

Freedom and Lifestyle Limited

# Bluebird Care (East Staffs & South Derbyshire) Uttoxeter Branch

## Inspection report






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## Ratings

Overall rating for this service	Good 
Is the service safe?	Good 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Good 

# Summary of findings

## Overall summary

This inspection visit took place on the 11 July 2016. This meant the provider and staff knew we would be visiting the service's office before we arrived. Our last inspection was carried out in September 2013 and no breaches of regulations were found at that time.

The service provides personal care and support to people living in their own homes in Uttoxeter and the surrounding areas. At the time of our visit 25 people were receiving a service.

The service had a registered manager. 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.

Staff gained people's verbal consent before supporting them with any care tasks and helped people to make their own decisions. However, where people were unable to make specific decisions, mental capacity best interest decisions had not been undertaken to demonstrate that their rights were protected.

Sufficient staff were available to meet people's needs and people received their calls as agreed. Staff had knowledge about the support people needed to enable it to be provided in a safe way. Staff understood what constituted abuse or poor practice and systems and processes were in place to protect people from the risk of harm. Medicines were managed safely and people were supported to take their medicine as prescribed. The provider had undertaken thorough recruitment checks to ensure the staff employed were suitable to support people.

People's needs were assessed and care plans directed staff on how to support people in their preferred way. Staff were provided with training to enable them to meet the needs of people they cared for. People's needs and preferences were met when they were supported with their dietary needs and were supported to maintain good health; we saw that staff alerted health care professionals if they had any concerns about people's health.

People told us that staff treated them in a caring way and respected their privacy and supported them to maintain their dignity. There were processes in place for people to express their views and opinions about

the service provided and people felt confident that they could raise any concerns with the manager. There were systems in place to monitor the quality of the service to enable the registered manager and provider to drive improvement.

## 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.

Staff understood their responsibilities to keep people safe and protect them from harm. Risks to people's health and welfare were assessed and actions to minimise risks were recorded and implemented in people's care plans. People were supported to take their medicines and there were sufficient staff to support people. Recruitment procedures were thorough to ensure the staff employed were suitable to work with people.

### Is the service effective?

Requires Improvement ●

The service was not consistently effective

Staff did not have clear guidance on how to support people in their best interests when they were unable to make decisions independently. People were supported by staff that were skilled, confident and equipped to fulfil their role, because they received the right training and support.

### Is the service caring?

Good ●

The service was caring.

People told us that the staff were kind and caring and supported them to maintain their independence. People told us they were treated with dignity and respect. People's privacy was respected.

### Is the service responsive?

Good ●

The service was responsive.

The support people received met their needs and preferences and was updated when changes were identified. The provider's complaints policy and procedure was accessible to people and they were supported to raise any concerns.

### Is the service well-led?

Good ●

The service was well led.

People were encouraged to share their opinion about the quality of the service to enable the provider to identify where improvements were needed.

Staff understood their roles and responsibilities and were given guidance and support by the management team. Systems were in place to monitor the quality of the service provided.

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## **Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 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 11 July 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office.

The inspection team consisted of one inspector and an 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. The expert-by-experience did not attend the office base of the service, but spoke by telephone with people who used the service.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of our planning, we reviewed the information in the PIR and other information we hold on the service, such as notifications received from the provider. A notification is information about important events that the service is required to send us by law. We took all of this information into account when we made the judgements in this report.

We spoke by telephone with eight people who used the service. We spoke with the registered manager, the two field supervisors and two care staff. We reviewed records held at the service's office, which included three people's care records to see how their care and treatment was planned and delivered. We reviewed three staff files to see how staff were recruited, trained and supported to deliver care appropriate to meet each person's needs. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.



## Our findings

People told us they felt safe with the staff that supported them. One person said, "I'm not very safe on my feet these days. If it weren't for my carer being here I wouldn't feel like having a wash or even getting dressed on my own because I would worry too much. I was really reluctant to have carers in to start with, but I feel so much safer with them here now that I don't really know why I worried so much or put it off for so long."

The staff ensured people's safety was maintained before they left them. Support plans instructed staff to ensure that life lines were on and accessible for people to ensure that people could summon help in an emergency situation; for example, if they had a fall. We saw that staff wrote in the daily records to confirm they had done this.

Staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. They were aware of the signs to look out for that might mean a person was at risk. Staff knew the procedure to follow if they identified any concerns or if any information of concern was disclosed to them. One member of staff told us, "If I had any concerns I would contact the office straight away and report them." Another member of staff told us, "I have never had to report concerns here but I have in previous jobs and know the procedure." Records showed staff had undertaken training to support their knowledge and understanding of how to keep people safe. One member of staff told us, "We get annual safeguarding training as a refresher. This makes sure we are up to date with any changes." Staff told us they were aware of the whistleblowing policy. Whistleblowing is a way in which staff can report misconduct or concerns about poor practice in their workplace.

Risk assessments were completed for people's home environment and their support needs. Actions were in place to minimise the risk of people having accidents within their home. For example one person's records stated that they had impaired vision and staff had clear guidance regarding the importance of maintaining the lay out of this person's furniture to ensure they could move around their home safely. This also supported the person to maintain their independence.

Staff had identified hazards for some people and actions had been taken to support them to address these risks, such as the 'Olive branch' project. This is a project with Staffordshire Fire & Rescue Service to identify potential fire hazards and other risks in the home. This project enables staff to refer people onto Staffordshire Fire & Rescue Service for a free home fire risk check. One member of staff told us, "It is a really good project and the fire service have told us that if we identify any concerns but the person is reluctant to be referred, we can let the fire service know and they will undertake a door to door check on homes in that



area. So in that way people will still get the fire risk check they need."

Risk assessments were in place to support people with their moving and handling needs. This included the type of equipment required to support the person and the location of this equipment in their home. Where a risk had been identified in the way people may use their equipment, clear guidance was provided to staff on the support, prompts and encouragement the person needed to use this equipment safely. For example, staff were instructed on reminding one person to use their walking aid in the correct way, to reduce the risk of falls.

There were enough staff to meet people's needs. People told us that they knew who would be supporting them because a rota was issued to them that provided the name of the worker and the time and duration of the call. People told us that staff arrived on time for the visit even when there were traffic difficulties in the local area. One relative told us, "[Name] usually goes to the day centre once a week and so it is important that her carers arrive on time so that she is ready to be picked up later on in the morning. I have to say that they all fully understand this and I have never been contacted to say that it hasn't worked out or that [Name] has missed the day centre because she couldn't get there."

We were told of two incidences where staff had been held up and on those occasions a member of the office staff had contacted them to let them know that the carer was running late and to find out if this was causing any undue inconvenience. One person told us, "Because I receive a rota every week, I never really worry about the time someone comes to me, particularly as I don't do anything most days. But one day a while ago, one of the carers was 30 minutes late when the agency rang to let me know. They asked if they could send me someone different, but I was prepared to wait for her."

People and their relatives told us there was consistency in the care they received. Comments included, "I have about four regular carers who share the week between them. They are all lovely and I get on really well with them." And "I think I know about six carers now who I regularly see. I can have a chat with all of them and nothing is too much trouble for them to do."

An on call system was available for staff. A member of staff said "We can ring the on call if we need any advice." People who used the service told us they knew how to contact the office and confirmed that the contact number was in the documentation they had been given.

The registered manager checked staff's suitability to deliver personal care before they started work. Staff told us they were unable to start work until all of the required checks had been completed by the registered manager. We looked at the recruitment checks in place for three staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The four staff files seen had all the required documentation in place.

We looked at how staff supported people to take their medicines. People told us they received support to take their medicines and in the way they preferred. One person's relative said, "[Name] has her carer just prompt her to take her medication each morning because she can be somewhat forgetful." We saw that assessments were completed on the level of support the person needed to take their medicine so that staff could support the person according to their needs. Staff told us they had undertaken medicine training and records confirmed this. A medicines administration record was kept in people's homes and we saw that staff signed when medicine had been given, or recorded if not given, and the reason why. This ensured that a clear audit trail was in place to monitor when people had taken their prescribed medicines.



## Our findings

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 make 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The staff told us and we saw that they had received training in the MCA. We saw that some people who used the service may not have capacity to make decisions about their care. Staff we spoke with knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions when possible. Information regarding people's capacity to make decisions was incorporated within their care plans. The manager was aware that they needed to look at best interest decisions as these arose but these were not in place at the time of the inspection visit. For example information in one person's assessment confirmed that they had Alzheimer's disease and could become confused. There was no clear guidance for staff to ensure this person was supported in their best interests when they were unable to make decisions independently. The manager confirmed that this information would be included in their care package.

Where people had capacity they confirmed they consented to their support plan and how this was delivered. One person told us, "I have been really impressed with how my carers cope with me being a bit fussy in the way I like things to be done. They never grumble about anything while they are with me." Another person told us, "My carer will come and make me a sandwich or perhaps a bowl of soup for my lunch. I'm never sure quite what I want to eat but she reminds me what I've got in the fridge and the cupboard so that I can decide."

People who used the service and relatives that we spoke with said that the staff were competent and capable of undertaking the tasks they performed. One person told us, "I've never had a worry with the training of any of my carers as they all seem to be perfectly capable of doing everything that I need help with." Staff told us and we saw that they received the training they needed to care for people. One member of staff said, "There is a lot of training. My induction was fantastic, very thorough; it started with written stuff like reading policies, then power point presentations and then learning how to use equipment. But everyone

is now doing the care certificate as well, it's very detailed so a good refresher for me." The care certificate sets out common induction standards for social care staff and has been to enable new staff to provide people with safe, effective, compassionate and high quality care. Another member of staff told us, "New staff work with more experienced staff at the start, until they get to know the people they will be supporting." We saw that care workers were also supported to complete vocational courses in care. One member of staff told us, "I am doing my level three in health and social care at the moment and there are a couple of other staff doing this as well. We are supported to professionally develop by the manager."

Staff confirmed and we saw that they received supervision on a regular basis; this was through one to one meetings and through observations of the care they provided. Staff told us that they felt supported by the management team and confirmed that supervisions provided them with an opportunity to discuss any issues and receive feedback on their performance. This showed us that people were cared for by staff that were well supported.

Several people we spoke with were supported with meals. People and their relatives told us they were happy with how this was done. One person told us, "My carer makes me breakfast in the morning and then another carer comes back to do me a meal at lunchtime and also to get me a sandwich ready for my tea. They always ask me what I would like, sometimes I can remember what's in the fridge and other times they will bring out a few different items and show me so that I can decide what I fancy." Another person told us, "When my carer has made my lunch, whilst I'm eating it she will make me a sandwich for my tea which she usually leaves wrapped up for me so it stays fresh. She will also make me a hot drink and make sure I have a glass of water ready for the afternoon. It doesn't matter what time my carer gets all the jobs done, she will always ensure that she leaves enough time to get me a hot drink ready before she goes to her next client."

Where people were supported with food and drink this was recorded as part of their plan of care. People's specific preferences and diets were recorded, to ensure their needs could be met. We saw that staff monitored people's dietary intake to ensure they received adequate amounts. One person told us, "My carer will write in the records about what I have eaten for breakfast each morning. I'm not really sure why they do it but I suppose it keeps a record just in case anybody wants to make sure that I'm having a good proper breakfast every day." A relative told us, "I know that [Name's] carer will make a note in the records about what it is they have eaten because I will very often have a look and that way I can just make sure that [Name] is eating well when I'm not here."

People's health care needs were documented as part of their care plan. Care staff told us that if they had any concerns about people's health they would inform the manager and contact the emergency services if needed. People we spoke with confirmed this. One person told us, "About a year ago, and I felt really quite poorly and thought I was going to pass out when my carer was with me one morning. She immediately made sure I was sitting somewhere comfy, before she went and phoned the ambulance and then phoned my daughter. I learnt afterwards from my daughter that she had also phoned to let the agency know what was happening and had written everything up in my notes before the ambulance even got to us." A relative of another person told us, "Name was taken ill and I was very grateful to the carer that she knew straight away what it was she needed to do and by the time I had arrived [Name] was in the ambulance. The carer was very professional and had managed to calm [Name] down considerably. I was very impressed, I have to say."



## Our findings

All of the people we spoke to said that they received a good quality, reliable service from staff that were professional, caring, and dedicated to their role. One person told us, "My carer is always very polite and never raises her voice to me. We are able to have a lovely chat while she's helping me get ready in the morning and she always makes sure that I'm comfortable before she leaves for me to go to her next client." Another person said, "I must confess, it is been a great relief to me to see how caring people can be."

People told us that staff supported them to maintain their independence. One person said, "My carer certainly encourages me to do as much as I can to help myself particularly while I am getting dressed in the morning after she has helped me with my wash." Another person told us, "My carer will try and encourage me to have a small walk around the living room while she is with me as she knows that when I am on my own I feel safer just sitting in my chair most of the time."

People told us that staff supported them to maintain their dignity and privacy. One person said, "When my carer first arrives, and comes in the evening, her first job is to pull all the curtains in my home so that once we start undressing me for the night I do not have to worry that some of my neighbours might be able to see what we are doing." Another person said, "My carers know that I like a nice warm wash and they always go and run the water so that it is ready for me and I don't have to stand about in the cold bathroom waiting for the sink to fill every morning."

People confirmed they were asked about their preference in staff gender for personal care support. One person told us, "When I started with the agency I was asked whether I preferred male or female carers. As I need help to have a wash or shower I did say to the manager that I would prefer female carers if that was possible. They have been very good and they have never sent me a male carer in the three years I have been with the agency." Another person said, "I must admit, I would feel quite uncomfortable having a male carer because all the help I need is with having a shower and getting dressed afterwards. I was asked about this when I started and I did say that I would prefer female carers and this is what I have had ever since."

People's preferred names were recorded in their care records to ensure staff addressed them in their chosen way. Care records showed that people had been involved in their care and their views had been gained about what was working. People had signed copies of their support plan documentation to demonstrate their agreement.



## Our findings

Staff supported people with a variety of tasks, from personal care support, preparing meals, taking their medicine and domestic chores. Everyone had a small group of regular staff who they knew well. They also said that their carers understood their needs and were very capable of delivering the service that they required. One person told us, "My carers are very good and they humour me and do things how I like them to be done."

People told us that the service was flexible when asked to make changes to accommodate people's changing needs and circumstances. One person told us, "On the rare occasion when I have needed to phone up the agency to change the time of an appointment, there has always been somebody to pick up the phone and talk to me. I have never experienced the answer machine at all." Another person said, "I have regular reviews with one of the managers who come to see me. We talk through what I have had help with and what is working well and if there are any changes needed to the care plan and the visits. As a result of the last review I have added an extra visit, so that I can have help in the evening getting ready for bed."

Staff told us they worked well as a team to ensure people were supported according to their needs and preferences. One member of staff said, "The communication is very good, we are issued with mobile phones and our rota's are on the phone and updated as needed, plus we get memos and messages if anyone's support needs change. It's a really good system."

Staff had the relevant information required to support people appropriately. We saw that a full assessment had been completed that included people's care and support needs and their preferences. People's care records showed that reviews of care were undertaken on a regular basis, after the first month of support and then the third month and then every six months or sooner if changes were identified. One person told us, "I have had regular review meetings with the manager since starting with the agency some four years ago now. They usually take place every six months or so and I find them to be really helpful as I am able to sit and talk with the manager about really anything that is either troubling me or if I need to talk about getting some additional help. We always go through the care plan to see if anything needs changing in it."

Staff told us that any complaints or concerns made to them would be reported to the registered manager. A complaints procedure was in place and this was included in the information given to people when they started using the service. People we spoke with were aware of the procedure for making complaints and told us they would feel comfortable if they ever had the need to do this. One person said, "I know there is a leaflet which explains how to make a complaint and I think this is kept in my folder here on the coffee table. I

wouldn't hesitate in contacting the manager at the service if I did have any particular issues. "Another person said, "I think I would ask my daughter to phone and speak to the manager as she comes to all the review meetings with me." The manager confirmed that no complaints had been received in the last 12 months.



## Our findings

People told us that the service was managed well. One person said, "When you've never had help come into your home before, it can be a bit worrying but I have to say that everybody is so friendly and reassuring that I wouldn't hesitate to recommend them to anybody else."

Staff were supported by a clear management structure and demonstrated that they understood their roles and responsibilities. People using the service and their relatives were clear who the registered manager was and confirmed that they could usually speak to them when they needed to. One person told us, "I have got to know the manager from when we see her for the review meetings and I would not hesitate to call her if I needed anything." The branch of the service was located on a high street and at ground level which made them accessible to the local community and people with physical disabilities.

Staff told us that they felt supported by the management team and said that if they had concerns or questions they would contact the office. Comments from staff regarding management support included; "There is excellent support from the manager and all office staff, they are always available when I need them." Team meetings were provided and staff told us that if they were unable to attend minutes were available to them. This ensured staff were kept up to date with any changes.

A quality assurance system was in place. We saw that quality checks regarding the care provided were also completed during reviews, to ensure people were happy with the support they received. We saw that the comments received were positive. For example one person stated that they were happy with the support they received and didn't require any changes to their care plan.

We saw that an audit from the annual satisfaction surveys identified areas for improvement and an action plan was in place to address these. We saw that two actions were identified for improvement regarding how questions were worded to make them clearer to people. We saw that information was in place to show these were being addressed

We saw that audits were undertaken of completed medicine records to enable the management team to identify any errors and address these. We saw evidence to show that the registered manager undertook spot checks on staff practice that looked at staff dress, attitude, time keeping and support provided.

We saw the data management systems at the office base ensured only authorised persons had access to records. People's confidential records were kept securely so that only staff could access them. Staff records were kept securely and confidentially by the management team. The registered manager understood the responsibilities of their registration with us. They had reported significant information and events in

accordance with the requirements of their registration.