

Factor of Four Ltd

Bluebird Care Weymouth & Portland

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

This inspection took place between the 27 January 2017 and 3 February 2017. We visited the office on the 27 January 2017 and 3 February 2017 and visited people in their homes and made phone calls to staff and people who used the service on 30 and 31 January 2017 and 1 February 2017. The inspection was carried out by one inspector.

Bluebird Care Weymouth and Portland is registered to provide personal care to people living in their own homes. At the time of our inspection the service provided personal care and support for 42 people.

There was a registered manager in post. 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.

People's medicines and creams were administered safely however we found there was a risk that the electronic recording system used by staff did not reflect the medicines given. We found an example of a person receiving the right medicines but the wrong records being kept. We spoke with the registered manager about this and they addressed this straight away by raising staff awareness and considering changes to the auditing system.

People's care was not always recorded due to problems with the electronic system that the staff used. We discussed examples we found with the registered manager. They spoke with the company who supplied the electronic system and had changes made which would ensure these gaps would be highlighted immediately.

People spoke positively about the care and support they received. They told us staff treated them with respect and kindness and we saw people were comfortable with staff in their homes. People told us they felt safe. They were protected from harm because staff understood the risks they faced and how to reduce these risks. Staff knew how to identify and respond to abuse; including how to contact agencies they should report concerns about people's care to.

Staff understood how people made choices about the care they received, and encouraged people to make decisions about their care. Care plans reflected care was being delivered within the framework of the Mental Capacity Act 2005.

There were enough safely recruited staff to ensure people received their visits as planned. Staff were consistent in their knowledge of people's care needs and spoke with confidence about the care they provided to meet those needs. They were professional in their approach and motivated to provide the best care they could. They told us they felt supported in their roles. They had received a robust induction and training that provided them with the necessary knowledge and skills to do their job effectively.

People had access to health care professionals and were supported to maintain their health by staff. Staff understood changes in people's health and shared the information necessary for people to receive safe care. Where people had their food and drink prepared by staff they told us this was prepared well. People were left with access to appropriate drinks and food between visits.

Management were committed to making continual improvements to the quality of care. This included development of new skills and expertise amongst the staff team in response to people's identified needs and specific training needs identified and requested by the team. There were systems in place to review and monitor the quality of the service people received including feedback from people and staff.

The organisation worked to improve the support available to people in the community. They provided a member of staff to support the running of a local dementia café and offered financial support to small local support groups. This support led to enhanced knowledge amongst the staff team about support available and this information was shared with people who received care and support.

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 received their medicines safely. We found errors in the recording of medicines. This was addressed immediately.

People were supported by staff who understood the risks they faced and followed care plans to reduce these risks.

There were enough, safely recruited, staff to meet people's needs.

People were at a reduced risk of harm because staff knew how to identify and report possible abuse.

Is the service effective?

Good ●

The service was effective. People were supported by staff who worked within the framework of the Mental Capacity Act 2005 to ensure people's rights were protected.

People received care from appropriately trained and experienced staff. People's views were sought as part of this process.

People were supported by staff who were supported to do their jobs through regular supervision and appraisal.

People were supported to access healthcare and with their diets where this was appropriate.

Is the service caring?

Good ●

The service was caring. People were cared for by staff who treated them kindly and with respect.

People were comfortable with staff and they had formed positive relationships.

People had their privacy and dignity maintained.

People were involved in decisions about their care.

Is the service responsive?

Good ●

The service was responsive. People had been involved in developing individual care plans which took into account their likes, dislikes and preferences.

People knew how to make complaints and where they had made complaints these had been responded to appropriately.

Is the service well-led?

Good ●

The service was well led. There was a clear management team and staff had defined roles and responsibilities .

People and staff spoke highly of the service.

The service that people received was monitored and there were systems in place to continually improve the quality of the service.

The provider organisation was active in the local community and sought to improve opportunities for participation and involvement for people using the service.

Bluebird Care Weymouth & Portland

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 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 inspection took place between the 27 January 2017 and 3 February 2017. The provider was given notice of our inspection because the location provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be at the office and to assist us to arrange home visits. The inspection was carried out by one inspector.

Before the inspection we reviewed information we had about the service. This included notifications from the provider; a notification is the way providers tell us important information that affects the care people receive. We had not asked the provider to complete a Provider Information Return (PIR) since they moved to their current location. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We were able to gather this information during our inspection.

We visited three people in their own homes and observed interactions with three members of staff. We also spoke with people who used the service or their relatives by telephone. In total we spoke with eight people and relatives. We spoke with eight members of staff, the registered manager and a director from the provider organisation. We reviewed records relating to seven people's care and support. We also looked at records related to the management of the service. This included three staff files, training records, meeting minutes and the documentation of audits and surveys. We also spoke with a representative from the local authority who had knowledge of the service.

Is the service safe?

Our findings

People received their medicines as prescribed. People told us they were happy with the support they received to take their medicines. One person told us: "They are very good with my medicines." We observed people being given their medicines in ways that were both safe and reflected personal preference. Staff had received training and been assessed to ensure they were competent to administer people's medicines. We found an error in recording of medicines on the electronic system and this meant there was a risk staff were not checking the medicines they were giving against the records they made. We discussed this with the registered manager and they responded in a robust manner: highlighting the issue with staff immediately and putting it on the staff meeting agenda. They also highlighted how the auditing system could be altered to ensure any similar error would be picked up.

People told us they felt safe whilst receiving their care. One person told us, "I feel very safe. Absolutely." Another person told us: "I cannot fault them. I have never felt unsafe at all." People were protected from harm because assessments had been carried out that identified the risks people faced including individual risks and risks within their home environment. For example one person was identified as at risk of falling. There was a care plan in place that provided guidance for staff about how to support them safely to reduce this risk. This included guidance on how to support the person with their mobility and their environment. Staff understood the risks people faced and described the support people needed confidently. People were at reduced risk of harm and abuse because the staff were confident about how to identify and report abuse. They were able to describe to us how they would recognise potential abuse and how they would report any concerns that they had. We saw records that showed the registered had managed incidents appropriately and had taken action to ensure that people received a safe service. Staff were confident they would be supported to challenge poor practice and knew how to raise any concerns; including how to whistle blow if required. Staff were aware of how to report accidents and incidents. For example, where people had fallen this was clearly recorded including actions taken to ensure their safety. There was a record of what longer term actions, such as liaison with other professionals, had been taken after accidents to reduce the risk of them reoccurring. During our inspection the registered manager followed up an incident and ensured that training was made available to staff reduce the chances of a reoccurrence.

There were enough safely recruited staff to meet people's needs. People told us staff generally arrived on time and they usually saw regular carers. One person said: "I usually see the same carers. It makes such a difference." We looked at the visit schedules that people had received during our home visits and saw that they reflected a core group of staff working with people. Staff working in the office explained that they tried to achieve regular staff for people. Most people had regular staff providing their care and support.

Is the service effective?

Our findings

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 when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

People who were able to make decisions about their care told us that they did this. They told us they made decisions about their care both by agreeing their care plan and on a day to day basis discussing how they would like staff to provide the support they required at that time. One person said: "We have things just how I like them." Staff were able to describe to us how they supported people to make their own decisions and what they would do if this changed to ensure that care was provided in people's best interests. This meant that people received care that was not restrictive and reflected their wishes. Where people could not consent to their care because they did not have the mental capacity to do so this was recorded appropriately: as were the decisions about how to provide care in their best interests.

People told us the staff had the skills they needed to do their jobs. One person told us: "They always have the skills and can offer us advice when it is needed." Another person said "I couldn't find any fault – they know what to do and how to do it." Staff had all found their induction and on-going training to be appropriate and explained they could ask for guidance and support whenever they needed it. New staff described how the regular supervision and support they received during their probationary period helped them with their role. One member of staff said: "It really helped me feel confident to have the way I was doing things checked and be told it was good." Another member of staff described their support by saying: "I feel 100% valued and supported." Staff were also positive about their formal supervision processes. They felt these regular meetings supported their professional development and reinforced the values of the organisation.

There was a robust system in place for ensuring that staff kept their training current and the nominated individual reviewed this regularly. The Care Certificate which is a national certificate designed to ensure that new staff receive a comprehensive induction to care work had been implemented for staff who met the criteria.

People who had help with food and drink commented that this was done to a good standard. People also told us they were left with access to drinks and snacks between visits. Staff were not monitoring anyone's food and drink at the time of our inspection or supporting anyone who had been assessed as being at risk of choking. Staff explained this information would be in people's care plans and described the records they had previously kept to monitor nutritional intake when it had been appropriate. We saw that records were kept accurately and guidance from professionals was sought and followed.

People told us they were supported to maintain their health. Changes in people's health were reflected in their care plans which also detailed the support they needed to maintain their well-being. Staff fed any concerns back to the office where the staff who coordinated care had regular contact with district nurses and GPs. One member of staff described how they had contacted the office staff about a concern and the district nurse had been contacted straight away. Changes and health updates were communicated effectively to staff and care plans were updated in a timely manner.

Is the service caring?

Our findings

People were supported by staff who they told us were kind and caring. People and relatives made comments like: "I feel 100% cared about and looked after." and "they are lovely... very kind". People were positive about the caring nature of staff and told us about how staff had shown this kindness in ways that they valued. For example, one person described how they had never needed care before this and had been very worried about it. They told us that the kindness of staff had made them feel at ease straight away.

We saw and heard that people were relaxed and comfortable with staff; we heard light-hearted conversations taking place. These interactions were familiar, warm and respectful at all times with people being encouraged to make decisions about their support whenever possible. For example one person and a member of staff joked about how they liked their breakfast made and the member of staff checked what they would like for each part of the meal. People felt respected and told us that staff promoted their dignity at all times. One person told us: "They have to do very personal things for me. I was embarrassed but they have always treated me with dignity and made it just normal."

Staff demonstrated they knew people well through their conversations; they asked after family and recent events. People told us they appreciated this familiarity and kindness. People were supported to retain their independence. They told us, and records showed that staff supported people to undertake the tasks they were able to do for themselves. One person told us: "they let me do it, but if I am feeling unwell they always go over and above."

Staff told us they enjoyed their work and spoke with warmth about people. They also told us they would recommend the service to people they cared about because they believed all their colleagues to be committed and caring. One member of staff reflected this when they described how they liked to go to work every day because: "It's so nice to feel you helped someone. I know all the (staff) do a good job. They are all so caring"

Is the service responsive?

Our findings

People told us their care was delivered in a way that met their personal needs and preferences. They told us they felt listened to. This included being involved in planning their care at assessment, reviews and day to day. This meant they received care and support which was tailored to their needs and reflected their preferences. One person told us: "I have it just the way I like it." Another person told us they had routines worked out with the staff and this was reassuring. Care plans described how carers should support people with the areas they had identified they needed help with and made the desired outcome of the support explicit. They also provided a summary of their life story including the things that were important to the person.

Staff told us the care plans were useful and they liked being able to access information online. One member of staff commented that they could update themselves before going into people's homes and this meant when they arrived they did not have to spend time reading as opposed to talking with the person. People described a flexible and responsive service. One person said: "I know I can ask for things to be done differently." Another person highlighted that their needs changed with their health and the staff were responsive to this. Care plans were also reviewed regularly where changes had not been identified. This meant that people and appropriate others had regular opportunity to contribute to the way that care was provided.

Staff knew the people they supported people well and were able to describe their support needs and preferences with confidence. They kept records that were directly linked to the person's care plan on an electronic system. During our inspection we found that some records were missing and spoke with the registered manager about this. They addressed this immediately and changes to the electronic system had been made before the end of our inspection that substantially reduced the risk further occurrences of recording omissions. Records and people's care plans were written in respectful language which reflected the way people were spoken with by the staff.

We discussed how people's needs and wishes were reflected in scheduling. The staff member who coordinated care told us how they worked out the staff rotas to reflect the preferences of both people and staff. People told us that where they had made requests about the times of visits and staff that these had been acknowledged and efforts made to accommodate them. We fed back a query about timings made by a relative and an appointment was made by staff immediately to discuss this.

People told us they felt listened to and were able to approach all the staff. They told us they could also phone the office with any issues and would feel comfortable to speak with anyone there to make a complaint if necessary. The complaints procedure was available to people in their homes and we saw that where complaints were made these had been addressed in line with the policy and people had been informed of outcomes. It was possible to identify the actions taken following complaints and this meant that the service was improved as a result of these processes being followed.

Is the service well-led?

Our findings

Bluebird Care (Weymouth and Portland) was held in high esteem by the staff and people receiving a service. Staff were proud of their work and felt part of a team committed to providing good care. Staff made comments such as: "I love my job." and "Bluebird have been brilliant." When asked to explain these comments they referred to the support they received from management and colleagues and the commitment they shared to providing quality care. People told us they thought the service was good and one person told us: "I can't say a bad word. They are absolutely wonderful."

The registered manager and senior staff referred to the care staff with respect and valued the skills and experience evident in the team. They acted supportively and were approachable to staff throughout our inspection. A reflection of the appreciation of staff skills was evident in successful nominations made for care awards. Staff told us they appreciated this openness and felt able to raise any ideas or concerns they had.

The registered manager and a director of the provider organisation spoke about their aim of providing quality domiciliary care enabling people to remain living in their own homes. They also described the importance of their role in the community supporting local groups that people who used the service could benefit from and was important to combat social isolation. They explained that this support was also beneficial to the staff providing informal support and training to compliment the formal systems. This commitment to ensuring the best outcomes for people was shared by other members of the staff team. Staff spoke about being motivated to provide quality care individually during our inspection and we saw that this underpinned the way they discussed their work with each other and was reflected in meeting minutes. There was a person focussed attitude evident in all staff discussions with us.

The service was structured in a way that supported the work of the care staff. The registered manager was supported by the directors, one of whom was present at the beginning and end of our inspection. Senior office based staff carried out assessments and developed care plans with people, conducted reviews and did spot checks on staff competence. These staff also provided care regularly so they retained knowledge about the care and support people received. Care staff told us they valued the hands on care experience of their line management and believed it to be important in respect of their roles supporting people and care staff.

There were systems in place for monitoring the quality of the service. For example, care and support plans, care delivery records and medicines records were all reviewed and clear records made of actions identified. For example where individual staff members had not recorded information accurately this was addressed with them individually.

People and relatives contributed to the quality assurance process through regular feedback including an annual survey. We saw feedback from people was mostly positive and where people had identified areas for improvement an action plan had been put in place. For example people had highlighted their wish to be informed if staff changed after they received their allocation list. This had resulted in a record being kept of

calls to let people know these changes. People also reinforced the importance of regular staff as a measure of a good service and this formed one of the measures by which the organisation sought to monitor its performance. This meant the experience of people was at the heart of the quality assurance processes.