

Lifestyle Support Limited

Bluebird Care (South Staffs)

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

We inspected this service on 30 and 31 March 2016. The service provides care in people's homes to older people and people with long term conditions such as dementia and learning disabilities. The service is available in the South Staffordshire region. At the time of the inspection 43 people were being supported by the service. The service had not been inspected since registering with us in January 2014.

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 2008 and associated Regulations about how the service is run.

Some people were not protected from potential abuse as staff did not report some of their concerns to the local authority.

People told us they felt safe. Risks to people were managed in a positive way to keep people safe and promote their independence. There were systems in place to manage medicines and ensure that people were supported to take their prescribed treatments. The staff who worked in the service had checks to ensure their suitability to work there. Staff received an induction and training to gain the skills and knowledge to support people.

We found that staff had an understanding of the Mental Capacity Act 2005 and when needed mental capacity assessments were completed. When people lacked capacity to make their own choices, decisions had been made on their behalf in their best interests. People were involved with planning and reviewing their care.

People were treated in a caring way and were happy with the staff. People told us the staff had the skills to support them and knew them well. People were encouraged to be as independent as possible. When people needed support with mealtimes or access to health professionals it was provided for them.

Quality monitoring was completed by the provider and was used to bring about improvements to the service. The opinions of people who used the service was sought and this information was used to make changes. Staff felt supported and listened to and were given the opportunity to raise concerns and suggest changes.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People were not always protected from potential abuse. People were supported in a safe way and equipment was checked and maintained. Medicines were managed and administered safely and staffing levels were sufficient to meet people's needs. People told us they felt safe and individual risks to people had been assessed

Requires Improvement 

Is the service effective?

The service was effective.

The principles of the Mental Capacity Act 2005 were followed. When people lacked capacity decisions were made in their best interests. Staff received an induction and training that helped them to support people. People were offered support with preparing meals and drinks. People received support from health professionals when needed.

Good 

Is the service caring?

The service was caring.

People were happy with the staff and were treated in a caring way. People's privacy and dignity was promoted and they were encouraged to be independent. People were involved with how they were supported and cared for.

Good 

Is the service responsive?

The service was responsive.

Staff knew what people's preferences were. People were involved with reviewing their care. There were systems in place to manage complaints.

Good 

Is the service well-led?

The service was well led.

Quality checks were in place to bring about improvements. The provider sought the opinion of people to make changes. Staff felt supported by the management team and the registered manager understood their CQC registration responsibilities.

Good 

Bluebird Care (South Staffs)

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 30 and 31 March 2016 and was announced. The provider was given five days' notice because the location provides a domiciliary care service. We wanted to arrange home visits and telephone calls to people who used the service and to ensure staff were available to speak with us. The inspection was carried out by one 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.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public.

The provider completed a Provider Information Return (PIR). This 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 used a range of different methods to help us understand people's experiences. We visited two people in their homes and made telephone calls to a further nine people. We spoke with two relatives of people who used the service, three care staff, a senior member of care staff and the registered manager. We looked at care records for five people to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

We saw there were procedures in place to report concerns of potential abuse to the local authority; however these procedures were not always followed. For example, records showed one person had two periods of unexplained bruising. The person did not have capacity to explain where this bruising had come from and records we looked at confirmed there was no known explanation. There was a body map in place for this person to document the bruising and it had been reported to the office. We discussed this with the registered manager who told us this had not been reported to the local authority safeguarding team as they had not felt that it could be a potential safeguarding concern. The lack of referral meant that staff had not recognised all of the categories of abuse that might affect people.

People confirmed they felt safe. One person said, "The staff are very reassuring, they make me feel safe, it gives me more confidence". Another person told us they required specialist equipment in their home. They explained the staff all knew how to use the equipment. The person said, "I see them checking the sling to make sure it's safe for them to use". The person told us that they had to have the equipment serviced annually and sent a copy of the certificate to the agency office. We saw records for this equipment in the office. Staff confirmed they completed safety checks on all equipment before using it. One member of staff said, "They teach us this on induction, you have to check to make sure everything is ok, not broken or torn". This demonstrated that staff knew how to support people safely.

Where people had a number code to enable staff to enter their property, we saw there was a system in place to maintain people's safety and security. Some people had a pendent alarm which they told us provided them with additional safety in the event of an emergency such as a fall. One person told us, "[Staff] always makes sure I have it on before they go, they check it for me to make sure it's working".

We saw there were risk assessments in place for people's home environments to ensure staff had guidance on how to keep people safe, this included adequate lighting and loose flooring to prevent slips, trips and falls. The registered manager confirmed that the service supported a Staffordshire Fire & Rescue Service project to identify potential fire hazards and other risks in people's homes. This project enabled staff to refer people, with their consent, onto Staffordshire Fire & Rescue Service for a free home fire risk check. This showed us the provider supported people to access services that could help them to keep safe.

There were enough staff to support people's needs. People told us the staff came at the set time and had enough time to deliver care. One person told us, "They never let me down, even if there's an emergency elsewhere, someone else comes". Another person said, "No problems at all with time keeping, if anything they stay longer than they should and they never rush me". Staff told us they felt there was enough staff to meet people's needs. The registered manager had an understanding of staffing levels and explained they would not take on care packages if they did not have the staff to meet the people's needs.

There were procedures in place to ensure people had their medicines as prescribed. One person told us, "I have never had a problem with my medicines". Staff told us they had undertaken medicine training and had their competence checked to ensure they supported people safely. One member of staff said, "The training

was very good, I had not done medicines before so it was very useful and thorough". They told us the senior carer carried out spot checks by observing their practice and by checking the medicines administration records (MAR). We saw people's MAR's were completed correctly by staff.

We spoke with staff about the recruitment process. One member of staff said, "I waited till my DBS and references came through before I could start". The disclosure and barring service (DBS) is a national agency that holds information about criminal convictions. We looked at two staff files and saw pre-employment checks were completed before staff were able to start working within the home. This demonstrated the provider ensured that staff were suitable to work with people who used the service.

Is the service effective?

Our findings

People told us staff had the skills to meet their needs. One person said, "I'm happy, the girls reassure me. They know me and my needs and that's great". Another person told us, "They are all very capable". Staff told us they received an induction and training to give them the skills needed to provide care and support to people. One member of staff told us about their induction. They explained they had one week completing face to face training, one week shadowing other staff and one week in the office starting to complete the care certificate. The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. They said, "It was very useful, I learnt people's routines and likes and dislikes. As well as the classroom training, that was exceptional". Another staff member told us they were going on training later that day. They said, "This is great as its specific to supporting the client group I work with". This demonstrated staff received an induction and training relevant to meeting people's needs.

Staff told us they received supervision on a regular basis, this was through one to one meetings and observations that were completed when senior staff made unannounced visits to check their competence. Staff told us that they felt supported by the management team and confirmed that supervisions provided them with an opportunity to discuss any issues and receive feedback on their performance. This meant that people were cared for by staff that were well supported.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked to see if the provider was working within the principle of MCA. We saw that when they were required, mental capacity assessments had been completed. Staff we spoke with demonstrated an understanding of the Act and used their knowledge of people to assess capacity. When people were unable to make choices for themselves we saw decisions had been made in their best interests. Staff told us how it was important to gain consent from people and how they would do this. One staff member said, "I always verbally ask and explain, I wait for that agreement". Another staff member said, "If someone refuses something we would never force them, I would just document it and let the office know". This demonstrated staff understood the importance of gaining consent from people.

Staff told us that when they helped people to prepare their meals and drinks they would do it in their preferred way. One staff member said, "We get to know people, and how they like their drinks making". We saw records of the levels of support people would need with preparing food and drinks. The records showed that people were encouraged to be as independent as possible with this. Staff kept records when they had

supported people with eating and drinking and recorded the amount of drinks they had provided.

People were responsible for managing their own health however staff told us they offered support to people if they requested this. For example, one member of staff explained how a person used the chiropodist. They said when the person told them they required this appointment then they would make the appointment on their behalf. We saw and records confirmed appointments to the GP and referral to health professionals were made by the provider when they felt it was needed.

Is the service caring?

Our findings

People told us they were happy with the staff. One person said, "They are all lovely, in fact they are wonderful". A relative told us, "They have always got a smile on their face, when they come through the door. They are laughing and joking, it's great". Another person told us that they would have the same staff member each day to offer support. The person said, "[Staff name] is like family, we have a laugh it's great. They will often stay longer than they should as we are having a gossip". They went on to say, "If my bins full they take that out for me as it gets a bit heavy, they don't have to do that but they do". This showed us people were treated in a kind, caring and considerate way.

People told us their privacy and dignity was promoted. One person told us, "They respect that it's my home, they still wait to be asked in and to sit down". Another person explained how they would ensure the curtains and doors were shut when they were receiving personal care. They told us that staff would offer them time alone in the bathroom if needed. Staff told us how they promoted people privacy and dignity. One staff member said, "It's just being discreet, knocking people's door and being respectful that it is their own home".

People told us they were encouraged to be as independent as possible. One person said, "I'm very independent if you look in my file it says it in there. I do it all myself, they watch and encourage me they are there if I need them". Staff gave examples of how they promoted independence. One member of staff said, "We encourage people to do it for themselves, I will say come on, I know you can do that". The care files we looked at had information about people's levels of independence and stated what people could do for themselves and how they should be encouraged to do so. This showed us people were encouraged to be independent.

Is the service responsive?

Our findings

People told us staff knew about their needs and preferences. One person explained they would often go away for the weekend and not require any support. They said, "The office is very good with this, if I'm at home they always find me someone. I often change my plans at short notice and it's never an issue". Care records identified what people's needs and preferences were. A member of staff told us, "The care plans are very good, especially when you are new as there is so much information in them".

People told us they were involved with reviewing their care. One person said, "I have a folder over there, it's all in there. I have a meeting every six months and we go through it all to see if anything has changed". Another person said, "We have a meeting and I invite my relative, we discuss everything then". The care files we looked at confirmed that people were involved with planning and reviewing their care.

People told us they knew how to complain. One person said, "I would ring the office". Another person told us, "I would contact [registered manager] they are very good, I know they would sort it out". We saw and people told us the provider had a complaints policy in place. We saw when complaints had been made the provider had responded to them in line with their procedure.

People told us staff respected their daily routine and involved them in decisions about their care. One person said, "I can change my routine each day dependant on how I'm feeling and it's never a problem." Care records showed that people had been involved in their care and their views had been gained about what was working. For example one person said that their current staff support met their needs and they enjoyed staff visiting them and did not wish anything to change. People had signed their support plan to demonstrate their agreement.

Is the service well-led?

Our findings

People told us the service was managed well. One person said, "It's great up the office, I ring and there's always a voice I know". Another person said, "The registered manager is brilliant, all-round it's a brilliant service". Staff told us how they received support from the management team. One staff member said, "I'm a ringer, I'm always ringing to ask something and they never mind. They offer advice and support and reassure me. It's great". Staff told us they received regular supervisions and attended team meetings. One staff member said, "We have regular staff meetings which is good, it gives us the chance to get together and share ideas". Another staff member told us, "I pop in and out the office, but we have meetings too, it helps us to keep up to date with the changes".

Quality checks were completed by the manager and provider. These included checks in relation to health and safety, falls and medicines. The registered manager told us the senior would also carry out a three monthly spot checks on quality. Where concerns with quality had been identified we saw an action plan had been put into place and action taken. For example, it was identified through a medicines audit that a medicine had not been signed for on a medicines administration record. An action had been set to discuss this with the staff member. We saw evidence that this had been discussed with the staff member and no further errors had occurred. This showed us when concerns were identified action was taken to bring about improvements.

People told us they had the opportunity to complete annual questionnaires on the service. One person explained they completed a questionnaire and then would return it to the office. They said, "We even get a newsletter after, it tells us what the outcome was and what action they have taken with the things we said were wrong". We saw the survey for 2015. Two people who used the service were unsure how to complain. The registered manager told us and we saw that a letter was sent out to these people which included information on how to complain. This showed us the provider sought the opinions of people who used the service and used this information to improve the service for them.

People's right to confidentiality was protected. All personal records were kept securely in the office. Each person had a copy of their records which they maintained responsibility for in their home