

AJSS Limited

# Bluebird Care (Newark and Sherwood)

## 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

We carried out an announced inspection of the service on 22 June 2018. Bluebird Care (Newark and Sherwood) is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It currently provides a service to older adults. Not everyone using Bluebird Care (Newark and Sherwood) receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

There was a registered manager in post at the time of our inspection. 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.

At the time of the inspection, 71 people received some element of support with their personal care. This is the service's second inspection under its current registration. At the previous inspection, the service was rated as 'Good'. At this inspection the service has maintained that rating.

People continued to feel safe when staff supported them. Risks to their safety were appropriately assessed and acted on. There continued to be enough staff to provide timely and safe care for all. People's medicines were well managed and staff understood how to reduce the risk of the spread of infection. Accidents and incidents were investigated although current documentation did not always record whether recommendations made by the registered manager had been acted on.

People's care continued to be provided in line with current legislation and best practice guidelines. Staff were well trained and had their ongoing performance regularly assessed. Annual appraisals for all staff had not yet been completed. People were supported with their meals effectively where needed. Information was available to support staff with caring for people. Other health and social care agencies were involved where further support was needed for 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 support this practice.

People liked the staff. They found them to be kind, caring and compassionate. People were treated with dignity and respect and their wishes acted on. Independence was encouraged and people were involved with decisions about their care. People's personal records were managed safely and in accordance with data protection laws.

Before using the service people's needs were assessed to ensure staff would be able to support them effectively. People's personal preferences for the way they wanted their care to be provided were recorded in people's care records and reviewed with them. People felt complaints were handled appropriately and records viewed confirmed this. People's diverse needs were discussed with them and respected and people

had access to information about their care. End of life care was not currently provided, but plans were in place to train staff should this change.

The service continued to be well-led by a caring registered manager with the support of their office based and care staff. People felt they received a high quality of care and would recommend the service to others. Staff felt valued and respected and felt able to contribute to the development of the service. Quality assurance systems were effective in ensuring the service continued to provide a good standard of care for all.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remained safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service remained effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service remained caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remained responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remained well-led.	<b>Good</b> ●

# Bluebird Care (Newark and Sherwood)

## **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 checked 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 comprehensive inspection took place on 22 June 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because we needed to be sure the registered manager would be available.

Before the inspection, we reviewed information we held about the service, which included notifications they had sent us. A notification is information about important events, which the provider is required to send us by law. We also contacted Local Authority commissioners of adult social care services and Healthwatch and asked them for their views of the service provided.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

The inspection team consisted of an inspector and two assistant inspectors. The assistant inspectors carried out the telephone interviews with people prior to the office-based inspection. They spoke with 14 people who used the service. The inspector visited the office location to see the registered manager, office staff and to speak with care staff.

The inspection was informed by feedback from the telephone interviews as well as questionnaires completed by a number of people using service, relatives and staff. We sent 143 questionnaires out and received 25 responses. Eleven responses were received from people who used the service, five from relatives

and nine from staff.

During the inspection, we spoke with three members of the care staff, a care coordinator, the office manager and the registered manager.

We looked at records relating to five people who used the service as well as three staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

We asked the registered manager to send us copies of various policies and procedures after the inspection. They did this within the requested timeframe.

## Is the service safe?

### Our findings

People felt safe when staff provided them with support within their own homes, or, with accessing the community. One person said, "Yes of course I feel safe." Another person was able to tell us who they would contact if they had any concerns about their safety or the safety of others.

Staff understood how to protect people from avoidable harm and abuse. There was a safeguarding policy in place, staff had received safeguarding adults training and they knew who to report any concerns to. The registered manager had a good understanding of their responsibility to ensure the relevant authorities were notified of any concerns about people's safety. This reduced the risk of people experiencing avoidable harm.

The risks associated with people's health and safety were assessed and regularly reviewed to ensure the care provided continued to meet their individual needs. Risks assessments in areas such as people's medicines, personal care and their home environment were in place. We noted guidance was available for staff to ensure that whilst they provided care that reduced the risks to their safety, there were no unnecessary restrictions on their freedom.

There were sufficient staff in place to support people safely. People told us staff arrived on time, with most people telling us they always knew who was attending. People also told us staff completed all required tasks during each call. One person said, "The usual carer comes and explains in detail with the other carer what needs to be done. I'm a bit apprehensive with new staff but I still feel safe." We spoke with a care coordinator who showed us how they planned calls to ensure that people, wherever possible, were able to have their preferred staff member for each call. This process contributed to people feeling safe and care was provided by a consistent team of staff.

Many of the people we spoke with told us they were able to manage their own medicines, or they were supported by their relatives to do so. Where people did receive support from staff, they were happy with the way staff assisted them. We noted records used to record whether a person had taken or refused to take their medicines were appropriately completed and were checked by senior carer staff on a monthly basis. Where recording errors had occurred, these were addressed with the staff member either through additional spot checks, supervision or if needed further training. Checks on staff competency to administer medicines safely were carried out at least once a year. This ensured people's medicines continued to be managed safely.

Most people who responded to our questionnaire told us they felt staff did all they could to reduce the risk of the spread of infection. Staff told us they had sufficient personal protective equipment such as aprons and gloves. Records showed staff had completed infection control training, although a small number of staff were overdue for a renewal. The registered manager told us this training was in the process of being booked.

There was a process in place to record any accidents or incidents that could have an effect on people's

health, safety and wellbeing. Records showed when an accident occurred, staff recorded what had happened and the actions they took. Where needed, the registered manager had also added their recommendations to help reduce the risk of reoccurrence. We did note that not all of these records then showed whether the recommended action had been completed. The registered manager assured us that the actions had been taken, but agreed to amend the paperwork to enable the completion of each recommendation to be recorded. This would further enhance the continued learning from errors and mistakes whilst reducing the risk to people's safety.

## Is the service effective?

### Our findings

The registered manager ensured people's physical, social and mental health needs were provided in line with current legislation and best practice guidelines. Where people had specific health conditions, the registered manager had sourced best practice guidelines to ensure recognised guidance was in place to support staff with caring for people effectively. The registered manager told us they were in the process of reviewing all care plans to identify whether the guidance they had provided for staff still met these guidelines. This approach enabled staff to support people effectively with their health and care needs.

All of the people and relatives who responded to our questionnaire told us they felt staff had the skills needed to support them. People we spoke with agreed, although a small number told us when new staff started to support them; it took them time to understand what assistance they needed. Records showed staff received an ongoing training programme in a number of areas the provider had deemed as required for their role. Additionally regular supervision and unannounced spot checks of staff practice enabled the provider to be assured that staff practice was carried out to the required standard. Staff told us they felt supported by the registered manager in carrying out their role effectively. However, we did note that some staff had not received an annual appraisal. This is important to enable both the provider and the staff member to assess performance and to agree any areas for development. After the inspection, the registered manager forwarded us their appraisal schedule and informed us how they were going to address this. We are satisfied that this will contribute to the continued development of all staff and high quality support for people.

Most of the people we spoke with told us they were able to prepare their own meals, or they had the support of relatives to do this for them. For the few people who did receive support from staff, they raised no concerns with us. One person said, "Yes they give me my breakfast, I'm in a set routine, it's all in the care plan." Records showed people's preferences were recorded with some people informing staff what they preferred for each meal. We checked daily communication records and found staff supported people in line with these preferences. We noted where people had health conditions such as diabetes that could be affected by eating the wrong types of food, sufficient guidance was in place to ensure people did not consume food that could cause them harm.

Records showed the registered manager and the care staff were aware of which health and social care agencies to contact to ensure that people continued to receive treatment for their current and changing health and social care needs. Referrals to health and social care agencies had been made where needed. We noted staff had contacted people's GP on their behalf or attended appointments with them. This contributed to ensuring people's continued good health.

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. We checked whether the service was working within the principles of the MCA and, overall, we

found that they were.

All of the people who completed our questionnaire told us they were involved with making decisions about their care. We were told by the registered manager that the majority of the people supported by the service were able to make decisions for themselves. Where they were not, then mental capacity assessments were carried out and then the decision made was recorded. We viewed some of these assessments and found decisions had been made with the involvement of family members and health and social care professionals where needed. This ensured decisions were made in people's best interest and people's rights were protected.

## Is the service caring?

### Our findings

People and relatives told us they were happy with the care they or their family member received. They told us staff were kind, caring and compassionate and always ensured people were treated with dignity and respect. One person said, "They're professional, caring, kind, chatty and friendly." Other people described the care staff as "very kind people" and "kind and caring".

People were fully involved with making decisions for themselves and felt staff acted on and respected their wishes. People had been asked whether they preferred a male or female member of staff and those preferences had been adhered to. One person said, "They have respected my wishes and complied with them." People were encouraged to do as much for themselves as possible with all of the people who responded to our questionnaire stating staff helped them to remain as independent as they wanted to be. People's care records contained guidance for staff that explained what level of support they wanted and how they should encourage people to do things for themselves. This was especially evident in people's personal care plans.

Staff spoke respectfully about the people they supported, with words such as "dignity", "respect" and "patient" used to describe their approach when assisting people. People told us they liked the staff who supported them, with one person making a specific reference to the support they received during personal care.

Staff ensured people were not discriminated against by having a clear understanding of people's diverse needs or any physical or mental disability that they may have. Staff were able to explain how they supported people living with dementia and how they took the time to read care plans to help inform them of the best way to care for and communicate with them. Staff had completed two training courses, 'Understanding dementia' and 'Dementia care in a domiciliary care setting'. The registered manager told us these courses helped staff to understand what it was like to live with dementia and how they could have a positive impact on their lives. This enabled people to be supported without discrimination.

People's care records were treated carefully within the service's office. Paper records were stored safely in locked areas. Computerised records could only be accessed via the use of a password. These processes prevented unauthorised people from accessing them. The registered manager explained how they ensured all records were managed in line with the Data Protection Act.

## Is the service responsive?

### Our findings

People's health, social and domestic needs were assessed prior to them starting to receive personal care services. These assessments were completed to ensure that staff were able to provide people with the care and support they needed to lead fulfilling and meaningful lives. Once it was agreed that care could be provided, more detailed care plans were in place that described, in detail, what people wanted from staff each day. People's preferred daily routine, including when they liked to get up or to go to bed and the support they would like with meals was also included.

Additional care plan documentation was in place for areas such as the support needed with personal care and medicines. The care plans were completed with the person themselves and/or their relatives. Where able, care plans were signed to say people agreed. These were then reviewed on a regular basis to ensure the care provided was still in line with people's preferences.

The majority of the people we spoke with and who completed our questionnaire told us they were happy with the care provided. One person told us staff listened to them and when they had requested new times for their calls, this had been amended for them.

People's religious and cultural needs were discussed with them prior to starting with the service. The registered manager told us that although currently people did not have specific needs that could place them at risk of discrimination, they would ensure that if people required support in the future, this would be provided. This meant people were not discriminated against.

The registered manager had an understanding of the Accessible Information Standard (AIS). The AIS requires that provisions be made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way that they can understand. The registered manager told us they were able to provide some documentation in alternative languages or larger print for people who needed them. We were told a future move to computerised documentation would further extend the options available to make all records accessible for all.

People told us they were happy with the service provided but felt able to make a complaint if they needed to. They also felt staff acted on any concerns raised. One person said, "I have got no problems at all, no complaints." Another person said, "They've [office staff] always told us 'please tell us if you have any complaints'".

We looked at the log of formal complaints made. We found these had all been responded to appropriately and in line with the provider's complaints policy.

When people neared the end of their life the provider ensured other agencies responsible for providing this care were provided with the information and support needed to support them effectively. End of life training was soon to be introduced so that staff would be equipped with the skills needed to support people and their families if needed. There were currently no people supported by the service who were nearing the end

of their life.

## Is the service well-led?

### Our findings

All of the people and relatives and almost all of the staff who responded to our questionnaire told us they would recommend this service to others. A person we spoke with said, "I think it's a very good service, we were quite surprised when it started that it all went very well. We're very happy with the service." Another person praised the communication with the office-based staff and said, "We feel listened to by the office."

The staff we spoke with told us they enjoyed working at the service and felt valued and respected. The provider rewarded high quality performance by staff. Staff were encouraged to give their views about how the service could improve and they felt their opinions mattered and were acted on. They praised the approach of the registered manager and referred to her as, "approachable", "kind" and "caring".

People felt their views mattered. All of the people who responded to our questionnaire and most people we spoke with telling us they had received an annual survey asking them for their feedback about their quality of service provided. Records showed people had been informed of the results and the actions the provider would take to make any improvements identified. This has contributed to a positive working environment for staff and high quality service for the people they support.

The registered manager understood the requirements of their registration with the CQC and ensured that we were informed of notifiable events that occurred at the service. These can include when a person had experienced a serious injury or if an allegation of abuse had been made against staff. This ensured there was an open and transparent approach to providing people with high quality care and support.

Quality assurance systems were in place. These systems helped to ensure that the service operated effectively, with staff performance and maintaining a high quality of service for all, being fundamental to all the service does. Staff were provided with a 'code of conduct', which informed them of what was expected of them and the values they were expected to adhere to. Staff spoke confidently about how they ensured people received the best quality care they could give.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed on the provider's website and their office.