

AM-R-AZ LLP

# Bluebird Care Northampton/Daventry

## Inspection report

2 Sheaf House  
Sheaf Street  
Daventry  
Northamptonshire  
NN11 4AA

Tel: 01327227084  
Website: [www.bluebirdcare.co.uk](http://www.bluebirdcare.co.uk)

Date of inspection visit:  
06 March 2019  
11 March 2019  
12 March 2019  
13 March 2019

Date of publication:  
30 April 2019

## 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 Northampton/Daventry is a domiciliary care agency providing personal care to people living in their own homes in Northamptonshire. At the time of the inspection 20 people were receiving personal care.

People's experience of using this service:

- People received safe care and they were protected against avoidable harm, abuse, neglect and discrimination.
- Where the provider took on the responsibility, people's medicines were safely managed.
- Staff were appropriately recruited and there were enough staff to provide care and support to people to meet their needs.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. We have made a recommendation about mental capacity assessments.
- Staff had access to the support, supervision and training they required to work effectively in their roles.
- Staff were friendly and caring; they treated people with respect and maintained their dignity.
- Staff encouraged people to maintain their independence.
- People had personalised plans of care in place to enable staff to provide consistent care and support in line with people's preferences.
- Information could be provided to people in an accessible format to enable them to make decisions about their care and support.
- People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints received.
- The service had provided appropriate end of life care to people.
- The service had a positive ethos and an open culture. The registered manager was approachable, understood the needs of people, and listened to staff.
- There were effective systems in place to monitor the quality of the service and drive improvements.

Rating at last inspection:

Good (report published 15 September 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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 Northampton/Daventry

## **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 was carried out by one inspector.

#### Service and service type:

Bluebird Care Northampton and Daventry is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to younger and older adults.

Not everyone using the service receives regulated activity; the Care Quality Commission (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 consider any wider social care provided.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because we needed to be sure the registered manager would be available to meet with us.

Inspection site visit activity started on 6 March 2019 and ended on 13 March 2019. We made telephone calls to people and relatives on the 6 March. We visited the office location on 11 March to see the registered manager and provider; and to review care records and policies and procedures. We visited one person at home on the 12 March and made telephone calls to staff on the 13 March.

What we did:

We reviewed information we had received about the service, including information within the Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We looked at other information received from the provider, such as statutory notifications about incidents and events the provider must notify us about.

We contacted the health and social care commissioners who monitor the care and support the people receive. We also contacted Healthwatch England, the national consumer champion in health and social care, to identify if they had any information which may support our inspection.

During the inspection, we spoke with four people who used the service and four people's relatives. We also had discussions with ten members of staff; this included five care staff, office staff, the registered manager and the directors of the company.

We checked the care records for three people using the service, and examined other records relating to the management of the service. These included four staff recruitment files, staff training and records, policies and procedures and quality monitoring information.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People continued to be cared for safely. People told us they were happy with the staff that provided their care. One person said, "They are very nice, I feel safe and comfortable."
- Staff had safeguarding training. The training was completed by new staff during induction and then refreshed at regular intervals.
- Staff were able to tell us about the signs and symptoms of abuse and understood how to report any incidents to senior staff or the local authority safeguarding team. One member of staff said, "I would ring the office and report to the manager, they would raise a safeguarding with the local authority."
- The provider and registered manager fully understood their responsibilities to keep people safe and we saw that they had raised concerns appropriately with the local authority when needed.

Assessing risk, safety monitoring and management:

- Risks to people had been assessed. Care plans provided staff with the information they needed to manage risks to people's health and wellbeing. For example, where people required staff support to move or were at risk of falls.
- The provider was using an electronic care management system which enabled them to monitor people's care provision in real time. Any changes to people's risks or care needs were promptly communicated to staff.
- The provider maintained appropriate oversight of people's risks. Information regarding people's level of risk was maintained to be referred to in case of emergency
- Health and safety checks of people's home environment were carried out prior to people receiving care. This ensured people and staff were safe.
- The provider had a twenty-four hour emergency on call system to provide emergency support to people and staff.

Staffing and recruitment:

- People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place, which were consistently followed.
- Staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started to work at the service.
- Staffing levels were sufficient to meet people's needs. People and staff told us that staff usually visited at the expected time and stayed for the whole time allocated. One person said, "Their [staff] timings are acceptable, I'm happy with their timing." Another person's relative said, "They [staff] arrive when they should and I get a text if they're going to be late."
- The provider ensured that people did not experience missed visits. In previous bad weather they had

provided transport for staff to ensure that people's visits were not missed.

Using medicines safely:

- Medicines were managed safely. Staff had received training and their competencies were regularly checked.
- The provider used an electronic system to record medicines administration. Any discrepancies were identified by the system, senior staff were alerted that action may be needed.

Preventing and controlling infection:

- People were protected by the prevention and control of infection.
- Staff had the appropriate personal protective equipment to prevent the spread of infection. For example, staff wore disposable gloves and aprons when providing support with personal care.

Learning lessons when things go wrong:

- Accidents and Incidents were monitored by the registered manager and action taken to address any identified concerns.
- Any lessons learnt from incidents were discussed with staff in supervision meetings or staff meetings. Action was taken to minimise the risk of similar incidents occurring in the future.

# 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

Good: 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 needs were assessed before any care was provided. People and their relatives told us they had met with the registered manager to discuss what support they required before staff began delivering their care.
- The assessment was used to develop people's care plans. These contained information on people's preferences, their likes and dislikes, communication needs and their cultural background.

Staff support: induction, training, skills and experience:

- Staff received an induction and ongoing training to ensure they had the knowledge and skills to carry out their roles and responsibilities.
- People told us that staff were well trained. One person said, "Yes, they are well trained, they do everything I want them to do."
- Staff were supported through regular supervisions and 'spot check' visits to observe their practice. Staff told us that they felt well supported by the registered manager. One member of staff said, "I have spot checks and one to ones with [registered manager]. She will also do calls with me if we have new equipment to use or I am visiting a new person."

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

- Information was recorded in care plans as to what support people required in relation to eating and drinking. For example, in one person's care plan it was detailed that they required a pureed diet.
- People's likes and dislikes were also recorded. For example, it was recorded in one person's care plan, 'I have a drinks bottle that I like to have filled with flavoured water that is kept in the fridge.'

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

- People told us that staff supported them to access other health and social care professionals such as a GP or community nursing staff. One person's relative said, "Staff have called for the doctor and district nurse when it's been needed. They take the initiative and are proactive."
- Information in care records confirmed the service liaised with other professionals when required to ensure people had access to the right support and help.

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.

- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- We asked the registered manager whether the service provided care to any people who lacked mental capacity. They told us that one person was unable to consent to their care. A mental capacity assessment had been completed, however it had not been completed in line with guidance as it did not clearly state the decision to be made. We recommend that the provider access further training and guidance in mental capacity.

- People's consent had been sought prior to any care being delivered. We saw that people with capacity had signed their care plans to agree to the care provided.

- People told us that staff sought their consent before providing their support.

# 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

Good: 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 continued to be well cared for and were positive about the relationships they had with staff. One person's relative said, "The regular carer is very good, because we see them practically every day, they fit in with us, like one of the family... [staff member] and [family member] get on very well."
- Staff and management we spoke with had a good knowledge and understanding of the people using the service.
- Care plans detailed people's preferences as to how they liked their care to be delivered and included whether people preferred a female or male carer and how they wished the staff to communicate with them.

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

- People were listened to and supported to express their views and opinions. A member of staff told us, "We [staff] make sure we give people choices, treat people as individuals, we respect their different routines and respect their choices."
- People and relatives told us they had been involved in developing care plans and these were reviewed with them. One person said, "I had a review about six months ago, if changes are needed to the care plan, they make them."
- No one currently required the support of an advocate. However, the management team were able to support people to access advocacy services should they need to.

Respecting and promoting people's privacy, dignity and independence:

- People's privacy was respected and their dignity maintained. One person said, "I've never had a single carer who wasn't respectful when helping me."
- The registered manager and staff were committed to enabling people to remain as independent as possible. Central to this was enabling people to fulfil their choice to be supported at home.
- People and relatives told us that staff respected their confidentiality. One person's relative said, "I'm often here at the same time as the carers and I've never heard them talk about other people's confidential information."

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People had individualised care plans, which detailed the care and support people needed.
- People told us that they received a rota so that they knew which staff would be providing their care and the time the visit was planned for. They also told us that staff stayed the full amount of time to provide their care and did not rush them. One person said, "There's nothing they could do any better, they do everything I want."
- People told us they had got to know their care staff and felt they understood their needs and were happy to help them. One person said, "I've had the same carer for twelve months, they are excellent and go that step further for me." Another person's relative said, "If I ask the carer to do anything, for example help person to shave, they do it and are happy to do it."
- Each person had a document called 'What is important to me' which was used to detail important things that people wanted staff to know. For example, important relationships, communication needs and cultural backgrounds.
- The provider understood the requirement to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS).
- The AIS is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. Information was made available to people in the format that met their needs.

Improving care quality in response to complaints or concerns:

- People knew who to speak with if they were unhappy and wished to make a complaint. The provider and registered manager were visible and accessible to people.
- People were confident that if they did have a complaint that they would be listened to and the issue addressed. One person said, "Any minor problems I call [provider] and they deal with it. I've never had to make any complaints."
- There was a complaints procedure in place. We saw that where complaints had been made the provider had investigated the complaint thoroughly and provided the person with an outcome.

End of life care and support:

- There was no end of life care being delivered at the time of the inspection.
- The service had provided end of life care in the past. The registered manager told us that they were passionate about providing good end of life care to people. We saw that relatives of people who had previously received end of life care from the service had contacted the registered manager to praise the service that their loved one had received.
- The provider had accessed end of life care training for staff when needed.

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- Feedback from people, their relatives and staff confirmed that the service continued to provide good quality, individualised care to people.
- People and their relatives told us that the registered manager knew people well and was available to them. One person's relative said, "I have regular contact with the manager...any concerns she has dealt with them."
- Most staff provided positive feedback about their experiences working at the service and the support that was available to them. One member of staff said, "[Registered manager] is really good. I was having a problem with [piece of equipment]. [Registered manager] came out and did it with me to show me. Anything new she shadows and supervises us and she's always at the end of the phone."
- The provider, registered manager and staff team understood their roles and were open and honest. The provider ensured open communication with people, their relatives, staff and outside agencies for the benefit of the people using the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- Staff were clear about their roles and responsibilities towards the people they supported. They told us that they were listened to when they raised concerns and prompt action was taken in response. One member of staff said, "I had a problem with my travel time, I raised it with [provider], they listened and gave me more travel time, it's ok now."
- Staff meeting minutes confirmed that staff could raise concerns and make suggestions as to how the service could be improved. Staff meetings were also used to develop staff learning. For example, we saw minutes of meetings where staff were given a care scenario to discuss and encouraged to think about their practice.
- There were effective systems in place to monitor the quality and standard of the service. For example, the provider had introduced an electronic care planning and medicines system since the last inspection. This enabled the registered manager to remotely monitor people's care records and MAR chart completion. Any anomalies were quickly identified and addressed.
- People's call times were monitored against the rotas and we saw that calls outside the agreed times were investigated.
- The provider notified CQC and other agencies of any incidents which took place that affected people who used the service.
- The provider had displayed the last inspection rating on their website as required.

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

- People's feedback about the service was captured through regular contact with people and their relatives. The last survey results available were from July 2017. The overall feedback was positive, action plans had been created to respond to any areas for improvement. The provider told us that new surveys had recently been sent out and they were waiting to collate these.
- People's and staff diversity was celebrated. The registered manager told us, "Everyone is recognised, different cultures and religions, different sexualities. All are treated equally, but differences are respected."
- The provider demonstrated their appreciation of staff. All staff were taken for a celebratory meal upon the completion of their induction.
- Fundraising events were undertaken by staff to build team work and support the local community. The registered manager had recently taken part in 'The Big Sleep Out' to raise money for a local charity for people who were homeless.

Continuous learning and improving care:

- The provider had introduced a new electronic logging in system for staff and planned to use this to more closely monitor staff attendance at care visits.
- The provider had been awarded a silver 'investors in people' award, to acknowledge the strong emphasis on development and opportunity within the staff team.

Working in partnership with others:

- The provider was working with a local university to provide development opportunities for students and increase the knowledge base of the office team.
- Good relationships had been developed with local health and social care professionals such as physiotherapists and occupational therapists. We saw records of compliments from health and social care professionals. For example, "Your meeting was really useful last week and the changes you implemented are proving really helpful so thank you for your suggestions."