Mutual Benefit Care Limited

Bluebird Care (Stroud and Cirencester)

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

Overall summary

The inspection took place on 30 and 31 March 2015 and was announced. We gave the provider 48 hours notice of the inspection to ensure that the people we needed to meet with were available. This was the first inspection of this service since it was registered in September 2013.

The agency was providing support to 35 people who lived in their own homes, at the time of the inspection. These people lived in the Stroud and Dursley areas of Gloucestershire. There were 15 care staff.

Summary of findings

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People said they felt safe with the care staff who were supporting them: “I don’t have any concerns at all and I always know who is going to visit me”. Staff were recruited following robust recruitment procedures and received training to ensure they were aware of safeguarding issues and knew how to report any concerns. Risk assessments were completed and management plans were put in place to manage the risk.

People received the care and support they expected and had agreed upon. The call monitoring system in place ensured that each person received the service they expected. Staff were knowledgeable about the people they were supporting and received the appropriate training and support to enable them to undertake their roles effectively. Where identified in the assessment process, people were provided with support to have food and drink. People were supported to access health care services if needed.

People were looked after by a small number of care staff (maximum of four) and had good relationships with the staff who were supporting them. People were treated with kindness and respect and were involved in having a say about the support they received and how their service was delivered.

Assessment and care planning processes ensured that each person received the service they needed and met their individual needs. Their preferences and choices were respected. People were provided with copies of their plans, knew what service was provided and who was going to support them.

People and staff said the service was well-led and they were encouraged to provide feedback. The quality and safety of the service was regularly monitored and used to make improvements. The service had a plan for making improvements.

Summary of findings

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.

People were protected from abuse and from being looked after by unsuitable staff. Staff had been recruited following safe recruitment procedures. They had a good awareness of safeguarding issues and their responsibilities to protect people from coming to harm.

Risk assessments had been completed to ensure people could be looked after safely and staff were provided with guidance about how to keep people safe.

There were sufficient care staff available to meet the needs of people. Staff recruitment was on-going to enable more people to receive care.

Where people needed assistance with their medicines the level of support was detailed in the care plan. Staff were competent to support people with their medicines.

Is the service effective?

Good

The service was effective.

People received the service they needed and had been agreed upon during the process of setting up a service. Staff were competent in their roles because they were well trained and well supported to carry out their jobs.

Staff had a sufficient understanding of the Mental Capacity Act (2005). They knew of the importance of gaining people's consent before providing a service.

Where appropriate people were provided with the agreed level of support to eat and drink and maintain a balanced diet. The support people required was detailed in their care and support plan.

People were supported where necessary, to access the health care services they needed.

Is the service caring?

Good

The service was caring.

People were supported by care staff who were kind and caring to them. They said the care staff were polite, respected their views, and supported them in the way they wanted.

People were listened to and their views and opinions were seen as important. The support people were provided with was adjusted as required.

Staff spoke well about the people they were supporting and knew the importance of good working relationships.

Is the service responsive?

Good

The service was responsive.

People were provided with a service that met their care and support needs. The service responded appropriately when these needs changed. Assessments and the delivery of the care and support was personalised to each person. All plans were regularly reviewed.

Summary of findings

People were encouraged to have a say about the service they received during care plan reviews, via questionnaires or direct contact with the office. People were provided with a copy of the complaints procedure if they needed to raised concerns.

Is the service well-led?

Good

The service was well-led.

People and staff said the service was well managed and the management team were all approachable. There was a clear expectation that all staff provided the very best care.

Feedback from people who used the service was actively sought and where improvements were needed appropriate action was taken to address any issues.

Audits were undertaken to monitor the quality of the service and plan improvements. Learning took place following any accidents, incidents or complaints to prevent reoccurrences.

Bluebird Care (Stroud and Cirencester)

Detailed findings

Background to this inspection

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

This was the first inspection of Bluebird Care (Stroud and Cirencester). The inspection team consisted of one inspector.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

We contacted three healthcare and social care professionals before the inspection and asked them to tell us about their experience of working with the staff from Bluebird Care. They provided us with positive feedback which we have included in the main report.

During the inspection we spoke with two company directors, the registered manager, the care coordinator and five care staff. We visited five people in their own home and met with the relative of one of them.

We looked at six people's care records, four staff recruitment files and training records, key policies and procedures and other records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe with the staff who supported them: “I don’t have any concerns at all and I always know who is going to visit me”, “The girls are very kind and gentle with me”, “I have used other agencies and I can honestly say that Bluebird provide the best carers” and, “I feel completely safe and am always treated with the utmost kindness and compassion”.

Staff understood what was meant by safeguarding people, what constituted abuse and what their responsibilities were to keep people safe. All staff had completed safeguarding training and knowledge-check workbooks. They told us they would report any concerns they had about a person’s safety to the registered manager, the coordinator or other office staff. An on call duty manager was available in the evenings and at weekends. Staff were also aware they could report concerns directly to the police, Gloucestershire County Council’s safeguarding team or the Care Quality Commission and were given an information leaflet with contact details. The registered manager had completed safeguarding training with Gloucestershire County Council and was fully aware of their responsibilities to act if safeguarding issues were raised.

People were given a wallet containing a number of pamphlets. One of these was the customer service guide which contained information about what to do if they were unhappy about the way they were cared for, reporting abuse and the complaints procedure.

A risk assessment of the person’s home was undertaken as part of the initial setting up of the service. This ensured that the person and the staff supporting them were not placed at risk. Staff were provided with guidance about how to keep people safe. Staff were expected to report any safety concerns so that action could be taken to prevent any accidents, incidences or near-misses. Details regarding who to contact should moving and handling equipment fail was recorded in the person’s care notes. Service due dates were recorded in the care notes so that the person could then be reminded when this needed to be arranged. Staff were clear that any accidents or incidents had to be reported.

Moving and handling risk assessments were completed where people needed to be assisted by the staff. The support with moving and handling plan set out the equipment to be used. Staff told us the information in the assessments and care plans was sufficient to enable them to undertake tasks safely.

The provider had put together a business contingency plan. This set out the arrangements in place in the case of adverse weather, IT failure or any other events that disrupted the safe delivery of the service.

Staff personal files evidenced robust recruitment procedures were followed at all times. Appropriate checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people.

People said staff were available to support them with the tasks detailed on their care and support plan. New people were not taken on unless the service had the staff available to meet their needs and the care package, and staff had the required skills and competencies. Staff worked within a geographical area and therefore people were supported by groups of one, two or three care staff. People said visits were not missed, visits were never shortened and timekeeping was generally “good” or “fairly good”. There was an electronic call monitoring system in place where care staff had to log in and out of calls as they visited people. This system was able to evidence that people received the number and length of calls that had been agreed. Office staff would contact people to tell them if their call was going to be late because of traffic or delays at a previous visit.

Before people could be supported with medicines the level of support they needed was assessed and recorded on their care and support plan. People retained responsibility for their own medicines where possible. Staff received safe medicine administration training and competency checks by senior staff were carried out to ensure medicines were administered safely. Staff we spoke with confirmed that training and competency assessments had been carried out and we saw the records of the competency checks in staff files. Staff were only able to administer ‘over the counter’ medicines after this had been checked out with the person’s GP. Staff were provided with information about the medicines people were taking and completed a

Good

Is the service safe?

medicine administration record (MAR chart) after medicines had been given. Because of the measures in place people were protected against the risks associated with medicines.

Good

Is the service effective?

Our findings

People told us, “The manager came out and saw me and my daughter and we discussed the help I needed. I get the help we agreed upon”, “I would not be able to manage without the support from Bluebird”, “I am receiving a very good service. I enjoy the visits from the staff and I always know who is coming to see me” and, “I have a care plan that sets out all the help I need. The staff do everything for me”.

Staff were knowledgeable about the people they were supporting and told us about those that they looked after on a regular basis. Staff said they were given enough information about people and the care and support they required. Staff also said that if they visited a person they had never worked with before they always read the care and support plan before assisting.

New staff complete an induction training programme when they first started working for the service. New members of staff are allocated a mentor who will see them through the induction process, provide shadow shifts and will provide weekly supervision sessions for the first 12 weeks. We spoke with one new member of staff who, although it was not their first care job was working through the training programme.

Staff were appropriately trained and had to complete a programme of essential training. Staff received a range of computer based training and taught teaching sessions. Staff training records were kept for each staff member and showed that staff had received a range of training appropriate to their role. In the PIR the registered manager told us that the induction training programme had changed to incorporate more practical work assessments and this was confirmed by a new member of staff and their mentor. Staff were encouraged to complete diplomas in health and social care at level two or three (formerly called a National Vocational Qualification (NVQ)). The mentors were expected to achieve a level three qualification. The registered manager was currently working towards their level five leadership and management award.

Staff said they were well supported and had regular supervision sessions. Supervision contracts were set up with each staff member and records confirmed these arrangements. Individual supervisions meetings were arranged on a weekly basis for new staff for the first 12 weeks with their mentor. They were supported to complete their essential training, assess work performance and also identify areas where additional training and support was needed. Other staff received their supervision from the registered manager or the coordinator. Staff meetings were held with groups of staff.

Staff said they always gained people’s verbal consent before starting to provide any assistance and asked them what they wanted done during that visit. The Mental Capacity Act 2005 (MCA) was included in the training programme all staff had to complete. The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. People we visited told us they were always asked if they were happy with the support to be provided, particularly where intimate personal care was being provided.

When a care package is set up for a person the level of support they require to eat and drink would have been discussed and agreed. Tasks the care staff were expected to complete were detailed in the care and support plan. We noted in one person’s plan that they needed to be left with several bottles of water for the day time period and when we visited them in their home, there were three bottles on their table. Staff told us they would report any concerns they had about a person’s food and drink intake to the registered manager.

People were registered with their local GP. Staff may contact the surgery to request a home visit if a person was unwell, or support a person to get ready when they had a GP appointment. Where people were also supported by other health and social care professionals, the staff team worked alongside them to make sure people were well looked after. We received feedback from two health or social care professionals prior to our inspection and they commented, “The staff will always call in the appropriate person to deal with any situation that arises” and, “They have liaised effectively with me and reported concerns via the appropriate route”.

Good

Is the service caring?

Our findings

People told us, “All the staff are my friends – we have fun together”, “The staff are all very helpful and caring”, “I have nothing but good things to say about the staff, they are exceptional” and, “I look forward to the staff coming in to my home and telling me about everything that is going on out there”.

Before a service was set up people were visited by the registered manager or the care coordinator and an assessment completed. During this process people were asked what they needed support with and how they wanted to be looked after. For those people whose support was commissioned by the local authority, the specific arrangements for their service were discussed with the person. People were asked by what name they preferred to be called and any other choices and preferences that were important to them.

Staff spoke about the people they were supporting in a caring and respectful manner. They knew them well and what support they needed. People were treated with respect and dignity. The service provided to each person was personalised and based upon their specific care and support needs. The views of people receiving a service was respected and where appropriate family, friends or other representatives were involved in setting up the care arrangements. People told us, “The manager came to see me and discussed what I needed. My family were here but they listened to me” and, “I am very satisfied with the staff who are so kind to me and friendly to me”.

Health and social care professionals told us, “All the care staff approach their work with a caring and client centred manner”, “I always observe them to interact professionally, respectfully and with care” and, “I recommend this service to colleagues because of the caring staff team”.

During our home visits we observed two care staff supporting one person and noted there was a positive and caring relationship. The person commented, “They are always this good to me”. One other staff member who provided significant periods of support to another person said, “Whilst it is important to have a good friendly working arrangement with the person I am supporting, it is equally important that professional boundaries are in place”.

The service communicated effectively with each person who used the service and sent them a roster each week stating who was going to be covering each of the calls. This meant that people always knew who was going to support them. These arrangements were only changed if there was last minute sickness but we were told by people, “The office always ring us and tell us what is happening”.

Good

Is the service responsive?

Our findings

People told us they received the service that had been agreed during the assessment meeting. People said, "I know exactly what help I should be receiving and I get all the help I need", "They all (the staff) know what needs to be done for me", "I have a care plan that sets out what I need help with. Everything is on that plan" and, "I need more help now which is why I contacted the office and they made arrangements for the coordinator to visit me".

We looked at care records in both the office and in people's home. An assessment of the person's care and support needs had been carried out and a personalised plan of service delivery was made. The care plans were well written and informative and detailed how the planned care was to be provided. A weekly timetable of support clearly evidenced the service being provided. Where people funded their own care they had signed an individual service contract.

After a new service was set up the registered manager telephoned the person to make sure that things were going well. People's care and support needs were then reviewed again after one month, then on a six monthly basis. This ensured that the service being provided remained appropriate and people received the support they needed. The care and support plans reflected people's care needs and provided a clear picture of the person and what support was to be provided. Reviews for one person we visited had been completed on a monthly basis and this was because there had been changes in their health needs, which had affected their mobility.

Staff were expected to report any changes in people's care, support and health needs to the office and this may trigger a review or a call to the appropriate health or social care professional. The registered manager told us in the provider information return (PIR) about actions taken by one of the care staff when a person's health seriously deteriorated. Because the member of staff knew the person well they were able to pick up that "all was not right".

People were given a copy of the customer guide and this provided information about the service provided. This contained information about the complaints procedure. People said, "If I had any concerns I would not hesitate in ringing the office and raising a complaint", "The staff know how I like things done. If they don't, I tell them, I put them straight", and, "All the office staff are very approachable and I can talk to them about anything. I have absolutely no complaints though".

The service had received two formal complaints in the last 12 months and appropriate action had been taken with both. The complaints had been resolved and were dealt with as per their complaints procedure. In the same period the service had received six complimentary letters about the service they provided. In the PIR the registered manager said they acted upon complaints quickly in order to put things right and "seek to learn from mistakes to avoid recurrence. The Care Quality Commission have received no complaints about this service.

Good

Is the service well-led?

Our findings

People said "I think the service is managed well", "I have never had a missed call or a shortened call", "The manager will always come out and see me if I ask" and, "I have used other care services but they let me down a lot. Bluebird would never do that because they are well organised".

Staff said the service was well-led. There is a new coordinator in post and the job role of mentor had recently been implemented. This meant there was a good staff structure in place to ensure that the service provided was as planned. All staff and people who used the service said the registered manager was approachable. The day to day work was organised and managed by the coordinator. There was an on-call system for management support and advice out of hours and staff said this worked well. Staff told us that they were able to make suggestions about staff visit plans for example and were "always listened to". Staff said they had been given details about the whistle blowing policy and there was an expectation that they would report any concerns they had, or bad practice they witnessed.

Staff meetings were held regularly and tended to be with the care staff who worked in geographic areas. Staff said these meetings were an important part of the communication processes in place. Feedback from the team about how things were going and suggestions about meeting people's needs was encouraged.

In the PIR, the registered manager told us the staff were able to call in to the office at any time, were always told if compliments had been made about them. The service had a carer of the month incentive scheme in place. The ethos of the Bluebird Care brand is that the service should never provide anything but the very best care and this was shared by the directors and the registered manager. The coordinator commented, "Nothing acceptable but the best" and added, "Lovely staff team with a good office culture". All staff were expected to work within these values.

The service had a clear plan of improvements and expansion. There was a staff recruitment drive in place in order to be able to support more people in their own homes. Progress had already started on a staff structure with the appointment of the three mentor posts, and a quality assurance manager (shared by the providers two branch offices).

A programme of regular audits had been implemented by the quality assurance manager and these included care files, staff files, staff training and medicines audits. Where improvements were highlighted an action plan was drawn up and followed up by the quality assurance manager. The registered manager audited accidents and incidents and complaints, then analysed the results for trends. This enabled them to make improvements and prevent reoccurrences.

Customer satisfaction questionnaires were last sent out in February 2015 and the results were analysed by the quality assurance manager. People were asked about the care staff, the support they received and whether they were treated well. The last results had been positive but the registered manager was keen that the service always had a continuous improvement plan.

The registered manager was aware when notifications had to be sent in to CQC. These notifications would tell us about any events that had happened in the service. We use this information to monitor the service and to check how any events had been handled. In the last 12 months only one notification had been sent in to CQC to make us aware of concerns they had raised with the local authority regarding the safety and welfare of a person.

All policies and procedures were produced by the franchise owner Bluebird Care. All staff were expected to be familiar with key policies and had to sign to say they had read and understood them. Examples of key policies include consent and mental capacity, accident and incident reporting, medication, moving and positioning and the no reply policy.