

Esha Home Help Ltd

Bluebird Care (Leicester)

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 on 14 April 2016 and was announced. We gave the provider 48 hours' notice of our visit because the location provides a domiciliary care service and we needed to make sure that there would be someone at the office at the time of our visit.

Bluebird Care is registered to provide personal care. The registered location is situated in Leicester and provides care to people who live in their own homes in and around Leicester. The service caters for older people and younger adults with needs relating to dementia, learning disabilities or autistic spectrum disorders, physical disabilities, and sensory impairment. There were 33 people using this service at the time of our inspection.

At the time of our inspection the service did not have 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. The previous registered manager de-registered in January 2016. A manager was in post and was in the process of applying to the Care Quality Commission for registration.

People using the service and relatives said they thought the service provided safe care and that staff were good at managing risk. We looked at individual examples of how risk was managed. We saw that staff had the information and training they needed to keep people safe.

There were enough staff employed by the service to support people safely. For example, if people needed two staff to support them safely they were provided. Staff were safely recruited to help ensure they were suitable to work with the people using the service.

People told us they thought the staff were well-trained. The staff we spoke with were knowledgeable about the people they supported and how best to meet their needs. Training records showed that staff had completed a wide range of courses to give them the skills and knowledge they needed to support people effectively.

People were supported to choose the food they liked. Staff knew what people's favourite foods were and how they liked them served and this information was available in their care plans. If people were on particular diets or had any allergies staff were made aware of these.

Staff supported people to maintain good health and access healthcare service when they needed to. Staff gave us examples of how they monitored people's well-being and told us what they would do if they had concerns. This included liaising with healthcare professionals and accompanying people to GP appointments where appropriate.

People using the service and relatives told us that having mostly the same staff made the service more caring for them. They said this 'continuity of care' helped staff develop positive caring relationships with the people using the service. Staff got to know people by taking an interest in their lives, hobbies and interests.

People told us that staff actively involved them in making decisions about their care and support. They said that staff always treated them with respect and dignity and documented people's care and support needs in a respectful manner.

People's preferences as to how they wanted their care and support provided were recorded in their care plans. This meant staff had the information they needed to ensure people received personalised care in line with their wishes. Care plans were reviewed regularly and updated so staff were aware of people's changing needs.

People said they knew how to make a complaint if they needed to. The provider's complaints policy was in the service user guide and told people what to do if they wanted to complain.

People using the service, relatives and staff told us they would recommend the service to others. They told us the provider and manager listened to them and made changes where necessary to improve the service.

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 told us they felt safe using the service and comfortable with the care workers.

Staff knew how to recognise and respond to abuse and what to do if they had concerns about the well-being of any of the people they supported.

Risk assessments were in place to ensure staff had the information they needed to keep people safe.

Medicines were safely managed and administered.

Is the service effective?

Good 

The service was effective.

Staff had the training they needed to provide effective care and support.

Staff used the principles of the Mental Capacity Act 2005 Code of Practice when assessing people's ability to make decisions.

People who were assisted with their nutrition were satisfied with how their meals were prepared and served.

Staff understood people's health care needs and knew when to request medical assistance for the people they supported.

Is the service caring?

Good 

The service was caring.

People told us the staff were caring and kind.

People were actively involved in making decisions about their care, treatment and support.

Staff treated people with dignity and respect and protected their privacy.

Is the service responsive?

Good ●

The service was responsive.

Staff provided personalised care and support that met people's needs.

People knew how to make complaints if they needed to and staff responded appropriately.

Is the service well-led?

Good ●

The service was well-led.

People were satisfied with how the service was managed.

People's views were sought using a range of methods, including surveys and reviews, to check they were getting the quality and type of care they wanted.

The provider had a system in place to assess, monitor and improve the quality and safety of the service.

Bluebird Care (Leicester)

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 on 14 April 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure someone was available at the office.

The inspection team consisted of 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. Our expert-by-experience for this inspection had expertise in services for people receiving personal care at home.

Before our inspection we reviewed all the information we held about the service. This included notifications which contain details of events and incidents which the provider is required to notify us about by law. We also looked at information provided through the 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 spoke with two people using the service and four relatives and asked them about their experiences. We also spoke with the provider, the manager, the care co-ordinator, and three care workers.

We looked at records relating to all aspects of the service including care, staffing and quality assurance. We also looked in detail at the care records of four people using the service.

Is the service safe?

Our findings

People said they thought the service provided safe care. One person using the service told us they felt safe with the staff. Relatives said they thought their family members were safe. Three relatives said their family members would be able to let them know if they didn't feel safe and they would report their concerns to the manager or provider so they could be investigated.

Staff understood their responsibilities to safeguard the people using the service. All the staff we spoke with knew to report concerns about people's well-being to their management. They also knew how to escalate concerns to outside agencies if they needed to. One staff member explained, "I'd ring my manager and report my concerns [and] if nothing happened, I'd get on to social services ... or the police ... or the Care Quality Commission."

Records showed that staff were trained in safeguarding as part of their induction when they began working for the service. Staff confirmed this. However one staff member said their safeguarding training had been two years ago and they hadn't had an update since. We reported this to the manager who said he was a certified safeguarding trainer and would ensure staff who needed it had refresher training.

One person using the service said risk was well-managed by the staff. They told us staff assisted them to position themselves and move about their property safely using moving and handling equipment where necessary. They said, "[The staff] are very conscious not to leave me uncomfortable [...] they always check I'm okay."

Relatives were also satisfied with the way risk was managed. One relative said, "It's hoists, slings, everything [and the carers] are very good with it all." A staff member told us staff always took their time when providing care and support and this helped to ensure people remained safe.

Records showed that if people were at risk staff had the information they needed to keep them safe. The risk assessments we saw were detailed and included plans to reduce the likelihood of harm. They covered environmental risks, risks relating to the use of equipment, and risks to people's health and social care. Risk assessments were updated when care plans were reviewed or when a person's needs changed.

We looked at individual examples of how risk was managed. We saw that one person using the service had swallowing difficulties. Their care plan and risk assessment acknowledged this and instructed staff to put 'thickeners' in their drinks to make them easier to swallow. Staff were also told the first aid procedures to carry out if the person did choke.

Another person was at risk with regard to the integrity of their skin. Staff were told to look out for any changes and report them to the district nurse. These were examples of risk being safely managed and information staff being provided with information to help them to minimise risk.

People told us there were enough staff employed by the service to support them safely. One person said,

"There are always the two carers I need." A relative said, "So far, we've not had any problems." They said that if a staff member was unavailable for any reason, "Bluebird do arrange for another one straight away."

Records showed that the number of staff people needed for each visit was decided prior to their care commencing. So, for example, if people needed two staff to support them safely they were provided. This helped to ensure that people using the service and staff remained safe.

The service followed a recruitment procedure to check that the staff employed were suitable to work with the people using the service. The two recruitment files we sampled showed a thorough process being followed to determine the applicants' suitability. This included references, criminal records checks, health checks, and an interview.

People told us staff administered medication safely. One person said '[the staff] are quite meticulous about it, they know exactly what I have and when'. They said staff kept a full record of their medicines which were always given on time.

Records showed staff were trained in medicines administration and regularly assessed to help ensure they supported people with their medicines safely, and in line with the provider's policies and procedures.

Care records included instructions about medicines for staff to follow, for example, where they were kept, how people liked to take them, and what records needed to be completed when they had done this. Information on the side effects of certain medicines was also made available to staff so they could monitor the people taking them to help ensure they weren't suffering any adverse effects. The medicines records we saw showed that medicines had been administered appropriately and on time.

If people were prescribed medicines that were more complex to administer, for example eye drops, staff were trained and 'signed off' by a district nurse to ensure they were competent to administer them. This was an example of medicines being safely administered.

Is the service effective?

Our findings

People told us they thought the staff were well-trained. One person said, "I know they go through quite a lot of training [...] news ones shadow the older carers. Bluebird makes sure they know what they're meant to be doing at all times." The person also said, "The staff know what I can and can't do and when I get tired they help more."

Relatives were also satisfied with the competency of the staff. One relative told us, "They must be [well-trained] as they're so good with [my family member] and know what they're doing." Another relative commented, "If they don't know something, they will ask. They seem to know very well [what to do], I never have to tell them."

The staff we spoke with were knowledgeable about the people they supported and how best to meet their needs. They told us they were satisfied with the training and support they received. One staff member said that when they were new and not confident about using a hoist 'the management were really good at helping and supporting me to learn'. Staff also told us their training was regularly updated and if the people they supported had specific needs they received extra training to ensure these could be met.

Training records showed that staff completed a comprehensive induction and shadowed experienced staff members before they started work for the service. This gave them the opportunity to get to know some of the people they would be supporting and learn about their care needs.

Further training included completing the Care Certificate, a nationally-recognised introductory qualification, and a range of other courses, for example, moving and handling, safeguarding, and infection control. Staff had regular supervision sessions and competency checks to help ensure their skills and knowledge were up to date. The combination of training and support helped to ensure staff had the training and support they needed to provide effective care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the 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 it is in their best interests and legally authorised under the MCA.

Records showed that staff at the service were working within the principles of the MCA. Staff were trained in this legislation during their induction to raise their awareness about the issues involved. Care plans had been updated to include mental capacity assessments and to emphasise the importance of staff ensuring people consented to the care provided. The manager told us that if there were concerns about any of the people using the service being deprived of their liberty these would be reported to the local authority so action could be taken where necessary to protect and support the person concerned.

People were supported to choose the food they liked. One person said, "Every week we [the staff and I] talk through what meals I'll have. Then I just have to look up [at the menu board in the kitchen] and I can see what meal I'll have each day." This was an example of a person being involved in deciding on their own menu.

When they began using the service people had nutritional assessments to identify the support they needed to enable them to have a balanced diet. Care plans set out their requirements and gave staff the information they needed to help ensure people's nutritional needs were met. For example, if people were on particular diets or had any allergies staff were made aware of these.

People's favourite foods and how they liked them served were also recorded. For example one person's care plan stated, 'I like to have a slice of toast cut into croutons with my soup.' This was an example of staff being giving detailed information about a person's preferences so they could support them in the way the person wanted.

Staff supported people to maintain good health and access healthcare service when they needed to. One relative said, "'Yes. If [my family member has a particular health issue] the staff report it to me, [take appropriate action] and give me a progress report. I can't ask for more."

The staff we spoke with gave us examples of how they monitored people's well-being and told us what they would do if they had concerns. This included liaising with healthcare professionals and accompanying people to GP appointments where appropriate.

Records showed people's health care needs were assessed when they began using the service. Staff were made aware of these in plans of care and had clear instructions on what to do if a person's medical condition changed or deteriorated in any way. This meant they could support people to be healthy and alert health care professionals if they had any concerns

If people had particular health conditions information about these was included in their care plans. This helped to ensure staff were knowledgeable about all the needs of the people they were supporting. One person using the service told us the staff were 'familiar with [medical condition]' and understood how it impacted on their life. This was an example of staff understanding the medical needs of a person they supported.

Is the service caring?

Our findings

One person told us the staff were 'definitely' caring. One relative said, "Yes they are caring – I can't fault them on that." Other relatives commented: "They're all very caring"; and, "They [the staff] chat to [my family member] while they do things, general talk like 'What did you do at the weekend?' They make him laugh ... they have a good laugh in fact."

People using the service and relatives told us that having the same staff made the service more caring for them. One person said, "I've had pretty much the same people all along. The only change is when a new carer comes." They explained that when this happened the new staff member shadowed the regular ones, "So when they start doing it full-time, they're familiar with me and me with them. It's good for me and it's good for them. It's good to be introduced to a new person."

Relatives also told us continuity of care helped staff develop positive caring relationships developed with people using the service. One relative said, "The carers are pretty consistent ... [my family member] wouldn't like it if they weren't." Another relative said, "I think this [continuity of care] makes a big difference to my [family member]. He has regular carers ... he wouldn't like changes."

The provider told us staff turnaround at the service was low and two thirds of the 18 care staff employed had been with the service for two years or more. He said that in his view having a stable workforce had a positive impact on the people using the service and relatives as they were able to get to know the staff coming into their homes.

Staff told us about the different ways they got to know the people they supported and how they built relationships with them. One staff member said, "The best thing is chatting ... I'm good at getting us talking together." They added, "Generally keeping someone company is very important. For those with dementia having a face to connect to made a big difference to that person." Another staff member told us that good eye contact and finding common areas of interest helped them to communicate with the people they supported.

People using the service and relatives gave us example of staff being caring. One person said the staff were flexible and did extra tasks when they asked them to. They said, "When they have to wait for something to cook for example, they vacuum or load the washing machine or put my washing out. It's so helpful." One relative told us staff encouraged their family member to be independent and gave them positive feedback which increased their family member's well-being. Another relative said staff used a particular endearment when they spoke with their family member. They said they thought this was kind and caring as it made their family member feel valued.

Staff gave us examples of how they used a caring approach when supporting the people who used the service. One staff member said, "I always have a smile and I'm warm. I sit with [the person I support] when I have time just to talk. I enjoy a chat with them and they need it and like it too." Another staff member told us they and a colleagues sometimes bought fish and chips and shared them with a person they supported. She

said: "We get some for [the person using the service too] and chat over lunch."

Care plans included personalised information about people's likes, dislikes, hobbies and interests which helped staff to get to know them. This included people's family histories, life stories, and the things they enjoyed for example 'likes to knit' and 'I like to watch the Indian soaps on the TV'. This gave staff ideas for conversation they could have with the people they supported.

People told us they were actively involved in making decisions about their care and support. One person said that at their first meeting with their Bluebird care manager (the staff member who oversees their care), "She asked what my care requirements are and from that formulated a care plan."

Relatives said staff talked with their family members while they supported them and explained what they were doing. For example one relative told us, "They talk to him all the time ... they tell him what they're going to do so he knows." Another relative said, "They're very good with [my family member]. They always explain what they're going to do even though he can't communicate back." Relatives also told us that both they and their family members were consulted when care plans were written and reviewed and their views included.

People told us the staff always treated them with respect and dignity. One person said, "They're always very respectful of my privacy. When the carers do any personal care they close the curtains so no-one can look in." The added that the staff were, "Very aware of my privacy and because of that they maintain my dignity. I don't ask for it, they just do it."

One relative said of the staff 'they always greet me and [my family member]' which they felt was respectful. Another relative told us how staff were careful to cover their family member up when providing personal care both to protect their privacy and keep them warm.

Staff were trained to protect people's privacy and dignity and those we spoke with understood the importance of this. Records showed that staff documented people's care and support in a respectful manner which was another example of them providing dignified care.

Is the service responsive?

Our findings

People's preferences as to how they wanted their care given were made clear to staff in care plans. Examples of this included: 'please offer me reassurance and talk to me whilst carrying out [a particular] task'; 'if it is cold I like to have the portable heater switched on for a while whilst I am waking up'; 'I like to be dressed in several layers of woolly clothing'; and 'I like the wall light left on, the switch is near the door'. These details helped to ensure that people were provided with personalised care in line with their wishes.

Staff told us they always read care plans before they began supporting a person. One staff member said, "I look at the care plan every time and speak to the family if they're available." They also told us they were flexible in the way they provided support to the people using the service. They said, "I check if anything's wrong or if there's anything we can do to make someone more comfortable, and I always make sure they've got everything they need."

Another staff member said, "We follow the care plan but we also ask people what they want because sometimes there's little changes that we need to take into account. If it was a big change I'd report it to the office and we'd get the care plan re-written." And a further staff member told us, "Every time, I check the care plan because often there are changes." They added that when there were significant changes the office sent staff a text to let them know. These were examples of staff following care plans to help ensure they provided responsive care.

People using the service, relatives and staff said calls were mostly on time. One person told us that staff recorded the times they arrived and left on visit sheets so they could check these if they wanted to. They said that if staff were ever late due to 'inevitable traffic delays' the office staff phoned them to let them know. A relative said, "All the carers arrive and leave on time. This isn't a problem for us." Another relative told us there had been a few occasions when staff had been late. They said they had raised this with Bluebird and staff had told them 'they'll do their best to sort it'.

The service had a computerised system in place to produce a rota and estimate staff travel times. The provider and manager told us they monitored staff timekeeping on a monthly basis so they had an overview of the timeliness of calls. Records showed these were within acceptable limits and had improved since the service took on extra staff.

All the people using the service and relatives we spoke with said they knew how to make a complaint if they needed to. One person told us that although they'd never had to make a complaint they knew how to. They said staff always asked them at their review meetings if they had any concerns and if anything came up at another time they would ring the staff at the office.

One relative told us the provider's complaints policy, which was in their service user guide, explained what to do if they wanted to complain. However they said, "So far I've always managed to speak to the manager. And if [my family member] isn't happy, she'll tell the carers, she's direct." Other relatives said they would always speak out if they had a concern either to the manager or a member of the care staff team.

Staff told us they would support people using the service if they wanted to make a complaint. One staff member said, "I'd ask if they minded telling me about their concerns. I'd then pass it onto the office as well and explain to the person what I was doing. Or, depending on what they wanted, I'd tell them to phone the office and talk to a supervisor." Another staff member told us that everyone using the service had been given a copy of the service's complaints procedure and staff would help them to do use this if they wanted to. Records showed that if a complaint was received the provider dealt with it appropriately.

The provider's complaints procedure needed amending to clarify the role of the local authority in complaints investigations. We brought this to the attention of the provider and manager and they said this would be done as a matter of priority.

Is the service well-led?

Our findings

People told us they were satisfied with the quality of the service. One person said they would 'definitely and without hesitation' recommend it to others. Relatives also said they would recommend the service. One relative said, "It's an excellent service the carers are all, without exception, kind, conscientious, friendly and know what they're doing."

One staff member said they had already recommended the service to a friend's family, "Because all the carers are good and the care is good. I think we're a good company to have in." Another staff member commented, "They're a decent care company. The fact we've had customers stay for such long periods shows this."

People told us they were involved them in how the service was run. One person said, "At every review they ask if I've got any suggestions to improve the company. I've given suggestions of what goes on a care plan. They always listen and they always make the changes. They also make suggestions of what they can improve."

Relatives told us they were always asked for their views, and their family members' views, when staff were reviewing people's care. One relative said, "They ask for feedback when they do the review of [my family member's] care plan. They ask me about everything." Another relative told us how staff involved their family member in reviews by getting them to point to a 'smiley face' symbol if they were satisfied with certain aspects of their care. This helped to ensure the family member's views were heard too.

The manager told us he carried out regular care reviews, either in person or by telephone, depending on what people wanted. He said this approach helped to keep the lines of communication open between staff and the people using the service and their relatives. Records of recorded people's continual satisfaction with the care and support provided.

The provider carried out annual surveys to get the views of the people using the service and their relatives. The results of the latest (2015) survey showed a high level of satisfaction with all aspects of the service. In particular, 100% of the respondents thought the staff were polite and treated people respectfully.

We also looked at the results of the latest (2016) staff survey. The majority of responses were positive with staff saying the service communicated well with them, teamwork, on-call response, training, and job security were all good. One staff member commented, 'All the customers are a pleasure to work with and I feel I make a difference to their lives.'

Staff told us they were well-supported by the provider and manager. They described the spot-checks, supervision sessions and appraisals they had and said they found these helpful. One staff member told us, "Bluebird holds meetings for us to talk about how we're doing and does spot checks every month to make sure we're doing what we should be." They added that the provider and manager always gave feedback which they found helpful.

Staff made other positive comments about the service and management including: 'they are very good at communicating'; 'if I have any problem they listen'; 'they take us out for a meal, as colleagues, every couple of months'; and 'the managers are here all the time and deal with any problems'.

The service was relatively small and the provider, manager and care co-ordinator knew all the people using it and their relatives. The provider said his business model was to keep the service like this to help ensure he was could monitor every aspect of it and deal with any problems straight away. He said the service's parent company carried out annual audits and at the last one, in 2015, they identified that improvements were needed to the service's paperwork. The provider said these had been actioned and the parent company's representative would be coming back to check this.

Staff told us the provider was approachable and easy to get in contact with. One staff member said, "He is enthusiastic – there are not many like him - he really cares about staff and customers. He's here [at the service] every day and when he's not here you can get him on the phone." Another staff member told us, "[The provider] is brilliant on support. He is always there for us. He has an open door policy for all staff and any problems are dealt with straight away."

The provider had a system in place to assess, monitor and improve the quality and safety of the service. This consisted of a schedule of audits, surveys, staff supervisions and meetings. This helped to ensure that the both the provider and manager had an overview of how well the service was running.