

Spyke Enterprises Ltd

# Bluebird Care Sefton

## Inspection report

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Date of inspection visit:

11 August 2016

12 August 2016

Date of publication:

14 September 2016

## 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

We undertook an announced inspection of Bluebird Care Sefton on 11 and 12 August 2016. The provider was given 48 hours' notice in order to ensure people we needed to speak with were available.

Bluebird Care Sefton is a domiciliary care service that provides personal care and support for people living in their own homes. The registered provider for the service is Spyke Enterprises Limited. The service is located in business offices in Formby and provides services in the local Sefton area.

There was a registered manager in post. 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 and associated Regulations about how the service is run.

Everyone using the service told us they felt safe.

People had copies of their care plan in their homes, and confirmed these were reviewed with them on a regular basis.

There were updated risk assessments in place to support staff to mitigate any risks to people's health and wellbeing.

There were protocols in place for the safe administration of medications, and all of the staff we spoke with confirmed they had been trained in this area.

The agency had robust recruitment practices in place. No staff commenced duties until all satisfactory checks, including Disclosure and Barring Service (DBS) check had been received. (DBS checks identify if prospective staff have had a criminal record or have been barred from working with children or vulnerable people).

At the last inspection we found a breach of regulation in relation to staff training and support. The provider had taken action to improve their training programme and supervision structure. This breach had been met..

People's privacy and dignity was upheld.

Staff monitored people's health and welfare needs and acted on issues identified. The GP was contacted on people's behalf when needed.

People told us the staff were kind and caring.

Staff said they benefited from regular one to one supervision and appraisal from their manager.

There was a safeguarding and a whistleblowing policy in place, which staff were familiar with.

There was a complaints procedure in place which was enforced when formal complaints were made about the service.

Quality assurance audits were carried out and feedback was collected regularly from staff, relatives and people using the service. These were analysed and responded too appropriately. We could see the registered manager was using this feedback to continuously improve the service offered. Other quality assurance audits we saw were highly detailed and the registered manager responded appropriately to shortfalls identified within the service provision.

## 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 relatives we spoke with told us that they had regular staff and staff were on time for their calls.

Staff were able to explain the organisation's safeguarding procedure and described what action they would take to ensure people were protected from abuse.

Risk assessments were in place for people who needed them. They contained an appropriate level of information and were reviewed regularly.

### Is the service effective?

Good ●

The service was effective.

Staff were appropriately trained and supervised to enable them to fulfil their roles. We looked at the new training structure and saw it had improved since our last inspection.

The service was acting in accordance with the principles of the Mental Capacity Act 2005 (MCA).

People who had meals prepared for them told us the staff supported them with this and they got enough to eat and drink.

### Is the service caring?

Good ●

The service was caring.

People told us that staff were caring towards them.

Staff were able to give us examples of how they protected people's dignity and respect.

People told us they were involved in care planning and the care plans we looked at were signed by the people themselves or their relatives.

People records were securely stored in the office and people chose where they kept their care plan in their homes.

### Is the service responsive?

Good ●

The service was responsive.

People told us they knew how to complain and we saw that any complaints made in the last 12 months had been responded to in accordance with the organisation's complaints policy.

Care plans contained information about people's backgrounds, preferences and any specific support requirements.

People told us they mostly knew what staff member was coming to their home.

### Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in post who was well known to the staff team.

There were quality assurance procedures in place which monitored the quality of care provision and identified any shortfalls.

Feedback was regularly sought from people who used the service.

# Bluebird Care Sefton

## 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 11 and 12 August 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care we needed to be sure that someone would be in.

The inspection team consisted of an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the Provider Information Record (PIR), and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

We spoke to eight people who use the service, four family members by telephone, four members of staff in the office, the registered manager and the operations manager. We also inspected a range of records. These included four care plans, four staff files, training records, staff duty rotas, meeting minutes and the service's policies and procedures.

# Is the service safe?

## Our findings

We asked people if they felt safe using the service, one person told us, "I never feel otherwise." And someone else said "I don't have any problems." One person we spoke with told us that they felt safe but could not describe what made them feel safe.

We looked at the procedures the agency had in place for supporting people with their medicines. We saw that people who required staff support with taking their medicines had a detailed medication support plan in place. The registered manager provided us with some copies of medication administration records (MARs) which we saw were completed accurately and contained all relevant information about the medication. We checked the training records for the staff to ensure that only staff who were trained to do so were administering medications. The training matrix showed that staff were expected to complete a classroom based training session on medication, using training materials such as MAR charts and pre-packed medication, then were expected to complete an exam and a competency check. The registered manager told us that staff were regularly re-assessed regarding their competencies around medication. These procedures were in line with the providers training policy. Staff we spoke with confirmed they were only expected to administer medication once all of their relevant training had been completed.

People who used the service had a support plan in place which highlighted any risks to their safety and the steps staff should take to minimise these risks. For example, we saw that one person was only able to use certain types of toiletries due to allergies. There was a risk assessment in place to support this person including what to do if the person started to experience an allergic reaction to a product.

We saw that the agency was documenting all incidents and accidents. These were being analysed for any emerging trends or patterns which included comments from the area manager post incident. The registered manager had developed a system to analyse trends and patterns in relation to accidents and incidents. We saw that there were no incidents recorded

Staff we spoke with were able to tell us what action they would take if they felt that someone was being harmed in anyway. One staff member said, "I would go to the manager." another staff member showed us their ID card which had the number of the local authority safeguarding adults team on the back. We viewed the safeguarding policy the agency had in place and saw that it was regularly reviewed and encompassed the local authority's safeguarding procedure as well as the agency's own procedure.

The staff were all aware of the whistleblowing policy and procedure and told us they were aware of how to report any concerns. All of the staff told us they thought they provided good care and support and they would report any bad practice or mistreatment. Staff also told us they would call the office and report to the coordinators when they were going to be late for a call. This meant that people could be alerted to the delay and alternative arrangements put in place if necessary.

We looked at the deployment of staff and rotas. We asked people if staff had enough time to complete their care. One person said, "I keep them chatting." All of the staff told us they tried to chat to people as much as

they could. We saw from looking at rotas that there was enough time in between calls to enable staff to travel to the next person. Staff we spoke with told us that rotas were realistic. One staff member said, "Yes we get time to get from place to place, that's the beauty of working here."

We asked about ECM [electronic call monitoring systems]. ECM is a cost effective way to monitor staff appointment attendance. Using the people's home phone, the care staff dial a Freephone number where they are greeted with a message and prompted to enter their PIN code. This then updates the electronic systems in the office to say that the carer has arrived for their call. This can help mitigate the risk of missed calls not being picked up on.

Due to size and nature of the calls, the registered manager explained to us that there was no ECM system in place. However, all of the people who used the agency either could call themselves or had family members to do this on their behalf. We saw that no one had ever had their call missed. We asked people who received the service if the staff were ever late for their calls. One person told us, "No" and another person said, "They will always let me know if they are going to be late." A relative said in relation to carers being late, "No, that's one of their strengths."

We looked at the procedures in place for health and safety and how the registered manager assured the staff had a safe environment to work in. We saw that before each package of care commenced the registered manager or senior carer completed an environmental audit on people's homes. This included where the carers had to park, any stairs they had to walk down, pets and any slippery or uneven surfaces. The assessment also documented any fire escapes in people's homes and where the shut off switches for gas and electricity were.

We discussed the staff recruitment with the registered manager. We looked at four staff personnel records including one latest staff file which we saw had the appropriate evidence of safe recruitment. Qualifications, references and appropriate checks such as Disclosure and Barring Scheme (DBS) records had been checked. DBS checks identify if prospective staff have had a criminal record or have been barred from working with children or vulnerable people. No staff commenced duties until all satisfactory checks had been received. The provider had a disciplinary procedure and other policies relating to staff employment.



# Is the service effective?

## Our findings

During our last inspection the service was in breach of regulations relating to supporting staff in their role. We saw during this inspection that the service had made improvements in relation to these regulation's and were no longer in breach. We saw that improvements had been made with regards to staff training and supervision process.

We saw that training took place over three or four days. The training was conducted by the registered manager who had the skills and qualifications to be able to do this. Training consisted of classroom based face to face learning, practical sessions for moving and handling and medication and knowledge tests to assess the effectiveness of the training. We asked staff if they enjoyed their training. One staff member said, "Oh yes, it definitely helped me, I previously had no experience and they [managers] supported me really well." We saw that the training matrix was being updated every month and staff were being booked on to courses as soon as their training dates were coming up for renewal. The training matrix recorded all of the training the provider required the staff to undertake such as safeguarding, MCA, medications, moving and handling and first aid. We saw that one recent starter had completed their induction in line with The Care Certificate. The Care Certificate is an identified set of standards, which health and social care workers adhere to in relation to their job roles. Staff told us they completed a week of shadowing with a more experienced member of staff who introduced them to the people they would be caring for.

We looked at the supervision schedule for staff and saw that all staff had been supervised in the last two months in accordance with the provider's policy. Staff we spoke with told us they engaged in regular supervision and annual appraisal. There was a new staff structure in place which meant that senior care workers had responsibility for ensuring staff they were responsible for were supervised.

We looked to see if the agency was working within the legal framework of the 2005 Mental Capacity Act (MCA). The 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.

Mental capacity assessments were completed in accordance with the MCA. For example, capacity assessments had been undertaken for specific decisions. Mental capacity assessments are undertaken to determine whether a person has capacity to make a particular 'key' decision.

Staff were able to tell us about the MCA, and the registered manager was able to demonstrate a good level of understanding with regards to the MCA and associated legislation

We saw that consent was documented in people's care plans and staff described to us how they would ensure they received consent from people before providing care. One staff member said "I would always ask first, even if the person was non-verbal. I would communicate with them in a way that they would understand."

Most of the people we spoke with did not require staff to help them with their dietary requirements. However, people who did require support told us that the staff know what they like and always make sure they have something to eat. One person said, "They always ask me if I want something to eat." A relative told us, "They make [family member] breakfast and they know what [family member] likes." Everyone told us the staff had enough time to prepare the food that they liked.

We saw that the staff had made contacted the GP or hospital for some people on their behalf when they needed to. One staff member said, "If I went and thought one my clients looked unwell, I would ask them if I could call the doctor for them, then I would tell the office and get in touch with one of their relatives."

## Is the service caring?

### Our findings

We received positive feedback about the staff from people who used the service. One person said, "We get on well." Another person said, "They're good. Very friendly." Other comments included, "They're friendly, polite and very kind." Also, "They're fantastic." One relative told us, "They're very kind and patient." And another said, "They're lovely, kind and funny."

People told us they had a care plan in place, and it was reviewed. One person said, "They [staff] know my routine, but the new ones [staff] look at it." Someone else told us, "Yes there is a care plan and when it was reviewed last time they spent a long time looking at it." We spoke to one of the senior members of staff on the day of our inspection, and they showed us an example of a completed care plan review that they had just typed up. We could see how information about the person had been updated and added to the existing plan during the review process. All of the care plans we saw had been signed by either the person who used the service or their representative.

All staff without exception told us that they loved their job and cared about the people they supported. One person said, "It's the people, I couldn't ask for better clients." Another member of staff told us "I get really good job satisfaction now compared to what I used to do before this role." Someone else told us "They [people they support] make my day!"

During our discussions with staff they were able describe how they protect people's dignity when providing personal care. One staff member said, "I always make sure I ask them before I do anything, just to make sure they are ok with it." Another staff member said, "I always close the doors and windows when I am providing support." People we spoke with told us they thought their privacy and dignity were respected and the staff we spoke to explained to us how they protected people's dignity and privacy when they are providing personal care, such as covering them with towels, and making sure blinds or curtains are closed.

We could hear conversations taking place during our inspection between the office staff and people who use the service. We could hear people were being spoken to with kindness, and staff demonstrated a good personal knowledge of the people who use the service.

## Is the service responsive?

### Our findings

People were provided with personalised care that was tailored to their needs. We asked people if they had ever needed a time changing due to a hospital visit. One person said, "Yes they're very accommodating." Someone else said, "Yes I've had to change it for a hospital visit." Everyone told us the staff's time keeping was good and they usually saw the same faces. One relative said, "[Family member] gets upset when they are sent different people, so they have started to send a list (rota) with everyone's name on."

We looked at four care plans and saw they contained well-constructed information about the person's needs and how they wanted staff to support them. The care plans contained information about people's likes and dislikes and their backgrounds. People had signed these care plans to say they were in agreement with the information contained in them.

Staff told us that they mostly saw the same people every day to allow them to build up a relationship with them. One staff member said, "It can be hard when I go on holiday because I know [person receiving care] only really likes me to shower them. So it can be hard for people when the regular staff take leave." Most people we spoke with told us they had regular care staff, and would receive a phone call from the office to inform them if there was any change. One person said, "If they are going to be late, I get a call." Another person said, "They try to oblige."

Staff were knowledgeable about the people they supported and how they wished for their support to be delivered. People confirmed that their care was discussed with them and they were involved in any reviews or care plan changes.

People told us staff listened to any concerns they raised. People told us they knew how to complain. One person said, "I'd pick up the phone." Someone else said, "I've not made a complaint because I've been satisfied." Someone else said, "I'm aware of the policy, it's in the file." There had been three complaints raised at the agency in the last 12 months. We saw that these complaints had been appropriately responded to in accordance with the provider's complaints policy. People were encouraged to share their experience and complain if they felt they needed to. The complaints procedure was displayed in the office and each person received a copy when their care commenced. We saw this policy encompassed the procedure of the local authority as well as the provider's own policy and procedures. Only one person told us they had raised a concern and felt it had not been addressed, we raised this with the registered manager who was going to look into this concern.

## Is the service well-led?

### Our findings

There was a registered manager in post who has been over 12 months.

All of the staff we spoke with told us the management team were supportive. One person said, "[registered manager] is nice." Staff told us the managers were approachable and nothing was too much trouble. All of the staff we spoke with told us they attend regular training and had regular supervisions. The training matrix and supervision table confirmed this. Staff told us they would feel confident to raise any concerns with the manager.

The registered manager and the staff were aware of every person's individual support plan and specific strategies to follow. They were also aware of each person's background.

Team meetings were regular and were well organised on rotas so staff would be available to attend. The last team meeting was in August 2016.

We enquired about quality assurance systems in place to monitor performance and drive continuous improvements.

The registered manager demonstrated an ability to deliver high quality care and regular audits took place to assess the quality of the care delivered. Records confirmed that audits had been conducted in areas such as health and safety, including accident reporting, moving and handling, medication, and risk assessments. Audits were undertaken on a monthly basis. Where action was required to be taken, we saw evidence this was recorded and plans put in place to achieve any improvements required. We saw the registered manager and provider had clearly taken action to address issues identified at the last inspection. This was highlighted in staff's feedback and there was more consistency around gaining people's feedback and involving them in their reviews compared to our last inspection.

We saw results from a recent feedback survey undertaken by the service and the registered manager was awaiting the rest of the responses. These results would be analysed and the data used to make any changes needed in the service. Most of the responses had already been returned and were mostly positive.

The service had policies and guidance for staff to follow. For example, safeguarding, whistle blowing, compassion, dignity, independence, respect, equality and safety. Staff were aware of these policies and their roles within them. Staff told us they would not hesitate to whistle blow if they needed to.

The registered manager understood their responsibility and had sent all of the statutory notifications that were required to be submitted to us for any incidents or changes that affected the service. The registered manager had the ratings from the inspection clearly displayed on the notice board in the office, and their webpage, in accordance with legal requirements.