

My Home Choice (Essex) Limited

Bluebird Care Braintree and Uttlesford

Inspection report

Century House
12 Freeport Office Village, Century Drive
Braintree
CM77 8YG

Tel: 01376314090
Website: www.bluebirdcare.co.uk/braintree-uttlesford/home

Date of inspection visit:
31 October 2023

Date of publication:
15 December 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Bluebird Care Braintree and Uttlesford is a domiciliary care agency. The service was providing personal care for 19 people at the time of this inspection.

People's experience of using this service and what we found

Right Support:

People received support from consistent care workers who knew them well and understood how they liked to be supported. People's needs were assessed, and care and support plans were developed with them, and their relatives where appropriate.

Care records were reviewed and updated regularly. People's medicines were managed safely and staff were appropriately trained, supervised and recruited.

People and their relatives were comfortable that safe infection control measures were taken including care workers wearing personal protective equipment (PPE) and following infection control procedures to reduce the risks of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:

People and their relatives, where appropriate, were involved in planning and reviewing their care and support needs. People and their relatives said care workers were kind and caring towards them. Care workers used a range of communication techniques to help ensure people could be involved in decisions about their life.

Right Culture:

The registered manager's systems for the oversight of the service were well embedded. This helped to ensure people received consistent safe care and support. Staff were proud to work for Bluebird Care Braintree & Uttlesford and people and relatives said they would recommend the service to others.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 25 November 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

Bluebird Care Braintree and Uttlesford

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

This inspection was undertaken by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 31 October 2023 and ended on 15 November 2023.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We received feedback from 4 people who used the service and 3 relatives about their experience of the care provided. We also had contact with 5 staff including care workers and the registered manager. We reviewed a range of records including care plans, recruitment records and a variety of other records relating to the management and governance of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider operated effective systems to help protect people from the risk of harm or abuse. Care workers received appropriate training and were clear about how they would report any concerns both internally to the provider and externally to the local authority safeguarding team.
- The registered manager understood their responsibilities to safeguard people from abuse and demonstrated a clear knowledge and understanding of the safeguarding processes.
- People, external professionals and relatives said care workers provided safe care for people.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health, safety and well-being were assessed and a care plan was developed to help remove or reduce any risks where possible. Risk assessments had been developed for areas such as choking, infection control, using a shower, using an electric lift, people's mobility, seizures, accessing the community for social inclusion and risks associated with people's medicines. The risk assessments undertaken enabled care workers to effectively promote people's safety.
- The management team helped ensure people received support in the event of an emergency. The management team provided a 24 hour on-call service and provided emergency cover themselves if needed for care worker sickness or other such events.
- Care workers said they were supported to provide care that was safe. A care worker told us, "I can contact my [registered] manager by email, telephone, and office phone if I have any concerns. I feel that I am listened to and taken seriously."
- The provider took appropriate actions in response to any concerns raised or identified and learning was shared with the whole team.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

- People and relatives told us care workers always asked for consent when supporting people.
- Care workers received training in the Mental Capacity Act and had a good understanding of how to put this in to practice.

Staffing and recruitment

- People's relatives felt there were enough care workers available to meet people's care needs and support was delivered within agreed timeframes.
- The provider operated robust recruitment procedures; appropriate checks were undertaken to help ensure applicants were suitable to work at the service. This included taking up references and identification and checks with the Disclosure and Barring Service (DBS). These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Newly appointed care workers were personally introduced to people who used the service during shadow shifts. This meant people always knew the care worker coming into their home.

Using medicines safely

- Care workers received training to support them to administer people's medicines safely. The management team undertook competency assessments once staff had completed their training to help ensure safe practice.
- Care workers supported some people with administering their medicines and just prompted others to take theirs as needed. Relatives told us they had no concerns in relation to medicine administration because care workers administered people's medicines safely and conscientiously.

Preventing and controlling infection

- People were protected from the risk of infection because care workers had been trained in infection control and followed current infection prevention and control guidance. People said care workers wore aprons and gloves during personal care.
- Care workers were supplied with personal protective equipment (PPE) to help prevent the spread of infections and were clear on their responsibilities with regards to infection prevention and control. The provider held plentiful stocks of all PPE.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had a good understanding of their responsibilities towards the people they supported and demonstrated a passion for delivering person-centred care.
- People and relatives said they found the registered manager and management team helpful, caring and organised. One relative told us, "We consider the management of Bluebird Care to be more than efficient. If [person's] timetable changes for any reason during the week someone from the office will contact me to advise of the change and ask if this is OK."
- The service delivered good outcomes for people. For example, a relative told us, "All the care workers are well trained and knowledgeable of [person's] needs. [Person] recently had some new equipment delivered and Bluebird Care carried out a risk assessment before allowing the care workers to use it. All the care workers now use this with [person] and are always encouraging them with it."
- The registered manager had created an open, inclusive and supportive environment which enabled care workers to be more confident, to feel valued and respected and to thrive and learn. A care worker said, "Bluebird Care Braintree & Uttlesford enables and supports us to achieve the best for the customer."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider demonstrated a clear understanding about the duty of candour and encouraged the care team to be open and honest in their feedback. The management team and care workers understood their roles and respected the impact their roles had for people.
- The registered manager had systems in place to routinely assess the quality of the care provided as part of their daily work. For example, a care worker told us, "Our practice is checked by spot checks and observations. The spot checks can be related to specific topics including medication and safe moving and handling."
- There was a range of checks and audits undertaken to monitor the quality and safety of the service and to help drive forward improvements. These included regular care plan reviews, health and safety checks, audits of medicines administration and people's daily notes and comments and feedback.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives gave positive feedback about the service and how it operated. One person

commented, "I wish I had been given Bluebird Care when I first came home from hospital and I would highly recommend them."

- Care worker feedback was sought via regular scheduled face-to-face meetings and supervision with the management team. Care workers were positive about working with the service. A care worker said, "I would recommend Bluebird Care Braintree & Uttlesford as it is a good place to work with the best care workers who give people the best care they can and we are supported by a good team in the office who provide us with everything we need to give the best care for the people we support."
- Regular feedback about the quality of the service provided was gathered from people and their relatives. The satisfaction scores were high and people's comments were positive.

Continuous learning and improving care; Working in partnership with others

- Learning was taken from incidents to improve people's experience of care. People and their relatives told us they were confident care workers and management would always do the right thing. A relative told us, "We have never had to raise a complaint and any minor concerns are brought to the [registered] manager's attention and are dealt with swiftly and a response is received in a timely manner."
- The management team often worked with other professionals to plan person-centred care and support and to achieve good outcomes for people. For example, social working teams, community nurses and occupational therapists.