

Snowbeam Ltd







Bluebird Care (Stratford & Warwick)

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

Bluebird Care (Stratford and Warwick) is a domiciliary care agency which provides personal care and support to people in their own homes. At the time of our visit the service supported 97 people.

We visited the offices of Bluebird Care (Stratford & Warwick) on 25 November 2015. We told the provider before the visit we were coming so they could arrange for staff to be available to talk with us about the service.

The service has a registered manager. 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 and their relatives told us they felt safe using the service and care workers understood how to protect

Summary of findings

people from abuse. There were processes to minimise risks associated with people's care to keep them safe. This included the completion of risk assessments and checks on care workers to ensure their suitability to work with people who used the service.

There were enough suitably trained care workers to deliver care and support to people. People had regular care workers who stayed the agreed length of time.

Staff understood the principles of the Mental Capacity Act (MCA), and care workers respected people's decisions and gained people's consent before they provided personal care. People's records showed their families and other health professionals were involved when they did not have capacity to make their own decisions, and any decisions made were in their best interests.

Care workers received an induction and a programme of training to support them in meeting people's needs effectively. People told us care workers were kind and caring and had the right skills and experience to provide the care and support they required. Care plans and risk assessments contained relevant information for care workers to help them provide the care people required.

People were supported with kindness and compassion. Staff treated people in a way that respected their dignity and promoted their independence.

People were involved in planning how they were cared for and supported. Care was planned to meet people's individual needs and preferences and care plans were regularly reviewed.

People knew how to complain and were able to share their views and opinions about the service they received. Staff felt well supported by the registered manager and were confident they could raise any concerns or issues, knowing they would be listened to and acted on. The registered manager valued staff and promoted their development.

There were processes to monitor the quality of the service provided and understand the experiences of people who used the service. This was through regular communication with people and staff, returned surveys, spot checks on care workers and a programme of other checks and audits.

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?

The service was safe.

Care workers understood their responsibility to keep people safe and to report any suspected abuse. There were procedures to protect people from risk of harm and care workers understood the risks relating to people's care. There were enough care workers to provide the support people required. People received their medicines as prescribed and there was a thorough staff recruitment process.

Good



Is the service effective?

The service was effective.

Care workers were trained and supervised to ensure they had the right skills and knowledge to support people effectively. Staff understood the principles of the Mental Capacity Act 2005 and care workers gained people's consent before care was provided. People who required support had enough to eat and drink during the day and had access to healthcare services.

Good



Is the service caring?

The service was caring.

People were supported by care workers who they considered kind and caring. Care workers ensured they respected people's privacy and dignity, and promoted their independence. People received care and support from regular care workers.

Good



Is the service responsive?

The service was responsive.

People's care needs were assessed and people received a service that was based on their personal preferences. Care workers understood people's individual needs and were kept up to date about changes in people's care. People knew how to make a complaint and the managers dealt promptly with any concerns or complaints they received.

Good



Is the service well-led?

The service was well-led.

People were satisfied with the service and felt able to contact the office and speak to management if they needed to. Staff felt well supported by the registered manager and able to raise any concerns. The registered manager was dedicated to providing quality care to people. They valued staff and promoted their development. There was good communication between staff members and staff were encouraged to share ideas to make improvements to the service. There were systems to monitor and review the quality of service people received.

Good



Bluebird Care (Stratford & Warwick)

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.

We reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Before the inspection the provider completed a Provider Information Return (PIR). 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 found the PIR reflected the service provided. We also contacted the local authority commissioners to find out their views of the service provided. These are people who contract care and support services paid for by the local authority. They had no concerns about the service.

The office visit took place on 25 November 2015 and was announced. We told the provider we would be coming so

they could ensure they would be available to speak with us and arrange for us to speak with care workers. The inspection was conducted by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

We contacted people who used the service by telephone and spoke with nine people, (seven people who used the service and two relatives). During our visit we spoke with three care workers, a supervisor, the registered manager and the provider. Before the office visit we sent surveys to people who used the service to obtain their views of the service they received. Surveys were returned from 36 people, including 30 people who used the service and six relatives.

We reviewed four people's care plans to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the service's quality assurance audits and records of complaints.

Is the service safe?

Our findings

People told us they felt safe because they received care from staff they knew well and trusted. Two relatives told us, “Yes I think [name] does feel safe” and “[Name] is safer, they have a life line, and the staff do more than they need to.” 97% of the 30 people who responded to our survey told us they felt safe from abuse or harm, (one person responded they did not know). People were protected from the risk of abuse because staff knew what to do if concerns were raised. A member of staff told us, “We have safeguarding refresher training regularly. If I had a concern I would report it to a senior member of staff.” They explained they had done this recently and were satisfied with the way the issue had been dealt with. They told us how matters would be referred to the Local Authority in some circumstances, to protect people’s safety.

People who used the service told us they felt comfortable talking with staff or the registered manager if they felt unsafe. The registered manager told us, “Safeguarding our customers is really important to us.” They explained how they continually reviewed their safeguarding policy and had started training staff on safeguarding children due to recent changes in the law. Records showed concerns about potential abuse had been appropriately reported and action was taken by the registered manager to keep people safe.

We found most incidents were recorded and actions were taken to protect people and keep them safe. For example there was an incident record of a missed care call. We saw that actions had been taken to minimise risks to the person and that learning had taken place to prevent reoccurrence of a future incident. However, we identified that some issues had not been recorded on the incident log and therefore it was difficult to see if learning had taken place and if referrals had been made to appropriate agencies. We discussed this with the registered manager who assured us that in future all incidents would be consistently logged and reviewed.

There were sufficient experienced care workers to provide all the calls people who used the service required. People told us their care workers arrived when expected and stayed long enough to meet all their care needs. One person told us, “They come on time.” People told us they received a rota to tell them the times of their calls and which care workers would call. One person told us,

“Bluebird Care are very good, they send me a programme which tells me when they are going to come.” Staff told us they had enough time to attend calls. One care worker told us, “I don’t rush my customers. I can phone the office and say if I’m running late and they’ll phone the next customer. If I have any concerns I can always phone the office.” People who used the service confirmed this and one person told us, “If they were more than 15 mins late, they would ring, but that does not often happen.” Staff confirmed there were enough care workers to allocate all the calls people required. One care worker told us, “We have travel time built into the rota. There is sufficient time we are never rushing.”

There was a procedure to identify and manage risks associated with people’s care. When people started using the service, an initial assessment of their care needs was completed that identified any potential risks to providing their care and support. The registered manager told us, “We look at the equipment and the environment. If there were any incidents we would review people’s risk assessments. We would get expert advice if we were not sure about something.” The registered manager explained that following a recent incident where an accident had occurred during a care call, they were reviewing the amount of detail in people’s care plans about how they supported people including use of specialist equipment.

Staff knew about individual risks to people’s health and wellbeing and how these were to be managed. A relative told us, “They seem to have a very good all round awareness, when [name] had a fall they were very good, they did all the right things.” Records confirmed that risk assessments had been completed and care was planned to take into account and minimise risk. For example, one person had been assessed for risks to move around their home because they had poor mobility which changed throughout the day due to their health. The care plan gave detailed instructions to staff about how to support the person dependant on their fluctuating needs.

The provider had an out of hour’s on-call system when the office was closed. One care worker told us, “We have an on-call system with managers that works fine.” Staff told us they were reassured a senior member of staff was always available if they needed support.

Recruitment procedures made sure, as far as possible, care workers were safe to work with people who used the service. Care workers said they could not work in people’s

Is the service safe?

homes until their disclosure and barring certificates had been returned and references received. The Disclosure and Barring Service (DBS) assists employers by checking people's backgrounds to prevent unsuitable people from working with people who use services. Records confirmed staff had DBS and reference checks completed before they started work.

Staff administered medicines to people safely and as prescribed. Care workers had received training to administer medicines safely which included checks on their competence. They recorded in people's records that medicines had been given and signed a medicine

administration record (MAR) sheet to confirm this. MAR sheets were checked by care workers during visits and by senior staff during spot checks for any gaps or errors. Completed MARs were returned to the office every month for auditing. Care workers knew to contact senior staff if they had made a mistake with medicines, and told us they would feel supported to do so. One care worker told us, "We check the MAR sheets for any changes." They explained if medicines were not taken they would record this on the MAR sheet and the medicine would be stored and disposed of safely.

Is the service effective?

Our findings

People we spoke with told us staff had the skills they needed to support them effectively. Two people told us, “They are very good in every way and really helpful” and, “They seem very happy and work together well.” 93% of 29 people who responded to this question in our survey said they thought care and support workers had the skills and knowledge to give the care and support they needed, (one person did not know and one person disagreed).

Care workers received training considered essential to meet people’s care and support needs. This included training in supporting people to move safely, medicine administration and safeguarding people. Staff were positive about the training they received. A care worker told us, “The training that we’ve had is brilliant.” Staff said they were supported to do training linked to people’s needs, such as percutaneous endoscopic gastrostomy (PEG) feeding. PEG feeding is used where people receive nutrition through a tube into their stomach because they cannot maintain adequate nutrition through oral intake. One care worker told us, “I was trained by a qualified nurse to do PEG feeding and I have been observed by senior staff doing this.”

Staff told us they felt well supported by the provider to study for care qualifications. One care worker told us, “I am being supported to do a level 3 NVQ. We’re all doing qualifications and extra training. They want us to be the best we can be. That’s why I chose this service, for the support to better ourselves.” The registered manager explained how they used an electronic system called ‘staff plan’, to organise training events and staff supervision to support the personal development of care staff.

Care workers said they completed an induction when they first started work at the service that prepared them for their role before they worked unsupervised. This included training and working alongside a more experienced worker who was their mentor, before they worked on their own. One care worker told us, “The induction programme was very thorough. Before you go out there are certain things that you have to do. One of the seniors will go through everything with you and what to expect. Once you’ve done the training you then go out with a mentor, a more experienced person. I am now a mentor.” The induction training included the Care Certificate. The Care Certificate sets the standard for the fundamental skills and knowledge

expected from staff within a care environment. A care worker told us, “You can have up to two weeks shadowing, but I felt confident at the end of one week.” They said they felt supported because the registered manager answered all their questions.

Staff told us their knowledge and learning was monitored through a system of supervision meetings and unannounced ‘observation checks’ of their practice. The registered manager told us, “We alternate spot checks and supervisions. New staff are supervised for 12 weeks when they first start. If there are any additional needs highlighted by the customer, the mentor or through supervision, we will give staff additional support.” Records confirmed senior staff observed staff practice in people’s homes and assessed staff performance to ensure care workers put their learning into practice. Care staff confirmed that supervision offered them an opportunity to request any further training they felt would enable them to meet people’s needs more effectively. One care worker told us, “I am asked if I feel I’ve had enough training and if I’d like to do any more.”

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. The registered manager told us there was no one using the service at the time of our inspection that lacked capacity to make decisions about how they lived their daily lives. We were told some people lacked capacity to make certain complex decisions, for example how they managed their finances, but they all had somebody who could support them to make these decisions in their best interest. We found there were no documented mental capacity assessments for these people, so their capacity to make decisions was not clear. We discussed this with the registered manager who agreed they would seek clarification on this issue and conduct assessments where necessary. They told us, “We are still learning about it. We take it on a case by case basis.” However, we found that

Is the service effective?

where people did not have capacity to make complex decisions, they had been made in their best interests. For example a best interest decision about future accommodation had been made for one person. The decision had been clearly recorded in their support plan and involved appropriate people including health professionals.

Care workers we spoke with said they had completed training in MCA and knew they could only provide care and support to people who had given their consent. One care worker told us how they gained consent from someone who was not able to communicate verbally. They said, "One person cannot speak, so I speak to them and explain what I'm doing. They'll nod their head or give a thumbs up if they agree and I wait for them to do that. There is a sheet with questions and answers in their house that we use, for example to ask if they are in pain."

Staff supported people with specialist dietary needs to maintain their health. For example, they offered support to

people with diabetes. A care worker told us, "Diabetics have to be careful of what they eat and how much sugar they have." They told us people's care plans for food and nutrition told them if there were any specific dietary requirements and that any allergies were highlighted. The records also informed staff of people's likes and dislikes so staff could prepare food that met people's personal choices and preferences.

Care workers said they helped people manage their health and well-being if this was part of their care plan. The registered manager told us, "We contact GPs daily if we need to. Carers raise their concerns and the office staff contact the relevant professionals, or they might ring the GP with the customer." Records confirmed the service involved other health professionals with people's care when required, including district nurses and occupational therapists (OT). The registered manager gave an example where they had referred one person to an OT to review their specialist equipment.

Is the service caring?

Our findings

People told us staff treated them with kindness. Two people told us, “I can’t fault them. The office staff would check on [name] when they were really poorly. They did the job because they really cared for [name] not because of the formal service agreement” and “They have a very good understanding of how to talk to [name]. They understand [name’s] needs and are very respectful. They are very good at caring, I don’t think they could be better.” 93% of 30 people who responded to our survey said they thought care and support workers always treated them with respect and dignity, (one person did not know and one person disagreed.)

Staff told us they liked working at the service and they enjoyed helping people to be independent and supporting people according to their individual needs. One member of staff told us, “I absolutely love it here.” Staff told us the registered manager and the provider gave them opportunities for personal development within the service and said senior staff were caring and this made them feel motivated in their role. A care worker told us, “They are a nice team, with a warm greeting, always interested in me and if everything’s going well. I can always ask for a meeting with the manager.”

People told us they had regular care workers who supported them. Two people told us, “We are very lucky and mostly have the same carer at different times. They are good, very caring and pleasant” and “We choose the time and a list comes through so we know who’s coming.” 93% of 27 people who responded to our survey told us they received care and support from familiar, consistent care and support workers, (two people disagreed.) A care worker told us, “I have regular people I see. They [senior staff] like carers to have a regular group of people, but we need to slot into gaps in the rota so we have experience of other customers.” The registered manager told us, “We plan

to provide as much consistency as possible. Each customer has an assigned supervisor. Their rotas are posted out every Thursday and they are informed separately of any changes.”

People told us they were supported to maintain their independence and the support they received was flexible to their needs. Care workers told us they had enough time allocated for calls to encourage people to do things for themselves where possible. One care worker gave an example of this, “If someone gets washed I ensure they do as much as possible for themselves. It’s not about taking over it’s about helping them to do things for themselves. For example putting things close for them to reach.” Another care worker gave an example of how one person’s spiritual needs were met. They told us, “One person is supported to go to church. Their calls times are arranged for this to happen. I always ask if they’ve been and if they enjoyed it.” Care plans were personalised and included details of how staff could encourage people to maintain their independence and support them to make decisions. There were detailed instructions on people’s care plans about how staff should support people in their daily routines.

People we spoke with confirmed they were involved in making decisions about their care and were able to ask carer workers for what they wanted. The registered manager told us, “We get people involved as much as possible. We put the person at the centre of everything we do. Information is gathered at the initial assessment. We listen to their preferences and choices. We are continually making them feel empowered. We treat people with dignity and respect.”

People we spoke with and who responded to our survey, told us care workers were kind and caring and treated them with dignity and respect. A care worker told us how they maintained people’s dignity whilst supporting them with personal care. They said, “I close curtains and make sure the doors are shut. I make sure people are comfortable with other people in the room, so they feel they’ve got their dignity.”

Is the service responsive?

Our findings

People told us they were happy with their care and support and that staff encouraged them to be independent. One person told us, “They (staff) know what we have and like.” One person commented in our survey, “They (staff) are very sensitive to the needs of the clients and have worked hard to help them regain their independence.”

People told us their support needs had been discussed and agreed with them when the service started and that their regular care workers knew their likes and preferences. Care workers told us they had regular clients so they got to know how people liked their care provided. Care workers we spoke with had good understanding of people’s care and support needs. For example one care worker told us one person used a catheter and explained catheter care and how this was recorded in their care plan. A care worker told us, “We have plenty of time to read care plans in people’s homes.” They said plans were up to date and reviewed regularly, so they continued to have the required information to meet people’s needs. The registered manager told us, “If there’s a change in someone’s care needs, that sparks a review automatically. We speak with people at their reviews about their opinions and this is fed back into their care plans. People are supported to have plans that reflect their preferences.” We saw evidence of this on people’s records.

People’s likes, dislikes and preferences for care were clearly defined in their care plans. People had shared information about what was important to them. Staff told us they read people’s care plans so they knew what people’s preferences were and to ensure they supported people in the way they preferred. One member of staff told us, “I check the care plan before I do any work.”

Staff supported people to make choices. One care worker told us, “I never tell people what to have. For example I ask what they’d like to drink. People are able to change their minds about things. If I’ve started making something, I will make something else.” One person who used the service told us, “There’s choice all time, for example they say, ‘Would you rather have shepherd’s pie or quiche and what would you like to drink?’”

Records showed people were asked about their beliefs and cultural backgrounds as part of their care planning. People were encouraged to maintain their religious beliefs and were supported to attend religious services.

People’s plans were updated when their needs changed. For example, during our inspection we saw care workers reported their concerns to staff in the office, about one person and their change of need due to illness. We saw appropriate action was taken to meet the person’s change in need and found the person’s care plans had been updated to reflect the new information.

Communication between staff allowed them to share information and ensured people received care which met their needs. Staff told us information was shared in different ways, including using the service’s electronic staff plan and phone messaging system. One care worker told us, “The office keeps you very well informed. For example if a customer becomes ill and goes into hospital, I will get a message to say they are in hospital and not to attend their call.” Another care worker told us, “I like the text message service. Staff are friendly and know about things and pass information onto each other. Things get shared, everyone knows about it and are on-board.” The registered manager told us, “We had a customer whose needs increased greatly. Staff were brilliant they stepped in and made sure the person had what they needed. We have a very good staff team, they respond really quickly.” One care worker told us, “We have to make a detailed record of our visit every time. This is important to notice changes that happen to people. We use the visit record to keep continuity going with other carers.” A senior member of staff told us, “Carers are very good at ringing the office with their concerns and then we can act on them.”

People and their relatives said they would raise any concerns with the managers in the office. 79% of 28 people who responded to our survey told us their care and support workers responded well to any complaints or concerns they raised, (four people did not know and one person disagreed). One person told us, “If we had any complaints, we would tell the person first and then the office.” The registered manager told us, “If there was an issue we would work with the person to make it better.” Care workers knew how to support people if they wanted to complain. There was a written complaints policy, which was contained in the customer guide which each person had in their home. Complaints were investigated and responded to in a timely

Is the service responsive?

way. During our inspection we saw verbal comments from people were recorded by staff. For example, the provider told one person during a phone call, "I appreciate your comments and will feed them back to staff." Compliments about the service had been recorded, for example from

family members. The registered manager told us, "If we get a compliment about a carer we share it with them. It can be quite isolating working on your own, so we like to make sure they hear about those things."

Is the service well-led?

Our findings

Everyone we spoke with told us that people were satisfied with the quality of the service. One person told us, “They are trustworthy, reliable and kind.” Comments received in our survey included, “I feel thorough confidence in being cared for by this company. It was a lucky day when I chose Bluebird Care to provide my care”, “They have been exceptionally helpful and always willing to talk about any problems” and “This is an open easy to speak to operation that does respond very well.” 93% of 28 people who responded to our survey felt they were asked for their opinions about the service, (two people disagreed.)

Care workers told us they felt well supported by the registered manager and senior staff in the office. Senior staff understood their roles and responsibilities and what was expected of them. Care workers knew who to report concerns to and were aware of the provider’s whistle blowing procedure and were confident about reporting any concerns or poor practice to the managers. Care workers we spoke with were complimentary about the registered manager and senior staff in the office and about the support and guidance they offered. A care workers told us, “The manager is approachable. I feel really supported.” The registered manager told us, “We try to be really open and honest with staff. I think I’ve got a really good staff group.”

Care workers said they enjoyed working for the agency and that it was managed well. One care worker told us, “I love it here. It’s a new lease of life for me.” Care workers received regular supervision meetings to make sure they understood their role and spot checks to make sure they put this into practice safely. One care worker told us, “I’m really pleased with my experience so far. I’ve had all my supervisions and spot checks and they are really supportive. I know things get sorted. I like that they give me constructive criticism about things. I know I can better myself and I know they’ll be honest with me.” The registered manager told us, “Through supervision you can tell how someone feels about their job and identify issues they’ve come across and how you can best support them and get feedback about the service in general and if you can do better.”

Staff told us they felt listened to and could make suggestions for improvements within the service. One care worker told us, “I can make suggestions for improvements. I had regular meetings when I first started and the manager

was eager to get feedback about what I thought. I got a questionnaire from them through the post and could feedback. They always listen. We don’t have to wait long for an answer or advice.” They gave an example of a suggestion they made to improve one person’s care and how the office staff had acted quickly to make improvements for that person.

We saw there were regular staff meetings where staff were asked to contribute and raise issues to discuss. Ideas for staff development and new guidance and legislation were shared. The registered manager asked for feedback from staff. The registered manager had recently introduced weekly meetings for senior staff. Senior staff were positive about the new meetings and told us, “I find Monday morning meetings great, we discuss everything and then everyone’s up to speed. It is a good way of sharing information.” Staff confirmed there was good communication between staff members and they were motivated to improve the service.

The manager was aware of their responsibilities as a registered manager and had provided us with notifications about important events and incidents that occurred at the home. They notified other relevant professionals about issues where appropriate, such as the local authority. They had completed the provider information return (PIR) which is required by law. We found the information in the PIR was an accurate assessment of how the service operated. The registered manager was aware of the achievements and the challenges which faced the service. They told us about several new initiatives they had recently implemented. For example a new career pathway to give carer workers incentives and encourage them to upskill themselves. This followed feedback they received at supervision sessions. They told us, “We brought it in to show staff they are valued and give them something to work towards and this has benefits for the customers too.” The registered manager explained they had also introduced a new staff award called, ‘Going the extra mile’, to help recognise staff’s contributions to the service.

Records showed people were encouraged to provide feedback about the service through spot checks, senior staff visits, telephone calls, care plan reviews and satisfaction surveys. One person told us, “We have done a survey and they [senior staff] came out when the service started.” We saw the most recent questionnaires had been sent to people in July 2015, asking for their opinions of the

Is the service well-led?

service. A survey had also been issued to staff asking for their opinion on the service. The registered manager explained they analysed the responses and had taken steps to address an issue they had identified from the staff survey. They explained staff felt there was insufficient time between calls to allow for travel. The registered manager told us they liaised with the care coordinator to amend the rotas, which improved working practices. The provider published a summary of the survey responses in their customer guide, which was made available to people.

The registered manager used a range of quality checks to make sure the service was meeting people's needs. This included monthly checks of visit records, equipment checks and medicine records, to make sure people received their medicines as prescribed and care was

delivered as outlined in their care plans. The registered manager told us, "Records are checked when they come in to the office to make sure they are clear and staff practices are good."

People told us and records showed that the information people received from the agency was clear and easy to understand, for example their call rota. People received a welcome pack which included a copy of the service's annual customer quality survey results, information about staff including photos, complaint information and other guidance including what to expect when joining the service for example about the initial visit and assessment procedure. Important information and phone numbers were also located on people's care plans.