GSK One Limited

Bluebird Care (Gateshead)

Inspection report

Unit 21, Team Valley Business Centre
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21 March 2016

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This was an announced inspection which took place over two days on the 10 February and 21 March 2016. This is the services first inspection since registration in August 2015.

Bluebird Care is a domiciliary care service that is registered for the regulated activity of personal care. The service provides care and support to people in their own homes within the borough of Gateshead. The care offered varied from short visits to 24 hour care. A number of people were receiving end of life care. There were nine people using the service at time of inspection.

The service did not have a registered manager in post as they had left and were in the process of de-registering. The service had an acting manager who was in the process of applying to register. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that people's care was delivered safely and in a way of their choosing. They were supported in a manner that reflected their wishes and supported them to remain as independent as possible. Where people's needs could not be met safely or effectively, work was declined.

People's medicines were managed well. Staff watched for potential side effects and sought medical advice as needed when people's conditions changed. People and their family carers were supported to manage their own medicines if they wished.

Staff felt they were well trained and encouraged to look for ways to improve their work. Staff felt valued and this was reflected in the way they talked about the service, the acting manager and the people they worked with.

People who used the service were matched up with suitable staff to support their needs, and if people requested changes these were facilitated quickly. People and relatives were complimentary of the service, and were included and involved by the staff and acting manager. They felt the service provided met their sometimes complex needs.

There were high levels of contact between the staff and people, seeking feedback and offering support as people's needs changed quickly. People and their relatives felt able to raise any questions or concerns and felt these would be acted upon.

When people's needs changed staff took action, seeking external professional help and incorporating any changes into care plans and their working practices. Staff worked to support people's long term relationships. People thought that staff were open and transparent with them about issues and sought their

advice and input regularly.

The acting manager was seen as a good leader, by both staff and people using the service. They were trusted and had created a strong sense of commitment to meeting people's diverse needs and supporting staff.

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 were protected from possible abuse as staff had received training in safeguarding. Staff said they would be able to identify any instances of possible abuse and would report any that occurred.

Staffing levels were sufficient to meet people's needs safely and appropriate, checks were carried out before staff began work with people.

People received their medicines in a safe and timely manner.

Is the service effective?

Good

The service was effective. Staff had access to training required to help them understand peoples' care and support needs.

People's rights were protected. We saw that one persons unwise choices were respected by staff and appropriate support in place to manage the consequences.

Staff liaised with external professionals to make sure people's care and support needs were met.

People received food and drink to meet their needs.

Is the service caring?

Good

The service was caring. People and family members told us staff were very caring and respectful.

Staff were aware of people's individual needs, backgrounds and personalities. This helped staff provide individualised care for the person.

People were helped to make choices and to be involved in daily decision making.

Is the service responsive?

Good

The service was responsive. Care records were written to ensure

people received support in the way they needed and preferred.

People felt supported as their needs changed over time and that the service was provided flexibly.

People had information to help them complain.

Is the service well-led?

Good

The service was well-led. An acting manager was in place who encouraged an ethos of quality and compassion amongst staff and people who used the service.

Communication was effective and staff and people who used the service told us they felt listened to when they contacted the service.

Staff said they felt well supported and were aware of how to contact the service for support throughout the day.

The acting manager monitored the quality of the service and looked for any improvements to ensure that people received safe care.

Bluebird Care (Gateshead)

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 10 February and 21 March 2016 and was announced. We gave the service 48 hours' notice as it is a domiciliary service and we needed to be sure people would be available. The visit was undertaken by an adult social care inspector who visited the services office on 10 February and telephoned staff, people using the service and their relatives on the 21 March.

Before the inspection we reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted local commissioners of the service for feedback, they had no concerns.

During the visit we spoke with four staff including the acting manager. We spoke to four people who used the service and one external professional via phone.

Four care records were reviewed as was the staff training programme. We also reviewed complaints records, four staff recruitment files, four induction/supervision and training files, and staff meeting minutes. The acting manager's quality assurance process was discussed with them.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe with the staff. One person told us, "They know what they are doing and are always on time, polite and stay their allotted time." Another person told us, "It's all good so far; the manager came out and explained how it all should work. So far it's as they described it."

Staff had a good understanding of safeguarding and knew how to report any concerns they might have. They told us they would report any concerns to the acting manager. They were aware of the provider's whistle blowing procedure and knew how to report any concerns they had external to the provider. One staff member told us they knew to contact the local authority or police if they had urgent concerns. They were able to tell us about different types of abuse and were aware of potential warning signs. They described when a safe guarding incident would need to be reported. Staff told us they currently had no concerns and would have no problem raising concerns if they had any in the future. They told us, and records confirmed that they had completed safeguarding training. The provider's policy had taken into account the local authority reporting procedures. The safeguarding records showed no alerts had needed to be raised since the service was first registered in August 2015.

Staff told us they felt safe and were protected by the procedures in place in the organisation for their safety. For example, when working on late night visits they had an on call number they could ring for assistance. One staff member told us they felt the acting manager and 'on call' worker would always be available when they needed them. The acting manager explained how they provided out of hours cover.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. For example, for falls and nutrition to keep people safe. These assessments were regularly reviewed to ensure they reflected current risks to the person. They formed part of the person's care plan and there was a clear link between care plans and risk assessments. The risk assessment and care plan contained clear instructions for staff to follow to reduce the chance of harm occurring while supporting people to take measured risks to help maintain their independence.

People and staff we spoke with told us they felt there were enough staff to meet people's needs safely. We saw that staffing was part of the initial assessment carried out by the acting manager. One person had two staff due to concerns about their behaviour and conduct. Staff had clear guidelines in place to support this person and could contact external professionals and the providers on call staff for support.

Staff were aware of the reporting process for any accidents or incidents that occurred. These were reported directly to staff at the office. We were told all incidents would be audited by the responsible person at the office and action would be taken. To date the service had not had any incidents or accidents but there was a clear process in place for this to happen and everyone we spoke with confirmed the process.

We looked at how staff were recruited and saw that the process was the same for all staff. All staff were subject to a formal application and interview process. Two references were taken and a criminal record and

barring scheme check (DBS, disclosure and barring service) made. The staff we spoke with confirmed this process had been completed. One staff member told us, "I have done this job before, but they still wanted to know about me as a person at the interview and do all the usual checks."

People told us they were both prompted and supported by staff to take their medicines safely. We saw that medicines records kept by staff were accurate and evidenced the safe administration of medicines. Staff were trained in handling medicines and a process had been put in place to make sure each worker's competency was assessed in the future. Staff told us and records confirmed they were provided with the necessary training and they thought they were sufficiently skilled to help people safely with their medicines. Suitable assessments were carried out and any necessary support were in place to ensure the safety of people who managed their own medicines.

Good

Is the service effective?

Our findings

People told us they felt the service was effective at meeting their needs. One person told us, "It's been six weeks; they are very personal, flexible and so far, so good." Another person told us, "I had to contact the office about the cost of the package; they sorted it all out very quickly."

From records of staff induction we could see that all staff went through a common induction process. All staff had attended training in key areas identified by the provider such as moving and handling. The registered manager kept a record of all staff showing when refresher training was needed. Regular observations of staff were carried out by senior staff to ensure they were following care plans. Staff we spoke with had worked in similar services in the past but confirmed they had still attended the training and been through the provider's induction. A recently appointed staff member told us they were preparing to attend their supervision meeting and sign off their completed induction.

We looked at staff supervision and appraisal records and saw there was day to day contact with staff where the manager visited people and spoke with staff. Records were kept which showed that formal supervision took place regularly and in line with the provider's policy. Supervisions looked at staff training needs and gave staff feedback on how well they were meeting people's needs as well as identifying areas for improvement. Staff we spoke with told us supervisions were helpful, they felt able to discuss any personal or work issues that affected them, and they felt supported by a quick response. The service had not yet conducted annual appraisals of staff since registration in August 2015, but had a policy and process in place for this to happen after staff had worked a year.

People told us they had regular contact with the acting manager, either in person or via phone. They told us that were clear about what the service could offer and spent time with people getting to know what help they needed. One person told us, "It's only been a few weeks, but the help has made such a difference to me. They checked with me to make sure I was happy after the first couple of days."

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. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw that one person had a history about making unwise decisions which placed them at risk. The service had been supported by an external professional to create clear guidance for staff on how to manage possible incidents.

People told us they were supported and encouraged to eat and drink healthily by the service. One person told us the staff supported them with cooking and left snacks for them to have when they were alone. They told us they had lost weight due to ill health and were starting to put this back on now following support from the staff.

We saw from records that people had access to support from health care professionals including GP's,

district nurses and the MacMillan nurses. From care plans there was evidence of regular liaison and joint working with external healthcare professionals such as district nurses. Staff we spoke with told us how they supported people to seek this external support and then assisted in communication and updating them on changes in people's needs.

Good

Is the service caring?

Our findings

People told us they felt the service offered to them was caring. One person told us, "The staff have been approachable and friendly. I never had carers before and wasn't sure what to expect, but they have been very kind." A staff member we spoke with told us they had time to spend with people and to make sure they were emotionally well. They told us the people they worked with had cancer so it was important to be supportive and not just task focussed. One person told us they had the same regular carer and had got to know them quite well and looked forward to their time together.

Staff completed care records to help describe people's preferences in their daily lives, and important details about their previous occupation and interests. This helped staff to be able to provide support in an individualised way that respected people's wishes. Staff we spoke with knew the details of people's past histories and their personalities and had been able to get to know them. We saw that written details of how people wanted to be cared for and supported were clear and had been written in plain English.

People told us they felt respected by staff, that they could direct the care to meet their needs and the staff responded positively to their requests. We saw that staff had been trained to be aware of how to best to offer emotional and practical support to people and their families whilst receiving end of life care. The acting manager told us how by supporting staff to be their best they aimed that this would reflect in the care they would deliver.

People told us that when they were first assessed by the service they were given information about the provider, who to contact and that any questions they had were answered. One person told us, "Before they started they asked me lots of questions and spoke with my daughter as she helps me a lot as well."

The acting manager told us how they supported people to access healthcare services, sometimes supporting family carers to ask for additional support or advice if this was not forthcoming, such as additional equipment. Staff were aware of advocacy support that could be accessed to support them with any conflicts or issues. We saw that concerns about people's behaviour had been referred for external professional support to ensure that the needs of the each individual were recognised.

Some of the people were receiving end of life care. We saw that people had been supported to make advance decisions, such as 'do not attempt resuscitation' orders and these were reviewed regularly. Staff liaised with community health professionals to seek their input and advice, and people were supported to have dignified end of life care. Records showed how people wanted to be supported and gave details of how they wished to be cared for in a way that respected their personal preferences and beliefs. Staff we spoke with were aware of peoples final wishes and were able to tell us how respected those choices.

Good

Is the service responsive?

Our findings

People told us the service was flexible and responded to their need for support. One person told us, "I have had to re-arrange or cancel when my family have taken me out. The office has been fine with me making changes and arranged help later if that was needed." An external professional we spoke with told us the service had been very professional setting up a care package quickly and then adapting it later when the person's needs changed.

Assessments were carried out to identify people's support needs and they included information about people's medical conditions and their daily lives. Care plans were developed from these assessments that outlined how these needs were to be met. For example, with regard to nutrition, personal care, mobility and communication. This was to ensure staff could provide support to people in the way they wanted and as needed to ensure their health and well-being. We looked at five people's care records, including support plans about their care needs and choices. We saw the quality of recording was consistent and provided clear information about each individual. We saw that there were regular reviews of these care plans and that information or advice from external professionals was added quickly. For example one person's medicines had changed so staff collected the prescription and made changes to the records straight away. These records were written in plain English avoiding technical terms.

People told us they helped to develop their care plans and had been consulted about how best to work with them. They told us that the acting manager had contacted them first, got some background information, and contacted families if they wished that to happen. The care records we saw showed that peoples care was designed for each person. Staff records showed they were receiving the care as agreed in their care plans.

People were supported to keep in contact with family and friends and staff told us how they often supported people by keeping family members updated on their well being. We saw from records and from talking to people that the service had made changes to peoples care plans to accommodate family visits. Arriving later to support people as necessary.

The manager had regular contact with people via 'face to face' or telephone contact. People told us they felt able to raise any concerns and that these were quickly responded to. Staff told us that they would report any concerns raised by people to the acting manager. The service had one complaint since first registration. We looked at the records and saw that this had been investigated and formally responded to. We also saw that minor concerns raised were formally logged and that each concern was reviewed with any learning acted upon by the acting manager. The acting manager was clear that concerns and complaints were healthy and that taking any learning from these was their role.

Staff told us that with an increasing number of people receiving end of life care that additional training had been organised for them. They told us they found this useful in working in this complex area.

From records and talking to staff we saw the service had taken steps to consistently manage 'no reply calls'.

These are when they arrive at people's homes but do not get an answer. This was discussed at staff meetings to ensure that all staff responded appropriately and that checks on people's safety were undertaken.

Good

Is the service well-led?

Our findings

People told us they felt the service was well led. The acting manager had made an application to register with us. People told us that contact they had with the acting manager and the services office was positive. Staff we spoke with also told us they felt supported by the service. They were able to tell us the ethos and values of providing quality care to people when they needed it most.

The manager told us how they did not offer to provide peoples care where they did not feel able to meet their needs. They told us that if the initial assessment showed they would not be able to offer the continuity of carers or the right skill mix, they declined the work. They felt that to offer a second class service was not appropriate and went against the services principles.

We saw minutes of staff meetings. These clearly set out how the acting manager used the meetings to gather information about possible improvements and make changes to how the service was delivered. For example, by having a focus each month on a different policy, or 'policy of the month', the acting manager ensured that policies were not just read at induction, but were part of ongoing development and discussion.

The service had signed up to the 'Social Care Commitment', a joint Department of Health and Skills for Care initiative. The Social Care Commitment is the adult social care sector's promise to provide people who need care and support with high quality services. The acting manager showed us an audit they had carried out against the seven statements, or commitments, and that they had identified areas of strengths as well as areas for improvement. They showed us how they had then developed an action plan to improve those areas further.

The acting manager was seen as visible and approachable by people using the service and staff. Those people who had contact with them and the services office felt able to raise issues or concerns. The service had not yet conducted a survey of people or staff but had taken steps to gauge the most effective way of conducting this and had plans for this to happen in 2016.

We discussed notifications to the Care Quality Commission (CQC) with the acting manager and clarified when these needed to be submitted. They were clear about their role as a possible registered person and sought advice from the CQC regularly to ensure they were meeting their statutory requirements.

We saw the acting manager undertook audits of care plans and other records regularly. We could see where changes had been made to reflect people's changing needs. The acting manager described an ongoing cycle of visits to people, listening to changing needs, updating care plans and making sure staff had the skills to meet those changing needs. Staff we spoke with all felt able to raise any concerns and told us they felt encouraged to raise ideas or suggestions.

The acting manager showed us an IT system they were developing to assist in ensuring that staff had access to key information via a mobile device. This would ensure that care plans were always at hand to assist staff,

and that any changes would be communicated immediately to all staff. They told us the plan was to move away from having records in offices and people's homes that needed constant updating to having once central system. This would ensure consistency and assist the audit and improvement of record keeping.

The external professional we spoke with told us that they had been pleased by the services response to their clients changing needs and communication.