

Anjoy Ltd

Bluebird Care Rugby and South Leicestershire

Inspection report

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23 May 2017

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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?

Requires Improvement ●

Summary of findings

Overall summary

We carried out the inspection on 23 May 2017. The registered manager was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The service is a domiciliary care agency that provides personal care to people in their own homes. At the time of our inspection nine people used the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (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 2008 and associated Regulations about how the service is run.

People told us they felt safe. People were supported by staff who understood their responsibilities to keep them safe and to report any concerns they may have. The provider had not consistently followed safe recruitment practices.

Risks associated with people's care were assessed and managed to protect people from harm. People could be assured that staff would arrive on time to provide the care that they needed.

People's medicines were administered safely by staff who were appropriately trained and competent to do so.

Staff had received training and guidance to meet the needs of the people who used the service. Staff told us that they felt supported. Their competence to do their role was regularly assessed.

People were supported in line with the requirements of the Mental Capacity Act 2005.

People's health needs were met and when necessary, outside health professionals were contacted for support. People were supported to have enough to eat and drink

People's independence was promoted and they were encouraged to make choices. Staff treated people with kindness and compassion. Dignity and respect for people was promoted.

Staff had a clear understanding of their role and how to support people who used the service. The care needs of people had been assessed and people contributed to the planning and review of their care.

People were encouraged to give feedback about the service they received. They felt confident that any concerns that they might have would be addressed. People and staff felt that the registered manager was approachable.

Staff were clear on their role and the expectations of them. Staff felt supported.

Systems were in place to monitor the quality of the service being provided and to drive improvement. However, these had not identified where recruitment practices had not been robustly followed.

The registered manager had not always reported events that occurred within the service to CQC as required. The previous inspection report rating was not clearly on display at the service or on the provider's website in order to inform the public of the service rating.

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 told us that they felt safe. Staff knew their responsibilities to help people to remain safe.

People could be assured that staff would arrive at agreed times to provide their care and support.

Risks were assessed and managed to protect people from harm.

People received their medicines as required and were administered safely.

Is the service effective?

Good ●

The service was effective.

Staff had received training and support to meet the needs of the people who used the service.

People were supported to maintain their health. Their nutrition and hydration needs were met.

People had consented to their care and staff knew the importance of gaining this.

Is the service caring?

Good ●

The service was caring.

Staff at all levels treated people with kindness and compassion.

Dignity and respect for people was protected. People's independence was promoted and people were encouraged to make choices.

People were provided with information about the service and the care that they should expect to receive.

Is the service responsive?

Good ●

The service was responsive.

People received care that was based on their individual needs and preferences. Staff had clear guidance about how to support people as individuals.

The care needs of people had been assessed. People were involved in planning and reviewing their care.

People could raise a concern if required and were confident that it would be addressed.

Is the service well-led?

The service was not consistently well led.

The registered manager had not reported events that occurred within the service to Care Quality Commission or ensured the previous inspection report was displayed as required.

Systems were in place to monitor the quality of the service being provided. These had not identified when the provider's recruitment policy had not been followed.

People and staff felt that the registered manager was approachable and action would be taken to address any concerns they may have.

Staff were clear on their role and the expectations of them and felt supported.

Requires Improvement 

Bluebird Care Rugby and South Leicestershire

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 checked 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.

We carried out the inspection on 23 May 2017. The registered manager was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The inspection team consisted of one inspector.

Before the inspection visit the provider had completed a Provider Information Return. This is a form that asks the provider to give key information about the service, to detail what the service does well and improvements they plan to make. Before our inspection visit we also reviewed information we held about the service. This included previous inspection reports and notifications sent to us by the provider. Notifications tell us about important events which the service is required to tell us by law. We also contacted Healthwatch Leicestershire who are the local consumer champion for people using adult social care services to see if they had feedback about the service.

We spoke with two people who used the service and with the relatives of three others over the telephone. We spoke with the registered manager and two care workers. We looked at the care records of five people who used the service and other documentation about how the service was managed. This included policies and procedures, staff records, training records and records associated with quality assurance processes.

Is the service safe?

Our findings

People and their relatives told us that they felt safe receiving care from Bluebird Care Rugby and South Leicestershire. One person's relative told us, "Absolutely," when we asked them if their relative was safe.

People were protected from avoidable harm. Risks relating to people's conditions had been identified and guidance for staff was in place to minimise the impact of these. For example, where a person required support with moving from one position to another. A person's relative told us, "[The registered manager] suggested I get a hoist [equipment] in the lounge, she organised a new sling." This helped the person move more freely within their home. We found that risks had been assessed and were reviewed to ensure that people continued to be protected from harm. Staff understood their responsibility to keep people safe. One staff member said, "I need to check the risk assessments are done and in place." Consideration had also been given to the risks associated with people's home environment and actions taken to prevent harm. For example, checks were made to ensure there were no trip hazards and that there was enough room for people's mobility equipment to be used safely.

Staff were aware of how to identify, report and escalate any safeguarding concerns that they had within the organisation and, if necessary, with external bodies. They told us that they felt able to report any concerns. One staff member told us, "The first person I would go to would be my boss. If it wasn't dealt with I would take it to the relevant authorities." The registered manager was aware of their duty to report and respond to safeguarding concerns. We saw that there had been an occasion when the registered manager had reported a concern to the police and social services. They had taken action to protect the person and conducted an investigation when instructed to do so. We saw that there was a policy in place that provided staff, relatives and people using the service with details of how to report safeguarding concerns. This helped people to be protected from harm and abuse.

The provider had not followed their recruitment procedures. We reviewed staff's recruitment files and found that for one staff member the necessary pre-employment checks had not been carried out. The registered manager had not made the required Disclosures and Barring Service check. These are checks that help to keep those people who are known to pose a risk to people using Care Quality Commission (CQC) registered services out of the workforce. These are important to make sure that as far as possible only people suited to work at the service were employed. Following our inspection the registered manager assured us that they had made the necessary checks and that the staff member was not a known risk to people.

People were supported to take their medicines if they needed this help. A person using the service told us, "They check I've had my tablets." The service had a policy in place which covered the administration and recording of medicines. We saw that medication administration record charts were used to inform staff which medicine was required and this was then used by staff to check and dispense the medicine. These were accurate and had been completed correctly. We saw that when a person had become unwell and required additional medicines they had been supported to take them. Staff had completed training and were assessed to make sure that they were competent to administer medicines. We saw that staff's competency to administer medicines was checked periodically through 'spot checks'.

People could be assured that staff were available to provide them with the care that they needed. We saw that staff were arranged to arrive at people's houses at the agreed times. People confirmed that staff arrived when they had planned to and that they stayed for the full duration of the agreed call visit. One person said, "Almost always on time, they stick to the rota which they pass to me so I know who and when to expect staff." A person's relative told us, "I get a list every week of the days and who is coming. They are never late or early." We saw that the registered manager checked with people that they received their care calls at agreed times and people were able to contact the office to alert someone at the service if their carer had failed to arrive.

Is the service effective?

Our findings

People were supported by staff who had received training and guidance in order to be able to carry out their role. A person told us, "They seem to be well trained." One person's relative told us, "[Registered manager] and her team are really very good. I couldn't ask for anyone better." They went on to tell us, "They have taught me some things." When new staff started working at the service they received induction training. This included introduction to care principals, the provider's policies and procedures and specific courses that staff needed to support people safely. Staff confirmed that they had completed manual handling training and shadowed more experienced staff members before they had been allowed to support people on their own. A person using the service said, "When they first come to me they come with the boss and shadow so they know what I need and how I like things." One staff member told us, "I've had quite a bit of training actually." Their understanding following completion of training courses was checked to ensure that the training had been effective.

Staff had access to support for any guidance they required. Staff confirmed that they could contact the registered manager when they needed to. Records reflected this and we were able to see that dialogue between the registered manager and staff had taken place when a staff member raised a concern about a person's wellbeing. Staff received regular supervision and spot checks were carried out to ensure that they were competent to fulfil their role. Staff met with the registered manager regularly for supervision meetings to review their progress and discuss any concerns they may have.

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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. We found that it was.

Staff had received training and understood their responsibilities under the Act. The provider had a policy in place to guide staff and staff had received basic training on the subject. Staff were able to demonstrate that they understood that they could only provide care with people's consent and that people had the right to refuse their support. Where people had the mental capacity to consent to their care, this had been sought. A staff member told us, "You don't do things in a way that bulldozes people. I always ask first." We saw that there was reference to people's ability to make decisions and understand information within their care plans. Where people were able to make decisions for themselves, this had been recorded.

People's health care needs were supported. We saw that staff and the registered manager had been proactive in contacting a person's doctor when concerns about the person's physical health had been identified. One staff member told us, "I noticed a person's red skin. I reported it and we got the district nurse in." Where medical advice had been given, staff supported people to follow it. For example, where a person was advised to drink more fluids staff encouraged them. Where a person had refused medical intervention

this had been respected and alternative options provided to them in order to ensure their health needs could be met.

People were supported to have enough to eat and drink. Staff understood people's requirements and preferences. One staff member told us, "I cook from scratch. Encouraging them to eat." They went on to tell us, "I pick her rhubarb and cook it for her. Anything along those lines makes her feel better." People's care plan's detailed their support needs with regard to eating and drinking and guidance was available for staff to follow. The staff member that we spoke with could describe these. Where people required additional support to eat and drink, this was provided.

Is the service caring?

Our findings

People received kind and compassionate care. One person described staff as, "Very friendly and professional." A person's relative told us, "They are very kind, [the registered manager] is very kind." We saw a thank you card that had been received from a person's relative. It read, "Many thanks for all the loving and respectful care you gave mum."

People were treated with dignity and respect. A person's relative told us, "They are very careful how they treat [person]." They went on to explain how staff had ensured the person's dignity was protected while they provided them with personal care. People received the care that they wanted at a pace that suited them. One staff member told us, "I use the time wisely. It's also company that they want not just rushing around. So we sit and have a cup of tea with them."

Staff understood people's individual needs and preferences. For example we saw that one person had a small appetite. Staff demonstrated that they recognised this and supported them. The person's care plans guided staff with this. It stated, "All food needs to look attractive but small." A staff member told us, "I try to key into what their interest is. One lady likes gardening so I try and take her out into the garden." They went on to say, "One lady likes to look nice. In-between the hairdresser coming I wash and dry her hair and make it nice for her." Where people required support with their communication this had been identified. We saw that staff were guided to understand a person who had limited communication abilities due to their condition. Staff used alternative means, such as pointing at times of photographs to help the person express themselves.

People were supported to make choices. We read in one person's care plan, "[Person] will decide but you will need to give her some help [options]." A staff member told us, "It's about making suggestions." Another staff member told us, "They are able to make their own choices." People's independence was promoted. A staff member told us, "We help to keep people's independence." Another staff member said, "You let them do as much as they can, maintain their dignity." People's care plans guided staff to encourage people to make choices and to promote their independence.

People were provided with information about the service and the care that they should expect to receive. We saw that information about the organisation, emergency contacts and how people could raise a concern was provided to people when they started using the service. One person's relative told us, "We have a booklet here with all the information." We saw that as part of people's review of their care plan, the registered manager checked that people had this knowledge and understood what service they should expect to receive and who to approach if they did not receive the service they wanted. The registered manager had shared with people information that they felt might be of interest to them. For example, we saw that he registered manager had informed people of a local slipper exchange program that was taking place that some of the people using the service might benefit from.

Is the service responsive?

Our findings

People received care that was based on their individual needs and preferences. One person told us, "It's very personal. They have a plan of what I need." One person's relative told us, "[Registered manager] has taken a lot of the worry off me." They explained that this was because they were assured that the care that people received met their needs. Staff understood what care to provide and knew people's needs. A staff member told us, "The service you provide is different (depending on the person). You do everything and anything they want to help make their lives better."

The support that people required was assessed before they started receiving care. This was so that the registered manager could be sure that the service could meet each person's needs. One person told us, "The leader of the team came and assessed what I needed and made it a personal plan." A person's relative confirmed this. They said, "[Registered manager] did a proper assessment." We saw that people were asked to contribute to the planning of their care and their needs and wishes were taken into account.

People's care plans included information that guided staff on the activities and level of support people required for each task of their daily routine. Care plans contained information about people's preferences and usual routines. This included information about what was important to each person, their health and details of their life history. For example, we saw that one person's care plan stated that they usually preferred a bed bath but sometimes would like a shower. Another person's care plan had identified that they enjoy listening to music. Care plans were kept in people's homes and accessible to people and staff. People's relatives confirmed this. A staff member told us, "There is always a care plan in people's homes." This meant that staff had access to the guidance they needed to provide personalised support to people.

People's care plans were reviewed regularly with them to ensure that they continued to reflect their care needs and that people were happy with the care that they received. One person told us, "It was a question of developing it as it goes, it's been developed with me." Where a person's circumstances had changed, these were reflected in their care plan. We saw that the registered manager had identified when a person required more support than was commissioned. They had raised this with the person's family or the relevant professional in order to ensure that the person's needs could continue to be met as their condition deteriorated.

The registered manager had conducted satisfaction surveys with people using the service and their relatives. People that we spoke with confirmed this. One person said, "I have filled in feedback things so I have had an opportunity if I wanted to formally raise an issue." The feedback that we read was positive. One person had written about their carer, "They are very good and I am pleased with them."

People told us that they would feel comfortable to make a complaint if they needed to. One person said, "I would raise it with the boss who is approachable. In the odd times when we have had issues she has been open." When people started using the service they received a copy of the service user guide which told people how to make a complaint if they needed to. Staff confirmed that the guide was available to people in their own homes. The registered manager took action when a complaint was made. We saw that the

complaint had been responded to and that the person was satisfied with their care following the action taken.

Is the service well-led?

Our findings

Providers are required to inform Care Quality Commission of significant events that happen in the service or changes to the management of the service. The provider had failed to inform us of an allegation of abuse that had occurred in the service. They had informed the local authority. The registered manager offered us assurances that they would ensure all significant events are reported in the future.

During our inspection we saw that the ratings poster from our previous inspection was not displayed in the office or on the provider's web site. The display of the rating is required by us to ensure the provider is open and transparent with people who use the service, their relatives and visitors to the home. Before we had left the service the registered manager had arranged for the rating to be displayed on the provider's website.

People told us that they felt the service was well-led. One person using the service told us, "I am certainly very pleased with the service I get." A person's relative told us, "They are very good." People and their relatives had faith in the registered manager's abilities and told us that they were approachable. A person's relative told us, "[The registered manager] says I can give her a ring at any time if I need her." Staff told us that the registered manager was approachable. One staff member said, "Everything I've taken to her has been dealt with, she is always available." Another staff member said, "[Registered manager] is brilliant, if you need back up she is there."

Staff felt supported. One staff member said, "As a company they are very good." The registered manager told us that formal staff meetings did not take place due to the small number of staff. They communicated regularly in person and via text message in order to ensure that staff were kept up to date on developments in the service and had the opportunity to feedback any concerns that they may have. Staff understood the responsibilities of their role. When staff started working at the service they had received the provider's policies and procedures. They were asked to sign to demonstrate that they had read the policies and understood how to follow them. This was so that staff could be clear of the expectations upon them.

There were systems in place to monitor the care that people received. Staff confirmed that the registered manager met with people who used the service regularly to confirm if they were receiving the care that they should. Checks were made of care records to ensure that people had received the support that they should have. We saw that the registered manager had implemented checks to systems so that they could be assured that the service was working in line with the provider's policies. However, we saw that these had not identified where recruitment practices had not been robustly followed. The registered manager told us they would review their systems to ensure the checks were made.