Wye Valley Independent Living Ltd

Bluebird Care (Herefordshire)

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

Summary of findings

Overall summary

About the service
Bluebird Care (Herefordshire) is a service providing personal care to people in their own homes. People supported include younger and older people who may live with dementia, physical disabilities or sensory impairments. Twenty-seven people were in receipt of care at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
People's risks were clearly identified, and staff were supported to understand what action they needed to take to address people's safety needs. Staff understood how to recognise abuse and were confident the manager and senior staff would assist people, should any concerns be identified.

People and relatives could rely on care being provided as agreed and planned. The provider recognised some people had recently experienced occasional delays in their care. The provider was addressing this. Staff took action to reduce the likelihood of people experiencing infections. The provider had put processing place to take learning from any incidents.

People decided what care they wanted and how they preferred to be support before care started. Staff used their skills and knowledge when caring for people and were supported to provide good care through induction and training programmes. Staff had opportunities to develop their skills to support people's specific needs. People were supported to see other health professionals, and to have enough to eat and drink, so they would enjoy the best health possible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The provider recognised the recording of people's capacity varied and gave us assurances they would ensure staff were consistently provided with guidance on how to support people.

People knew they were valued by staff and had developed good relationships with the staff who supported them. Relatives said staff knew people well and encouraged them to ask for assistance. People made their own decisions about their care, and staff promoted people's rights to dignity, independence and privacy.

People and relatives planned people's care with staff said their views were listened to. Staff recognised when people's needs changed and adjusted the care so their needs were met. The provider planned to increase the range of information available to support people's communication needs as these changed. Learning was taken from complaints, to prevent reoccurrences. People's wishes at the end of their lives had been established. The provider told us they planned to further enhance opportunities for people's wishes to

be explored, in case of sudden death.

People and relatives were positive about the care they received and were encouraged to make suggestions about the care provided. There had been changes to the senior management team, and staff told us this had brought about improvements in people's care and their support. Staff understood how they were expected to care for people and had received compliments regarding the quality of care provided to people. The provider, senior team and external auditors checked the safety and quality of the care, so they could be assured people's needs and preferences were met. The provider understood their responsibilities to drive through improvements to people's care, and development of the service was informed by work undertaken with other specialist organisations.

Why we inspected
This was a planned inspection based on the previous rating.

Rating at last inspection
The last rating for this service was Good (published 28 October 2016).

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-Led findings below.

Bluebird Care (Herefordshire)

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team
The inspection team consisted one inspector.

Service and service type
Bluebird Care (Herefordshire) is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 29 August 2019 and ended on 17 September 2019. We visited the office location on 29 August 2019.

What we did before inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection
We spoke with three people using the service and four relatives to ask about their experience of care. We spoke with the provider, four care staff members, including a care supervisor.

We looked at five people's care records, multiple medication records and information relating to the quality and management of the service. These included complaints and compliments, staff training records, minutes of staff meetings and systems for managing accidents or incidents.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were assisted to stay as safe as possible and their safety needs were reflected in the way staff supported them.
- Staff knew how to recognise and report any concerns they had for people's safety. Staff knew what action to take to support people in the event of concerns or suspected abuse.
- People, relatives and staff were confident the registered manager would protect people if there were any concerns.

Assessing risk, safety monitoring and management

- People discussed their safety needs with staff, so their needs would be met. One person told us they were anxious using some of the equipment they needed when moving around their home. The person told us, "They take time when hoisting me as they know I don't like this. They can get me in at the first try and they do reassure me."
- Staff had worked with people and their relatives to identify people's individual risks and safety needs. These included risks in relation to people's underlying health conditions, and mental health needs. One staff member told us, "Some people experience risks of falls and poor skin health." Staff had been supported to provide safe care through guidance and understood how to assist people, so their risks were reduced.
- People and relatives were comfortable to ask for additional help, people's their needs changed, so their safety needs would continue to be met.

Staffing and recruitment

- Some people and relatives told us there had been occasions when staff were not able to attend their care calls at the times planed. People and their relatives said this was occasional, and senior staff had taken action to address this.
- Other people and relatives told us they could rely on staff to provide care at the time agreed, and gave examples showing how staff worked flexibly with them so their call time preferences would be met.
- Staff told us there were occasions where the time allocated between care calls had not been sufficient. For example, if there were any unexpected traffic delays, or people on previous calls had required additional help. The provider recognised some people had recently experienced occasional delays in their care. The provider was addressing this by checking the time staff were allocated for traveling between care calls was adequate and by on-going staff recruitment.
- Staff were not permitted to care for people until checks had been made to ensure they were suitable to work with vulnerable adults, to promote people's safety.

Using medicines safely

● Where people required support with their medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines. Senior staff made checks on the medicines administered by staff, so they could be assured people received these as prescribed.

Preventing and controlling infection

● People told us staff followed good hygiene practices to reduce the likelihood of infections. One relative said, "They [staff] always, aprons and gloves, absolutely and professional in this."

● Staff were supported to reduce the chance of infections, through the equipment required and checks undertaken on their practice.

Learning lessons when things go wrong

● The provider and registered manager had systems in place to review any incidents or accidents and to identify if action was needed to prevent these happening in the future.

● Staff had opportunities to reflect on people's safety needs and risks through discussion with senior staff and staff meetings. This helped to ensure any learning regarding safety issues were communicated across the staff teams.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's risks, care preferences and needs were assessed by staff before people started to receive care. Where people chose, their families were also consulted as part of the assessment process. One relative told us, "They asked [family member's name] if they wanted to be involved. We were involved in initial assessment." The relative said this had given them the opportunity to talk about their family member's wider care needs, including their preferences at the end of their life.".
- People's assessments considered their individual care needs, risks and preferences and were regularly reviewed. This helped to ensure people would receive the care they needed as their needs changed.

Staff support: induction, training, skills and experience

- People told us staff understood how to care for them. One person said because of this they were less anxious. Another person said because of the way staff used their communication skills and experience, "They are Good at making sure I am happy."
- Relatives were positive about the support their family members received from staff. One relative said, "[Staff] are good at their jobs and know what they are doing."
- Staff told us they had were supported to learn new skills through face to face and on-line training. One staff member said because of this, "I have learnt a lot with Bluebird."
- New staff were supported to provide good care through an induction programme, which included working alongside more experienced staff, and opportunities to develop their skills and knowledge further.

Supporting people to eat and drink enough to maintain a balanced diet

- Some people managed their own food, or with support from their families. Where people were supported by staff to have enough to eat and drink, people said the meals and drinks prepared for them were based on their preferences and choices. One person told us how much they enjoyed the meals prepared for them by staff.
- The provider gave us examples of additional training staff had received so they would be able to support specific people to have the nutrition they needed to remain well.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were confident staff would support them to access care from other professionals if they wanted this. One person told us staff had immediately contacted their GP when they had been unwell, so they would recover as quickly as possible.
- Where staff had any concerns for people's health or well-being they promptly sought advice from other

health and social care professionals, so people had access to the care they needed to remain well. This included communicating with people's GPs and district nurses and occupational therapists, so people would recover as quickly as possible.

Ensuring consent to care and treatment in line with law and guidance
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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA .

● People told us staff listened to the decisions they made about their care. Relatives told us where their family members needed support to make some decisions they were consulted.
● The provider recognised people's capacity to make their own decisions sometimes varied and gave us assurances they would ensure staff were provided with guidance on how to support people in such circumstances.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were complimentary about the staff who cared for them and valued the relationships they had built with staff. One person said they now felt less isolated because, "I have a joke with [staff], and we have a chat about what's happening in the world." Another person told us how valued they felt as staff had celebrated their birthday with them. The person said, "My room is so full of flowers."
- Relatives told us staff were caring and considerate. One relative said, "[Staff] were very kind to [family member's name] and she liked all of them." The relative explained because staff got to know their family member well, they understood what was important to them and were able to support them in the ways they preferred. Another relative told us staff sensitively supported their family member, and said, "The carers are very nice, caring and bright and cheerful."
- People were supported by a consistent group of staff. People's views were sought on the type of staff they wanted to support them.
- Staff spoke warmly about the people they supported. One staff member said, "I love all of [people]. When you get to know [people] they open up, they talk to us about what we do and how much we do for them."
- People gave us examples of additional things staff had done, so people would know their well-being mattered. This included picking up occasional shopping and spending time chatting to people to reassure them.
- Staff understood the importance of the Equality Act 2010. Staff gave us examples of how they had sensitively supported people, so people's unique needs and abilities were recognised. This helped to ensure people were protected from discrimination.

Supporting people to express their views and be involved in making decisions about their care

- People decided what support they wanted how they wanted this to be provided. One person said, "I decide what order I want my care in, for example, if I want my tea made first. They [staff] are good at doing this."
- People said staff listened to any decisions they made about their care and supported them as people requested. One person told us they had told staff what time they wanted their care call and said, "I want time in the morning and I get that call at the time I want."
- People's, relatives' and family friends' views were listened to when care was planned and reviewed. This helped to ensure people's preferences and decisions were known and respected.

Respecting and promoting people's privacy, dignity and independence

● People gave us examples showing how sensitively staff responded to their right to dignity when providing personal care. One person explained staff were always very supportive when assisting them, so they felt respected and as comfortable as possible. Another person told us how staff supported them and said, "They [staff] are treating me as I want to be treated."
● Staff encouraged people to retain as much independence as possible. This included supporting people to make their own food choices, and to take gentle exercise.
● People's private information securely stored to promote their rights to confidentiality and privacy.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans reflected their needs and risks and care preferences and were based on what mattered to people. For example, people's care plans highlighted people wished to be reassured when provided with some elements of care. One person told us staff included them in plans about their care and said, "They [staff] ask me what I want."
- Relatives' views were considered when people's care was planned. One relative explained they had been involved in planning their family member's care as their needs changed. The relative said because of this their family members preferences were understood by staff. The relative said because of this, "Hand on heart they were very happy with the care."
- People's care plans also considered their wider needs, such as if they wanted assistance with their pets or to maintain their spiritual needs. One person told us, "I go to church on Sundays and they [staff] make sure I get my care when I need. They have a list of when I want to go out and they work round that."
- Staff told us they were supported to provide good care to people through the information available within people's care plans and risk assessments. Staff told us this was regularly updated on the electronic systems they used. This helped to ensure staff responded to people's changing needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been considered when their care was planned. Staff gave us examples of different ways they worked with people, so their communication needs were met, including where people required some documents in alternative formats, and when people or their relatives used English as their second language.
- The provider had recognised further development of communication assessments and the availably of key documents in alternative formats would be required, as people's needs changed, and provided assurances this would be developed further.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us staff took time to chat with them, so they felt less isolated. One person said, "I have a joke with them [staff] but they are respectful and are always interested in the knitting I do and tell me how much they like it."

● People told us staff varied their call times when requested, so they would be able to continue to be part of their communities and keep in touch with their families.
● Staff gave us examples of times when they had worked in flexible ways so people's needs would be met. For example, staff had supported one person, so they were able to celebrate the marriage of family members.

Improving care quality in response to complaints or concerns
● People and relatives were confident if they raised any concerns or complaints these would be addressed by staff.
● Systems were in place to manage and respond to complaints, and to take any learning from these. Staff gave us examples of how learning from any concerns or complaints were communicated to the staff team. This provided staff with opportunities to reflect on their practice and to adjust plans to meet people's changing needs.

End of life care and support
● People's needs at the end of their life were considered when their care was planned, in consultation with people, their families and other health and social care professionals. One relative told us about the joint decisions they had made with staff at the end of their family member's life. The relative told us staff worked flexibly to support their family member, as they wished. The relative said, "It was not just a job, they treated her like a member of the family and went out of their way to support [person's name]." One staff member told us about the care they provided to people at the end of their lives and said, "That's my passion. It's about making the last days and months as relaxed and comfortable as possible, and supporting and reassuring the family, too."
● Staff gave us examples showing how they worked with other organisations, so people's end of life needs would be met. For example, training from hospice staff, so people would be supported to have the nutrition they needed at the end of their lives.
● The provider told us they planned to further develop people's care plans, so their end of life preferences would be fully identified. This included in the event of people's sudden death.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● People and relatives said they considered the care provided to be good. One person told us the way the service was run meant, "If I ask for something their attitude is, 'It's not a problem.' I'm getting regular carers. They come here at the time I want and I have no complaints."

● People told us they had developed positive relationships with senior staff, who regularly provided care to them, and this encouraged them to ask for any additional help they needed.

● People, relatives and staff advised us there were occasions where the distances staff had to travel between care calls led to delays in care being provided. People and relatives told us their concerns were addressed when they raised this with senior staff. The provider was monitoring the quality of the service and had put plans in place to address this. For example, by reviewing the call rotas. The provider also said, "We have a new electronic system for call monitoring. You can see what is going on, and I am now more reassured people are getting the care planned and you can see this instantaneously." The provider explained this system helped to identify any missed or late calls, so they could ensure appropriate action was taken to support people.

● There had been a number of changes in the management of the service. Staff told us these were positive. One staff member said, "Things are going well with the new [registered] manager. They are good at encouraging us and always makes sure we are up to date with people's needs." Another staff member gave us examples of how the senior team fostered a team approach, which benefited people who received care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The provider understood their responsibilities to provide care based on best practice. This included taking part in campaigns to ensure people were fully supported to have enough fluids, and people's rights were promoted. The provider also obtained best practice to meet specific people's needs, such as guidance from hospices, mental health specialists and occupational therapists.

● Staff knew how they were expected to care for them through regular communication about people's care needs, and one to one meetings with their managers and staff meetings. One staff member said, "[The registered manager and provider] want professional standards from staff who are up to where they should be with their training, and with customers being the priory."

● The provider understood their responsibilities to advise CQC and other agencies of important events which may occur at the service and was aware they needed to support people in an honest and open way in

the event of any mistakes in the care occurring.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

● The views of people and relatives were incorporated into quality monitoring and assurance arrangements. People's and relatives' views on the care provided were checked through discussions and care reviews.

● Where people wanted this, people and relatives had access to electronic rotas and details of care planned and provided, so informed discussions and suggestions could be made.

● Staff had received compliments for the quality of the care provided and the caring attitude of staff.

● The staff team met to discuss people's care needs and to make suggestions for improving care. Staff told us their suggestions were listened to. For example, suggestions for improving systems so staff were aware of changes to people's planned call times.

Working in partnership with others; Continuous learning and improving care

● The provider, registered manager and senior staff had put systems in place to work with other organisations, including hospices, district nurses, mental health specialists and people's GPs and social workers. This helped to ensure people were assisted to have the range of support required promptly, and staff understood how to assist them.

● People told us senior staff checked the quality of care they received by talking with them and by observing how staff cared for people. Staff were given feedback and encouraged to reflect on the care they provided.

● External auditors, the provider, registered manager and senior staff audited other key aspects of the service. This included the management of people's medicines, call times, complaints and accidents and incidents. This helped to ensure people were receiving their care as planned and were supported by considerate staff who understood how to care for people.

● Where any actions were identified, the provider and senior team acted to drive through improvements in people's care. For example, following discussion with staff, changes were being introduced to ensure staff had additional opportunities to develop their skills and knowledge. The provider and provider gave us assurances they would build on their existing checks to ensure the improvements made in relation to recording around people's mental capacity assessments was fully embedded.