Optima Management Limited

Bluebird Care (Chiltern & Dacorum)

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an announced inspection on 25 October 2016 and made telephone calls to people who used the service and staff on 31 October 2016.

Bluebird Care (Chiltern and Dacorum) is a community based service providing care and support to people living in their own homes. At the time of the inspection, there were approximately 59 people being supported by the service.

The service has a registered Manager in place. 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.

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised and how to safeguard people from the risk of possible harm.

The provider had effective recruitment processes in place and there were sufficient staff to support people safely. Staff understood their roles and responsibilities and would seek people's consent before they provided any care or support. Staff received supervision and support, and had been trained to meet people's individual needs.

People were supported by caring and respectful staff who they felt knew them well. Relatives we spoke with described the staff as kind and caring.

People's needs had been assessed and care plans took account of their individual preferences and choices. Staff supported people when required to attend health care appointments with their GPs or hospital visits.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people and acted on the comments received to continually improve the quality of the service. The provider also had effective quality monitoring processes in place to ensure that they were meeting the required standards of care.

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 was sufficient staff to meet people's individual needs safely.

People were supported to manage their medicines safely.

There were systems in place to safeguard people from the risk of harm.

There were robust recruitment systems in place.

Is the service effective?

Good

The service was effective.

People's consent was sought before any care or support was provided.

People were supported by staff that had been trained to meet their individual needs.

People were supported to access other health and social care services when required.

Is the service caring?

Good

The service was caring.

People were supported by staff that were kind, caring and friendly.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

The provider routinely listened to and learned from people's experiences to improve the quality of care.

The provider had an effective system to handle complaints.

Is the service well-led?

Good

The service was well-led.

The manager was involved in the day to day management of the service.

Staff felt valued and appropriately supported to provide a service that was safe, effective, compassionate and of high quality.

Quality monitoring audits were completed regularly and these were used effectively to drive continual improvements.

People who used the service and their relatives were enabled to routinely share their experiences of the service and their comments were acted on.

Bluebird Care (Chiltern & Dacorum)

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 over a two day period. On 25 October 2016 we visited the provider's offices and on 31 October 2016, we carried out telephone interviews with people who use the service, their relatives and staff. This inspection was announced because we needed to ensure that staff were available at the offices to speak with us.

The inspection team consisted of one inspector from the Care Quality Commission and an Expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who has used this type of service.

Before the inspection, the provider completed a Provider Information Return (PIR) which we reviewed. The PIR 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 also reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection, we spoke with the registered manager and office staff. We also spoke with six care staff, 13 people who used the service and two relatives. We looked at the care records of six people who used the service, and the recruitment and training records for six staff employed by the service. We also looked at information on how the provider managed complaints, and how they assessed and monitored the quality of the service.

Good

Is the service safe?

Our findings

People told us that they felt safe when they were supported by the staff. One person said, "Yes definitely. It's usually been the same person unless they're off, but I know all the carers, anyway." Another person said, "Yes, I do (three regular carers)." They didn't highlight any issues or concerns in these areas. When we asked a relative if they felt their relative was safe, they said, "Yes, I think so. If I haven't been happy with carers [because they were not experienced enough] they have changed them for us."
Staff we spoke with understood the importance of keeping people safe. Staff told us that they would always try and keep the same team of staff supporting a person so that they could become familiar with them and build up a trusting relationship. For example where a person had moved from using a rotary stand to a full body hoist, staff told us that they would talk to the person about how they felt about using a hoist instead of a rotary stand. They said that they would ask for feedback on how they were managing and address any worries or concerns the person had in order to make them feel safe when using the mobility aids.

The provider had up to date safeguarding and whistleblowing policies that gave guidance to staff on how to identify, and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report concerns within their workplace. Staff were aware of the provider's safeguarding policy. One member of staff said, "I would always report any concerns, I won't stay quiet about it." Staff were also aware of external agencies they could report concerns to which included the local authority and the Care Quality Commission. We found that the provider issued regular emails and newsletters to staff to inform them of any changes or concerns that had been identified. Staff had also received training on safeguarding.

Individual risk assessments had been undertaken in relation to people's identified support needs. Risk assessments were discussed with people or their relatives and put in place to keep people as safe as possible. Staff recorded and reported on any significant incidents or accidents that occurred. We saw that staff we provided with additional information to safeguard people from foreseeable risks associated to their health conditions. For example, there was information available on how to support a person with diabetes and the symptoms that staff should look for in case of hypoglycaemia. There was also information for staff on how to support a person with emphysema.

Staff employed by the service had been through a thorough recruitment process before they started work, to ensure they were suitable and safe to work with people who used the service. The manager told us, "We try and take experienced staff on but if they are not experienced then we explain in the interview about the stresses of the job." The manager also told us that when staff were recruited they were given limited hours so as not to overwhelm them. Records showed that all necessary checks were in place and had been verified by the provider before each staff member began work. These included reference checks, Disclosure and Barring Service (DBS) checks and a full employment history check. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed. This enabled the manager to confirm that staff were suitable for the role to which they were being appointed.

People and their relatives told us that there was enough staff to support them safely and they tended to have regular staff attending the visits. One person said, "I get a rota and have no issues with the

timekeeping. If there is a change I'm usually informed and I've had no missed calls." We saw that rotas were available well in advance and staff and people knew who would be supporting them. Staff told us that they would never support someone alone if they required assistance from more than one person. One member of staff said, "As a rule we won't go in until we are both there, I would never support someone on my own if they needed two people." We found from our discussions with staff that they worked very much as a team to support the person in receiving safe care and support.

Medicines records instructed staff on how prescribed medicines should be given including those that were given as and when required (PRN), and how a person was to be supported with this. Medicines Administration Records (MARs) showed that medicines had been administered as prescribed. If people refused to take their medicine, they would inform the office and relatives. We saw that medication audits were also completed and where errors were made then these were addressed in staff supervisions and additional training and support was provided.

Good

Is the service effective?

Our findings

People we spoke with all indicated that they thought the staff were appropriately trained and competent in their roles. One person said, "Yes. [Care staff are] very well trained definitely. It is an excellent company." Another person replied, "Yes I do" when we asked if they thought staff were well trained. Another person told us how there had been an issue with the techniques used by care staff and other agencies, they told us that the difference in technique was discussed and resolved quickly and staff retrained on the agreed techniques.

We saw from training records that staff had received training in areas such as safeguarding, infection control and safe movement. Staff told us that if they needed refresher training then this was provided to them. Staff were knowledgeable about people's care needs, and had received the necessary training to equip them for their roles. We saw that staff training was classroom based and was carried out within the service so that knowledge was specific to the needs of the people who used the service. The recruitment manager told us, "We don't do any on-line training, we find it works better to have staff come into the office." Staff we spoke with were complimentary about the training. One member of staff said, "Yes we get lots of training, we are kept up to date."

We spoke to some staff during a group discussion and they were very comfortable about telling us about how they carried out their roles. Staff told us that when they took over a first visit they would be introduced to people before they started to support them and would also shadow more experienced staff. One member of staff said, "We will go out with someone who knows the client, that way we learn what they like and don't like." We also saw that the care plans included detail on peoples preference and choices. For example, in one person's care plan it stated under their food choices, 'Breakfast with tea and muesli and half a banana chopped with toast and marmite or Jam. Carer to ask which they would prefer.'

Staff we spoke with told us that they had received supervision and appraisals, and records we looked at confirmed this. We saw that supervisions were used to support staff if mistakes were made and allowed the supervisor and member of staff to discuss performance and any training needs. Staff told us that management would also gain feedback from the people they supported in order to get a full picture of staff performance. They also told us that spot checks were carried out to ensure staff were performing to the standards required. They told us that they would be observed and given feedback on their performance.

Staff we spoke with demonstrated an understanding of how they would use their Mental Capacity Act 2005 training when providing care to people. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found that staff understood the relevant requirements of the MCA particularly in relation to their roles and responsibilities in ensuring that people consented to their care and support. All the people we spoke with confirmed to us that the support they received was always consensual and nobody highlighted any concerns or problems around staff gaining

consent from them. We saw that people were asked to sign their care plans and consent to the care they were provided with. One person said, "Yes I do. Definitely," in response to ask asking if they were given choice when staff came to support them with their care.

Care records showed that staff supported people where possible to remain healthy. We were told that staff encouraged people to eat well. For example, we saw that people's meal preference were detailed so staff were aware of how best to support them with nutrition and hydration. For example, for one person it stated in their care document their lunchtime preferences. It stated, 'lunch time, sandwich with salad if [person] refuses then to be left on table as they will eat it later, staff to monitor food intake and prepare meals where required'. It also stated that food was to be checked regularly in case it was out of date. Staff told us that they would monitor people's food, and if they could see that they were running low they would inform the families or go out and get the person some groceries.

People were encouraged to maintain their health and well-being through regular appointments with health care professionals. Where required staff would attend the visits with them. The provider kept records of people's healthcare providers and were able to call on them when the need arose, for example district nurses and GPs. Although people we spoke with did not require assistance with visits they did tell us that if required they were confident that staff would assist them. One person said, "I know they would if I needed them to."

Good

Is the service caring?

Our findings

People and their relatives commented positively about the staff. One relative said "Yes I would [say they are caring]. They talk to [relative] and pass the time." People using the service also commented on the thoughtfulness of staff. One person said, "Yes, I would [say they are caring]. They make sure the bathroom is tidy after it's been used. They put the bath mat away tidily and they are very thoughtful." While another person said, "Yes, They make sure the water is warm enough. They don't get soap/shampoo into my eyes and wash my hair well."

We were told that interactions between staff and people who used the service were kind, caring and compassionate. One person said, "They are kind, I don't feel uncomfortable with them and they are very polite." Relatives also agreed with this, one relative said, "[staff] are very polite and respectful."

From our discussions with staff we found that they were caring towards the people they provided care and support to. Staff said, "We know our clients very well, we really do care about them." Staff told us that because they had set people that they supported they were able to get to know them and chat to them about their preferred subjects. One staff member said, "I talk to clients about their interests and hobbies, sometimes I take things in that that I think they will be interested in." Staff spoke to us about how they would encourage people to make decisions about the care they wanted each day. One staff member said, "Although I know what needs doing I will always ask [the person] what they would like, it's their choice."

Staff promoted people's choices and enabled them to be independent where possible. One person told us, "Yes. They help with what I can't do for myself." Another person said, "They help me with things below the knee (as I can't bend that far) and they are there for my safety." Staff we spoke with said that because they had set people they cared for, they know their level of dependency so could assist them as they liked to be assisted. Relatives also told us that they observed staff encouraging their relative to be independent. One relative said, "Yes. [staff promote independence] by encouraging [relative]." Staff respected people's privacy and dignity by encouraging them to wash themselves until they called them for support. People we spoke with also commented on the staff respectfulness. One person said, "Yes they are definitely respectful, for example, they will avert their eyes [when supporting with personal care]". A relative also commented and said, "There are lot of us in the house but [relatives] privacy is never an issue." This showed that staff ensured that people's privacy and dignity were observed while allowing them to remain as independent as possible.

People and relatives confirmed that they were involved in making decisions about their care through regular reviews, and discussions. The care plans we looked at showed that people were involved and supported in their own care and decisions. People said that their views were listened to and staff supported them in accordance with what had been agreed with them when planning their care.

Good

Is the service responsive?

Our findings

People who used the service and their relatives had been involved in planning people's care. They told us that assessments had been undertaken before the service was started which had generated care plans and on-going reviews. People using the service told us that they had had regular reviews and that they felt involved in the associated processes and creation of the care plan. One person responded with, "Yes I would say so, I am involved."

We saw that appropriate care plans were in place so that people received the care they required to meet their needs. Each care plan detailed the length of the call and listed the type of support that staff were to provide during the call. Care plans detailed peoples life choices and how staff were to support them with these choices. For example, one section was titled, 'How I like to live my life' (routines and habits). This section stated that, 'person is independent and does not like to accept help but will accept carer's encouragement and support. Likes to be cosy and will sometimes return back to bed.' The care plans also gave details of the person's family and social activities. It stated that 'friend visits for coffee, likes watching TV when alone, enjoys watching tennis and athletics.' The care plans also provided staff with information about peoples past hobbies such as dancing, singing and knitting.

Communication methods were also recorded so staff could effectively respond to peoples support needs, for example if they were sight or hearing impaired. Their orientation was also noted, for example, if they suffered with confusion. We saw on one person's plan it stated, 'enjoys conversation and may ask carers why they are here. Carers to remind me that you come on the days when [relative] can't, to help me with medication and cream on my feet and legs.'

People told us that staff catered to their specific needs and took account of any changes to their needs. One person said, 'Yes they do. I know them all (and they know me)'. They told us that staff would make changes where it was possible. Staff we spoke with also told us that if a person needed a change to the normal package then this would be accommodated where it was possible. For example of they needed an earlier or a later time. Staff told us, we are there to support them, if they need something extra doing we will do it. If we have extra time we sit with them and talk as well. One person said, "Yes they do [know me well]. I have three regular carers." This showed that people received care and support that was responsive to their individual needs.

Care plans and assessments changed regularly and the provider kept staff up to date with all changes to peoples care plans through regular updates and meetings. We saw that regular updates were made and relatives and people were kept informed of any changes in people's care plans through regular review meetings and daily records. Relatives we spoke to commented that they were kept informed of how their relative was and we found that staff in the office were fully informed of the people that were being supported and their families. We were told that on the day of our inspection the provider had introduced a birthday visit. This meant that when a person had a birthday a member of the office staff would visit the person and spend some one to one time with them.

The provider had systems in place to review the care plans periodically. The manager told us that if a person's needs changed more often, they would provide on-going updates and request for times to be changed through the local authority or relatives so that care could be provided at the persons pace.

Staff understood people's individual backgrounds, likes and dislikes. This information was taken from the person's care plan and risk assessments. Where people wanted to be supported by staff of the same gender, this was made available.

The provider had a complaints policy and procedure in place and people were made aware of this when they started to use the service and through regular questionnaires and feedback requests. People we spoke with knew who they needed to talk to if they had any issues or concerns. People told us that they would feel comfortable raising any concerns they might have about the care provided. We saw that the provider had received three formal compliments and two minor complaints in 2016. These had been responded to in accordance with the providers complaints policy and further spot checks carried out to ensure that the issues were resolved to the persons satisfaction. .

Good

Is the service well-led?

Our findings

The service had a registered manager in place. People we spoke with spoke highly of the staff, the registered manager and the company. One person said, "I would recommend them." Another person said "Yes. I am happy with how things are going."

People said that they could ring the office if they had any queries and were always able to speak to someone. The organisation demonstrated an open and transparent culture throughout. The manager had an open door policy which meant that staff felt empowered to raise any concerns. We saw on the day of our inspection that staff had come into the office to attend a meeting in preparation for Christmas and the supervisor had created a festive environment for the staff to discuss the upcoming festive period. Staff told us that they were able to raise concerns and mistakes were taken as an opportunity to learn and grow. The manager said that all staff worked as a team and were encouraged to whistle blow if they felt they needed to.

Staff told us that the registered manager provided stable leadership, and the support they needed to provide good care to people who used the service. They said that the manager was approachable and friendly, and that they never felt they could not go to the manager if they had any problems. They said, "We are listened to and if we need to we can come into the office and speak to [co-ordinator]." The manager also said, "Staff wellbeing is very important to us."

Staff knew their roles and responsibilities well and felt involved in the development of the service. They were given opportunities to suggest changes to improve the quality of the overall service. They were kept informed of changes in the organisation through monthly newsletters and e-mails. They also attended quarterly team meetings. The manager told us of initiatives that were in place to motivate staff and reward staff for performance. These included a, 'fab bonus' which was rewarded for 100% attendance and was paid quarterly, and also a yearly recognition bonus to mark the years a person had been employed with the service. The manager said, "We try our very best to make this a good place to work." We also saw that staff were awarded chocolate boxes throughout the month in recognition of going the extra mile for people they supported.

There was evidence that the provider worked in partnership with people and their relatives so that they had the feedback they required to provide a service that met people's needs and expectations, and was continually improving. The manager regularly sought people's views about the quality of the care. Questionnaires were sent to people and their relatives and the results of the most recent survey showed that people who responded were happy with the quality of the care provided. We saw that the registered manager carried out regular spot checks and visited people at the start of the service to ensure they knew who to contact. They said, "With new clients the first call is with the registered manager as an introduction, then a week after we will get feedback from the staff and client to see how things are going." They told us that after this, regular reviews would be done to ensure the service was meeting expectation.

The manager had completed a number of quality audits on a regular basis to assess the quality of the

service provided. These included checking people's care records and staff files to ensure that they contained the necessary information and that this was up to date. We found that they had kept robust, up to date records that reflected the service provided at the time of our inspection. The manager understood their responsibility to report to the CQC any issues they were required to as part of their registration conditions and we noted that this had been done in a timely manner. Records were stored securely and were made readily available when needed.