V&J Billington Limited

Bluebird Care (Wiltshire South)

Inspection report

69-73 Castle Street
Salisbury
Wiltshire
SP1 3SP

Tel: 01722568930
Website: www.bluebirdcare.co.uk

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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

Bluebird Care (Wiltshire South) provides a care at home service for adults in Salisbury, Amesbury and the surrounding area. At the time of our inspection 47 people were receiving personal care from the service. The service was registered in March 2016 and this is the first inspection.

This inspection took place on 25 October 2017. This was an announced inspection which meant the provider knew two days before we would be visiting. This was because the location provides a home care service. We wanted to make sure the manager, or someone who could act on their behalf, would be available to support our inspection.

A registered manager was not in post at the service. 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 and associated Regulations about how the service is run. The previous registered manager left their post at the service in April 2017. A new manager was in post and had submitted an application to be registered with the Care Quality Commission. The provider had a condition of registration that a registered manager must be in post at Bluebird Care (Wiltshire South). We will monitor this to ensure the service does not continue to operate without a registered manager.

People who use the service and their relatives were positive about the care they received and praised the quality of the staff and management. Comments from people included, "They know my needs and will anticipate what I would like doing", "The carers always ask me what I would like doing" and "They're super. They always do what I want them to do. They have the right skills".

People told us they felt safe when receiving care and were involved in developing and reviewing their care plans. Systems were in place to protect people from abuse and harm and staff knew how to use them. Comments from people included, "I get details of who's coming out to me and they usually stick to that. I feel safe with the staff coming out to me from Bluebird" and "I feel safe with the carers they send round to us". The relative we spoke to also felt safe, commenting "We're confident with the care they provide and feel safe with them in our home".

Staff understood the needs of the people they were providing care for. Staff were appropriately trained and skilled. They received a thorough induction when they started working for the service and demonstrated a good understanding of their role and responsibilities. Staff had completed training to ensure the care and support provided to people was safe and effective to meet their needs. Comments from staff included, "It's a well managed service and they are very supportive. The good support [we receive] makes all the difference", "The management is very good and organised. They value us as staff and want to provide a good service to people" and "We receive good support and feel valued and cared for. It has the feel of a small family company, with the back up of a big brand".

The service was responsive to people's needs and wishes. People had regular meetings to provide feedback about their care and there was an effective complaints procedure. People and their relatives felt they could contact the office if needed and were confident they would receive help with their enquiry.

The provider regularly assessed and monitored the quality of the service provided. Feedback from people and their relatives was encouraged and was used to make improvements to 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 who use the service said they said they felt safe when receiving care.

There were sufficient staff to meet people's needs safely. People felt safe because staff treated them well and they had met staff before they received care from them.

Systems were in place to ensure people were protected from abuse. Risks people faced were assessed and action taken to manage the risks.

Is the service effective?

Good

The service was effective.

Staff had suitable skills and received training to ensure they could meet the needs of the people they cared for.

People's health needs were included in their care plans. Staff supported people to access health services where necessary.

Staff understood whether people were able to consent to their care and were aware of action they needed to take where people did not have capacity to consent.

Is the service caring?

Good

The service was caring.

People spoke positively about staff and the care they received.

Care was delivered in a way that took account of people's individual needs and in ways that maximised their independence.

Staff provided care in a way that maintained people's dignity and upheld their rights. People's privacy was protected and they were treated with respect.

Is the service responsive?

Good

The service was responsive.

People were supported to make their views known about their care and support. People were involved in planning and reviewing their care.

People were aware of the complaints procedures and action had been taken to investigate and respond to any concerns or complaints received.

Is the service well-led?

Good

The service was well led.

There was a strong leadership team who promoted the values of the service. There were clear reporting lines from the care staff through to senior management level.

Systems were in place to review incidents and audit performance, to help identify any themes, trends or lessons to be learned.

Quality assurance systems involved people who use the service, their representatives and staff. People's views were used to improve the quality of the service.

Bluebird Care (Wiltshire South)

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 25 October 2017 and was announced. Following the visit, we spoke with people who use the service and staff by phone before returning to the office on 2 November 2017 to provide feedback to the manager.

The inspection was completed by one inspector. Before the inspection, we reviewed all of the information we hold about the service, including notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider and sets out their assessment of the service provided and any improvements they intend to make.

As part of the inspection we spoke with four people who use the service, one relative, the manager, nominated individual for the provider company, the recruitment and marketing manager and five members of care staff. We looked at the records relating to care and decision making for six people. We also looked at records about the management of the service. We received feedback from a healthcare professional who has contact with the service.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe when care staff visited them. Comments from people included, "I get details of who's coming out to me and they usually stick to that. I feel safe with the staff coming out to me from Bluebird" and "I feel safe with the carers they send round to us". The relative we spoke to also felt safe, commenting "We're confident with the care they provide and feel safe with them in our home".

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding procedures to help them identify possible abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report possible abuse if they were concerned and were confident the manager would listen to them and take action to keep people safe. Staff were aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with.

Records demonstrated staff had identified concerns for people's safety and welfare and raised concerns. Information had been shared with the local authority safeguarding adults team where necessary. The service had worked with the safeguarding team to ensure there was clear information available about measures put in place to keep people safe.

There were arrangements in place to deal with emergencies. Staff confirmed there was an on call system in place which they had used when needed. This enabled staff to receive support and guidance from the management team if needed. Staff said this system worked well and they received the support they needed. People who used the service said they were able to contact staff in the office quickly if they needed to.

Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting them to maintain their freedom. People and their representatives had been involved in the process to assess and plan how risks would be managed. Staff demonstrated a good understanding of people's needs, and the actions they needed to take to keep people safe. Processes were in place to review risks following incidents and make changes to the way staff worked where necessary. Staff told us any updates to risk management plans were communicated to them quickly and they received good information where people's needs were changing.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people. We checked the records of two staff employed in the last year. These showed that staff were thoroughly checked before they started providing care to people.

Sufficient staff were available to support people. People told us staff generally arrived on time and they had met staff before they visited them to provide care. Staff said they felt there were sufficient staff to make the visits necessary and provide the care people needed. Staff said they usually had sufficient time allocated to them to travel between appointments. Where the schedule had not allowed sufficient travelling time, staff said this was amended for subsequent visits. The recruitment and marketing manager told us they were in the process of recruiting more staff and were looking at the balance of the team, to ensure they had a range of skills and experience. They said this gave them more options when trying to match the needs of people using the service with the skills of staff.

People who were assisted with medicines felt confident in the support they received from staff. People's care plans contained clear information when they needed support to take medicines. Staff kept a record of medicines they had supported people to take. Staff told us they had received medication training and were observed supporting people to ensure they were putting the training into practice. Training and supervision records we viewed confirmed this.

Good

Is the service effective?

Our findings

People and their relatives told us staff understood their needs and provided the care they needed. People felt the care was good and they had regular staff who they knew well and who knew them. Comments included, "They know my needs and will anticipate what I would like doing", "The carers always ask me what I would like doing" and "They're super. They always do what I want them to do. They have the right skills".

Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. Staff said they received good support and were also able to raise concerns outside of the formal supervision process at any time. They said the manager was accessible and made time to discuss any issues with them. The manager and management team also completed regular observations of staff practice. Staff did not know when this would happen and they were given feedback about the care they provided.

Staff said they received regular training to give them the skills and knowledge to meet people's needs. New staff completed an induction and there was an on-going training programme for all staff on meeting people's specific needs. Staff said the induction gave them the information they needed before providing care to people, with one staff member commenting, "The induction was suitable. I got to meet people before providing care alone".

Training was provided in a variety of formats, including on-line, classroom based and observations of practice. Where staff completed on-line training, they needed to pass an assessment to demonstrate their understanding of the course. The provider had recently bought a new training package and the manager said they were in the process of rolling this out to all staff. Staff told us the training they attended was useful and was relevant to their role in the service. In addition to the specific training courses, staff were supported to complete a national diploma in health and social care at either level two or three. The manager had a record of all the training staff had completed and a record of when refresher courses were due.

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. Care plans contained details about the support people needed to make decisions. Examples included, information about the way people communicated and the way staff could offer choices to people.

When people lack mental capacity to take particular decisions, any made on their behalf must be legally authorised under the MCA. The service had assessed one person to lack capacity to consent to their care and treatment. Decisions about the person's care had been taken following a process to establish what was in their best interest, involving the person, their relatives and other professionals involved in their care. The process followed the principles of the MCA.

Where people were assisted with meal preparation, they were supported to choose what staff prepared. People told us staff provided good support to prepare meals. Records showed the service had supported

people to discuss changes in their condition with relevant health professionals, such as the district nursing service or GP. Staff recorded observations for some people to enable health staff to monitor long term health conditions and plan their treatment.

The healthcare professional we received feedback from said the service worked well with health services to meet people's needs. They gave an example of working closely with the local hospice to ensure a person's needs were met. They said staff recognised the person's changing needs and made appropriate referrals to ensure additional support was provided.

Good

Is the service caring?

Our findings

People and their relatives told us they were treated well and staff were kind and caring. Comments included, "I'm very well cared for. I couldn't ask for more", "I'm happy with the care; it's going very well" and "I never have any problems. It's all very good". One relative told us, "It's excellent". When we asked why, they replied, "It's the staff. We have regular carers and they have established a good rapport with [my relative]".

Staff had recorded important information about people, for example, personal history and important relationships. People's preferences regarding their personal care were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided. In discussions with staff they demonstrated that they had created a strong relationship with people who used the service and spoke about them with warmth and affection. This information was used to ensure people received support in their preferred way.

The care plans demonstrated that people were involved in making decisions about the support they received. People said they had opportunities to express their views about the care and support they received and that changes happened as a result of their comments. Plans included information on how staff should promote people's independence. For example, one person's plan contained information on things staff should not do as they were not necessary and would restrict the person's independence.

People were supported to have regular review meetings with a member of the management team to discuss how their care was going and whether any changes were needed. Details of these reviews and any actions were recorded in people's care plans.

Information about people was written in a respectful manner. The manager told us they tried to make the service as person centred as possible. They said dignity and respect were regularly discussed in staff meetings. The manager said the management team set the tone by respectful discussion about people at all times. This was supported by the feedback we received from staff and our observations of staff interactions and telephone calls during the visit. The management team completed observation of staff practice, including an assessment of the way staff had treated people and maintained their privacy and dignity.

The healthcare professional who provided feedback to us said staff were polite and friendly and felt they provided a good service for people.

Good

Is the service responsive?

Our findings

People and their relatives told us the staff had enough time to meet their needs in the way they wanted them met. People knew who to contact if they were concerned about their call time, or if any changes were needed.

Staff told us the manager and senior staff discussed people's needs with them regularly, with prompt communication when people's needs changed. Staff said the service responded quickly to ensure people were receiving sufficient care. This included arranging additional visits when people were unwell or increasing the length of visits where people needed more care. Changes were made in consultation with people and their representatives.

Each person had a detailed care plan and records of the care staff had provided. People were aware of their care plan and said they and their relatives were involved in the development of it. People and their relatives felt the staff knew what was in the care plan and that the care records reflected the care that was provided. Care plans were individual to the person and people said their plan was reviewed regularly and changes were recorded and updated. One relative commented, "The care plans have good information and we were involved in developing them. The system works well and plans are updated quickly when things change".

Staff told us the electronic version of care plans was updated very quickly when people's needs changed. Staff accessed this information through a secure application on their phones. They gave examples of medicine plans being updated by the following visit when people were prescribed short courses of antibiotics or other changes to the support they needed. This helped to ensure staff always had up to date information about people's needs.

People said they were confident any concerns or complaints they raised would be responded to and action would be taken to address their issues. Staff were aware of the complaints procedure and how they would address any issues people raised in line it. People said they had no complaints about the service they received, however they knew who to contact if they did have a complaint. Comments included, "We don't have any complaints, but would speak to the manager or any of the office staff. They would resolve any problem. It's good to have a friendly person to call if needed", "I would speak to [the manager] or one of the girls in the office if I had a problem. They would help out" and "I know how to complain and I'm confident they would look into any concern. I haven't had to use it yet".

The service had a complaints procedure, which was provided to people when they started to use the service. A record was kept of any complaints received, and complainants were provided with a formal response, setting out what action the service would take. The manager also kept a record of more minor concerns that people had raised and the action the service had taken to resolve them.

Good

Is the service well-led?

Our findings

The service did not have a registered manager in post. The previous registered manager left their post at the service in April 2017. A new manager was in post and had submitted an application to be registered with the Care Quality Commission. The provider had a condition of registration that a registered manager must be in post at Bluebird Care (Wiltshire South). We will monitor this to ensure the service does not continue to operate without a registered manager.

The manager was available throughout the inspection. The nominated individual for the provider was also available, and supported the manager on a weekly basis. The manager and nominated individual had clear values about the way care and support should be provided and the service people should receive. These values were based on the Bluebird Care standards, which included respect for people, working well as a team, being honest and approachable and providing a flexible service to meet people's needs. The manager said they did not ask staff to do anything they were not prepared to do themselves. All of the office based management team undertook some care visits, which gave them an understanding of the challenges of the job and meant people using the service had regular contact with them. People told us they appreciated knowing the people who worked in the office, as they felt it made it easier to contact them to ask questions.

Staff valued the people they supported and were motivated to provide people with a high quality service. Comments from staff about working for Bluebird (Wiltshire South) included, "I love it. I wouldn't be anywhere else" and "It's really good. I enjoy working here". The manager said there was a career pathway available in the service, which enabled staff to progress to different jobs. They said this helped to encourage staff retention and make best use of the skills they had in the staff team.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure and most staff told us the manager gave them good support and direction. The service had systems in place to award a carer of the month, where staff were recognised for a specific contribution to the service. One member of staff had also been nominated for the national Bluebird Care carer of the year award. Comments from staff included, "It's a well managed service and they are very supportive. The good support [we receive] makes all the difference", "The management is very good and organised. They value us as staff and want to provide a good service to people" and "We receive good support and feel valued and cared for. It has the feel of a small family company, with the back up of a big brand". One member of staff was less positive about the management of the service due to recent changes, although they did say they enjoyed working at the service and said they had noticed recent improvements. The member of staff said they thought the management of the service had become more organised.

There was a quality assurance process which focused on the way care was being provided. This included spot checks completed by the management team to ensure staff were working in agreed ways, reviews of care records and meeting with people who used the service to receive feedback. Surveys were completed of people who used the service and their relatives. The manager had used the information to provide reports back to people about the feedback received and any actions that were being taken as a result.

The management systems included reviews of incidents and accidents to ensure action was taken to prevent a recurrence. There were systems in place to review incidents in the service and the manager was aware of their responsibility to submit notifications to CQC of certain events. Notifications had been submitted where appropriate. Information from the audits and reviews was used to develop a quality improvement plan. The manager said they received support through the franchise support centre for Bluebird Care and had access to a quality manager for support and guidance.

The management team had established links in the local community. The service was working with a local memory group to support people with dementia and provided a quarterly grant to local charities and groups. They also organised a charity coffee morning for people who use the service at a local community centre.