TimRowlandJones Limited

Bluebird Care (Bath & North East Somerset)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Bluebird Care (Bath and North East Somerset Ltd) is a domiciliary care service that can provide care for up to 78 people living at home who have a range of needs, including dementia and learning disabilities. We last inspected Bluebird Care (Bath and North East Somerset) in July 2016 and was rated Good. At this inspection we found the service had deteriorated and was rated as 'requires improvement', this was because the service was not consistently submitting notifications about alleged abuse.

At the time of our inspection, the service was providing care for 71 people.

The service had not consistently submitted notifications to the commission in line with their statutory responsibilities. Allegations of abuse had not always been submitted, however we saw evidence that the service took appropriate actions to protect people from the risks of harm and abuse.

People received care that was personalised and responsive to their needs. When people were admitted to hospital they received a complimentary visit. The service worked with people to develop new ways of communicating and people were treated with dignity and respect.

Risks to people were assessed, recorded and actions were taken to minimise these. The safety of people was monitored, and this included a monthly check of each person's medication administration record (MAR). There was an emergency plan in place that informed staff about the people with the highest level of need and the steps that they should take in the event of an emergency.

People and relatives told us that staff members were kind and caring. Staff also said that they felt the management team cared about them and spoke positively about the registered manager and provider.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies in the service supported this practice.

We found one breach of the Care Quality Commission (Registration) Regulations 2009 relating to notifications. You can see what action we told the provider to take at the back of this report.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service Remains Good	**Good**
Is the service effective? The service Remains Good	**Good**
Is the service caring? The service Remains Good	**Good**
Is the service responsive? The service Remains Good	**Good**
Is the service well-led? The service has deteriorated to requires improvement The service had not consistently submitted statutory notifications when there had been allegations of abuse. Staff members worked together and there was a strong team identity. Staff and people spoke positively about the registered manager and the management team.	**Requires Improvement**

Bluebird Care (Bath & North East Somerset)

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 09 January 2019 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that we could speak with staff members.

The inspection team was made up of one inspector and one expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection, we reviewed information contained in statutory notifications, the provider information return and feedback received from two nurses and one GP.

We spoke with ten people, four relatives and eight staff members, including three care staff, one senior care worker, a coordinator, the registered manager, area manager and provider.

We reviewed various records including, the training matrix, recruitment files for three employees, policies and procedures, four care plans, records of safeguarding incidents, programme of quality audits, compliments and complaints, questionnaires, analysis of information and rotas. We also undertook a short observation of the induction training that was in progress during our inspection.

Good

Is the service safe?

Our findings

People were protected from potential abuse. Staff spoke confidently about how they could identify potential abuse and the actions they would take if abuse was suspected. Comments from staff included, "I would phone management, you know a person – if they are withdrawn, there is bruising, items are going missing" and, "If someone makes an allegation, I can't keep it quiet." There was a safeguarding policy in place and we saw evidence that the service was working with the local safeguarding team when required. The service also provided staff with wallets that, among other information, contained details about how to whistle-blow. It is important that staff know how to whistle blow as it means that staff can report any concerns that they may have.

Risks to people's safety were assessed and actions were taken to manage identified risks. For example, one person was at risk of falling and the care plan identified that the risk could be reduced if staff, "Ensure that the walking frame is in sight to remind [person's name] to use." Other areas of risk that were identified included, nutrition and hydration, sight and hearing and the service used an evidence-based tool to assess a person's risk of developing a pressure area.

There were enough staff to meet the individual needs of people. The registered manager told us, "We do not take anything [care package] on unless we have capacity. We grow into our staff." The office was deliberately overstaffed so that if there were high levels of absence among staff with caring duties, the office staff could deliver care to people. People's individual needs were assessed and, where required, multiple staff members were rostered to complete the same care visit, for example if a person required two members of care staff to use specialist lifting equipment. Staff members were required to manually log-in and out of visits while at the person's home and the visits were monitored live throughout each day using a system that created alerts if visits were identified as late or tasks had not been completed. This meant that if a visit was late, the office was notified in real time and could act to avoid missed visits.

Medicines were managed safely, and people's preferences were recorded. For example, one person liked to take their medicines with, "Water and two drops of squash." The service completed a monthly check of each person's MAR and when errors had been reported appropriate actions were taken as required. For example, when one person's medicines had not been administered in accordance with the service's policy, the staff member had received a supervision session focussed on medicines. On another occasion the service had sought guidance from a healthcare professional. Comments from people included, "I take my own medication, but the carer will always prompt me to remind me" and, "My medication is sorted by the carers they give them to me to take and will reorder from the surgery." As the result of a medicines error, the registered manager told us that when any staff member administered medicines, a checklist based on published guidance was included, and the task could not be completed unless this checklist was marked as having been read. This showed that the provider learned lessons and acted to ensure people were safe.

People were protected from the spread of infection. We saw that personal protective equipment (PPE) was available to staff members as required, this included shoe covers, aprons and gloves. The registered manager monitored the amount of PPE staff members collected in relation to the tasks that should be

completed. When staff members did not collect the expected PPE, a memo was sent out to remind staff members of their responsibilities regarding its use. There was no limit on the amount of PPE that staff could use.

The service operated a robust recruitment process. Applicants completed 'initial telephone screening' and this was followed-up with a formal interview undertaken by two existing staff members. Each of the recruitment files we reviewed included documents in line with legislation, for example, a minimum of two references, photograph ID and a Disclosure and Barring Service (DBS) reference number. The DBS undertake checks that are designed to ensure that people who are working with vulnerable adults are suitable for this role.

Good

Is the service effective?

Our findings

Staff had the skills and knowledge to deliver care that was safe, appropriate and met the needs of people. Staff members who were new to care completed the Care Certificate, The Care Certificate is a nationally recognised standard which gives staff the basic skills they need to provide support for people. All new staff completed induction training and were expected to attend a weekly supervision session for the first thirteen weeks of service. Comments from people included, "[I feel] very safe, they [staff] are well trained, that means a lot, capable carers; on the whole very dependable." Some training, including basic life support and manual handling was mandatory and staff members were also offered the opportunity to attend additional monthly training days in various topics.

People were supported to eat, and drink and the service used innovative ways to encourage people to eat and drink. For example, the service had recently completed the 'Great Bluebird Bake-off'. This month-long 'competition' was designed to 'encourage good nutrition' and involved staff members taking pictures of meals they had prepared for people and submitting them. The pictures were judged, and three staff members were presented with prizes for the best presented meals. Peoples' nutrition and hydration needs were assessed, and comprehensive guidance was available in care plans. For example, details in one care plan included that a person was on a diet that meant their food should be, "soft and moist" and included lists of the types of foods that were acceptable and other food types that should be avoided. When required, the service made referrals to external healthcare professionals and teams for example, speech and language therapy (SALT) and all staff received nutrition training.

The service worked with external organisations, professionals and teams to deliver effective care and treatment. For example, one person said, "I know the staff would act on something by phoning my District Nurse or Doctor." We saw evidence that staff from the service had attended specialist training at a hospital to ensure that they could meet the very specific needs of one person. Comments from healthcare professionals included, "Bluebird was helpful, and they were keen to work with the patient despite challenges faced" and, "I have worked with Bluebird for many years and have always found their services reliable and competent."

The service used a 'hospital passport system' in line with published guidance about best practice. The hospital passport contained relevant information about the person's health needs and their preferred methods of communication. This meant that if a person was admitted to hospital, staff would have access to important information about the person.

Consent was sought in line with legislation. People were asked for their consent to receive care, to have their photograph taken and each person was asked to consent to their information being held by the service. Comments from people included, "Such a good girl [member of care staff] she lets me know what she is doing and always waits for me to tell her when I am ready" and, "[staff member] communicates with me all the time as they assist me."

At the time of our inspection there was no one using the service who lacked the capacity to make any

decisions, this means that we were unable to review if the service was completing capacity assessments and best interest decisions correctly. However, staff spoke confidently about the Mental Capacity Act (MCA), one staff member said that the MCA was about, "Making sure people understand, retain the information and make a decision."

The service provided a wallet that contained the basic principles of the MCA on a card and all staff members were expected to carry these while at work. The service ensured that when a person had made an advanced decision, this was recorded in the office, on paper, in the person's home and in the electronic care plan.

People told us that their visits could sometimes be late. Care visits were allocated by location and all visits were subject to a half hour 'leeway' either side of the visit time. Comments from people included, that care visits were "Sometimes late but not that often" and, "They do run late sometimes but I know it is because of the traffic they are not given enough time between visits, I don't think traffic is taken into account." However, people said that they received care from staff who they knew, comments from people included, "I get regular staff and that's great as it is like having a friend round" and, "I have good continuity of carers they know exactly what they are doing."

The service used different ways to engage with staff. This included, team meetings, newsletters and messaging groups. There was also a suggestions box located at the office. This meant that staff had access to up-to-date information.

Staff were able to access the service's policies and procedures 24 hours a day through their mobile phone. This meant that staff had instant access to the most recent policies and procedures should they need it.

Good

Is the service caring?

Our findings

People told us that they were treated with kindness and that the staff who visited were caring. Comments from people included, "They [care staff] are well mannered and very caring, I have a great relationship with them, communication is good between us and we always have a good chit chat" and, "All of them are very kind, if I am upset they reassure me and make me feel happier, they would never leave me feeling low."

The service encouraged staff members to think about dignity and respect. Staff members received dignity and respect training and there was a 'Dignity Champion' who was responsible for promoting dignity across the workforce. Comments from people included, "They (staff members) do everything for me, they respect me and keep my dignity when giving me personal care, all very nice. They sit and talk to me." There was a 'dignity tree' located in the reception area, this was a tree that had been painted on the wall and all staff members and visitors were asked to record what dignity meant to them and place it on the tree. Comments from the tree included, "Being respected and being a someone" and, "Being treated with respect and care."

The service had invited people from local organisations to talk with staff as a way of promoting equality and diversity. An Imam had visited and spoke with staff about how they could support a person who held Islamic beliefs, the presentation included information about the importance of prayer and that staff members may be able to help a person who is unable to mobilise by moving their bed, so it is, "facing towards Mecca." Comments from people included, "I am very happy with the service they are all kind and thoughtful about my needs." This meant that people could receive care in accordance with their beliefs.

In 2017, the service won an award for their 'Carers' Centre Coffee Mornings'. The service provides a complimentary visit by a carer so that people who are caring for loved ones can have some time to rest.

Staff members had completed a 'virtual dementia tour'. An organisation had visited the service to help staff members better understand what it was like to live with dementia. The tour involved wearing gloves to limit hand movements, goggles to simulate poor vision and earphones that played loud sounds to confuse the staff member who was receiving instructions from the trainer. The registered manager said, "Some people are visibly shocked at how confusing and disorientating the dementia experience is. A real eye-opener." This training meant that staff were better equipped to provide care for people living with dementia.

We were told that the service remained in contact with some relatives and loved ones after people had stopped using the service.

Good

Is the service responsive?

Our findings

People received care that was personalised and responsive to their needs. Comments from people included, "We have found them to be flexible, they try to accommodate any changes we ask for" and one relative said, "They [Bluebird Care Bath and North East Somerset] have been flexible on times when needed or add visits on if I have been on holiday, which is a great relief." One person using the service was unable to communicate verbally and had created sign language that was unique to them. A staff member visited with the person and took photographs of them using core signs, recorded what the individual sign meant and details about the physical action for example, "Nice: I move my left thumb across my chin from left to right." The photographs and descriptions were included in a hard-back book that was professionally produced, one copy was held in the office and another in the person's home. This meant that staff members were better able to communicate with the person.

People received care that was person-centred and reflected their individual needs. All care plans included the document 'what is important to me' and where possible this was completed with the person. One read "I would like to feel comfortable, safe and supported in my own home." One person had recorded that they wished to be called a certain name, this was respected, and we observed office staff calling the person by this name during our inspection. This meant that people were able to retain control of their care needs.

People and staff had access to an on-call service. The service was operated by a member of the management team and meant that a member of the management team could be contacted at all times.

The service used an electronic care planning system. Care plan updates made in the office were immediately communicated to staff to their mobile telephone. This meant that staff had access to the most recent information and this minimised the risk of peoples changing needs not being met. A person's care plans and updates could be accessed and viewed by family members if the person wished

The service had created a library of books and DVDs, craft boxes and had worked with a local knitting group to produce 'twiddlemuffs' that are used to help people keep their hands active. The twiddlemuffs included items, such as tinsel ball balls or wooden objects, that people could 'twiddle' with. Staff members collected these and delivered them to peoples' homes for them to use together. A person living with dementia had lost the ability to communicate verbally in a way that others were able to understand. Staff delivered a craft box to their home and worked with the person to develop a way of communicating. The staff member discovered that the person could communicate using writing, this meant that staff learned more about the person and recorded, "This was a wonderful discovery and has given [person's name] more interest in their life."

Staff members had worked with people to help them reach their goals. For example, during an initial assessment it was identified that a person wished to leave their living-room as they had not been able to do so for two years. The person had been diagnosed with a life limiting illness and used a wheelchair. The service worked with the Occupational Therapist and staff undertook specific training to assist the person to access the community. During our inspection we saw photographs of the person outside and they were

smiling.

The service had managed to fulfil the wish of one person who wanted to pass away at home. The person had received a terminal prognosis and a healthcare professional approached the service to ask if they could provide end of life care. The service assessed the person and commenced care on the day, this allowed the person to pass away at home shortly afterwards in accordance with their wishes.

The management team organised a 'summer fun day' that saw people, staff and relatives in attendance. Members of staff had cooked food and there was a buffet, trampoline, face painting and an ice cream van. This meant that people were able to spend time with others in a social capacity.

Staff members visited people when they had been admitted to Hospital, the visit was complimentary, and people were given a small gift. The registered manager told us that the visits were completed so that, "People knew they were not forgotten." The service also celebrated the festive season with a party for people and staff members and sent out birthday cards. The registered manager highlighted that this was particularly important to people who, "didn't have any family and they had sadly lost their friends."

Complaints and concerns were investigated thoroughly, and people were responded to in a transparent way. Comments from people included, "We know we can speak to the manager if we needed to" and when asked how to complain one person said they, "Thought the information was in the paperwork." The service recorded and displayed compliments that people and relatives had shared. Relatives wrote, A sincere thank-you to the Bluebird team" and, "Thank-you for all your hard work so far…ensuring Mum's care is as smooth as possible."

Requires Improvement

Is the service well-led?

Our findings

The service had not consistently submitted statutory notifications to CQC when there had been allegations of abuse. We brought this to the attention of the registered manager who told us they were not aware that they had to submit notifications when allegations of abuse were made. Instead, they had waited for allegations to be substantiated and only then were the notifications submitted. We saw evidence that the service was taking the appropriate actions to keep people safe from potential abuse, including working with the local safeguarding team and making a referral to the Disclosure and Barring Service (DBS). The notifications were submitted retrospectively the day after we completed our inspection. Notifications are important as they help us to monitor services and the provider is legally obliged to send them within required timescales.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009

The service operated a programme of audits, including medicines and accident and incidents audits. The service analysed the audit to identify themes and to ensure that actions were taken. For example, when a person was incorrectly administered their evening medicines rather than their morning medicines, the staff member received a supervision session and the process of medicines administration was explained. The service is reviewed by the franchiser's head office team annually. Audits are carried out and at the last visit the service was rated at 94% compliant (previously 86%).

The service had provided one person with approximately 70 complimentary care visits because the person and their carer had built a strong relationship. When the person made the decision to move into a different care setting, the service had allowed the carer to visit them during working hours and free of charge. The provider said, "It was a kind gesture that I wanted to offer as the carer and customer had developed such a close relationship." This meant that the person and the carer could continue to have a relationship, even after the person no longer required care from the service.

There was a registered manager in place at the time of our inspection. 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.

The service had recently reviewed and changed their lone working procedure. If staff members felt threatened or intimidated while at work they could call the on-call phone and use code words that would alert the management team. This meant that the staff member could summon help without alerting a potential aggressor.

The service had a clear vision and an improvement plan was in place. Actions were taken in line with aims of the plan. For example, the service identified that improvements could be made to care plans and we saw that new care plans were in the process of being implemented during our inspection. The provider said, "There is continual investment and we try to be the best we can."

The service worked to reward and retain staff. For example, the service had recently introduced an incentive that meant members of staff received a paid day off if it was their birthday. Other rewards included access to discount schemes and a 'refer a friend'. Comments from staff included, "When you have a good company behind you it pushes you further". This contributed to staff members feeling valued.

Staff worked together to achieve good outcomes. For example, staff members had walked to people's homes when snow made travel on the roads unsafe, this meant that people received the care they needed. Comments from staff members included, "We all want to achieve the same thing" and, "We can be proud of what we are doing." Staff members were encouraged to attend team building days and the service had recently implemented a more informal way for staff members to communicate called 'team huddles'.

Staff and people spoke positively about the registered manager and the management team. Comments included, "I'm transgender, in advance they asked me if there was anything they could do for me" and, one person said, "The communication I have had with the office has been very good."

People were supported to express their views and told us that they were involved with developing their care package. Comments from people included, "Yes, [staff member's name] has come to do the review recently" and, "I am involved in my care what I need help with and how we manage it." People were invited to complete a six-monthly questionnaire and monthly newsletters were sent out to staff and people.

Staff from the service had recently worked together to raise a "2982.50 for a cancer charity and were also collecting items for people who were homeless. This showed that the service was building links with the local community.