

Sage Home Care Limited

Sage Home Care Limited t/a Bluebird Care (Wirral)

Inspection report

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Birkenhead
Merseyside
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15 March 2017
16 March 2017

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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

This announced comprehensive inspection took place on 14, 15 and 16 March 2017.

The service provides personal care to 56 people, in their own homes.

The service requires a registered manager. 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.

Bluebird Care (Wirral)) had a registered manager who had been in post for two years.

The service used safe systems for recruiting new staff. These included checking references and a criminal conviction check using the Disclosure and Barring Service (DBS) for criminal records.

People told us they were very happy about all the aspects of their care and support in their own homes. We found that the service was appropriately staffed, with staff being competent and well trained. They had an induction programme in place that included training staff to ensure they were competent in the role they were doing at the service and received on-going training. Staff told us they felt supported by the senior staff and the registered manager.

The care was person centred and individual to each person's needs and the manager and care staff kept accurate and up to date records of the care they delivered. Staff knew how to safeguard people from abuse and report any concerns.

Risk assessments were carried out for people and where they needed help they were given support to administer their medication.

The service was monitored effectively for quality and people using the service were listened to and treated with respect and dignity. Any complaints were dealt with effectively and the outcomes were recorded.

The provider had complied with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and its associated codes of practice in the delivery of care. We found that the staff had followed the requirements and principles of the Mental Capacity Act 2005 (MCA). Staff we spoke with had an understanding of what their role was and what their obligations were in order to maintain people's rights and were aware of the differences in the implementation of the MCA in a person's own home.

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.

There was appropriate recording and administration of medication when necessary, which was stored safely in people's homes.

Staff had been recruited safely. Disciplinary and other employment policies were in place.

Safeguarding policies and procedures were in place. Staff had received training about safeguarding vulnerable people.

There were up to date risk assessments in place.

Is the service effective?

Good ●

The service was effective.

All staff had received training and had been provided with an on-going training plan. They had good knowledge of people's needs.

Staff received good support, with supervision and annual appraisals taking place.

The service followed the principles of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

People told us that their dignity and privacy were respected when staff supported them.

People we spoke with praised the staff. They said staff were respectful, very caring and helpful.

Is the service responsive?

Good ●

The service was responsive.

People who used the service were involved in their own, person centred care plan and, where appropriate, their support needs were assessed with them and their relatives or representatives.

Suitable processes were in place to deal with complaints.

Care plan review documentation was always updated and seen to be relevant.

Is the service well-led?

The service was well-led.

There were systems in place to assess the quality of the service provided. The systems in place were completed to show actions taken and lessons learnt.

People who used the service and staff were asked about the quality of the service provided.

Staff were supported by the registered manager, the care coordinator, the training manager and a senior carer.

The provider worked in close partnership with other professionals to make sure people received appropriate support to meet their needs.

Good ●

Sage Home Care Limited t/a Bluebird Care (Wirral)

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 the 14, 15 and 16 March 2017. We gave notice to make sure that the registered manager or a senior person was on duty to enable the access to the records required for this comprehensive inspection. The inspection was carried out by one adult social care inspector.

When we visited the service, we looked at records, which included the five people's person centred care records, four staff files and other records relating to the management of the service. We spoke with the registered manager, the training manager, the care coordinator, four care staff and the provider. We also spoke with two people receiving support.

Before our inspection, we looked at information the Care Quality Commission (CQC) had received about the service including notifications received from the registered manager. We checked that we had received these in a timely manner. We also looked at the safeguarding information, complaints and any other information received from members of the public.

Is the service safe?

Our findings

People we spoke with said they felt safe when care and support was provided by the care staff. When asked if they felt safe, one person told us "I am safe, staff listen to me and they know what I need ". Another person told us "Staff are excellent, I feel safe with all of them".

Staff demonstrated that they had an understanding of the arrangements for safeguarding vulnerable adults. There were able to tell us about abuse and how to report it. We saw that the safeguarding policy followed local safeguarding protocols. Staff told us that if they had any concerns about any allegations of abuse or neglect they would report this to the manager or whoever was on duty immediately.

Records showed that all staff had completed training about safeguarding adults. The registered manager and training manager ensured that staff had refresher training every year. We were given the training plans and safeguarding training was in place to update staff knowledge. The provider had a policy on safeguarding and this was dated April 2014. The manager was aware of the need to report any concerns to the CQC and they had knowledge of their own responsibility to report any concerns about their workplace to an outside body if necessary.

We saw that risk assessments had been completed which had identified risks to people's safety and well-being. The risk assessments had been dated and marked as reviewed in all of the five person centred care plans looked at. The review was indicated by a date within the person's records and also on the service's computer system. Information recorded if any changes had occurred and what actions were required to be implemented or with no changes documented meaning the reviews had produced no new information. The original risk assessments had been completed with regard to moving and handling, the environment, medication, equipment, socialising in the community and people's physical and mental health.

Bluebird Care (Wirral)) provides care and support to 56 people living in their own homes. Feedback from people using the service was that there was good continuity and reliability of staff visiting and supporting individuals. There were 28 care staff currently working at the service.

We viewed the rotas for the service between 3 January 2017 to 10 March 2017 and saw there were sufficient staff on duty to meet the needs of the people receiving the service. People told us that staff were on time for their calls and also told us they understood that sometimes it was inevitable staff may run late, due to a problem with the previous call, or traffic. One person said, "They always make sure I have my care at the correct time as I have time specific medication". Another person said, "They always have enough staff. They are never rushed and I know all the staff that visits me". Both people told us that the communication from the service was very good and that they were always notified if there were any issues.

The health and safety of the home environments that staff from the service visited had been checked through various risk assessments to ensure the safety of the premises. Staff supported people when required to deal with environmental issues with information that was available for staff in case of an emergency and gave details of who to contact.

The health and safety of the office environment was monitored by the provider whose responsibility it was to ensure the safety of staff who worked at the office and for staff that visited. Staff training was completed by all staff at the office where there was a training room. The provider set up a health and safety record checklist and provided it on the 16 March 2017 to show what health and safety checks were being completed for example fire alarm and fire evacuation checks. The manager and training manager were booked to complete fire marshal training in March 2017.

People told us they were sure the staff were recruited properly. One person told us, "They [the service] were very good at getting the right staff". When we looked at staff recruitment files we saw that staff had been recruited using safe recruitment methods. There had been an appropriate application and interview process and before any staff member had started in employment there had been checks made on any criminal convictions and their previous employment history. We saw that there were appropriate employment policies and procedures in place, such as grievance and disciplinary procedures. All staff spoken with were aware of the whistleblowing policy and told us they would use it if they deemed it necessary.

We saw that the service had accident records that were completed in full showing what the incident was and how they had investigated, made referrals to other professionals and reported where required.

We spent time with the manager looking at the medication policy and procedure at the service. We noted that medication records were in the person centred care plans of the five people we case tracked. The medication records and medicine charts for all five people were correct. The records we looked at were correctly signed by staff and people we spoke with told us that they gave their consent for staff to support them with their medication. We also checked the medication records of two people in their homes, both had the correct information in place and staff were completing the records appropriately.

Staff had received training in medication administration. Staff we spent time with told us the procedure they followed and informed us that any issues with medication were always reported to the manager who dealt with the issue immediately and liaised with the relevant health professional.

Is the service effective?

Our findings

We asked people about the skills of the staff and if they were competent in their roles. Comments received included "Fantastic, really good care staff who are very well trained", and "The staff are all brilliant, best company I have had".

People were supported to have sufficient food and drink provided by care staff if it was part of their person centred care plans (PCCP). We talked with the care staff about food and diets and were told by a person, "My carer cooks for me, I choose what to have and they cook it and support me to eat and drink". Staff told us that they supported people to prepare their food and monitored people if required when they cooked if this was part of their PCCP. We were told that if people needed a special diet, or if there were dieticians involved, staff ensured they kept to the recommended diet or encouraged people to do so. The care staff checked people's weight if required in the PCCP and would inform the manager to contact a nutritionist and dieticians if there were any issues.

We looked at staff training. Staff were up to date in training for providing care and support for people. We looked at the training material and saw that the training was provided internally by the provider and also by external providers for specialist training if it was required for a person using the service. We were provided with the training programme and the training matrix that showed that training was provided throughout the year on a rolling basis so that all staff were able to attend. Training for staff included health and safety, fire safety, first aid, challenging behaviour, dementia care, personal care and person centred care, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), food hygiene and infection control.

We spoke with staff who told us the training provided was very good. Staff were confident and happy about the training they had completed. The staff working at the service also had a thorough induction that was provided in line with the 'Care Certificate' that is a set of standards for social care and health workers in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care and support workers. This training had been updated and reflected the service provision for people they provided care and support too. The staff handbook required updating with the changes that had taken place since it was issued in 2013.

All staff had been provided with supervision meetings by the manager, care coordinator and a senior carer. The manager told us that the senior support staff were also trained to provide supervision to their teams. We looked at four staff files and saw that they all had supervision records in place that started with weekly supervision for the first 12 weeks and then monthly after. Staff told us they had supervision with the manager, care coordinator or a senior and said there was an open door policy and the manager and office staff were supportive and dealt with their issues immediately. Staff told us that they had an annual appraisal. We spent time talking to the manager and they confirmed that appraisals had taken place. The manager, the training manager and care coordinator had not had an annual appraisal; this was discussed with the provider who initiated meetings with all three staff.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005.

We checked whether the service was working within the principles of the MCA and found that it was. The registered manager and the staff we spoke with were knowledgeable about the MCA and its principles and application. The service and the provider trained all the staff and produced guidelines on the MCA to ensure that staff knew how to respect a person's legal right to consent to their care and treatment.

We observed staff interacting with a person when we visited them in their home. From their interactions it was clear that the care staff had a good knowledge of the person and how to meet their care and support needs. Staff were very supportive and were heard throughout their visit to confirm comments made by the person, supporting them to make decisions and being patient. A person that we spent time with told us that staff met their individual support and care needs and met their preferences at all times.

People were supported to attend healthcare appointments in the local community by staff. Staff monitored people's health and wellbeing. Staff were also vigilant in noticing changes in people's behaviour and acting on that change and records looked at showed that staff dealt with the changes effectively. The records we looked at informed the staff how to ensure that people had the relevant services supporting them. For example one person had health professionals visiting them and staff worked with them to ensure they were fully briefed on any changes to the person's health.

Is the service caring?

Our findings

People told us that staff were always respectful and caring when supporting them. One person who used the service said, "They're all brilliant, great staff, very caring they help and they support me a lot. I could not live without their support". Another person told us "The staff are very good at their job; they all care very much and always ask me if I need anything else before they leave".

We saw when a member of staff was talking with a person who required support; they were respectful to the individual and supported them appropriately in a respectful manner.

We observed the manager and office staff and overheard telephone conversations of the staff reacting to people calmly and were always reassuring and pleasant.

We spent time looking at records of compliments from people and relatives of the people cared for and supported by staff from Bluebird Care (Wirral). All were very positive about the care and support provided. Comments made included, "Couldn't have better people looking after me, do everything I ask and more" Another commented, "The staff do a very good job, they are very well trained".

We asked people if the staff respected their privacy and were told they did at all times. We observed people being listened to and talked with in a respectful way by the manager and care staff. Staff were seen and heard to support the people communicating in a calm manner and also reassuring people if they became anxious. The relationship between the people being supported and cared for was respectful, friendly and courteous.

The manager and staff told us that if any of the people could not express their wishes and did not have any family/friends to support them to make decisions about their care they would contact an advocate on their behalf. The provider had an effective system in place to request the support of an advocate to represent people's views and wishes if required. We were told by the manager that no one had recently used this service.

Is the service responsive?

Our findings

The people who we spoke with were more than satisfied with the way staff supported them and the way care was provided. A person spoken with was sure they would know how to complain if it became necessary and had not, so far, made any complaints. They told us "I don't need to complain, I'm happy. I would speak to the manager if I did". Another person told us they would call the manager and had been provided with the complaints procedure.

In all of the five people's files we looked at the person centred care plans (PCCP) were up to date and relevant, and records reflected any change in service provision. The PCCP were very informative and gave a clear picture of the care and support requirements of the people they were supporting. For example, one person required more support from staff when they were unwell. The PCCP had been updated and the required care and support had been provided with staff liaising quickly with the commissioners to ensure the support met the person's needs. We saw that the information was reviewed and information updated to reflect changes that had taken place.

Bluebird Care (Wirral) had a clear written complaints policy and this was included in the information pack given to people when they started using the service. The complaints procedure advised people to contact the registered manager if they wished to raise any concerns and gave contact details for the CQC. We asked a person if they had the complaints procedure and had they used it. They told us that they had the complaints procedure and would use it if required. We saw from the records that there had been two complaints in the last two years. Records were in place to show what actions had been taken and informed when the complainant was liaised with to ensure they agreed with the actions.

Two people we spoke with told us that they were fully involved in their PCCP. They reported that they had full choice in their PCCP and the way it was provided and they both considered they were in control of the care and support they received. They told us that staff always consulted them about how their care and support was to be provided.

The manager informed us that a service was not provided until they had been to meet and assess the person in their home surroundings. We saw records of these assessments in people's files. The assessment forms had been completed in detail and recorded the agreement for the service to be provided. The forms were signed by the person requiring the support service or if not a representative or family member.

The PCCP and care plans included examples of specialist advice that had been sought and provided from the service. For example, a person had also been provided with health care professional support when arriving back to the service after a short stay in hospital. Staff told us that they informed the manager of any changes to the person's health. Records showed this communication took place regularly to ensure the wellbeing of the person.

Staff completed a daily record after each visit and we saw that entries were detailed and described the support and care that had been provided and how the person was feeling.

We asked how staff liaised with any community services on behalf of the people who received care. All staff told us they would call a doctor/ emergency services if they had concerns. They would always notify the manager of any actions taken and record in the daily record, the actions taken and the outcome. We were able to see how the service was able to contact relevant people to provide appropriate treatment and we saw how the service worked appropriately with other health and social care professionals to provide the support and care required.

Is the service well-led?

Our findings

The people we spoke with who used the service told us that the registered manager was always available and so were the other office staff if they wanted to speak with them. Comments included "The manager is really good, she's friendly, approachable and deals with everything efficiently" and "Really nice lady known [manager's name] for a long time. The service is really good and all of the staff are very good at what they do".

There were systems in place to assess the quality of the service provided. These included person centred care plan audits, staff training audits, health and safety audits and incident and accident audits. There had been no medication audits completed; however all staff spoken with had completed training and when we looked at the medication records that had been completed in the community, found they were correctly completed. We looked at the audits for January 2017 to March 2017. The audits showed how the registered manager had implemented action plans with documents in place to inform what they had done to evaluate and improve the service. The manager informed us that they would usually act on issues immediately and were supported at all times by the provider.

We were shown records of information gathering where people using the service and staff were invited to complete a confidential questionnaire on the service. We looked at the information collated that informed the service was providing an overall good service to people and that staff were happy working there. Any issues were discussed and actions were implemented for example changing staff to meet the care and support requirements of a person if they did not gel with them. We were told it was important that the people being care for and supported worked well with care staff to enable them to be independent and trust that staff were acting on their behalf.

There was a three tier management structure at Bluebird Care (Wirral) which comprised the registered manager, the training manager and the care coordinator. There were senior staff working alongside care staff in the community. The leadership was visible and it was obvious that the manager knew the people supported when we discussed people. Staff told us that they had a good relationship with the registered manager who was supportive and listened to them. We observed staff interactions with the manager which were respectful and positive. The manager or a senior member of staff was always on duty to make sure there were clear lines of accountability and responsibility for the support staff.

The manager and the staff had a good understanding of the culture and ethos of the service, the key challenges and their achievements, concerns and risks. Comments from staff were "It's a good place to work, I really enjoy working here", and "I think we do provide great care to people here, we all work hard, it's a great service". Another comment was "Great place to work; I really do love my job". Another staff member said "Its hard work but it's interesting and I really think we make a difference to the quality of people's lives".

We noted that the provider worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

We looked at the ways people were able to express their views about the support that they received. One person told us "I am asked if I am happy with the care I get and I say yes because the staff are really all very good". Information we looked at showed that meetings took place with staff, and people and all were asked if they had any issues.

Services which provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager of the service understood that the CQC were required to be informed of significant events in a timely way. This meant we could check that appropriate action had been taken.