Care Quality Commission

Most Stars Limited

Bluebird Care (Rother & Hastings)

Inspection report

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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

About the service
Bluebird Care (Rother & Hastings) is a domiciliary care agency providing personal care to older people, people with physical disabilities and people living with dementia. At the time of the inspection the service was supporting 20 people with personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
People were supported by staff who knew them well and understood their needs. One person's relative said, "The calibre of the carers is very good indeed. They are attentive, caring and cheerful." Another person's relative said, "They all very polite and friendly. They are very efficient and kind. We are glad we chose Bluebird."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to be as independent as they were able to be. People told us their homes and belongings were respected by staff, and their privacy and dignity protected.

People received personalised care. Staff knew people's care needs but also their interests and hobbies. People's needs were assessed before they started using the service and regularly reviewed. When people needed support about eating and drinking, accessing the community or taking their medicines, this was provided safely.

Risks to people's safety and well-being were addressed and monitored, with ways to reduce the risk identified and put in place. People were supported to live healthier lives, with staff supporting and contacting health care professionals when needed. Staff worked in partnership with other professionals to ensure people received the right support.

People told us they did not feel rushed during their care visits. There were enough staff to meet people's needs. Staff were trained to meet the needs of people using the service, including when people had specialist needs, such as epilepsy. Staff were recruited using safe recruitment processes.

The service was well-led. The provider and registered manager led a positive and person-centred service. People told us they could speak to the office when they wanted to and were confident to make a complaint if needed. Staff felt well supported by the management team and their hard work was recognised and rewarded. A quality assurance framework supported the registered manager to identify and address areas for further improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was requires improvement (published 7 September 2018).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our well-Led findings below.	**Good**

Care Quality Commission

Bluebird Care (Rother & Hastings)

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
This inspection was carried out by one inspector.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service four days' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 2 July 2019 and ended on 4 July 2019. We visited the office location on 4 July 2019.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from a local authority professional who works with the service. We used the information the provider sent us

in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with five people who used the service and five relatives about their experience of the care provided. We spoke with one health and social care professional. We spoke with seven members of staff including the provider, registered manager, care manager, care coordinator and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question had now improved to good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from abuse. Staff understood safeguarding, types of abuse and how to report any concerns. One member of staff told us, "It's ensuring people have their needs met, and are being treated with dignity and respect and as an individual. You have to raise concerns if you feel something is not right." Another member of staff said. "I would raise it with the manager or the next one above. I know I can report to CQC or adult social care." Staff knew about whistleblowing procedures and there was a policy available.
- Staff knew what to do in the event of an accident or incident and how to report concerns. One member of staff told us what they would do if they found someone following a fall. They said, "If they were laying on the floor, I'd ring an ambulance and the office. I wouldn't move them but try and speak to them and get a blanket to make sure they were warm. I'd sit on the ground with them, reassure them and wait for help to come."
- Lessons were learnt when things went wrong. For example, when a person had been found by staff following a fall staff contacted the paramedics and made the person comfortable. Staff spoke to the person's GP and discussed whether a referral for occupational therapy would be useful for the person to consider any mobility aids.

Assessing risk, safety monitoring and management

- Risks to people were monitored, assessed and communicated. Risks around people's behaviour were considered and managed. For example, one person could present with behaviour that may challenge. The risk to themselves and staff had been considered and discussed with the person. Staff knew how to support this person and guidance was in place to ensure they responded consistently, documented any instances and communicated these with the rest of the staff team supporting the person.
- Risks around the moving and handling of people were assessed. Plans included how the person preferred to be supported, as well as information on the aids needed to move them safely. Staff understood how to support people safely.
- Risks about the environment people lived in were considered. This ensured that staff had the space and ability to move around so that they could support the person safely. For example, when using aids to help a person mobilise.
- There were plans in place in the event of an emergency. People's needs and dependency on the service had been rated, to assist staff to prioritise in the event of an emergency. A business continuity plan detailed the steps staff should take to ensure the service continued in the event of severe weather conditions,

damage to the office, issues with public transport and loss of staff.

Staffing and recruitment

●Safe recruitment practices were followed. We had previously identified concerns about the recruitment processes for some staff. These concerns had been addressed and where references were previously lacking, the registered manager had requested further responses or additional references. A recruitment and file checklist had been used to check that the steps of the recruitment process had been followed, and when there were any gaps these had been addressed.
● Safe recruitment processes had been followed for staff more recently appointed. These included proof of identification, references and full employment histories. Records of interviews were kept. Checks were made with the Disclosure and Barring Service (DBS). DBS checks help employers make safer recruitment decisions. The registered manager told us, "We look to recruit staff that people trust."
● Checks had been completed to ensure that staff who were driving between care visits had current driving licences, MOT and tax and appropriate car insurance.
● People gave mixed feedback about whether they had consistency with care staff. Some people had a core group of staff who visited them, and others saw a variety of care staff during a week. The registered manager explained they were continuing to recruit new staff. All the people we spoke to were happy that their needs were met and understood by the care staff.
● People told us that staff arrived on time for their care visits. One person said, "I'm happy with the support, he's always on time. He checks if I am going out, and what time to come." Another person said, "They do let me know if they are stuck in traffic." A relative told us, "It doesn't happen very often, they are pretty well on time."
● People and staff told us that there was enough time during care visits to meet their needs and that they were not rushed. One member of staff said, "We were told on induction that if you find you don't have enough time, just ring and they will make the change."

Using medicines safely

● People received their prescribed medicines safely. Staff had training on giving people medicines, and their competency to do so was assessed. Guidance was available to staff to ensure they knew how people liked to take their medicines and where their medicines were stored in their homes.
● Some people were supported with their medicines by both their relatives and staff. There was clear guidance in place and all used the medication administration record (MAR) to record when they had given the person medicines, to ensure that the right amount of time was left between doses.
● Some people were prescribed medicines 'as required' PRN. There was guidance available to staff about how the person would show they needed this medicine, the amount to give the person and how often.

Preventing and controlling infection

● People were protected from the spread of infection. Staff understood the importance of washing hands and using the right equipment such as gloves and aprons, to reduce the spread of infection. One member of staff said, "We wear appropriate clothing, gloves, masks and aprons. May sure we wash our hands. I treat everyone that way, especially those I support with personal care."

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

● People's needs were assessed before they started to received care from the service. One person told us, "Someone came to work out a list of things to be done and to talk about what we wanted." Another person said, "They came to visit. They told me about the firm and how they worked. It sounded really good. I thought it was too good to be true, and that something would go wrong, but it hasn't so far."
● People's needs and risks were assessed in line with current guidance. For example, people who were at risk of skin breakdown, such as pressure sores, had this risk assessed using the Waterlow tool.

Staff support: induction, training, skills and experience

● Staff new to the service were supported with an induction. This included shadowing an experienced member of staff. One member of staff told us, "They talked through my role and then they scheduled shadowing." There were also regular check-ins with staff during their probationary period to see how they were doing.
● Staff were supported with training. One person's relative said, "We find that they are careful and very competent." Staff had training in a variety of subjects to help them support people, including the moving and handling of people, managing medicines and first aid. One member of staff said, "Training is ongoing, you can choose what you are training towards. I want to do more on dementia and epilepsy. They always ask what you want to head towards. This is the best place I've worked, for the support and training and way they care for the clients."
● Staff received specialist training to support people as needed. For example, staff supporting a person living with epilepsy had training in epilepsy so they could understand the condition, types of seizures and how to support the person. Staff supporting a person with behaviour that may challenge had received training about this. A member of staff told us, "I learnt about the different sides of communication, it's definitely affected the way I work with people who don't communicate so well. I've changed my approach and am being more mindful of how the person is feeling."
● A training room in the office had been designed to reflect a person's home to help make staff training more realistic. This included moving and handling aids, such as hoists and stand turners. A member of staff said, "I found that useful, it was like being in someone's home. To have a practice run with a colleague in the bed with the set up was a good idea."
● Staff were supported with regular supervision and appraisal. One member of staff told us, "Supervision

keeps you on your toes, they document what you have done and it's reassuring to know I'm doing the right things."

Supporting people to eat and drink enough to maintain a balanced diet

● People were supported according to their dietary needs. When people needed staff to support them with preparing meals, care plans included details on what people liked and any allergies or dislikes. One person told us, "They offer choices, I'm really fussy. They do it the way I like it, or they know they've done it wrong. They cut up my food when needed."
● When people were at risk of choking whilst eating or drinking, this was assessed. Support had been sought from a speech and language therapist (SaLT) about the consistency of food the person should have. Staff supported the person to eat in a distraction free environment to further reduce the risk of choking. Staff monitored any concerns such as coughing so they could feedback to the SaLT as needed.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

● Staff worked with health care providers and others to meet people's needs. Care plans included contact details for any specialist health care professionals involved in the person's care.
● When people had specific health conditions, such as epilepsy, there was clear guidance in place for staff. This included types of seizure the person may experience and how staff should respond in each circumstance.
● Staff worked with other agencies to provide effective and timely care. One health care professional told us, "Overall I found the care agency and care staff to be responsive and willing to support wherever they were able within a very difficult set of circumstances."

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.
We checked whether the service was working within the principles of the MCA.
● Staff understood the MCA and the importance of people making their own decisions. Staff had training in MCA. One member of staff told us about a person they supported, "She is able to make decisions about the things I support her with. Sometimes she forgets a bit, so I check the notes and offer her a freshen up."
● People's capacity to consent had been considered and inventive methods to electronically record people's verbal consent had been used when people were unable to sign. These had then been linked to the person's electronic care plan.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

● People told us staff were kind and caring. One person said, "I've no problems at all with Bluebird carers, I reckon they are absolutely wonderful." A relative told us, "They make sure he has everything he wants. Nothing is too much trouble." Another relative said "Their intentions are good, it's not just money. They are very kind indeed."
● One member of staff told us about how they supported one person when they were getting ready to visit their place of worship. They said, "I'm mindful of the time I have with him, I make sure I get his collar and tie right."

Supporting people to express their views and be involved in making decisions about their care

● People told us they were in control of their care. One person told us, "It is always up to me. I can always say no. She will listen to me, do what I ask her to do and make suggestions."
● People's views of their care were sought and respected by staff. There were regular reviews of people's care to ensure their needs were being met. One person's relative told us, "Twice yearly they do a 'how is it going' meeting. If we had a problem we would say."

Respecting and promoting people's privacy, dignity and independence

● People's privacy was respected. One person said, "If I get a phone call they go into the hallway or on the balcony." Another person's relative told us, "They respect our home and privacy."
● People's dignity was protected. One member of staff told us how they protected people's dignity whilst supporting them with personal care. They said, "I try and keep them covered with a towel, wrap it around their shoulders when finished. I draw the curtains and close any doors."
● People's independence was promoted. One person said, "With their help I can stay here." Another person said. "They are ever so good, I do as much as I can I get tired and they do the rest." One person's relative told us, "They encourage him to do the things that he can do."
● People's confidentiality was protected. Staff, relatives and professionals could access information about people's care visits and care plans through an electronic application on their phones. One member of staff told us, "I think the app is brilliant, so much better than writing down on paper. It's quicker and more direct

as it goes straight to the office. If there is an issue, I can put it on and the office can access the information straight away. Only the people that need to know can see it." Access to this application had to be granted by the office staff, so they could ensure that only people who needed to see the information had access to it.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were personalised. People told us that staff knew them well. One person said, "They know when I need quiet time, I tell them or sometimes they know themselves. They know me very well."
- Staff understood how to support people in the way they needed. One member of staff told us about a person they supported. They said, "When you turn him, he gets worried he might fall so you have to reassure him. We talk about everything, how his day has been, what he had for breakfast and what we will do next. We chat about music and Rye."
- Care plans were personalised. Details about people's lives and what was important to them, their personal, social and medical histories were included. One member of staff said, "It tells you about what they like to do, how they spend their day, any family or social events and what they did for a living. It can help you make conversation and to understand the person a bit more."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were considered within their care plans. When people's health conditions could affect their communication, these was considered, and their communication abilities and needs explained for when they were well, and unwell.
- The care manager explained how office staff would visit a person who may be hard of hearing, rather than speaking to them over the telephone.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans included details on people hobbies and interests so that staff could support and encourage them to pursue these. For example, one person enjoyed colouring and chatting with people. Another person enjoyed talking about their life and reminiscing. Their care plan included details on their life history so that staff could support these conversations.

● Some people were supported by staff to access the community. Staff discussed with people what they would like to do and supported them accordingly. For example, one person liked staff to support them to access a communal meeting room near to their home, so they could socialise.
● Staff had supported people to pursue their interests. For example, one person had gone on holiday abroad with the support of staff. This had been discussed with the person, and risks to them and the staff member had been considered.

Improving care quality in response to complaints or concerns

● Complaints had been listened to and responded to. For example, one person raised that they did not get on with the member of staff supporting them. This was taken seriously and addressed by the registered manager, who arranged for an alternative member of staff to support the person.
● Complaints were managed effectively. For example, one person had a concern about the charges in relation to their care. Staff discussed this with them and apologised when things had gone wrong.
● People told us they felt confident to raise any concerns with the management team. One person said, "If there was anything I was unhappy about I would speak to the manager, but nothings really gone wrong. I've had to phone a couple of times, they sort it out straight away. It's really good." Another person's relative said, "We've not needed to raise concerns, but I feel confident that we could."

End of life care and support

● End of life care was not being provided to anyone during the inspection. The registered manager showed us a document they had ready to complete with people should they need to consider end of life care.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

● At the last inspection we found there was a need to strengthen recruitment processes to ensure staff records were complete in all areas, or that reasons for them not being complete were clearly indicated. At this inspection we found this had been completed. When current employees had gaps within the recruitment process, these had been identified and addressed where possible. Newly recruited staff had been recruited using safe recruitment procedures with records kept reflecting this.
● Since the last inspection there had been a change of registered manager and office staff. The registered manager managed two branches. The day to day management of the branch was carried out by the care manager. One person told us, "I think the management is very good."
● The quality assurance framework supported the registered manager to identify and address areas for improvement. The service had been audited by the Bluebird quality assurance team in May 2019 which supported the registered manager to identify areas for improvement. For example, when staff were due refresher training or people's care plans needed review.
● Office staff regularly checked the quality of support care staff provided through spot checks. A member of staff told us, "I've had a couple of spot checks, they monitor what I am doing. Sometimes they ask questions. They would feedback if there were any concerns."
● The electronic computer system used for care plans and the recording of care visits allowed real time monitoring of people's care visits. Each visit was assigned a number of outcomes, as agreed with the person during their assessment or review. If staff did not log in to show they were attending the visit, or did not complete any of the assigned outcomes, this created an alert for office staff to see and resolve.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● There was a positive, person centred culture. People told us they felt listened to and could contact the office when they needed. One person told us, "They are all very nice and sociable. All extremely good, if I ask them to do more, they do it." Another person's relative said, "I must say they are really a very good service. I find them helpful and accommodating. If I do have to contact the office, they are helpful and always phone you back."

● Staff told us they felt supported. One member of staff said, "The support is really good. Office staff are there to help all the time. [Registered manager] is approachable and funny." Another member of staff told us, "I'm really impressed with Bluebird. I wanted a change, and something drew me here. I'd heard good things. They genuinely do care about their customers. There is good support if there is a problem or with suggestions if I need something."
● Staff told us they felt valued by the provider and registered manager. One member of staff said, "We are definitely valued, a couple of weeks ago they bought us salon vouchers for doing extra. They always say thank you for our help and support, not just to me but to all of us."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The provider and registered manager supported an open and transparent culture. For example, there was an open door to the office for both people and staff.
● The registered manager understood their responsibilities under duty of candour. When concerns were raised they were responded to. If things had gone wrong, apologies were offered, and staff worked with people to improve the situation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● People, their relatives, staff and other professionals' views on the service had been surveyed. The feedback received had been used to improve the service provided. For example, people had fed back that they would like to be notified of any change in care staff, and this had been implemented.
● Staff were supported with regular staff meetings. Records of the meetings showed discussion about audits, changes that were happening, discussions about professional boundaries and training.

Working in partnership with others

● Staff worked in partnership with other agencies. One health and social care professional told us, "I found Bluebird to be very responsive, going above and beyond in their role as care provider. I found the carers and co-ordinators very caring and always willing to support. They were always able to provide me with updates in relation to events and notify me of concerns."