

Better Lives (UK) Ltd

Bluebird Care (Ipswich)

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

Bluebird Care (Ipswich) is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to adults. At the time of this announced inspection of 5 and 7 December 2018 there were approximately 100 people who used the personal care service. We gave the service 24 hours' notice of the inspection to make sure that someone was available to see us.

At the service's last inspection of 5 and 6 September 2017 this service was rated requires improvement overall. The key questions for effective, caring, responsive and well-led were rated good. The key question for safe was rated requires improvement. This was because improvements were required in the way the service managed people's medicines and the ways that risks were assessed and mitigated. There was a breach of Regulation 12: Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service wrote to us to tell us how they were implementing the required improvements. At this inspection on 5 and 7 December 2018 we found that improvements had been made, there were no breaches of Regulation and the service was rated good overall and in all the key questions.

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

There were systems designed to provide people with safe care. Improvements had been made in how the service assessed and reduced risks to people. Improvements had been made in how people were supported with their medicines. Risks to people were managed, including risks from abuse and in their daily lives. There were enough care workers to ensure that all planned visits for people were completed. Care workers were recruited safely. The service learned from incidents to improve the service. There were infection control procedures to reduce the risks of cross infection.

People continued to receive an effective service. Care workers were trained and supported to meet the needs of the people using the service. Where people required assistance with their dietary needs, this was provided. People were supported to have access to health professionals where needed. The service worked with other organisations involved in people's care to provide a consistent service. The service understood and worked to the principles of the Mental Capacity Act 2005.

People continued to receive a caring service. People had positive relationships with their care workers. People's dignity, privacy and independence were respected and promoted. People's views were listened to and valued.

People continued to receive a responsive service. People received care and support which was assessed, planned and delivered to meet their individual needs. There were plans in place to improve how people's end of life decisions were recorded, there were no people using the service who were at the end of their life.

A complaints procedure was in place and people's concerns were addressed.

People continued to receive a service which was well-led. There were systems to assess and monitor the service provided. Where improvements were identified actions were taken to address them.

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.

There were systems in place designed to reduce the risks to people from abuse and avoidable harm. Improvements had been made in how risks were assessed and reduced.

Improvements had been made in the systems to support people with their medicines safely, as required.

There were care workers available to cover people's planned visits. The recruitment of care workers was robust.

Infection control processes reduced the risks of cross infection.

Is the service effective?

Good ●

The service continued to be effective.

Care workers were trained and supported to meet the needs of the people who used the service.

The service understood the principles of the Mental Capacity Act 2005.

Where people required support with their dietary needs, this was provided effectively. People were supported to access health professionals, where required. The service worked with other professionals to provide people with a consistent service.

Is the service caring?

Good ●

The service continued to be caring.

People were treated with care and kindness and their privacy and independence was promoted and respected.

People's choices were respected and listened to.

Is the service responsive?

Good ●

The service continued to be responsive.

People's needs were assessed, planned for and met. This included people who required end of life care.

There was a system in place to manage people's complaints.

Is the service well-led?

The service continued to be well-led.

The service assessed and monitored the care and support provided to people, to identify where improvements were needed. Actions were taken to improve where required.

People were asked for their views about the service and these were used to drive improvement.

Good ●

Bluebird Care (Ipswich)

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 announced comprehensive inspection was carried out on 5 and 7 December 2018. We gave the service 24 hours' notice of the inspection because we needed to be sure that someone would be available.

The inspection activity started on 5 December 2018 and ended 7 December 2018. The first day was undertaken by one inspector. We visited the office and spoke with the managing director, registered manager, the care coordinator and three care workers. We reviewed 10 people's care records, records relating to the management of the service, training records, and the recruitment records of three new care workers. The second day of our inspection on 7 December 2018, was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. We spoke with six people who used the service and 11 people's relatives on the telephone to gain their views of the service.

We reviewed information we held about the service, including the statement of purpose, their registration documents and notifications we received from the service. Notifications are required by law which tells us about important events and incidents and the actions taken by the service. We also reviewed information sent to us from other stakeholders for example the local authority and members of the public.

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.

Is the service safe?

Our findings

At the last inspection of 5 and 6 September 2017, the key question for safe was rated requires improvement. This was because improvements were required in the way the service managed people's medicines and the ways that risks were assessed and mitigated. There was a breach of Regulation 12: Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service wrote to us to tell us how they were implementing the required improvements. At this inspection of 5 and 7 December 2018, improvements had been made and people were being provided with safe service, which was rated good. There were no breaches of Regulation.

Improvements had been made in how risks to people's safety were managed. People's care records included risk assessments which identified how risks were minimised, this included risks associated with mobility, and risks in their own home environment. These were reviewed to ensure they were up to date and reflected people's current needs. One person's relative told us about how the care workers supported their family member to reduce the risks of pressure ulcers developing. The relative said, "My [family member] is confined to bed these days, but the carers are very diligent and always check [family member's] skin thoroughly to make sure there isn't any red marks or anything else to concern ourselves with. If there is, they will usually take some notes about it and explain to me what they've seen and ask if I would like them to contact the nurse or if I'm happy to do it myself."

Improvements had been made in how the service ensured that the support provided to people with their medicines was done safely. A medicines assessment form had been developed which clearly identified the support people required. People's care records identified the support they required with their medicines, the medicines prescribed and why. Medicines administration records (MAR) identified when people had received support with their medicines. MAR were completed appropriately and demonstrated that people received their medicines when they needed them. Where people had not taken their medicines, this was clearly identified in records, such as when people felt that they did not need to take their medicines for pain relief. MAR were returned to the office when completed and these were reviewed by a member of the office staff team. Care workers had received training in medicines administration and their competency was assessed by the management team. This included spot checks on care workers when they were supporting people with their medicines.

People told us that they were satisfied with how their care workers supported them with their medicines. One person said, "I have been [health condition] for a number of years and my carers in the evening will make sure that I have my two tablets and a sleeping pill. Sometimes by the evenings, I can't remember whether I've taken my tablets during the day so it's really important that my carers look after them for me in the evening because without the carers, I'd be afraid that I wouldn't remember to take them." Another person commented, "My carers are very reliable and I always get given my tablets out of the [monitored dosage system] box as regular as clockwork every morning. Once I've taken them with a glass of water, [care worker] writes it down on the chart so that everybody knows that I've had them." Another person told us, "They take time to cream my legs for me to make sure that there isn't any particular area that's been missed and then they write everything up in my records."

People told us that they felt safe with their care workers. One person said, "I haven't had any problems with my safety and I believe they look after me exceptionally well and that I couldn't be any safer." Another person commented, "If I didn't feel safe, I would look to move somewhere with more support, but while my carers are here, I really don't need to." Another person told us, "I feel totally safe when they [care workers] are there with me."

The service had systems designed to protect people from avoidable harm and abuse. This included training for care workers. The service's guide and staff handbook identified the policies relating to safeguarding. Care workers understood their roles and responsibilities in safeguarding people from abuse.

People told us that their care workers always turned up for their visits and they were informed if they were running late. People said that the care workers visited at a time which suited them, they were reliable. If carer workers were running late, the care worker or someone from the office called to make sure they were happy to wait for the care workers to arrive or if they wanted a different care worker to be allocated. One person commented, "I have no problems with them at all. Their timekeeping is excellent and usually better than mine." One person's relative said, "We get sent a weekly list so we know who is going to be coming and when... What we like about this agency, is that we never have to worry about whether somebody is going to turn up from one day to the next or who they going to be or what they're going to be like." Another person's relative commented, "We've never experienced any missed calls and I have to say that most of [family member's] carers arrive on time or at least within 10 minutes of their time, which considering what the traffic is like around here, is almost a miracle... We've never had to say anything about them not staying for the correct amount time and find them to be very reliable."

A staff member showed us the computerised system to plan visits to people who used the service. Care workers were rostered to complete visits and the system alerted the staff member completing the rota if visits had not been covered. The registered manager told us that there were enough staff to ensure all visits were completed. They said that they were over staffed to ensure that leave could be covered easily and to ensure all care visits were completed. Care workers told us that they felt that there were enough of them to cover people's care visits.

We reviewed the recruitment records of three new care workers. These included checks that prospective care workers were of good character and suitable to work in the service.

Care workers were provided with training in infection control and food hygiene. There were systems in place to reduce the risks of cross infection including providing care workers with personal protection equipment (PPE), such as disposable gloves and aprons. During our visit to the office we saw care workers collecting PPE. They told us that these were always available to collect or be delivered to them. People told us that care workers were smartly dressed in clean uniforms and had disposable gloves and aprons and used them when necessary. They also said that care workers washed their hands and were good at tidying up after themselves.

The service had systems to learn from incidents and reduce future risks. This was evident from the incidents and accidents records were reviewed. This was also clear from the improvements the service had made as a result of their last inspection. The service had taken this seriously and sought support from the local authority to improve.

Is the service effective?

Our findings

At the last inspection of 5 and 6 September 2017 this key question was rated good. At this inspection of 5 and 7 December 2018 we found that people continued to receive an effective service, which was rated good.

People's care needs continued to be assessed holistically. This included their physical, mental and social needs and protected characteristics relating to equality. Prior to people starting to use the service, a member of the senior team undertook a needs assessment, in consultation with the person and their relatives, where required. This provided a smooth transition to start using the service. A person told us about the assessment process, "We sat down and talked through all of them [needs] with a manager when we started with the agency. This was then written up into the care plan."

People told us that they felt that the care workers had the skills to meet their needs. One person told us about their equipment they used to assist them to mobilise and said, "The carers are competent at using both different pieces of equipment and I think, in well over three years, we've never had any problems whatsoever with them." One person's relative commented that the care workers that visited their family member understood their conditions, they said, "They pick brilliant people."

The service continued to have systems to provide care workers with the training they needed to meet the needs of people effectively. We reviewed training records which showed that staff received training in subjects including moving and handling, safeguarding, medicines, infection control, and dementia. Care workers were being provided with the opportunity to achieve recognised qualifications relevant to their role. New care workers were provided with an induction which included training and shadowing more experienced care workers. They also completed the Care Certificate, which is an industry recognised set of induction standards. Care workers we spoke with confirmed that they felt well trained. The registered manager told us that the trainer had recently left the service. They would be recruiting to this post, but in the interim the registered manager was delivering training. They had attended train the trainer courses and were planning on completing a qualification in teaching. The registered manager said that they were managing this, as well as their management role, and finding it useful to identify care worker's training needs and discussions with care workers.

Records showed that care workers received one to one supervision meetings. Supervisions provided care workers with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had. The care workers we spoke with told us that they felt supported.

The service worked with other professionals involved in people's care to ensure that their needs were met in a consistent and effective way. People were supported to maintain good health and had access to health professionals, where required. Where care workers had identified concerns about people's wellbeing, records showed that, with people's consent, health care professionals were contacted to arrange for appointments, if people were not able to do this themselves. One person's relative told us how the care workers had supported them to obtain continence support from health professionals and how this had affected their family member's wellbeing. They said, "My [family member's] quality of life has improved

drastically...They are also very good at pointing out if they think [family member] needs any additional equipment to help and once again they will arrange all of this because quite frankly, at my age I wouldn't know where to start."

The service continued to support people to maintain a healthy diet, where required. Records demonstrated that people were provided with the support they needed in this area. One person said, "They come four times a day, so they help me with all my meals. I don't have much of an appetite but I can have whatever I like...My carer always makes sure that my meal is piping hot and asks if I'd like some salt and pepper with it." One person's relative commented, "They always make [family member's] breakfast, and then I'm alright to do dinner and tea for us both. My [family member] is not fussy and the carers don't mind making whatever [family member] would like for breakfast whether a bit of toast and some porridge... My [family member] tells me they don't make a bad porridge." One person told us how their care workers encouraged them to drink, they said, "Every time my carer comes in, the first thing [they] always ask me is whether I would like a hot drink."

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 the care workers asked for their consent before providing any care. One person said, "My carers never just start doing something without checking with me first if I'm ready and whether I even want to have say I shower every morning. Sometimes I don't and I'd rather just have a strip wash, which they never mind helping me with and they certainly don't ever force me to do something I'm not comfortable with." Another person commented, "They are all very polite and I don't think anyone's ever just started doing something off their own back without checking with me first." People's care records included information about if people had capacity to make their own decisions. People had signed their care records to show that they consented to the care they were being provided with. Care workers received training in the MCA.

Is the service caring?

Our findings

At the last inspection of 5 and 6 September 2017 this key question was rated good. At this inspection of 5 and 7 December 2018 we found that people continued to receive a caring service, which was rated good.

People told us that their care workers treated them with kindness and respect. One person said, "I've been so impressed with how caring all of the staff are and they are more like members of the family now than employees." Another person commented, "They seem to have a knack of finding new carers who really want to help others. They are all very genuine and a nicer, more unassuming bunch of people, you couldn't meet." One person's relative told us that their family member and their regular care worker, "Have clicked, they get on brilliantly. The carer is a star, makes [family member] so happy." Another person's relative told us, "We could not be happier, the three carers that see to my [family member] are not only professional in their approach, they are good at communication with [family member]. Human first, a client second. Respect is never in doubt."

All staff spoken with, including care workers and the registered manager, talked about people in a compassionate manner. They clearly knew the people who used the service well. People told us about the care they received and how it demonstrated they were provided with a caring service. One person said, "I don't think they could be any more friendly, they warm my shower for me in the morning and always make sure I've got a nice warm towel and clean clothes ready to put on once I'm finished." Another person commented, "I have never, ever felt rushed by anyone. When they come in, it's as if I'm their only client all day."

Care workers were provided with guidance on how people's rights to privacy, dignity and respect were promoted in people's care plans. People told us how they felt their privacy and dignity was respected by their care workers when they were provided with personal care. One person said, "I hear a knock on the door. They will usually shout to let me know who it is and then they let themselves in with the key safe." Another person commented, "The curtains always get shut first thing when the carer comes in... [Care worker] is very insistent that the neighbours shouldn't be able to see into my flat and so always makes sure the curtains are shut first. Again, in the morning the curtains never get opened until everything is done and I'm fully dressed and up." One person's relative told us, "I usually hear my [family member's] carers knock at the bedroom door when they arrive in the morning, call out their names and then wait for my [family member] to tell them to go in. I usually then hear a few snippets of conversation before the carer closes the door so that they have privacy while they are giving my [family member] a bed wash."

People's care plans identified the areas of their care that they could attend to independently and how this should be promoted and respected. One person said, "They always allow me the time to still do what I can for myself." Another person commented, "It's important to me that I can still do what I can for myself. I will usually just tell my carer when I'm ready for them to take over and do the areas that I cannot reach. They always tell me to take my time." One person told us how the service had supported them when their independence skills had reduced, "I have to have two carers four times a day now because I really struggle to be able to do much for myself. I even need help in and out of bed which I never used to do." Another

person commented, "Nothing is too much trouble and they've never minded sorting and putting a load of washing on for me or doing some washing up, both of which, I struggle with on bad days."

People told us that the care workers listened to them, acted on what they said and they were consulted relating to their care provision. One person said, "At every review meeting we have, that is the first thing that is pulled out [care plan] and we go through that to make sure that there is nothing in there that needs changing or if there is anything that needs additionally putting in. If there is, then it's taken away to the office and once the alterations are done it comes back to me to look at and sign before it goes back in my folder." One person's relative commented, "[Individual undertaking the review] always asks us whether I am struggling with anything else that I still do to help with [family member's] care, in case it's now at a stage where it needs to be handed over to the carers for them to support [family member], rather than me struggle on any longer. Considering I'm technically not their client, they couldn't be any more considerate towards me."

People's care records identified that they had been involved in their care planning. This included their preferences and choices about how they wanted to be cared for and supported.

Is the service responsive?

Our findings

At the last inspection of 5 and 6 September 2017 this key question was rated good. At this inspection of 5 and 7 December 2018 we found that people continued to receive a responsive service, which was rated good.

People said that they were happy with the care and support provided, which met their individual needs. One person said, "I honestly don't think I could be looked after any better." Another person told us, "I truly mean it when I say I honestly couldn't contemplate being without them now." One person's relative commented, "[Family member] has 45 minutes in the morning which allows the carers to take their time so [family member] has a leisurely shower and then [family member] has another 45 minutes in the evening."

A staff member told us how they tried to provide people with a consistent service with the same care workers supporting them. This was confirmed by records and discussions with care workers and people who used the service. One person told us, "I have two lovely [care workers] who have been with me since I started with the agency...I only have different carers on their day off or if they take holiday." Another person said, "It makes a huge amount of difference to have regular, reliable, caring people looking after you." One person's relative said, "[Family member] only sees one regular carer for most of the time, who knows exactly what it is [family member] needs help with. It's been really important to my [family member] that [they] don't have to constantly keep explaining to lots of different people how [they] like things to be done. [Family member] doesn't have the strength or the energy these days to do that."

People told us how the care they received impacted positively on their quality of life and decisions. One person said, "When I was last in hospital they really tried to persuade me to move into a care home. I was adamant that I wanted to return home if at all possible, and I'm sure that it is only down to the really excellent care that my regular carers give me, that I'm still here able to live in the family home."

Care records identified how the service assessed, planned and delivered person centred care. People's specific needs were identified in the care plans and how these affected them in their daily living and relating to the care provided. The care plans guided care workers in how people's needs were to be met. Reviews on the care provided was undertaken to ensure people received care that reflected their current needs. One person told us, "We have a review meeting probably every six months and the person from the office who comes to do that will always ask me if there is anything particularly that I'm struggling with that I need help from the carers with, which perhaps wasn't necessary at the previous review." Another person said, "I was able to tell them at what times I preferred the visits, how my care is organised and importantly who I wanted as my regular carers after trying out a few."

People told us they knew how to make a complaint and felt that they would be addressed to their satisfaction. One person said, "If we did have any problems, it would be [registered manager] we would have to talk to, to sort it out for us." One person's relative told us about how they had raised a concern and this was managed positively, "I did have to have a word with the office recently... The [staff] in the office couldn't have been kinder. [They] immediately apologised and totally accepted my word without questioning me

further... I have to say I was very satisfied with how they had treated me and I wouldn't hesitate to go to them again if anything like that were to reoccur."

There was a complaints procedure in place, each person was provided a copy with their care plan documents. Records identified that complaints and concerns were investigated and addressed in line with the service's complaints procedure.

The service was commissioned to provide people with end of life care where required. End of life care was included in the service's induction training and regularly updated. People's care records included information about the professionals involved in their care, if they wanted to be resuscitated and their choices of where they wanted to be cared for. The registered manager told us that they were planning to increase the information in the care plans of people who were receiving end of life care.

Is the service well-led?

Our findings

At the last inspection of 5 and 6 September 2017 this key question was rated good. However, it was rated requires improvement overall because the key questions for safe was required improvement and there was a breach of Regulation 12: Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider wrote to us to tell us how they are implementing improvements in the way the service assessed and mitigated risks to people and in medicines. At this inspection of, 5 and 7 December 2018 the service had made the improvements in safe and there was no breach of Regulation. The rating was now good overall, good in all the key questions and people continued to receive a well-led service.

The registered manager was supported by a team of staff who worked in the office. Their roles included organising visits to people, assessing people's needs, completing care plans, monitoring daily care and medicines records. This assisted the management team in assessing and monitoring the service provided. Care workers were observed by a senior member of staff, in their usual work practice in 'spot checks'. These were to check that the care workers were working to the required standards. We reviewed the monitoring records of medicines and daily records which identified the care people had been provided with. These demonstrated that where shortfalls were identified actions were quickly taken to address them. The Provider Information Return (PIR) identified what the service did well and the improvement they intended to make. This demonstrated that the management team understood their roles and responsibilities and continued to improve the service provided to people.

The service had kept updated with changes in the care industry, including how personal data was kept. The service had advised people who used the service and care workers of the changes and obtained the consent from them about their stored records.

There was an open culture in the service, people and care workers were asked for their views and these were listened to and valued. Satisfaction questionnaires had recently been sent out to people to express their views of the service, which was done annually. Where comments from people were received the registered manager said they would address them. We reviewed the questionnaires from 2017 and could see actions were taken to address concerns, including arranging visits to discuss people's individual comments. People had also provided their comments about the service provided during their reviews. One person told us, "Last time we had a review meeting, it was [registered manager] who came out from the office to meet with us." People confirmed that they completed questionnaires and attended reviews.

People told us that they felt that the service was good and they knew who to contact in the office if they needed to. One person said, "If I do need anything sorting, I will usually phone up and speak to [staff member] in the office. [They are] always so nice and friendly and is always able to answer my question or change my visit time depending on what it is I'm ringing for." Another person commented, "Quite frankly, as long as I keep getting my weekly list and the carers remain as excellent as they are, I don't need to know anything more. I just think they're superb." Another person told us, "In my opinion, everyone from the manager to the office staff to the carers themselves are brilliant. I couldn't be any better looked after and I

wouldn't be without them now."

Care workers told us that they felt supported by the service's management team. They said that they could go into the office at any time to discuss any concerns they had and these would be addressed. Staff meeting minutes showed that care workers were kept updated with any changes in people's needs and in their roles and responsibilities.

The registered manager told us about the positive relationships they maintained with other professionals. This included those who commissioned the service and other professionals involved in people's care.