Emerald Dreams Limited

Bluebird Care (Welwyn & Hatfield)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 17 and 20 November 2015 and was announced. This was to ensure the registered manager and staff were available for us to talk with. Bluebird Care (Welwyn & Hatfield) is a domiciliary care agency which provides personal care for older people in their own homes.

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

People told us they felt safe, happy and well looked after. There were not effective systems in place to monitor missed or late care calls. Staff had received training in how to safeguard people from abuse and knew how to report concerns, both internally and externally. Safe and effective recruitment practices were followed to ensure that all staff were suitably qualified and experienced to carry out their duties safely. Arrangements were in place to ensure there were suitable staff available to meet people's individual needs.

Relatives were positive about the skills, experience and abilities of staff that provided care at their home. Staff had received training and refresher updates relevant to their roles and had regular supervision meetings to discuss and review their development and performance. Staff sought consent when they needed to, and were knowledgeable about how to obtain consent from people who lacked capacity. Where people lacked capacity, the correct consents had not always been seen and verified to ensure decisions were made in people's best interest.

People were supported to maintain good health and had access to health and social care professionals when necessary. They were provided with support to maintain a healthy balanced diet that met their individual needs.

Staff had developed positive and caring relationships with the people they cared for and knew them very well. People were involved in the planning, delivery and reviews of the care and support provided. Care was provided in a way that promoted people's dignity and respected their privacy. People received personalised care and support that met their needs and took account of their preferences.

People and staff told us they thought the manager and provider were approachable, and listened to their views about the running of the service. The provider had taken steps to monitor the quality of services provided, but did not have sufficient systems in place to review, analyse and plan for service improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Systems were not in place to alert staff at the earliest opportunity to any missed care calls.

People felt safe and were supported by staff who had been trained to recognise and respond effectively to potential abuse.

Safe and effective recruitment practices were followed to ensure that all staff were fit, able and qualified to do their jobs.

Is the service effective?

Good

The service was effective.

People's consent and permission was not always obtained before care and support was provided.

Staff were well trained and supported to help them meet people's needs effectively.

People were supported to meet their day to day health needs and to access health care professionals when necessary.

Is the service caring?

Good

The service was caring.

People were supported in a kind and compassionate way by staff who knew them well and were familiar with their needs.

People were fully involved in the planning, delivery and reviews of their support.

Support was provided in a way that promoted people's dignity and respected their privacy.

People had access to independent advocacy services.

The confidentiality of personal information had been maintained.

Is the service responsive?

Good

The service was responsive.

People received personalised support that met their needs and took account of their preferences.

The guidance provided to staff enabled them to provide person centred support.

People were positive about the opportunities provided to help them pursue their social interests.

People were confident to raise concerns.

Is the service well-led?

Requires Improvement

The service was not always well led.

Effective systems were not effectively in place to manage risks and drive improvement.

People, their relatives and staff were very positive about the managers and how the service was run.

Staff understood their roles and responsibilities and were supported by senior colleagues.

Bluebird Care (Welwyn & Hatfield)

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 legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 17 and 20 November 2015 by one inspector and was announced. We gave the provider 24 hours- notice of our intended inspection to ensure appropriate senior staff would be there to support us with the inspection.

Before the inspection we received information of concern that alleged staff had not undergone a robust recruitment process, that people were not receiving their care calls when they required them, and that the manager did not monitor missed visits to people's homes. We also reviewed other information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with five people who used the service, two relatives, and five staff members the manager and the provider. We looked at four peoples care records and four staff files. We reviewed other documents including audits and records relating to the management of the service. Prior to our inspection we sought the views of one healthcare professional from the local authority.

Requires Improvement

Is the service safe?

Our findings

People could not be confident that they would always receive the care and support they required. During our inspection we found that the provider had failed to embed an effective system to ensure that people received their care call at the time and on the day that they should have. This meant that some people had not received the care call that they were expecting and we also saw that these missed calls were not always reported to the office in a timely manner. For example we found that staff did not arrive to provide care to one person on a Saturday yet this was not discovered until the following Monday. In another case another person did not receive their care call on Sunday morning yet this did not become apparent until later that evening.

Relatives of the people involved told is that us that the welfare of their relative had not been placed at risk, however it was worrying and unnerving for them. They told us that it was, "Upsetting and affects what I want to do for the day, it would have been nice to know what was happening, being in limbo wasn't nice because I didn't know what was happening."

The manager and provider told us they had identified prior to our inspection that the system of monitoring did not enable them to know in real time, whether people had received their call that day. When asked how they monitored this they told us that they reviewed the call logs monthly, and relied upon people to contact them to inform them if the call was missed. For people who were unable to contact the office, this meant they may go without a call. One member of staff had not attended work one morning and not informed the staff in the office. This meant that at the double up call, the carer was left to provide the care on their own. The manager was clear that the office should have been informed by either the carer who was off sick, or the carer left alone. The office was not informed until later in the day. This lack of monitoring means people were at risk of neglect due to insufficient monitoring of staff and calls.

The provider and manager accepted that the monitoring of calls to ensure people's safety was not robust. They showed us an email that confirmed they had ordered an electronic system that was due to be installed at a later date. In the interim period, they told us they would ensure that calls were followed up daily to ensure staff identified at the earliest point where someone may have not received their call. They told us they would have an electronic monitoring system functioning by the end of January 2016.

There were sufficient numbers of staff deployed to support people, however people told us they did not always receive care consistently. One person told us that, "They have a habit of changing the time, some days it is 8.30, or 9 or even 9.30, it has however got better recently, but it was really distressing not knowing when they were coming." However, people also told us that the office did inform them if a carer was running late.

People we spoke with told us they felt safe with carers being in their homes and with the care provided. One person told us, "Very much safe, the care is very good and I feel comfortable around every carer I have met."

Where potential risks to people's health, well-being or safety had been identified, these were assessed and

reviewed regularly to take account of people's changing needs. For example one person had developed a pressure sore, and where they had been able to safely reposition at that time, staff were aware that the persons mobility needs were decreasing. They had proactively begun to prepare equipment and continually review, assess and monitor the person for deterioration and had a care plan in place for when they required additional assistance in the near future.

Staff were able to demonstrate verbally that they could recognise the signs of potential abuse and they knew how to report concerns. Staff told us they were regularly kept up to date with safeguarding training and where aware of how to report their concerns. One staff member said, "Anything that didn't look or feel right I would report it to my manager." A second staff member told us, "[Person] had a bruise that wasn't there before, and they didn't know where it came from. I thought she may have fallen or something so reported it, but it turned out to be just a flu jab, but you can't be too careful."

We looked at how the manager responded to incidents that were reported to them by care staff. We saw that staff had reported incidents and injuries, such as bruising or slips, trips and falls. These were documented in an incident record which the manager then reviewed, investigated and responded to appropriately. We saw incidents that had been referred to the local authority safeguarding team, demonstrated to us that the manager had positively worked in partnership with others to ensure people were safe.

There were systems in place to allow staff safe access to people's homes. People who were not able to open the door themselves had key safes installed to enable staff access. The manager told us that the codes were given only to the staff who required the access and that this was done verbally. The provider operated an on call emergency out of hour's service for people and staff to use when they felt they needed to. In the event of an emergency, a contingency plan was in place for both the service and staff and also for continuing to provide care for people.

We received information that suggested staff had not undergone robust and effective recruitment checks. We looked at four newly recruited carer's recruitment records and found that safe and effective recruitment practices were followed to make sure that all staff employed were of good character, and physically and mentally fit for the roles they performed. Of the files we looked at, all had completed employment histories, together with a criminal records check and three references. Two references were professional from previous employers, which had been checked and verified and a third was a personal reference.

People were supported to take their medicines by staff that were sufficiently trained and had their competencies checked and assessed in the workplace. One person said, "They [managers] come out randomly and check the MAR's, medicines and that they are competent at giving medicines to people."

Staff we spoke with told us they received frequent assessment and training in relation to managing medicines. Care plans for assisting people with their medicines were clearly written and gave staff explicit advice about how to support a person and any allergies they may suffer from. Medicine records had all been clearly and concisely completed, indicating when a person had taken their medicine, and where people had refused or not taken this, then a detailed record had been made. The manager told us, and staff confirmed that frequent audits and assessments of both the records and practice of staff were carried out to ensure people received their medicine safely.

Good

Is the service effective?

Our findings

People we spoke with were positive about the skills, experience and abilities of staff who provided care to them. One person told us, "Very good, the girls we have are all exceptional at what they do." One person's relative told us, "The carers we have had have all been very proficient."

New staff were required to complete a structured induction programme, during which they received relevant training and had their competencies assessed in the work place, before being allowed to work unsupervised. One person we spoke with told us, "When [carer] first came to us, they spoke with the old carer, and the supervisor made sure they were able to care. They then got on with it, but after a week the supervisor came back and rechecked everything was okay. They regularly kept an eye on the carers." Staff we spoke with confirmed that prior to providing care alone, they completed an induction program which covered area such as medication, moving and handling, and food hygiene. They told us that they were then shadowed in the field, and only able to provide care once assessed as competent. One staff member told us, "We cover 15 modules of the care certificate over three months, with review meetings, assessments and further training. I didn't have a background in care but I have been supported to pick up skills that really help me do my job well."

Staff had been provided with training that suited their role and enabled them to develop. A range of training covering core subjects, however the manager sought additional training to support the needs of people who had additional complexities. For example, care staff were sent on additional training to understand how to support a people with a brain injury. One staff member told us they had started with the company with no background in care. They told us that they had been supported and developed and had recently been promoted to the role of team leader. This demonstrated to us that the management team supported and developed people positively to enable them to provide quality care.

Staff told us they felt supported by both the manager and provider. They told us that they felt they were able to approach either the manager or provider, and that they were receptive to their views. One staff member said, "The management team here is second to none." A second staff member said, "The door is always open, I'm not afraid to approach the director, they lead by example and from the front. Last Monday they were out and about helping with calls."

People we spoke with told us that staff routinely sought their consent prior to offering or providing care to them. One person told us, "Staff are respectful and always ask if it is okay to do this or that, and help me choose what I need to do." Staff were knowledgeable about supporting people who lacked capacity to make decisions about their day to day needs. One staff member told us, "Everyone has the choice and right to make their own decisions, if we think there are any concerns about that, we let the office know straight away." We saw that where people lacked the capacity to consent to their treatment in relation to financial arrangements or treatment planning, the assessment recorded they had a lasting power of attorney in place. However, there was no evidence to suggest staff had seen a copy of this, and we noted one person had only an LPA in place for financial matters, when the decisions made were health related, which meant the appropriate consents were not in place. The manager told us they would immediately review and ensure

all LPA's were for the relevant decisions. Where there may be concerns they told us they would follow the requirements of the Mental Capacity Act 2005 in making decisions for people that lacked capacity.

People we spoke with told us that staff helped them make their meals, however they also said that staff encouraged people to eat healthily and had a range of nutritious snacks available in their homes. Where people required close monitoring of their nutritional and fluid intake in their own home staff had recorded this in food and fluid records. However, they had not always accurately recorded the amount. For example, when recording the amount of fluids a person consumed they had not referenced the quantities. The provider and manager told us they were aware of this and training had been arranged for staff to accurately maintain these records. This would aid both Bluebird staff, and health professionals accurately review people's dietary and fluid intake over any given period, and respond accordingly.

People were supported to access additional healthcare services where required. Staff we spoke with told us they at times regularly referred people to services such as the GP, district nurse, optician, or chiropodist. Where people were being supported by an external health professional, the guidance from these appointments had been accurately documented and implemented by staff. Where required, staff additionally supported people to attend hospital appointments or GP appointments as well as things such as opticians, dentists and chiropodist. The overall impression that we got from the staff, manager and people we spoke with was that nothing was too much trouble for the staff when supporting people's health needs. This demonstrated that staff not only knew who to contact when a person's needs changed, but also that they responded appropriately when requested to.

When people began to use services from Bluebird Care (Welwyn and Hatfield) they were provided with a welcome pack which included details about local advocacy agencies that they could contact. This detailed what an advocacy service could provide and how to contact them should people feel they needed to.

Good

Is the service caring?

Our findings

People told us they were supported in a kind and compassionate way by staff who knew them well and were familiar with their needs. One person told us, "They are very good; they just have a sense of me and what I need."

Staff treated people in a dignified and respectful manner, either when providing care, or when speaking to staff in the office. One person told us, "We have a key safe so they can let themselves in, but they don't just barge in, they call out they are here, and wait for a reply before coming further. When they are caring for [person] the door is shut, the girls speak so gently and softly I can't hear what is being said, and [person] is always immaculately dressed." One person's relative told us, "When I speak to the office, as I often do, they are all so friendly and helpful, I never feel a burden, and am on first name terms with all of them."

People and their relatives told us they had been fully involved in deciding the type, frequency and duration of the care provided. They told us that their preferences had been sought and were respected. For example one person told us they wanted female only carers and confirmed they had never been cared for by a male. People told us that they had informed Bluebird staff of the amount of time they wanted the carers to spend each time, and how they wished the care to be provided. People told us that staff would also frequently tend to the little extra jobs, such as taking laundry out, or washing up where they had the time to do so at the end of a visit. People told us that their care plans had been reviewed by a supervisor, and that they had been able to inform and review their care packages through open discussion. People were aware of their care plans, and knew where these were kept, and who to contact should they wish these to be reviewed.

Staff we spoke with demonstrated to us a keen and comprehensive knowledge of people's lives, including their interests, life history, family, as well as their health and care needs. One staff member told us, "The rewarding part of our job is that we can build a relationship with people, spend time with them and have fun." This was confirmed by the people we spoke with who all commented that the care staff had developed meaningful relationships with the people they supported. One person told us, "[Relative] is really relaxed around the carers, even when they do occasionally send a different girl. It helps me as they can go out for a couple of hours to the garden centre, or shopping and I get some respite."

Staff told us they were matched with people where possible so that there was a shared understanding between the carer and person. For example one person had been assessed and matched with a carer based on shared interests, hobbies and personality. The staff member told us, "I was matched to [person] because we are on the same wave length. By that I mean I can connect with [person] as a friend." A second staff member told us, "Me and [person] are like two peas in a pod." People we spoke with confirmed that they felt the quality of care provided was excellent. One person told us, "With [carers] help, my [relative] is getting the best quality of life possible."
This demonstrated to us that staff ensured people mattered to them when providing care that was person centred and responsive to their individual preferences and wishes.

At the time of inspection the manager informed us that the service had recently been shortlisted for two

awards. The categories were the Compassionate Care Award and the Care Innovation Award, both of which were recognised achievements locally within the health and social care sector. One person who used the service had supported this by saying, "All I can say is from day one the Bluebird carers came in and I felt so comfortable with them, they were so caring; it seems a little word, but it really means so much. [Person's] life was in their hands and it was like they became part of a family. They looked after him and, when [person] passed away, they looked after me. It felt as though I was as important to them as [person] was."

Good

Is the service responsive?

Our findings

People received personalised care and support that met their individual needs. One person told us, "The care provided is precisely how I want it, I am very happy and if I wasn't then the manager would most certainly be hearing from me."

Staff had access to detailed information and guidance about how to support people in a person centred way, based on their individual health and social care needs, preferences, likes and dislikes. This included information about people's preferred routines, medicines, dietary requirements, behaviours and important relationships. For example, records detailed concisely how to provide care. One care plan noted, "When out of the shower, please place a towel across my shoulders so I don't get cold, and ensure I have my slippers on when I use the commode." Care plans also depicted what the person themselves wished to carry out when receiving personal care, such as washing or drying themselves as much as possible with minimal staff assistance. We also saw that staff received specific training about some complex conditions that people lived with to help them do their jobs more effectively. For example, staff had access to guidance about how to recognise and respond to the potential triggers and signs of certain conditions relevant to the people they supported.

The provider and manager told us, and staff confirmed, that ensuring people were not isolated was a key area that they focused on when developing people's care plans. They told us that a number of people may become isolated due to the rural locations they lived, or that no one other than a care worker may see them from day to day. We saw that staff constantly supported people to access a range of different activities in the community. These varied from shopping, walks, going out for lunch, visiting garden centres and museums. One person who had a military history had been taken to a local wartime museum for the afternoon. The manager and provider had taken the decision to support this person due to a recent bereavement and the fact they were living alone. This person's allocated carer told us, "Things are better for [person] now we take them out twice weekly as a social call."

We were also told on one example where one couple who lived together needed to separate so the other could move to residential care. Both experienced a lot of anxiety about this, and the person who remained at home found it difficult to come to terms with this change. The provider, manager and staff, at their own expense, liaised with social services, the residential home and family, to escort the family member regularly to the home to visit their relative. Over a period of time, staff supported the person to come to terms with the changes, and eventually they became more at ease and peace with the arrangement. Subsequently, they also identified the need for socialising, and eventually sought support from staff to have social calls which enabled them to maintain relationships and interests.

At the point of the inspection, the provider was arranging a Christmas party locally for all 48 people, their relatives, and staff to attend. The provider was seeking to ensure that everybody attended, and had committed to the costs of the event, and also additional costs of transporting those who were unable. People we spoke with were all looking forward to this event. One person told us, "It will be good to put names to faces of the people I talk with on the phone." A second person said, "We will be able to meet new

friends and old acquaintances, it's quite lovely."

When people first were provided with services by Bluebird Care (Welwyn and Hatfield) they were provided with a copy of the complaints policy, and name and contact details of both the provider and manager. We looked at a copy of the complaints log and a sample of complaints received and saw the manager had investigated and responded to these according to their policy. People we spoke with were aware of how to raise a complaint, and knew who to contact should they wish to do so. One person told us, "I bring things to their notice so they know, it may use up their time, but then they know what they need to do and do it."

Requires Improvement

Is the service well-led?

Our findings

People, relatives and staff were positive about how the service was run. Staff we spoke with told us the management team were open, transparent and kept them informed of developments. People told us they were kept informed of developments within the service and that were able to contribute their views and opinions about how the service was run.

We saw that staff attended regular meetings with the provider and manager. Staff we spoke with told us that they were kept up to date with developments and were able to provide feedback on matters relating to the running of the service. One staff member told us, "We are always encouraged to feedback bits and pieces, and feel involved with some of the decisions made." However minutes of meetings did not provide a clear record of the matters discussed. For example minutes for a recent meeting merely noted, "Mobile phones" or "Meds and Mar charts." There was no other notes made available, which meant that not only was there not a record of the meeting, but the action points set in previous meetings had not been reviewed or followed up in the subsequent meeting.

The provider had recently approached an independent organisation to carry out an overall satisfaction survey. This aimed to capture the opinions of people about the quality of service they received, and how well managed this was. The survey compiled the results of people, relatives, staff and professionals, however was representative of a small number of those who either use, or work with or for the service. The manager told us that they were aiming to capture a greater number in the future. However the feedback from this survey was positive. The results of this were being compiled into a report at the time of the inspection to be shared with families, people, and staff. Where there were areas of improvement, these had been documented and the manager was working to develop these areas. For example, one area noted was a lack of continuity of care sometimes for people. The manager had developed an action plan to address this concern by looking at how they could develop three separate areas and review the capacity of the rounds. However, the action plan did not include dates for when these objectives would be completed; by whom and how they would know it had been effective. Since this audit was completed in September 2015, staff had continued to carry out visits to people's homes routinely to measure how satisfied people were with the service. However, these had been carried out in isolation, and no analysis had been carried out of the results to provide an overall picture of the quality provided.

A range of audits were completed by the manager and supervisors, and where issues were discovered these were addressed with the care staff through supervision. However, reviewing of incidents, accidents, complaints and call times was not an area that was responsive or that considered emerging patterns, themes or trends. When we asked the provider for a copy of a service improvement plan, they conceded they did not have one that continually reviewed and assessed all areas of the service. As the provider and manager worked closely together they said they discussed many areas, but did not document them into a tool to use to develop the service. They sent us an action plan subsequent to the inspection that demonstrated to us they had developed one following our inspection and would use this as a new management tool.

However we recommend that the provider ensured that action plans addressed and documented improvements in a timely manner that gives timelines for review and completion for areas such as feedback surveys, service improvement, auditing and reviewing complaints, call logs and incidents.