

Beechwood Homecare Limited

Bluebird Care (Carlisle and Dumfries)

Inspection Report

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Summary of findings

Overall summary

Bluebird Care is a domiciliary care agency providing personal care and/or domestic support to people living in their own homes.

At the time of our inspection the agency provided personal care and support for approximately 50 people receiving a mixture of personal care, domestic duties and personal shopping.

There was a registered manager in post who was supported by two care co-ordinators in the office and an operations manager from the parent company, Beachwood Homecare.

We found that all the people using this agency had been fully assessed before the service started. This assessment was completed prior to the service starting and ensured that the agency could provide the relevant care and support. The information from this assessment was used to formulate a plan of care that was personal to the individual.

The recruitment and selection process was robust with all new staff fully vetted before they were appointed to make certain only suitable people, who had not been barred from working with vulnerable adults, were employed to support people in their own homes. This meant that people were cared for by staff who had been thoroughly checked prior to starting work.

Staff training was up to date and staff were supported through face to face supervision meetings with their line manager. This ensured staff were fully aware of their roles and responsibilities when caring for elderly, vulnerable people.

There was an internal quality audit system in place and home visits were made by the senior staff to check on the quality of care provided. This system of audits or checks meant that the provider had a good understanding of what was good care and support.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People who were supported by Bluebird Care were kept safe from any form of abuse because the agency had appropriate policies and procedures in place. Staff were trained in adult protection and were aware of their role and responsibility to keep people safe.

During the induction programme, provided by an external training company, all staff received training in understanding The Mental Capacity Act 2005 MCA (2005) and what it meant for the people they supported. At the time of our visit all of the people who used this agency had family members to assist them to make any necessary decisions

Staff were introduced to people they would be supporting before they started work and worked alongside more experienced staff until they were sufficiently competent and confident to work alone.

Staff assisted people with their medication and updated the relevant documentation at the end of their visit. Referrals were made to district nurses and occupational therapists if this was necessary.

We found that there was a robust recruitment and selection procedure in place. This made sure that only suitable people were employed to provide care to people in their own homes.

All the people using this agency had an individualised plan of care that was updated every three months or more often to reflect any changing needs. Risk assessments were also completed covering every aspect of people's property. This ensured that people supported by the agency and the staff who worked there were protected at all times.

Are services effective?

Each person was fully assessed by the registered manager or care co-ordinator prior to the service starting.

Each assessment included all the activities of daily living and a risk assessment with regards to the environmental standards of the property.

Every person who received support from Bluebird Care had a support/care plan that outlined in detail the amount of support required. People were asked how and when they wanted their support to be delivered in order for the registered manager to ensure there were sufficient staff employed to provide the service and on the day they wanted.

Summary of findings

Care plans were reviewed every three months unless there was a change in the assessed needs. The care plan would then be reviewed and updated immediately. Review meetings included involvement from relatives if this was appropriate and in the person's best interests.

Systems were in place to support the staff team through supervision and training in order to ensure an effective service was provided at all times.

Staff worked well with external health and social care professionals to provide all round care.

Are services caring?

During our inspection we spoke to 21 people who used this service, one relative and four support workers. People told us they were happy with their care and the staff were wonderful. One person said, "I have no need to ring the office as they are all very attentive to my needs."

Relatives told us they were pleased with the care provided and it was a help to them knowing their relative was being well supported. They said, "I am very happy with the care Bluebird Care provide and I know I can contact the manager or girls in the office if I want to speak to anyone". We found that people's preferences, interests and diverse needs had been recorded in the care plans and support was provided in accordance with people's wishes.

Staff told us they were able to give good care because they had the time to do so. One member of staff said, "This agency gives us time to spend with the people so as well as helping them we get time for a chat".

Policies and procedures were in place to encourage staff's understanding of treating people with respect and human rights.

Are services responsive to people's needs?

During the first assessment visit people who had requested support from this agency were given and information booklet containing sufficient information to enable people to make an informed decision about using the service.

People and their relatives, if appropriate, were involved in deciding the level of care required and the time that was most suitable. Support staff were given detailed information about people who used the service before they started their visits and told us, "The information we get before we do our first visits tells us exactly what to do and when. I find this very helpful".

Summary of findings

Care plans were reviewed every three months or more often if necessary. This ensured any changes in people's assessed needs were recorded and the level of care updated as quickly as possible.

People were able to contact the agency when they needed extra assistance and we were told, "I usually go into the office once a month and if anything is bothering me I can always have a word. It seems to be running very well and I am very pleased."

Staff had completed training in the Mental capacity Act 2005 and understood the care of people who lack capacity to make decisions for themselves. Details regarding an advocacy service were available to people and/or their relatives.

People were told weekly in advance which support worker would be providing their support. The registered manager tried, wherever possible, to send the same team of carers to people.

The registered manager or one of the senior staff visited people in their own homes as part of the internal quality monitoring process. Annual survey questionnaires were sent to people who used the service and family members asking for their opinions and suggestions about any improvements to the provision of care.

The agency had a policy and procedure in place for dealing with concerns and complaints. We saw that any concerns were dealt with in accordance within the timescale set down in the policy.

Are services well-led?

This agency was registered with The Care Quality Commission (CQC) in May 2102 and the registered manager had been in post since the date of registration. All other conditions of registration were met.

We spent some time in the office talking to the registered manager and the two care co-ordinators about the operation of the service. We also spoke to people who used the service and staff who provided the care and support.

We found the agency had a full set of policies and procedures in place that were available for staff to read. Staff understood the need to keep people safe and told us they would not hesitate to report anything they thought was not right. One member of staff said, "I would not hesitate to report anything I was not happy about and I know the manager would soon put it right".

Staff were supported in their roles by regular one to one supervision and annual appraisals that gave opportunities to discuss their personal and professional development. There was a full staff induction programme provided by an external training company.

Summary of findings

Staff training was up to date and the registered manager provided a copy of the current training plan. Regular staff meetings gave opportunities for staff to discuss the running of the agency and make suggestions about improving the service.

There was an appropriate recruitment and selection process in place with all the required legal checks completed prior to staff starting work. Staff recruitment had been difficult in the past but there was now a full complement of staff in place. The manager said, "It can be difficult to get exactly the right person to provide the level of care I, as a manager, want to provide to the people who use this agency".

There was a process in place to monitor the quality of the service through home visits and questionnaire surveys. All risks were planned for and managed through the risk assessment process in order to keep people and staff safe at all times.

Summary of findings

What people who use the service and those that matter to them say

During this inspection we spoke to a total of 21 people who used this service, three relatives and five members of staff.

Comments were, on the whole, positive and people told us they were very appreciative of the staff that came to their homes. They said, “When my wife went into hospital I needed care. I rang the office and they were very responsive and provided care daily until she came out”, “I needed a handrail and told the office. Within three weeks the Red cross came and fitted one.” and “I think the Government should give them more recognition for a hard job and looking after me so well.”

Members of the staff team told us that Bluebird Care was a good place to work. Comments included, “I have

returned to work here and I am glad I have as I enjoyed it before and I still do”, I haven’t worked here very long but I am very happy” and “I had a good induction and I met my clients before I started properly so I knew what to do”.

We spent some time with the staff whose work was mainly office based although they provided cover for support staff during holidays or sickness. They told us, “The manager is very supportive and we all work well together as a team” and “We are allowed to make suggestions about the agency and the manager will listen and act on our suggestions, providing it is to the benefit of those who use the agency”.

During our visit we found there were an inclusive culture and a willingness from the staff to work together as a team.

Bluebird Care (Carlisle and Dumfries)

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 was meeting the regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

The inspection team consisted of one inspector who was supported on this inspection by an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

Bluebird Care is a domiciliary care agency which provides personal care and community support such as shopping and domestic duties to adults. The office for the agency is located near the centre of Carlisle and provides a service to people in Carlisle and the surrounding areas.

Before our inspection we reviewed the information we held about this service but were unable to speak to any social workers. We were able to speak to the local authority contracts manager and a member of the district nursing team. This agency provided a service for over approximately 50 older people who received a mixture of personal care and domestic duties.

We visited the service on 8 May 2014 and spent time with the registered manager and the two care co-ordinators.

We looked at care records including care plans, medication records, staff files, policies and procedures and staff training records. We spoke on the telephone to 21 of the people who received care, one relative and four members of the staff team who provided care and support.

At the last inspection visit in November 2013 we found that this service met all the national standards we looked at. Since then there has been no incidents or concerns raised that needed investigation.

Are services safe?

Our findings

We spoke to 21 people who used this service and comments were positive. These included: “They always have a little chat and then see that I have everything I need and check that I am quite safe. I know some people can’t manage as well as me but I’m quite well and capable for 88” and “I always feel safe with the carers who always look smart in their uniform. I have phone numbers to call if I am worried about anything”.

Before people started to receive support for Bluebird care a full assessment of their needs was completed.

We looked at 6 of the records held about people who use the service and saw very detailed support plans explaining how people should be supported in their homes. These records explained people’s preferences in how and when they liked to be supported and what their goals were.

Before the service started a visit from the manager or care co-ordinator was arranged. This visit was to assess the needs of the person who was going to be supported and discuss how much care was to be provided. During this visit risk assessments were completed with regards to the environment where people lived. The risk assessment covered assisting with people’s mobility and the use of equipment, administration of medicines and help with bathing. The instructions recorded helped to make sure that care staff delivered the care in a safe and appropriate manner. Care plans also recorded those things people were able to do for themselves and what they needed help with.

Health care needs were documented on the care plans with contact information if the doctor or family needed to be contacted in an emergency.

We asked people if there were ever any problems with the management of their medicines and they all said there were never problems. One person said, “I have a blister pack and do my own medicines but they do often ask me whether I have taken it.”

All newly appointed staff completed an induction programme based on the Skills for Care Common Induction standards 2010. These are designed to enable care workers to demonstrate their understanding of how to provide high quality care and support. Part of the programme covered the principles of safeguarding vulnerable adults. The

induction programme was provided by an external training company that also delivered other parts of the staff training programme. The support staff we spoke to were aware of their roles and responsibilities in ensuring the people they cared for were kept safe at all times.

We saw that all staff had completed training in the protection of vulnerable adults and whistle blowing. The agency had detailed policies on keeping people safe and reporting any concerns staff may have. When we spoke to staff they were aware of their roles and responsibilities to keep people safe at all times. One member of staff told us, “I would report anything at all that felt was wrong or put the people I support in danger. I have done it before in previous employment and I would not hesitate to do it again. I know the manager or anyone else in the office would deal with any concerns immediately”.

The induction process also covered the Mental Capacity Act 2005 (MCA 2005). The MCA (2005) is designed to protect people who lack the ability to make decisions for themselves due to mental capacity difficulties. The manager confirmed there was nobody being supported by the agency without family members who were able to assist when necessary.

We looked at the recruitment and selection of staff and found there were robust procedures in place with policies and procedures outlining the process to follow. We checked four staff files, two of which related to newly appointed staff.

The records we saw all had a completed application form showing employment histories and evidence of any previous qualifications being achieved. We saw that, as per the company policies and procedures, two references had been requested and received. This meant there were measures in place to protect the interests of the people using the service. We saw records to show staff had had checks completed with the Criminals Records Bureau (CRB) or with the Disclosure and Barring Service (DBS) by the provider before commencing in working with people. This checked they were not barred from working in care services and that they did not have any criminal convictions which would make them unsuitable to provide care and support to people in their own homes. These measures evidenced that only suitable people were employed to safely support vulnerable people in their own homes.

Are services safe?

As part of their induction programme new staff were introduced to the people they would be supporting and worked alongside experienced staff until they and the registered manager felt they were competent to work safely and unsupervised. This was shown on the induction records and confirmed by staff when we spoke to them.

The agency had a lone working policy in place and this, together with the other measures put in place, ensured that as, far as possible, people supported by, and the staff that worked at the agency were kept as safe as possible.

Are services effective?

(for example, treatment is effective)

Our findings

We saw that each person who requested support from Bluebird Care was fully assessed prior to the service starting. We saw, from the details on the support plans we looked at that all activities of daily living were discussed as well as personal and health care needs. The registered manager explained that part of the assessment procedure centred on the amount of support people required and whether more than one support worker was needed and the length of time required for the care to be provided.

We saw, from the six care plans we looked at, people were very much involved with the preparation of the plan of care. Relatives also were involved and attended the initial meeting with the registered manager and/or the care co-ordinator. The plans we viewed had a designated section for signatures of the assessor and for the person who was to receive the care. We found these were signed by either the person or their relatives, where applicable, and the member of the agency staff who completed the assessment. This showed the plan had been mutually agreed. We saw that detailed information was collected about the person's health and care needs, social and cultural needs and contact information about other people involved with their care.

We asked people if they were treated with respect and they said, "They don't embarrass me, and provide plenty of towels for me to cover up." Another person said, "They place towels around me, talk ordinarily just like family."

Some people had between one and four calls a day and told us that they had become friendly with the carers and had a good rapport with them. They said, "We can have a chat and they talk to my family too".

People were aware of their care plans but said, "They seem to write an essay in it every morning but I don't care to read it". Others told us, "The girls write in my blue file each time they visit me".

During our visit to this agency we discussed medication and the registered manager confirmed that staff had completed 'on line/distance learning' in regard to the safe handling of medication. We also discussed this with the care co-ordinator who had completed a 'train the trainers' course in safe handling of medication. Administration of medicines formed part of the staff induction programme but staff told us that updates and refresher courses were also available for all staff as part of their professional development. On the spot checks, staff supervision and competency checks were in place to ensure medication was administered correctly.

Care plans were personalised and individual and were reviewed every three months or more often if there was a change in people's needs. Risk assessments were in place covering aspect of the home environment. This ensured that people who were supported by or worked for the agency were kept as safe as possible. Care plans were reviewed every six months or more often if there was a change in the assessed needs. The review meetings were with people and a member of their family if this was appropriate. Spot checks were undertaken by senior staff to ensure the service provided remained effective in meeting people's needs.

There were policies and procedures in place to support staff through supervision and annual appraisals. This meant that people were cared for and supported by an effective workforce who provided care in the most appropriate way. A staff training plan was in place and available for us to read and certificates obtained held on each staff file

Staff told us they were well supported by the staff in the office and had regular supervision meetings with their line manager. They told us that there was always someone available for help and advice if there was an emergency to report.

Are services caring?

Our findings

We spoke to 21 people to ask them their opinion about Bluebird Care and the staff who supported them. We also spoke to four relatives and asked them about the care their family members received. Their comments were positive and included, “They always have a little chat and then see that I have everything I need and check that I am quite safe. I know some people can’t manage as well as me but I’m quite well and capable for 88”, “They are non-judgemental, accept the way I am and help me with my art and music. I think the Government should give them more recognition for a hard job and looking after me so well” and “I have no need to ring the office as they are all very attentive to my needs.”

New members of staff were introduced to the people they were going to support and shadowed more experienced staff before working by themselves. This gave them opportunities to get to know people and what their likes and dislikes were.

Many of the support workers undertook up to four calls a day with people and we were told by people when we spoke to them they had formed friendships with the support workers. Staff told us they had a good rapport with the people they supported and sometimes were able to give both practical and emotional support to their partners where applicable.

The care plans we looked at were personal to the individual with a copy in the people’s homes and a copy held in the

office. Each care plan gave the support workers sufficient information to provide support appropriate to meet all the assessed needs. Health care needs were documented clearly with details about who to contact in an emergency.

People told us they received the care that was personal to them and met their needs. One said “The blue folder is well presented. It has all the Health and Safety instructions for the carers, the lifting procedures and all that stuff which they have to go through”.

Each care plan gave detailed instructions to staff about working with other agencies such as occupational therapists, speech and language therapists and dieticians. This meant there was seamless care and support provided by all who were involved in the care of people supported by this agency.

When we spoke to staff they told us they were given time to get to know people and how they wanted their care to be delivered. One member of staff said, “I have the same group of people to support and know them well. I like to encourage them to be as independent as possible and I think they appreciate this. I really feel I am doing some good”.

We saw the agency had policies and procedures in place to promote staff’s understanding of the importance of respecting privacy, dignity and human rights of the people they supported. Staff told us that their induction programme included the importance of treating people with dignity and respecting their privacy and this was discussed during their supervision meetings.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

During the initial assessment visit people who wished to use this service were given an information booklet outlining what services the agency was able to offer. This pack contained all the documentation relating to the agency, a copy of the statement of purpose, a copy of the terms and conditions applicable to whatever service people were requesting and a risk assessment form in relation to the environment. Many referrals to this agency came through personal recommendations from friends or relatives of the people who used the service. Some people were referred by social services but these were in the minority.

Details from the assessment of needs formed the basis of each individual plan of care. We saw, in the care plans we looked at, that every aspect of people's care was documented and that people were very much involved in formulating their own support plan. Relatives were also involved in the care planning process. Before support workers began to support people they were given a copy of the care visit instructions document. This set out in detail exactly what the person's needs were and how the support was to be provided. When we spoke to staff they said, "I like to know about the person I am supporting and the information we are given is a tremendous help. It tells us what to do and what has been agreed with the person we will be supporting".

The manager told us that, wherever possible, the same team of carers provided the care and support to people. This was sometimes difficult due to holidays or other staff absences but every effort was made to provide continuity of care. The manager told us staff picked up any health care issues very quickly and these were responded to as soon as possible in order to provide the correct level of care and support.

Care plans were reviewed every three months but more often if there was a change in people's circumstances such as a request for increased support. Senior staff undertook spot checks to make sure people were happy with their care and there was also a procedure for more formal reviews by the manager.

People told us any changes to health or personal needs were discussed on a daily basis, and changed in accordance with district nurses, GP and family where

applicable. Any changes were recorded in the care plan and were then reflected in the care provided. People told us they could contact the agency if they required any extra assistance. One said, "I rang last week about a bath before my hospital visit. They were very accommodating to allow the carer another 15 minutes to do this". Others said, "When my wife went into Hospital I needed care. I rang the office and they were very responsive and provided care daily until she came out" and "I have no need to ring the office as they are all very attentive to my needs."

We spoke to one of the district nursing teams about Bluebird care and were told, "Although we are not currently working closely with this agency, when we did we found the staff excellent and very helpful. At the time we had a close working relationship with the manager and care co-ordinator and found that their aim was to give the best possible service to the people they supported".

Staff had completed training in the MCA 2005 and they were aware of the need to be mindful if people lacked capacity or were unable to make decisions for themselves. Advocacy services were available and information was available for people to access this service if they required someone to act on their behalf. At the time of our visit none of the people had need of this service as all had relatives and close family member to help them.

Copies of the weekly staff rosters were sent to people so they would know who was visiting them on any given week. People told us this was very helpful although two people didn't remember receiving the list. Staff received their copy through the post or they could collect it from the office if they preferred to do this.

We spoke to the manager about the complaints procedure and looked at the complaints log. There had been two minor complaints received and these were dealt with, to everyone's satisfaction, within the timescale set down in the procedure. There was a serious issue some time ago that was investigated and dealt with by the registered manager and adult social care through the safeguarding procedure. One of the people we spoke to referred to this incident and said, "Management were devastated and we were all badly shook up. We talked it through and were all upset but it was just an isolated incident."

We received lots of compliments about the agency and people said, "It was a pleasure talking to you and glad to

Are services responsive to people's needs?

(for example, to feedback?)

know that someone is checking up on these organisations”, “I am very impressed with them. If I ring the office no-one is too busy to talk with me” and, “I am totally satisfied 150%, they are more like friends than carers.”

From our observations during our time in the office, speaking to staff to and people using the service we found that the culture within this agency was very open and responsive to meeting the needs of people that were supported by Bluebird Care.

Are services well-led?

Our findings

We saw that the agency had a full set of policies and procedures that covered topics including dignity, privacy, safeguarding and whistleblowing. These were provided by the parent organisation and used by all services throughout the country. We spoke to staff about the whistleblowing policy and they were familiar with it. They told us they would not hesitate to report anything they thought was not right and were confident the matter would be investigated and dealt with by the registered manager.

We saw that people who used this service had been asked for their views on the agency and the service they received. Questionnaires were sent out to people asking for their comments and suggestions to improve the service. Members of the management team visited people in their homes to talk to them about their care and supports. We asked people about the service they received from the agency. We were told, “They leave the kitchen immaculate and even the tea towel is straightened before they go,” “It’s strange getting used to the idea someone else is coming into your home, but they do create a friendly atmosphere” and “First thing about quality of care is the fact that as soon as they are in the room they are professional and always look so smart in their uniforms”.

When we spoke to the staff we asked if they felt supported by the registered manager and the two care co-ordinators. They said they were well supported through regular one to one supervision meetings, during which they were able to discuss their own professional development and any concerns they had. One staff member said, “I have returned to this agency after a break and I am glad to be back. The manager and two ladies in the office are great and so supportive. I had a good induction before I was introduced to the people I would be looking after. There is always someone on the other end of the phone in the evenings and week-ends”.

Regular staff meetings were held and we were able to see the minutes of the last two. Topics discussed included moving and handling, staff training through distance learning courses, safe administration of medicines and the possible introduction of a key worker system. Opportunities were also given for staff to talk about any concerns they had about the people they visited such as changes in the assessed needs that could require an increase in the support provided.

Staff rosters allowed time for travel in between calls and no visits were under one hour in duration. The registered manager told us this gave the support workers time to complete all their tasks and still leave time for them to talk to people before they travelled to their next call.

The care co-ordinators had overall responsibility for keeping the staff rosters up to date and to ensure all the home visits were completed. The rostering system was electronic so that staff in the office were always up to date with who was visiting whom and at what time of the day.

The recruitment and retention has been a problem in the past but the manager said, “We can have problems recruiting staff but that is because the two co-ordinators and myself are fussy and only employ the most suitable people to work in the agency”.

Quality audits and health and safety audits of the service were completed by the registered manager and any risks were planned for and managed through an appropriate risk assessment process. All risk assessments were regularly reviewed to ensure they remained up to date.

This agency is still growing but the registered manager told us, “I don’t want the agency to grow too quickly or too big. I like to make sure we have sufficient staff to provide a good service. I never take on a new referral until I am sure we can provide the service people want and, more importantly, when they want it”.