A & J McLellan Limited

Bluebird Care (North Tyneside)

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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 28 April 2015 and 6 May 2015 and was announced. This was so we could be sure that management would be available in the office as this is a domiciliary care service. We last inspected this service in June 2013 where we found three breaches of regulation, which the provider addressed and at a follow up inspection in October 2013 we found the service was meeting all of these regulations.

Bluebird Care (North Tyneside) provides personal care and support to people in their own homes and help to access the community. At the time of our inspection the provider delivered care and support to 69 people and employed 31 members of staff. The service supports people with mental health issues, physical disabilities, sensory impairments, learning disabilities or autistic spectrum disorders, older persons and people living with

Summary of findings

dementia. The care and support provided ranged from 24 hour care packages to short visits, which for example supported people to access the community, and provided companionship.

There was a registered manager in post who had been registered with the Care Quality Commission (CQC) since January 2015. A registered manager is a person who has registered with the 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.

People spoke highly of staff whom they said supported them safely and in line with their needs. Systems were in place to protect people from abuse and there were channels available through which staff could raise concerns. Records showed that safeguarding matters had been handled appropriately and referred on to either people's social workers or North Tyneside local authority safeguarding team for investigation.

People's needs and risks that they were exposed to in their daily lives were assessed, documented and regularly reviewed. Some records would benefit from further detail and we discussed this with the provider and registered manager who took our comments on board. Medicines were managed and administered safely. Staff supported people to manage health and safety risks within their own homes and refer matters on to third parties if necessary. Recruitment processes were thorough and included checks to ensure that staff employed were of good character, appropriately skilled and physically and mentally fit. Staffing levels were determined by people's needs and the number of people using the service. We had no concerns about staffing numbers.

Records related to staff training showed that this was up to date and staff received the support they needed to ensure they had the skills relevant to their roles and the varying care needs of the people using the service. Supervisions and appraisals took place regularly as did staff meetings. Staff told us they felt supported by management and could approach them at any time.

CQC monitors the application of the Mental Capacity Act (2005) and deprivation of liberty safeguards. There was evidence to show the service understood their legal responsibility under this act and that they assessed people's capacity when their care commenced and on an on-going basis if necessary. Decisions that needed to be made in people's best interests had been appropriately referred to their social workers.

People reported that staff were very caring and supported them in a manner which promoted and protected their privacy, dignity and independence. People said they enjoyed kind and positive relationships with staff and they had continuity of care from the same members of the care staff team whenever possible, which they appreciated.

People knew how to complain and records showed that complaints were handled appropriately and records kept of each complaint received. People's views and those of their relatives were gathered through surveys.

Care records were person centred and demonstrated that the provider was responsive to people's needs when necessary. People were supported to access the services of external healthcare professionals if they needed help in this area.

Management promoted an open culture and staff told us that they found the registered manager and the provider approachable as a result. The provider had clear visions and values and had future plans in place about how she wanted the business to develop. Audits and quality monitoring of the service delivered was carried out regularly and records showed that where any issues were identified these were addressed promptly.

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 told us they felt safe when receiving care and support from staff.

Systems were in place to report matters of a safeguarding nature to external organisations if required. Staff were aware of their personal responsibility to report any instances of abuse or harm.

Care delivery was planned and risk assessed. Medicines were managed safely and staffing levels ensured that people's needs were met.

Recruitment procedures were thorough and staff who worked at the service had been vetted before they started working with vulnerable people.

Is the service effective?

Good

The service was effective

People reported that staff met their needs and were skilled in their roles. Staff training records showed they received training in key areas and in specialisms related to the needs of the people they supported.

The provider followed their legal responsibilities under the Mental Capacity Act 2005. People and staff told us they felt communication within the organisation was good.

People were supported where necessary to consume the food and drinks they needed to remain healthy and they were supported to access healthcare services.

Is the service caring?

Outstanding

The service was caring.

People expressed high levels of satisfaction with the care they received. They spoke of the caring nature of staff and the positive relationships that they enjoyed.

Privacy, dignity and independence were promoted by staff. People confirmed that they were encouraged to do as much as possible for themselves in order to maintain their independent living skills for as long as possible.

People and their relatives said they felt informed by the service and involved in their care.

Is the service responsive?

Good

The service was responsive.

Care was person-centred and care records were well maintained and reviewed regularly.

Complaints were handled appropriately and in line with the provider's policy. People were aware of their right to complain and said they would feel comfortable raising any issues that they may have with management.

Summary of findings

Is the service well-led?

Good

The service was well-led.

The provider displayed an open culture within the organisation and had a clear vision and values to provide people with high standards of care.

Management had systems in place to monitor service delivery and there was evidence that they acted on any issues or concerns raised promptly.

Good leadership was evident.

Bluebird Care (North Tyneside)

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 28 April 2015 and 6 May 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to assist us.

The inspection was carried out by one inspector.

Prior to the inspection, the provider completed a Provider Information Return (PIR). This is a form which asks the provider to give some key information about the service, highlighting what the service does well, and identifying where and how improvements are to be made. We reviewed the information returned to us by the provider in the PIR, alongside information held by the Commission (CQC) about the service. This included reviewing statutory notifications that the provider had sent us and any safeguarding information received within the last 12 months. In addition, we issued questionnaires to people who used the service, their relatives or friends and staff, to gather their views of the service. We also contacted North Tyneside safeguarding adults team and North Tyneside local authority contracts team. We used the information that these parties provided to inform the planning of our inspection.

As part of our inspection we visited three people in their own homes and spoke with four people on the telephone, all of whom used the service. We spoke with three people's relatives, six care staff, the registered manager and the provider. We reviewed a range of records related to people's care and the management of the service. These included ten people's care records, seven staff recruitment, training and induction records, medicine administration records (MARs) and records related to quality assurance.

Good

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe in the presence of the staff who supported them and they believed that the service promoted safe practice. One person told us they had never felt unsafe when receiving care. Another person commented, "They (staff) are never physically rough with me and I like their manner." Each person who returned a questionnaire to us prior to our inspection indicated that they felt safe from harm and abuse. Relatives and friends responses supported this view, as they stated they believed their family members to be safe.

Staff told us they had received training in safeguarding which involved identifying signs of abuse and what action should be taken. Training records confirmed this. They were aware of their own personal responsibility to report matters of a safeguarding nature, in order to ensure that vulnerable people remained safe and were protected from abuse. There were detailed safeguarding and whistleblowing policies and procedures in place and safeguarding systems related to people's finances which reduced the likelihood of financial abuse. Records showed that there had been occasions where staff had raised concerns with management, who had in turn reported the information to the relevant external parties (local authority safeguarding team or people's social workers) in order to safeguard people's welfare and protect them. For example, one person was at risk of potential financial abuse due to the way they managed their finances and the provider raised this matter with the person's social worker, their family member and the local authority safeguarding team. In another case, a person had not collected their medication from their general practitioner (GP) for several weeks. The manager investigated this matter with the person's GP and then referred the case to the local authority safeguarding team. In each instance measures were put in place to protect these individuals.

Procedures were in place to report accidents and incidents that occurred within the service during care delivery, or for example, where a staff member arrived at a person's house and an accident or incident had occurred. All staff were required to have a mobile phone on their person during working hours so that they could call the office if they needed any assistance, or for example, if they were delayed during a care visit and needed to notify the next person they would be visiting. Records of accidents and incidents that occurred were retained and showed what action had been taken and whether any third parties had been contacted. Where relevant, measures had been put in place to prevent repeat events. One incident record related to a staff member not being able to obtain access to a person's property to carry out a regular care and support call. It showed the staff member knew the procedures to follow and who to contact, to ensure that the person was safe.

Risks that people were exposed to in their daily lives (such as being at risk of falling) and in respect of the care that was delivered to them had been assessed by the provider and documentation about these risks was available in people's own homes for staff to refer to. Records showed that these risks were regularly reviewed, although we found there had been a recent change in one person's needs where there were no corresponding risk assessments. We relayed our findings to the provider who told us that this would be addressed.

Staff told us that they felt able to do their jobs in the time allocated to them for each home visit. People said that their needs were met and staff stayed for the length of time they had been allocated. People said that staff completed their designated tasks in this time. Home visits were allocated to care staff on a weekly rota by the administrative staff based at the provider's office. Any issues or changes to rotas, calls and staffing were reported to administrative staff and overseen by the manager if necessary. This showed that there were systems in place to monitor any staffing issues. The provider told us that they had recently increased the number of supervisors to oversee the work of care staff 'in the field'. The staffing compliment was structured into area teams, each with a team leader reporting to the newly appointed supervisors. We had no concerns about staffing numbers within the service.

Records reflected that the provider's recruitment procedures were robust. Staff were interviewed, their identification was checked, references were sought from previous employers and Disclosure and Barring Service (DBS) checks were obtained before staff began work. Staff also completed a health declaration questionnaire. Disciplinary procedures were in place and there was evidence that the manager had dealt with matters of a disciplinary nature both promptly and appropriately. This

Good

Is the service safe?

meant the provider had systems in place designed to ensure the person's health and welfare needs were met by staff who were fit, appropriately qualified and physically and mentally able to do their job.

Where relevant, people were supported to take their medicines safely. Individual records related to the administration of medicines were maintained within people's homes, where this was a duty performed by staff. These records detailed the type of medicine, date and time that it was taken and they were well maintained. Staff told us that they supported people to take their own medicines independently, assuming they were able to, once they had dispensed it from the relevant container. They were knowledgeable about their involvement in the management of people's medicines. A detailed medication policy was in place which gave information and guidance to staff.

There was evidence that staff were mindful of health and safety risks within people's own homes and supported them to remain safe. For example, one care worker arrived at a person's home and their heating was not working so the care worker reported this to the office and recorded the actions of what they had done to rectify this. Environmental risk assessments were carried out by the provider at the point that the care package commenced, so that staff were aware of any potential health and safety risks within homes when delivering care.

The provider had considered emergency planning and had business continuity plans in place with systems designed to ensure that people remained safe. For example, care records held within the office were colour coded to reflect the levels of priority given to their care provision, should an emergency situation arise. These priority levels reflected whether, for example, people needed assistance with medicines and whether they lived alone. The provider told us that a four wheel drive vehicle had been purchased for the business to ensure that if there was bad weather in the winter months, they could still reach and deliver care to people in rural areas. There were plans in place for a sudden lack of staff, fire, loss of data and loss of computer access, all with clear protocols to be followed. This showed the provider had considered the impact of external factors beyond their control and the potential impact on people's safety and they had put contingency plans in place.

Good

Is the service effective?

Our findings

All of the people we spoke with were very positive about the quality of the care and support they received. One person told us, "They are very, very good; so obliging." Another person told us, "If you asked me what I would have wanted, they have certainly met and exceeded my expectations." Other comments included; "I just need to say, 'Will you help me with this?' and they do it" and "They have been very good; they do everything I need". Relatives told us they found the service invaluable, reliable and that the care delivered was of a high standard. Compliments that had been received by the service included the comments, "X (care worker) does an excellent job" and "Your reliable and considerate service and the kindness individual staff showed, kept X (person) in her own home and independent".

Records showed that staff had completed training in a number of key areas such as safeguarding and moving and handling. A thorough induction programme was in place which covered the role of the care worker, equality and inclusion, principles for implementing duty of care and person-centred support, amongst other things. The manager told us that all new staff completed a five day initial training course and refresher courses in key areas, in future months, would be planned for those staff. The provider had recently sourced training from an external company as opposed to the manager delivering training herself. The manager said this had given her more time to manage the service more thoroughly and staff benefitted from receiving training from a third party. Staff had received training in areas relevant to the needs of the people they supported such as dementia awareness, learning disabilities awareness and how to communicate effectively. In addition, internally the company issued training booklets periodically to staff to refresh their knowledge of certain topic areas such as nutrition, end of life care and safeguarding. This meant the manager could identify any areas where further development was needed.

Staff told us that they felt they received enough training in order to deliver care effectively. One member of staff told us, "We get plenty of training. They are very good on training." Supervision sessions took place regularly between staff and their line managers. These were one to one meetings in which the staff member and their manager could discuss their performance, any issues that they may have and any training needs. The provider carried out spot checks on staff practice and how they administered medicines to ensure staff were competent in their roles. There was an annual appraisal system in place, although most of the staff team had not been in post for a 12 month period so only a limited number had been carried out. Staff told us they felt fully supported by management who provided them with good leadership and equipped them with the necessary skills to do their jobs.

People told us that staff knew what their care needs were and there was evidence of continuity of care. People spoke of how they enjoyed effective care and support from the same staff member(s), who knew them, and their needs, very well. One person told us, "My care worker is very attentive and helps me out each week." Staff told us communication between themselves and the management of the service was good and they felt informed. People and their relatives talked of good communication between themselves and staff, either face to face or via the telephone, and if they needed to contact the office about any matters, they were usually dealt with efficiently.

People told us they were supported by staff to arrange healthcare appointments such as going to the doctors, if they needed this input. Staff were proactive in ensuring that people got the medical support that they needed. Records showed that where staff had arrived at a person's home and they were concerned about their welfare and well-being, they sought medical attention or obtained advice from healthcare professionals.

The service was involved in supporting people in the preparation of their meals and, where necessary, assisting people to consume their food. Records showed that some staff had received training in specialised areas such as Percutaneous Endoscopic Gastrostomy (PEG) feeding tubes, which are used for people who cannot take food by mouth. This showed that measures were in place to ensure that where people's nutritional needs were high, the service had invested in their staff so that they could meet these needs.

We discussed the Mental Capacity Act (2005) and Court of Protection orders to deprive people of their liberty in a domiciliary setting, with the provider. They told us that people's cognitive abilities were assessed at the point the service commenced and then afterwards, if necessary. The manager told us nobody using the service currently lacked capacity to a level which would require a Court of

Good

Is the service effective?

Protection order or health and welfare lasting power of attorney's to be in place. However, they said that if this was the case in the future, they would obtain copies of these from the relevant parties to ensure they supported people legally and in line with their rights under the MCA.

There was evidence to show that the provider referred matters related to people's capacity and any decisions that needed to be made in their best interests, to either their social workers within the local authority or other relevant healthcare professionals. Therefore, we were satisfied that the provider was aware of, and carried out their legal obligations under the MCA.

Outstanding ☆

Is the service caring?

Our findings

People commented on the positive relations that they enjoyed with staff. They talked about how staff understood their personalities and their likes and dislikes, and these were respected. One person said, "I enjoy the rapport I have with X (staff member)." A second person described the staff member who supported them as "outstanding" and a third person said, "I like staffs' manner and the way they work; they are straight forward real nice girls". Other comments included, "X is excellent; very pleasant" and "I find I receive exceptional care from the staff who help me". A person's relative told us, "X is a godsend. We are blessed." Another relative commented about a staff member and said, "She lifts my wife's spirits when she visits, full of confidence and very, very caring. She is a pleasure when she comes." The caring attitude of staff was evident in the feedback that we received.

We reviewed comments submitted as part of a recent customer survey carried out by the provider and also compliments the service had received. These included; "They are very pleasant ladies who call on me", "Very happy with the service", "X does an excellent job", "You are all so caring gentle and kind with X (person)" and "The two carers are heroes". One relative had written a comment which read, "I know that dad values his carers. I know that the standard of care that I have observed has usually been high and is carried out by lovely, good-natured people. Thank you for taking such good care of dad."

People described how staff were very friendly and exchanged day to day news with them when they visited, whilst maintaining confidentiality. People who were more mobile told us that staff enabled them to go out if they wished to. One person in receipt of care told us, "We go anywhere I want, shopping or to country parks." People told us they felt involved in their care and their relatives confirmed they did too. Care records indicated people's involvement as they had signed their plans of care to indicate they agreed with the contents and the care and support that was to be delivered.

People told us they received support in a manner which ensured their independent living skills were maintained as much as possible. For example, they told us they were encouraged to assist with moving and handling as much as possible and daily living activities such as eating, as opposed to these being done for them. This showed that the service promoted people's independence.

People described how staff members took great care to ensure their dignity and modesty was respected. One lady commented "They protect me with my dignity. They close the door when they help me." Another person described how staff would happily remove themselves from the room if they requested some privacy. The provider told us that one of their care workers had won a dignity in care award and would be representing the North East in the national final of the Great British Care Awards. The dignity in care award is given to someone who helps people to live a dignified life despite their age, disability or hardship. It is awarded to someone who gives people a voice and respects their needs physically and emotionally.

People and their relatives confirmed they received enough information from the service and we saw that they had access to a 'customer guide' which the provider had drafted. This guide gave people important information about the organisation, including a list of services that were on offer. There were also details about how to contact the office and to raise any concerns or complaints.

The manager told us that to their knowledge no people using the service accessed advocacy services, but that they would support people to do so via their care manager or other professionals, if required. The manager gave us examples of where they had acted as an advocate for people who used their service in the past. This included one situation where a person who lacked capacity had been supplied multiple numbers of the same product and been overcharged. The manager spoke with the company concerned on the person's behalf and a refund was issued.

Good

Is the service responsive?

Our findings

People told us they felt the service was responsive to their needs and any situations that arose. One person commented, “Any issues have always been dealt with swiftly. One day I wasn’t well and they wanted to get the doctor out to me. I was fine though, just having a bad day. The next time a carer came they sat longer with me and wanted to know that I was alright before leaving. I had additional time that day and they didn’t charge me.” One comment recorded on a recent customer survey carried out by the provider stated, “I really cannot fault the service; always brilliant, flexible and able to provide what is needed”.

The provider carried out a pre-assessment of people’s needs, prior to them receiving care from the service. Individualised and person-centred care records were maintained within people’s homes which provided staff with the information they needed to meet people’s care and support needs. In a small number of cases we found people’s care plans would benefit from additional detail about exactly how the service supported people to take their medicines. We shared our findings with the provider and manager who told us that additional information would be added to these records. Care records were reviewed regularly and people told us that supervisors visited them in their home periodically to review their care, gather their views and check staff performance.

Staff were knowledgeable about the people they supported and their needs. Records confirmed that the manager visited people in their own homes prior to commencement of the care package, in order to identify their needs, write their care plan and risk assessments, and to introduce the company. One person said, “The manager came to visit us. She said I know just the care worker for you. She was right.”

There was evidence that staff responded to matters and issues brought to their attention, in respect of people’s health, safety and their general well-being. For instance, records showed that such matters had been referred to external organisations for their input and to people’s families. In addition, staff had referred matters to the local safeguarding authority or people’s social workers, where they had concerns that people were vulnerable and there was the potential that they could be taken advantage of by a third party. This showed that the provider was responsive and proactive to changing circumstances.

People explained that they were always given a choice about the care they received or whether they accepted it. This showed that staff recognised people’s individual rights to make their own decisions, where they were capable of doing so. People told us they were supported to pursue activities if they wished to do so and if this was part of the support they had agreed in their care contract with the service.

The provider told us that they gathered people’s views and the views of staff and relatives via surveys. We reviewed the results of these surveys and found the feedback overall was very positive. Staff told us they would actively report any concerns or issues that people raised with them during care delivery. They could also feedback their views through staff meetings, which were held monthly, or alternatively during their individual supervision sessions with their manager.

The provider had a complaints policy in place and we saw that any complaints or compliments raised were retained within a file held at the office. The complaints policy provided information for people about how to complain and how the complaint would be dealt with. The complaints policy was also brought to people’s attention in the customer guide issued to people when they started using the service. We examined how historic complaints had been handled by the organisation. This showed that complaints were responded to appropriately and where relevant, statements had been taken from staff and documented. Any correspondence with the complainant had been maintained and the outcome of each case was clearly recorded.

Good

Is the service well-led?

Our findings

People told us they believed the service to be well-led. All of the people we spoke with relayed positive views about the management of the service. They described the managers and office staff within the organisation as "helpful and professional". One person said, "At a management level I think they are professional. Any issues that I have had have been dealt with swiftly. It impresses me that they see not just the immediate problem; they look at the wider elements of that problem to stop it happening again." Another person told us, "There are no issues with the company. They are usually on the ball."

The registered manager told us that the ethos and values of the company was "To offer good old fashioned high quality services". She advised that there was an open door policy. Staff confirmed this and also that management were very approachable. People expressed confidence that management would deal with any problems or issues they may raise.

The provider told us she had arranged fundraising events for people using the service to attend. A cinema event that the provider had organised the previous year had raised £145 for Parkinson's disease. The provider also told us that there were plans to hold a coffee morning in aid of dementia awareness during 'Dementia Week' in May 2015. This showed the provider promoted people's well-being, their involvement in the community and supported national charities and awareness events.

There was evidence of good leadership within the service. People and staff told us that the manager visited people in their own homes when they first commenced their care package, to introduce the company and to ensure that their needs could be met effectively. Where there had been issues related to staff practice, these had been monitored and addressed by the manager promptly and staff were supported to make improvements. Matters of a disciplinary nature were addressed appropriately and documented on staff files for future reference. Management reporting structures were in place and there were different roles and seniority levels within the organisation which provided consistency and accountability for staff.

The provider and manager told us that they had recently restructured some of the roles and responsibilities within the organisation and it was hoped that this would ease some workload pressures. Future plans were also in place to introduce an electronic logging system which would record the time when staff entered and left a person's home to deliver care. This system would be linked to rotas and care visits and have a 'real time feed' back to the office, so office staff can monitor any issues immediately, such as if a care call is missed.

Staff meetings took place monthly and records showed that staff were kept up to date with the latest developments within the business. The manager also told us that she asked staff to read a particular policy in advance of meetings and then this was a topic for discussion. She said she tried to link these to any on-going issues or feedback from people using the service, for example, a complaint or a practice issue that had arisen. The manager said that this helped embed the policy and best practice into care delivery.

Audits and an analysis of the information that these provided were carried out regularly. The manager showed us examples of audits she carried out related to medicine administration records, people's care records, daily record sheets completed by staff during care visits and staff files. Monitoring also took place of accidents and incidents, safeguarding matters and medication errors and the manager told us that this gave her an on-going overall view of the service. We checked the medication errors that had occurred and we were satisfied that these were not of a serious nature and they had been addressed appropriately by the manager. Records showed that where issues were identified during audits or on-going monitoring, the manager had investigated these appropriately. Where necessary, we saw supervision sessions had been conducted with staff to support them and to help prevent repeat events.

People were supported to remain safe in their own homes. Records showed that staff had referred any dangers to management and action was taken to resolve these. This showed the provider had effective systems in place to ensure people's health and welfare. The provider had many detailed policies and procedures in place covering all aspects of care delivery and any other services that the organisation offered. These gave staff and people a point of reference and guidance to follow.

Care records evidenced that the service worked in partnership with other healthcare professionals such as community nurses, to ensure that people received the care

Good

Is the service well-led?

they needed and there was continuity in care delivery. Care records were retained within people's home at the point of care delivery and other records related to the operation of the service were held securely within the office. Access was restricted to those people who needed it, to ensure confidentiality.