

Gregor & Gent Limited

Bluebird Care (Norwich & North Norfolk)

Inspection report

Unit 6 Oaktree Business Park
Basey Road, Rackheath
Norwich
Norfolk
NR13 6PZ

Tel: 08450178205

Website: www.bluebirdcare.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This announced inspection was carried out on 16 August 2016. Bluebird Care (Norwich & North Norfolk) provides support and personal care to people living in their own homes in Norwich and North Norfolk. On the day of the inspection there were 83 people using the service who received personal care.

The service did not have a registered manager in place at the time of our inspection and has not had one since May 2016. A new care manager had been recruited who would be applying to become the 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.

People were supported by staff who understood the risks people could face and knew how to make people feel safe. People were supported in a way that protected them from risks whilst maintaining their independence.

People were usually supported by a regular staff member or group of staff who they knew. People who required support to take their medicines received assistance to do so when this was needed.

People were provided with the care and support they required by staff who were trained and supported to do so. People's human right to make decisions for themselves was respected and they provided consent to their care when needed.

People were supported to consume a sufficient amount of food and fluids that promoted their wellbeing. People received support from staff who understood their health needs.

People were treated with respect by staff who demonstrated kindness and understanding. People were involved in determining their care and support. They were shown respect and treated with dignity in the way they wished to be.

People could not rely on their plan of care containing all the required information to ensure their care and support was delivered as needed. People felt able to express any issues of concerns and these were responded to.

People used a service that did not have the benefits of consistent direction and management. Improvements were needed to the systems used to monitor the quality of the service.

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 felt safe using the service because staff looked for any potential risk of abuse or harm and knew what to do if they had any concerns.

People were supported in a way that protected them from risks whilst maintaining their independence.

People were supported by a sufficient number of staff to meet their planned needs.

People received the support they required to ensure they took their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by a staff team who were trained and supported to meet their varying needs.

People's rights to give consent and make decisions for themselves were encouraged.

People were supported to maintain their health and have sufficient to eat and drink.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who respected them as individuals.

People were involved in shaping the care and support they received.

People were shown respect and courtesy by staff visiting them in their homes in a way that suited them.

Is the service responsive?

The service was not always responsive.

People may not receive the care and support they require because their plan of care did not include all the information required to do so.

People were provided with information on how to make a complaint and staff knew how to respond if a complaint was made. Complaints made were investigated and responded to.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

The management of the service had undergone changes which had led to a lack of stability.

Systems to monitor the quality of the service people received were not effective.

Requires Improvement ●

Bluebird Care (Norwich & North Norfolk)

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 16 August 2016 and was announced. The provider was given 24 hours' notice because the location was a domiciliary care agency and we wanted to ensure there was someone free to assist us with the inspection. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included a Provider Information Return (PIR) completed by the provider. 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 looked at previous inspection reports, information received and statutory notifications. A notification is information about important events and the provider is required to send us this by law. We contacted some other professionals who have contact with the service and asked them for their views.

During the inspection we spoke with 14 people who used the service and six relatives. We also spoke with six care workers, two care coordinators and the manager.

We considered information contained in some of the records held at the service. This included the care records for five people, three staff recruitment files and other records kept by the manager as part of their management and auditing of the service.

Is the service safe?

Our findings

People who used the service told us they felt safe and that they were treated well by the staff who visited them. One person told us, "I feel very safe, they are very pleasant when they come in, and get down to the job they have come to do." Another person said, "I do (feel safe,) the personality of the carers just shines through." Other people told us things that made them feel safe using the service included having regular care workers, that care workers were friendly and having identity badges to show who they were. A relative told us, "The carers are happy, I know [name] is safe when they are here."

The provider informed us on their PIR that staff were trained to be vigilant in recognising potential signs of abuse and had a good understanding of their duty to report any abuse in accordance with their safeguarding policies. Care workers told us they had completed training in safeguarding and were able to describe the different types of abuse and harm people could face, and how these could occur. Care workers told us they would raise any concerns about people's safety with the manager or the senior on call. One care worker described how they had reported a concern about one person's safety to office staff and this had been acted upon.

People received their care and support in a way that had been assessed for them to receive this safely. One person said, "They know my risks, they keep me safe. I have had some falls so they advise me how to avoid falling again. It is good advice, I trust them." Another person told us how they maintained their independence. They said, "I try to do as much as I can for myself. We work as a team. They know exactly what I am going to do and the help I will need." People who required care workers to use mobility equipment to help with their care told us this was used safely. One person told us, when care workers used equipment to help with their mobility, "I feel confident." A relative told us they had witnessed care workers were, "Very good at reassuring them (relation)" when using mobility equipment.

People confirmed that their home environment had been assessed to ensure their care and support could be provided to them safely. One person said, "They did an assessment, everything was okay. We changed one or two things and fitted a fire alarm." The provider informed us on their PIR that all work environments and activities were risk assessed.

Care workers said the environment was assessed before they provided any care to ensure it was safe to do so. They spoke of ensuring trip hazards were identified and made safe, and of using equipment safely. One staff member told us how they had worked with one person so they did not leave their keys in the door which had prevented care workers from entering their home.

There were sufficient care workers employed to provide people with their planned care and support, although this at times relied on the goodwill and flexibility of staff. People told us their care calls usually took place at the time they were planned for, and they normally had an individual or small team of care workers visit them who they knew. They appreciated that there may be occasional delays because their care worker had run into some unforeseen circumstances, such as needing to extend their time at a previous call or unexpected traffic problems. A person who used the service told us, "I have the same group (of care

workers) who are on time as far as it is possible." Another person said they, "Tend to see the same people" although on a few occasions when they had been short staffed, "You get someone you haven't seen (before), they appear to be quite qualified but they don't know where anything is."

One relative told us they had requested the same group of care workers visited their relation as they were living with dementia, and this request was complied with. They also said, "They may be late occasionally but that is because they care and won't just leave their last call if the person needs them." Another relative said, "If they are going to be late they will phone [relation] up."

Care workers told us they usually visited a group of people regularly, although they were frequently asked to cover additional calls when they were short staffed. This meant they did visit some people who they had not seen for some time or had not visited previously. The manager told us they had recognised recruitment and retention of staff was an issue they needed to address and it had been agreed in a meeting with the company directors to create a new post of recruitment officer, which they were currently recruiting to. The manager said this would enable them to spend the time recruiting the number of care workers needed to cover all the planned calls. They also said they were looking at a number of other initiatives that would enable them to have better availability of care workers without asking other care workers to work extra hours or take office based staff away from their roles. One of these initiatives had been to recruit two additional supervisors to provide more support and guidance to care workers.

People were supported by staff who had been through the required recruitment checks to preclude anyone who may be unsuitable to provide care and support. These included acquiring references to show the applicants suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people, to assist employers in making safer recruitment decisions. Care workers described having undergone the required recruitment process and recruitment files showed the necessary recruitment checks had been carried out.

People were encouraged to manage their own medicines, but support was provided to people if required to ensure they took their medicines safely. Some people told us they did not need any assistance to manage their medicines, which they continued to do independently. One person told us staff, "Give me medication the way I want it."

The provider informed us on their PIR that anyone who was supported with their medicines had an assessment completed with them which detailed who is responsible for ordering and collecting their medicine. The assessment also identified where medicines should be stored, the level of assistance required and if there were any other medical professionals involved. It was also stated on the PIR that staff had a competency assessment before they were able to administer medicines independently and that all records were audited to ensure safe practices were followed. Care workers told us they had undergone a competency assessment regarding administering medicines.

Is the service effective?

Our findings

People were cared for and supported by care workers who had the skills and knowledge to meet their needs. People told us care workers understood their needs and provided them with competent support. One person told us, "I would say they have had training, they know what they are doing." Another person said they felt care workers were trained but added that if needed, "I will train them as well, I give them little tips on the way to do things."

There was a training and recruitment officer employed who planned, coordinated and provided staff training. This included new staff induction, refresher training and also arranged any external training. The manager told us they had reviewed this staff member's responsibilities and had made other arrangements for managing recruitment to enable the training officer to increase the range of training they provided. The manager told us this would include providing training on any specific health conditions people may have. The manager also said new care workers were enrolled onto the care certificate. The care certificate is a national qualification for staff working in health and social care to equip them with the knowledge and skills to provide safe, compassionate care and support.

A recently employed care worker described their induction and told us they felt it had prepared them for their work. They said, "It bought up things I hadn't considered." The care worker said the induction had included four days classroom based training before shadowing experienced care workers undertaking visits. Care workers told us they felt they received, "Good training" and that they were provided with advice and guidance from supervisors who came out and worked with them. One care worker said, "I get the training I need, I feel supported."

People had their rights to be asked for their consent and make decisions for themselves promoted and respected. People told us they were asked for their consent prior to being provided with any acts of care. One person told us, "They know what they can do, but if it's something different they will ask for my agreement first."

Care workers told us they always asked people to consent to any care and support before providing this. One care worker said, "I wouldn't do anything for them unless they said they wanted it done, I've had to tell relatives that when they have asked me to do something." We saw people who used the service had signed their care plans indicating they had been involved in the preparation of these and that they consented for this care to be provided.

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.

Staff were unclear on how to work within the principles of the MCA when a person may not have capacity to

make a specific decision for themselves. They were unclear on how to assess whether someone had the capacity to make a specific decision for themselves, and if not arrange for a decision to be made for them in their best interest. The manager told us they had identified staff required more support to ensure they followed the requirements of the MCA. Following our visit the manager informed us that they had included this in their action plan and were arranging for additional training regarding their roles and responsibilities under the MCA.

People were provided with the support they required to ensure they had enough to eat and drink to maintain their health and wellbeing. People spoke of being assisted to prepare meals or have meals prepared for them. One person said, "They (staff) encourage me to eat and drink well. They prepare meals from my freezer." Another person said, "I try to cook but it was taking me too long, so they help me to prepare the meal now." They added, "They make sure I have a drink and ask if there is anything else I want."

Care workers told us they supported people to eat well and provided any encouragement needed. They said people liked it when they prepared meals for them and this encouraged them to eat. One care worker said, "Some people we need to encourage because their appetite just isn't there." Care workers also told us they raised any concerns with office staff about people's nutritional intake. The manager said any concerns would be referred to an appropriate healthcare professional to see what additional support could be provided.

People's healthcare needs were known and they received support with their health and wellbeing. One person said, "The first thing they say is 'how are you today?' I usually say all the better for seeing you, but if I am not feeling well I tell them." The person said care workers responded appropriately on those occasions. Another person said, "You can't see I have [health condition] I explain to them why they have to help me, they understand when I tell them. They are very good." A relative said care workers understood how to respond to their relation who was living with dementia in a sensitive way. They also told us about an occasion when their relation had passed out. They said the care worker, "Did all the right things, they were brilliant and got an ambulance, then waited with them."

Care workers told us they always asked people how they were feeling and looked for any indications that a person may not be feeling well. They said their knowledge of people helped them recognise any signs of this. The manager told us part of people's care reviews included monitoring the support they provided people with their health care.

Care workers said they made a record of any concerns they noted and where appropriate ensured these were passed on to other family members. Care workers said they liaised with healthcare professionals when required to pass on information or to seek advice. A care worker told us about an occasion they had contacted the emergency services when they were concerned about one person's health. We received positive feedback about the service being effective from other professionals who worked with them. One comment referred to staff being very good at picking up healthcare problems (or potential problems) and contacting an appropriate healthcare professional.

Is the service caring?

Our findings

People described the care workers who supported them as excellent, helpful and caring. People also told us the care workers who visited them had a positive attitude. One person said, "The main thing is I am happy with the help I get from the girls." Another person told us care workers were, "Very caring and they have a very good general attitude." The person added they liked to offer something back to the care workers, and said they liked being able to, "Help them (care workers) with my knowledge and life experience."

Care workers told us they found their work rewarding and that they enjoyed helping people. They spoke of providing people with a positive experience during their visits and said they found their work to be personally satisfying. One care worker said they could sometimes be the only other person the client saw that day so it was important to, "Provide them with some company and have a chat." The care worker added, "This can make a real difference to their quality of life."

The manager told us they had been impressed by the staff when they took up their post, who they had found to be a, "Caring team." We received positive feedback about the service being caring from other professionals who worked with them. One comment referred to having observed care workers speaking with a person who used the service with a calm and friendly nature.

People told us they were involved in planning their care and support and making decisions about this. One person told us, "I said what (care) I wanted. They come out and check I am getting it. They listened to me." Another person said, "They do exactly as I ask them to do."

The provider informed us on their PIR that the assessment process fully involved the person stating what they wanted to achieve from the service. The assessment covered all areas of the person's life and gave them the opportunity to ask any questions and raise important issues. Care coordinators told us the supervisors involved people and sought their views when preparing and reviewing their care plans. The manager told us they were keen to look at ways of involving people more in shaping the way their care was provided.

People said how staff did things the way they wanted in their home. One person said, "I need to tell them where I want things, otherwise I won't be able to find them." Another person said, "I'm fussy; they wouldn't get away with anything, but I have had no reason to say anything."

The manager told us no one who used the service at present required the support of an advocate, however they had a policy which described the support they would facilitate if needed. The manager said they planned to increase the range of information available for people on using advocacy services. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

People who used the service said they felt care workers treated them with respect. People described how care workers provided personal care in a way that promoted their dignity. One person said care workers treated them, "In a very dignified way when helping with my personal care" they added, "I appreciate that."

Another person told us they felt respected because care workers, "Treat me as me." A person who told us that they would tell care workers if they felt they were not treated with respect said, "I have found no faults. My [relation] said they must be good if you can't find fault with them." Another person told us they had been asked how they would feel about having one care worker visit them who lived nearby. They told us they had said they would not like that and their wish had been respected.

Care workers described the practices they followed to enable people to have privacy and dignity when they supported them. These included following dignified practices when providing people with personal care. Staff also spoke of conducting themselves in a professional manner and respecting people's confidentiality.

Is the service responsive?

Our findings

People's care plans did not describe their needs in sufficient detail to ensure care workers had the information needed to meet their needs. For example the care plan for one person who required staff to support them with their nutritional intake as they were not eating well did not refer to this. There had been information provided from the local authority on how to encourage the person to eat well, but this had not been included in the care plan. Additionally the information was not presented in a personalised way to show how the person would like their needs to be met. We also found some people's risk assessments did not always provide the information needed clearly, and in some occasions referred to other guidance which would not be available in people's homes. This meant care workers would not be able to refer to information they needed. The manager told us they had identified that care plans and risk assessments did not contain the information they needed. They said these did not describe in sufficient detail how to meet people's needs and how risks people faced could be reduced.

People told us their care plans were kept under review and updated when there was any change in their needs or circumstances. One person said, "I have a care plan, a supervisor is coming to go through this and make changes." People referred to seeing care workers read their care plans when they visited them. Care workers told us they felt the care plans were not always updated as quickly as they needed to be. The provider informed us on their PIR that people's care was kept under regular review. However we found that reviews of people's care plans had not been completed as frequently as intended. One care workers said, "It can take a while (for care plans) to be updated."

The manager said they had identified care plans were an area that needed improvement and they had prepared a plan to audit and update these. A coordinator showed us one care plan they had recently rewritten and this contained clear descriptions of the person's needs and how these should be met. Although this care plan was a considerable improvement on other care plans we reviewed, we found there were still pieces of information that needed to be included that had not been.

People told us they were provided with the care they required to meet their needs. One person told us their care was, "Definitely suitable and definitely meets my needs." Another person said, "They do all that I ask of them and all that I need." A relative told us the care provided, "Helps us keep [relation] at home, without that they would have to go to a (care) home." People also told us their care was flexible and responsive to their needs. People spoke of being able to make changes to their care, such as rearranging a planned visit if it was not convenient. One person told us, "I am an independent person and they respect that." A relative told us care workers would, "Talk with [relation] when they are willing, if they don't want to (talk) they respect that."

Care workers told us they were able to complete people's planned care in the time allowed and they would do any extra jobs if there was any time left over. One care workers told us, "Sometimes we will sit and have a chat, a lot of people like it when we have some time to do that."

People were told how they could raise a concern or make a complaint. They told us there was information in

their care files about how to raise a complaint. We were also told that the new manager had reminded people about the complaints procedure in a letter they had sent out. One person told us, "I have been told how to make a complaint, I just ring them." They added, "I would always say when something is not right, they can learn from it too."

Staff knew people had the right to complain if there was anything about the service they received they were unhappy about. A care worker told us, "There is information in people's care plans about how to complain with the number to call the office." Care workers said if anyone raised a concern with them they would try to resolve it, if they were unable to they would pass this on the office based staff. Care workers also said people could raise any concerns directly with the office staff themselves or they could do so via another person, such as a relative, who would advocate on their behalf.

The provider stated on their PIR there had been three complaints made over the preceding 12 months which had all been managed and resolved under their complaints procedure. The manager showed us the records made of two further complaints that had been received since they took up post. These had been investigated and appropriate action had been taken. The outcome of the investigation had been communicated to the person who initially raised the complaint, so they knew what had been done to address their concern.

Is the service well-led?

Our findings

Although people were happy with the support and care provided we received mixed comments from people about their experiences of contacting staff based at the office. Some people described receiving a positive and prompt response, whereas some other people felt their reason for contacting office staff had not been acted upon. This included either cancelling or rearranging appointments. Some people also told us they were reluctant to phone the office because they did not feel their call was well received. Comments included, "If you ring the office the staff are not very sociable. I find them off putting. I prefer to speak to my ladies" and "Carers care but I don't get the same values from the office."

During our discussions with staff we found there were some mixed views on how the service was managed, and some staff commented about the number of changes within the management team that had taken place. They told us this had led to some uncertainty amongst staff about a number of practices and routines as well as some problems with communication. Care workers also said there had not been opportunities to raise issues in meetings as these had not taken place for some time. Some care workers said they felt they were kept informed about matters through text messages, emails and phone calls.

People told us they were provided with a rota each week listing the planned times of their calls and which staff would be attending these. Whilst people told us they liked having this information some people told us this was not always accurate. One person said, "Once announced they don't always let me know the change of times, so they can come early and that throws me off." A relative told us they had contacted office staff, "Periodically to discuss schedule changes as sometimes visits aren't on the schedule."

The provider had not complied with the condition of their registration to have a registered manager in post to manage the service since May 2016. The provider's representative, who we refer to as the nominated individual, attended the feedback at the end of the visit. They said that due to unforeseen circumstances there had been some changes in the management of the service. The provider is required to notify us without delay of certain events that occur within the service. We found the provider had notified us of events that had taken place in the service they were required to. They had kept us informed of their interim management arrangements and operational contingencies whilst there was no registered manager in post. They had now recruited a new manager, who was present at the inspection, who would be applying to become the registered manager.

People told us they knew there was a new manager in post. Several people mentioned having received a letter from the new manager introducing themselves and saying they hoped to meet people soon. One person told us they had an appointment to meet the new manager in the next week. Another person said, "What I gather the new manager is going to keep it (the service) going in the right direction."

The provider operated an out of hours service for people to contact outside of office hours if they had any problems or needed to make any changes to their visits. A relative told us the out of hours service had been helpful when they had needed to contact them.

Systems to audit people's care and the running of the service were not effective. People's care records were brought back to the office where they were checked by office based staff to ensure they were completed correctly and were accurate. They also checked to make sure nothing had been recorded they needed to act upon. We looked at a sample of the audited records and found these were not being audited on a regular basis. This meant on occasions there was a time gap of several months before records were audited. We also found other records had not been audited to ensure they had been correctly completed, for example staff recruitment files.

When records were audited these were used to make improvements to the service. The provider had told us on the PIR that a number of errors had been made in completing people's medicine administration records. The manager provided us with a breakdown of these errors which showed when action had been taken to address these problems there had been a considerable reduction in these.

The provider operated systems to review how the service was operating and if there were any improvements needed. A relative said, "They do visits to review and ask if any concerns." The provider informed us on their PIR that quality assurance questionnaires were sent out to people who used the service. Responses to these were collated and an action plan was devised to address issues. We saw the most recent survey for people who used the service had been carried out in April 2016 and this had identified that improvements were needed with communication. The manager showed us a new communications form they had implemented as one way to try to improve communication. A survey form had been sent out to staff in August 2016, but this had not yet been analysed.