The manager and the senior staff regularly undertook audits on a number of aspects of the service, for example completion of care records, medicine records, and ensuring all the correct staff recruitment documentation had been requested and received. Care staff told us they were notified when issues were identified to be addressed. We looked at staff meeting minutes which recorded where issues had been identified these had been discussed with the wider staff group and

Good

Is the service well-led?

how improvements could be made. For example, procedures to follow if a person was unwell, the importance of confidentiality, and feedback following the auditing of the medication administration records. Care staff had also had the opportunity to complete a quality assurance questionnaire in 2014. These had been collated and the areas highlighted for further improvement which senior staff told us they were working on included ensuring that new staff had the opportunity to have had adequate shadowing opportunities, and that there was adequate travel time between care calls.