

When the Flag Drops Limited

Egerton House

Inspection report

55 Hoole Road
Chester
Cheshire
CH2 3NJ

Tel: 01244318348

Website: www.bluebirdcare.co.uk/cheshirewest

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We visited this service on 1 June 2017. We gave 48 hours notice to the service that we were visiting. This was to ensure that people were available at the office on the first day of our visit.

Bluebird Care UK is a national franchise. A franchise is when a franchisee (the provider) has bought the right to sell a specific company's (the franchisor's) products in a particular area using the company's name. The franchise operates over two hundred locations across the United Kingdom.

Bluebird Care, Egerton House is registered to provide personal care to people who use the service. They provide care in people's own homes. They currently provide support for 97 adults within the local community.

At the last inspection on 2 February 2015, the service was rated as Good. At this inspection we found the service remained Good.

The service had a registered manager in place. 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 had been trained to understand how to recognise abuse and discrimination. Systems were in place for staff to follow which protected people and kept them safe from avoidable danger and harm. Staff were confident in reporting any concerns they had about a person's safety.

People received care and support from staff that were trained to be effective in their role. Staff had the skills and knowledge to understand and support people's individual needs. Training they received was kept up to date. People's rights were protected and they had choices in their daily lives. People were supported to maintain their diet and health needs where required. Staff were caring and people's privacy, dignity independence and individuality was respected and promoted by staff.

People received care from staff that were suitably recruited, supported and in sufficient numbers to ensure people's needs were met. This was because the provider had undertaken the relevant checks to ensure the staff they employed were suitable to work with people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Staff asked people's permission before they helped them with any care or support and understood the importance of obtaining consent. People that needed it received support to make sure they ate and drank enough. Staff helped people to access healthcare services when this was required.

People were supported by staff who knew them well and had good relationships with them. People were involved in their own care and felt listened to when they made their wishes known. Staff protected and respected people's dignity and privacy when they supported them. People received care and support that was individual to their needs and preferences.

People and their relatives knew how to complain about the service and felt comfortable about doing so.

The provider carried out annual satisfaction surveys with people using the service. The registered manager had systems for monitoring the quality of the service and had taken action when improvements were needed.

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 remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well-led.

Egerton House

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 1 June 2017. The provider was given 48 hours' notice because the location provides domiciliary care and we needed to ensure someone was available at the office.

The inspection team consisted of one inspector.

Before our inspection we reviewed information held about the service. We received a provider information return (PIR) from the registered provider. 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 looked at our own system to see if we had received any concerns or compliments. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We contacted representatives from the local authority and Healthwatch for their views about the service. We used this information to help us plan our inspection of the home.

During the inspection we spoke with ten people who used the service and three relatives. Relatives we spoke with were also involved in providing care to their family member. We spoke with seven staff which included care staff and care coordinators. We also spoke with provider and registered manager. We viewed three records which related to people's care and support needs, people's medicines and assessment of risk. We reviewed three staff files. We also viewed other records which related to quality monitoring and the management of the service.

Is the service safe?

Our findings

People told us that they felt the staff who supported them had the necessary skills to support them in a safe way. People also commented that they felt safe when staff were in their homes. One person told us that they were very happy to have the staff in their home. They said, "I trust them and feel secure with the staff." Another person told us, "They (staff) are 100% trustworthy, I don't even think about it." A relative said, "I am more than pleased with the care [person] gets. It is a safe service with a good care plan in place."

People felt that they were kept safe from the risk of abuse by the staff. Relatives spoken with agreed that they had confidence in the staff to protect people. All staff we spoke with knew the procedures for keeping people safe from abuse, harm, and discrimination. All staff knew about the different types of abuse and the signs to look for which would indicate that a person was at risk. One staff member told us, "I would report any concerns to the manager. I am sure they would sort it out. If they did not then I would report it myself to CQC"

We looked at the way the service managed risks to people. Before people were supported, initial assessments were undertaken by the staff team. This was to ensure the person's needs could be met safely by staff. We saw that risks to people had been identified and measures were put in place to reduce the risk for the person. One person said, "They assessed my house for hazards. Not just for me but for the staff as well." Staff explained to us about the risks associated with people's care. They told us how they discussed with people any risks identified and ensured that new risks were reported promptly. This meant that care plans could be reviewed to ensure people were supported safely.

People felt there were enough staff employed to support them well. One person said that the staff never let them down. They continued, "I have the same core team so I have built a good relationship with them." A relative commented, "There is a good continuity of staff for [person]. They (staff) never miss a call." Staff told us that there was an on call system and a senior member of the staff team was always available. This meant staff had access to guidance and support in an emergency situation, including the ability to stay with people and have their next calls covered.

The provider took steps to ensure staff were suitable to work with people in their homes. Staff we spoke with and records we looked at showed that all the recruitment checks required by law were undertaken before staff started working. These included two references from previous employers and Disclosure and Barring Service checks (DBS). These are checks that are undertaken to ensure that staff do not have any relevant criminal offences that would prevent them from providing care and support to people that use services.

Most people did not need support to take their medicines. Where support was needed we saw that medicines were managed safely by staff who had received the relevant training. Care records contained information for staff about the support the person needed to take their medicines safely.

Is the service effective?

Our findings

People told us they were supported by staff who were knowledgeable about their needs. One person said, "If there is a new staff member starting, they come in with the usual carer so they get to know my routine before they come on their own." Another person told us that they felt confident in the staff. They said, "The staff are well trained and are always there to support me with anything I may need." The relative of a person who was supported by the staff team told us that they thought the staff were well trained. They also confirmed that the staff had good knowledge about their family member's health conditions.

Staff told us they had the necessary training to help them to do their job well. We saw that the provider took staff training seriously, and made sure all staff were up to date with any training requirements. All staff said they had an induction into their role and that they shadowed an experienced member of staff. Records looked at indicated that staff had completed or were in the process of completing the care certificate. The Care Certificate is a nationally recognised training programme. The programme sets the standard for the fundamental skills, knowledge, values and behaviours expected from staff within a care environment.

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 told us that staff sought consent before supporting them with their care and that staff only offered support with their approval. Staff said they had received training to enable them to understand how to protect people's rights. A member of staff said, "MCA is about people's ability to make their own decisions." Another staff member said, "We explain to people what we are doing and make sure they understand. If they are unable to speak, we will know if people are consenting by their body language." This meant that people were assured that they had the opportunity to agree to their care.

Where people needed support with preparing food and drink, they told us that staff always supported them in a way that they wanted. One person said, "The staff make sure I have enough food in and they make me a snack for later."

People told us that if they were not well staff would contact the doctor for them. One person said, "The carers would always help me to get a GP visit if I needed one. They have also stayed later to be with me if I have been unwell." Another person said, "If I am unwell they would call the doctor." Staff told us that some people could contact the doctor for themselves. If someone was not able then they would call the GP, with the person's permission. They would also report it to the office team, so that the office staff could inform family members. This meant people were supported to maintain their health when needed.

Is the service caring?

Our findings

People felt that the staff team cared about them. One person told us, "I am treated well by the care staff and feel comfortable with them." Another person said, "We are very happy with the service. They support [person's partner] as well as me. We enjoy a close and kind relationship together." We spoke with one person who felt very confident with the staff who supported them. They said, "They (staff) all help me to be independent, they are interested in me and what I think." A relative told us about the kindness and respect the staff members had for their family member. They said, "[Staff member's name] shook [person's] hand and said, 'See you tomorrow.' It may seem a small thing but it meant the world to [family member]."

People also told us that they felt important and that staff appreciated them and their views. One person said, "They are my lifeline. They listen to me and ask me what I want." A relative said, "The social interaction is very good. The staff chat away to [family member] and always ask before leaving if there is anything else they can do." We spoke with a relative who told us, "We have increased the hours to let me go out more knowing [person's name] is OK. I can relax and enjoy my time out." Another relative commented that the staff understood their family member's needs. They said, "They know all about [person]. They understand their ways." A third relative told us, "The staff are marvellous. I have every confidence in leaving [person's name] with the care team and going out. [Person's name] is very trusting of the staff team who support them."

People we spoke with felt that they were cared for with dignity and respect. The provider also respected people's wishes about having male or female care staff. One person said, "I need a lot of personal help and would not be comfortable with a male carer. I only have female carers who are very gentle. They make sure I can have privacy in the bathroom." Another person told us, "The staff are very good to me. They treat me in a very dignified way." One relative confirmed that staff were kind, caring and respectful towards their family member. They said, "They always make sure [person] has privacy when bathing." Another relative was very happy with the support their family member received. They told us, "I am more than pleased with the care [family member] gets from Bluebird Care. They have always treated [person's name] with dignity and respect." One staff member commented, "Dignity is about treating people as you would wish to be treated yourself."

People were provided with information about Advocacy services available to them if required.

Is the service responsive?

Our findings

People told us they were involved in agreeing and deciding their care needs. One person said, "They came out to assess me and I agreed what I needed. They are providing the care I need." Another person told us, "[Staff name] came out to do an assessment and check on how things are going." Records we looked at showed that people had been involved in assessing and agreeing their needs and how they wanted to be supported. We reviewed three care plans and saw that people's care was planned in a way that reflected the individual care they needed. We saw that care plans were reviewed regularly, and people had the opportunity to make any changes to their care needs and comment on how the service was going for them. One relative told us that they were involved in reviewing their family member's care plan. They said, "I review [person's] care plan and am involved with the updates. They are very responsive to [person's] changing needs."

People told us that staff were given the required amount of time to support them. One person said, "Of course I would like them to stay longer, but they have enough time to help me. That's just because I like their company." Another person said, "They (staff) take me shopping. They have also offered to take me to the cemetery to see my husband's grave. Whatever I want to do, they help me."

We spoke with one relative who told us that the staff were very responsive to any unforeseen issues which may arise. They said, "My mother, who was my father's support at home, had an accident and the staff responded to this by providing extra care hours in the household to enable her to be discharged from hospital. The service is very good in an emergency."

All the people we spoke with knew how to complain about the service if they needed to. The majority of people said they had never made a complaint as they had no reason to. One person told us, "It has got much better since the new manager came. They listen to what I have to say and deal with any problems straight away." Another person said, "I have never made a complaint. I would call the office if anything happened." We saw the provider's complaints process which had been made available to all people using the service.

Is the service well-led?

Our findings

People and their relatives felt they received a good quality service. People spoke highly of the registered manager and office team, as well as the staff who visited them. One person said, "I know I can speak with the manager and the office staff at any time, they are always very helpful." A relative said, "There has been much improvement since the new manager came in post. It is an excellent service and I would, and do, recommend them to others." People also told us that they had the opportunity to complete customer surveys to make their views on the service known to the management team.

Staff told us they had good support from the provider who was based in the main office. One staff member said, "The registered provider is very hands-on. They work with us and are approachable all the time. We do feel that we are listened to and that our views are taken on board." Staff told us they received good support from the registered manager and senior support staff. One staff member told us, "I get good support. I can ring the office whenever I need to if I need any help, or I can just go to the office." Staff also told us that the registered manager was always available and helpful, and they received good on-going support. One staff member told us, "The agency is run very efficiently. We work well as a team. You can always get hold of someone and there is a nice atmosphere in the office". All staff we spoke with knew about whistleblowing and said they would not hesitate to use the processes if required. Whistleblowing is when staff are supported to report concerns about the treatment of people they support.

The provider and registered manager had a robust quality auditing process in place. In addition to the service's own processes, Bluebird Care (Egerton House) was part of the Bluebird Care UK franchise. As a result, the service was audited on a regular basis by the franchise's audit team. We reviewed these audits and saw that the provider and registered manager had developed actions plans to address issues found on the audit. The last audit was completed before the current registered manager was in post. We saw that the audits were very thorough and encompassed all areas of the service provided. We saw evidence of much improvement in the quality of the service. For example, we saw that the registered manager had developed improved care planning and auditing records which were easier for staff to use. These included better Medication Administration Records (MAR) and improvements in the use of staff schedule planning.

We saw that the provider was very keen to ensure the service worked for the people and kept up with the times. They explained to us about the new electronic system being introduced which would improve the effectiveness of the whole service. The system used a mobile phone based system to enable staff to record in people's care notes and medication records. The system allowed 'live data' to be accessed straight away. The system allowed immediate support to be provided as required. The provider was purchasing mobile phones for all staff to use solely for communication about their daily workload.

The registered manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of their registration.