

Verafrank Aji Limited

Bluebird Care, Newmarket and Fenland

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 

Overall summary

The inspection took place on 18 September 2015 and was announced. The service received 48 hours' notice of our intention to inspect the service. This is in line with our current methodology for inspecting domiciliary care agencies.

The service provides care and support to people in their own home. At the time of our inspection 88 people were receiving a service.

There was a registered manager in post. 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.

Summary of findings

Staff were trained in safeguarding people from abuse and they understood their responsibilities. Safeguarding concerns had been raised appropriately with the local authority and staff were confident about raising concerns if they had to.

Risks to people and staff were assessed and actions taken to minimise them.

Staffing levels were assessed and kept under review. There was a recruitment procedure in place which ensured that staff were safe to carry out this kind of work and had the required skills and experience.

Medicines were administered safely and records related to medicines were accurate.

Training and support was provided for staff to help them carry out their roles and increase their knowledge about the health conditions of the people they were caring for. There was a robust induction process which trained, monitored and supported staff during their first three months.

People gave their consent before care and treatment was provided and all except the newest staff had received training in the Mental Capacity Act (MCA) 2005. The MCA ensures that, where people lack capacity to make decisions for themselves, decisions are made in their best interests according to a structured process.

People were supported with their eating and drinking and staff helped to ensure that people had access to the food and drink they might need after staff had left for their next call. Staff also supported people with their day to day health needs and worked in partnership with other healthcare professionals.

Staff were caring and people were treated respectfully and their dignity was maintained.

People were involved in planning and reviewing their own care and were encouraged to provide feedback to enable the service to learn and grow.

Formal complaints were managed well. Informal complaints, gathered as a result of the regular feedback the service encouraged, were dealt with promptly and to the satisfaction of the people raising the issue, although some may have warranted a more formal response.

Staff understood their roles and were well supported and valued by the management team. The management team demonstrated a commitment to using innovative practices to improve the service.

Robust quality assurance systems were in place to monitor the delivery of the service.

Summary of findings

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.

Staff were trained in safeguarding people from abuse and understood their responsibilities.

Risks were assessed and managed well and medicines were administered safely.

Emergency plans were in place to make sure people did not go without the care they needed.

Good



Is the service effective?

The service was effective.

Training was provided for staff to assist them to carry out their roles. Staff were well supported through their induction.

People gave their consent before care was provided.

The service supported people to maintain a good diet and to look after their health.

Good



Is the service caring?

The service was caring.

Staff knew the people they were caring for well.

People who used the service, and their relatives, were very positive about the way the staff provided care.

Staff were kind and treated people with respect.

Good



Is the service responsive?

The service was responsive.

People were involved in assessing and planning their care.

People's choices and preferences were recorded in their care plans and they were supported to give feedback about their care.

The service actively sought out people's views and any complaints were responded to appropriately and promptly.

Good



Is the service well-led?

The service was well led.

People, their relatives, and staff were involved in developing the service.

Staff understood their roles and were well supported and valued by the management team.

Innovative quality assurance systems were being implemented to monitor the delivery of the service.

Good



Bluebird Care, Newmarket and Fenland

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.

The inspection took place on 18 September 2015 and was announced. The provider was given two working days' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection team consisted of one inspector.

Before we carried out our inspection we reviewed the information we held about the service. This included any

statutory notifications that had been sent to us. A notification is information about important events which the service is required to send us by law. We also reviewed the comprehensively completed provider information return (PIR); this is a document that asks the provider to give us some key information about the service, what they do well and improvement they plan to make.

We spoke with five people who used the service, three relatives of people who used the service, one senior member of care staff, three care staff, the registered manager and the director.

We reviewed four people's care plans, three medication records, three staff recruitment files, staffing rotas and records related to the monitoring of the quality of the service

Is the service safe?

Our findings

People told us they felt safe using the service. One person said, “It’s very reassuring”. We found that systems were in place to reduce the risk of abuse and to ensure that staff knew how to spot the signs of abuse and take appropriate action. Staff were able to tell us what they would do if they suspected or witnessed abuse and knew how to report issues both within the company and to external agencies. One staff member told us that even if their line manager did not feel the need to report an issue but they did, they would be confident to raise an issue externally with the local authority or the Care Quality Commission.

Staff had received training in safeguarding people from abuse and the service’s policy gave clear guidance for staff. The registered manager had made appropriate safeguarding referrals when they had suspected abuse may have taken place and demonstrated that they placed a high priority on keeping people safe.

We saw that risks had been assessed and actions taken to reduce these risks as much as possible. People’s risks associated with their mobility, pressure care, taking their medicines and their likelihood of having a fall had been assessed and were clearly documented in their care plans. Specific circumstances were assessed such as one plan documented that staff should not use polish on the stairs as it made them too slippery. People had been involved in the assessments and had signed their care plans appropriately. Staff were well informed about individual risks people faced and demonstrated they knew how to minimise these.

The service had an emergency plan in place. The plan used a traffic light system to divide people into low, medium and high risk which made it easier for staff to prioritise calls to people’s homes in an emergency situation. Information about each person clearly documented if they were low, medium or high risk. Eventualities such as fuel shortages, IT

breakdown and pandemic disease had been assessed and the impact of each considered. Actions were identified to minimise the impact of each eventuality on the people who used the service.

People received care and support from regular staff who knew them well. People told us that staff turned up on time and missed calls were very rare. One person said, “They are absolutely on time. It’s never happened that they haven’t got here”. We saw that two missed calls had occurred in the last year due to a breakdown in communication and the registered manager had changed the system to ensure that this could not happen again. People told us that if two staff were needed to help them with their mobility this always happened.

Before a new care package was agreed the manager carried out an assessment of the staffing levels needed and kept these under review as people’s needs changed. Staff told us that there were enough staff to carry out the tasks they needed to within the time allotted.

Recruitment records showed that staff had followed an application process, been interviewed and had their suitability to work with this client group checked with the Disclosure and Barring Service. Robust checks of people’s references had been carried out and where one person had not been able to supply a second professional reference we saw that this had been risk assessed and additional character references sought.

Medicines were well managed by the service and people told us they were happy with the way staff supported them to take their medicines. One person said, “They make sure I take my tablets. It’s very reassuring for me”. Records showed that staff had received the appropriate training to enable them to administer medicines and spot checks were carried out by senior staff three times in the probationary period to check practice, and occasionally after that. These checks were recorded on staff files and helped to monitor that people were receiving their prescribed medicines correctly. Medication administrations records were audited each month and we saw that any issues found were promptly followed up by senior staff.

Is the service effective?

Our findings

All of the people we spoke with were very positive about the care provided and about the skills and competence of the staff. One relative said, “They tell me about [my relative]. They communicate well. Some years ago we used another service... and it was horrible. This is wonderful”. A person who used the service said, “They’re very good. I am well satisfied. They have never been late and have never left us without a call. They are very good”.

Training, such as first aid, medication, infection control and moving and handling, was provided before people began to work in the community with the people who used the service. Staff received additional training, such as safeguarding people from harm, working with people living with dementia, record keeping and end of life care, within their first weeks at the service. Staff were very positive about the quality and availability of the training and many were being supported to undertake nationally recognised qualifications in care. Staff had recently become ‘Dementia Friends’ having received specialist training from the Alzheimer’s Society in supporting people living with dementia.

Records showed that staff had received a comprehensive induction and were able to shadow more experienced members of staff until they were confident. One member of staff said, “We did four days training before I started and you learn on the job. I shadowed a few evenings and then they asked me if I was comfortable going out on my own”. New staff were supported throughout their induction and their progress was monitored.

During the first twelve weeks new staff met with senior staff on a weekly basis or spoke to them on the phone. Senior staff also carried out three direct observations and three spot checks during this time, all of which were recorded. Staff knew that some of these observations were taking place and others were unannounced. Where observations identified that people required more support or further training this was put in place. New staff told us that they felt very well supported through the induction process. One said, “They are constantly going over things with you”.

All staff received regular supervision sessions and an appraisal system was in place. One member of staff told us that they felt the company was very good at developing

their staff. They said, “They recognised something in me” and told us that they had been promoted to a more senior role and had become part of the team carrying out initial assessments for people who wanted to receive a service.

The management and care staff demonstrated an understanding of the Mental Capacity Act (MCA) 2005, and most staff had received training in this. The MCA ensures that if people do not have the capacity to consent for themselves the appropriate professionals and relatives or legal representatives should be involved to ensure that decisions are taken in people’s best interests. We saw that people had signed their care plans to confirm that they had given their consent, for example, for care to be provided.

We saw that staff supported people to prepare and eat their meals and ensure they had access to food and drink once the care staff had left. One person who had a visual impairment explained how staff ensured they had the correct cutlery to eat their meals. They said, “They know what to do. They bring me a spoon and fork. They know me now”. Care plans and handover notes contained information about people’s eating and drinking needs and, where appropriate, records were completed to document the food and drink people had received.

People told us that staff supported them with their healthcare needs and worked well with other healthcare professionals. One person had a physiotherapy plan which had been put in place by the person’s physiotherapist. We saw that staff assisted the person with this each day. We also saw that body maps were used to document any marks or bruising and appropriate action taken if necessary. One person had requested that particular attention should be paid to their skin integrity because of their particular health condition. We saw that very detailed recording was in place for this person.

Records documented any health issues which staff had noticed and people were supported to access other healthcare professionals if they needed them. We saw that one person had been recorded as becoming unwell. Staff gave them their pain relief medicines, assisted them to make a GP appointment and, with their permission, looked into some respite care for them. Where issues had been noted in the daily records we saw that these were followed up. For example one person had a red mark which could have been the beginning of a pressure ulcer. This was clearly monitored by staff and documented until successfully resolved.

Is the service effective?

Care plans clearly identified health conditions people had and there was information in the care plans for staff to learn more about particular conditions.

Is the service caring?

Our findings

All the people who used the service, and their relatives, were happy with the way care and support was provided. One person said, “[My relative] knows the ones who come. [They] like the chat. [The staff] cheer [them] up”. Another person explained, “They always ask ‘Is there anything else you need?’ before they leave me. It’s really very good”. A third person said, “They are kind and caring and have plenty of time for you”. A written comment in the compliments folder from a relative of someone who had used the service stated, “Dignity, compassion and companionship were so very evident”.

Staff knew the people they were supporting and caring for very well and were able to tell us about people’s histories, preferences and their care and support needs. Each person had a visit that was long enough for staff not to be too rushed. Some visits lasted only 15 minutes and required staff to carry out one particular task such as putting hearing aids in or helping a person to take their medicines. All other visits were for a minimum of 30 minutes in order to give staff sufficient time to carry out their care tasks.

People told us that they were informed about who would be coming to visit them. They felt the service kept them informed about matters that concerned them. When new staff started with the service they were introduced to the people they would be supporting and caring for before they started working with them.. One person said, “New people are brought along so they can shadow and learn what to do. They are always introduced to us”. Following a new staff member’s first visit the registered manager rang the person to get feedback. This was recorded on the staff member’s file. Records we saw documented that people had been very happy with their new care staff.

People were fully involved in decisions about their care and their opinions were sought and recorded. Care plans reflected people’s involvement and were appropriately signed when they were drawn up and when reviewed. One person commented how they occasionally read through their care plan. They said, “They write things down in the book and I look through it sometimes”. People told us they felt listened to and that their feedback was important. One relative commented, “My [relative] is happy. They are very good. They listen to us and go along with us”.

We saw that staff received training in equality and diversity and the importance of providing care which respected people’s beliefs, age, culture, gender identity and race was promoted by the manager. People who used the service spoke about how kind and caring the staff were and how they treated them with dignity and respect. One person said, “[The care staff] are all good. I have no problem with any of them. I really look forward to them coming”. Another person commented on the kindness and professionalism of the staff saying, “If they’re late they will phone you and it’s not their fault- like if a person is ill. I had a fall and they waited with me until the ambulance came”.

We saw that it was important for staff to support people to remain as independent as possible. One person explained that, although they required quite a lot of support, there were some things they could do independently, such as take their medicines, and it was important that staff supported them to remain independent. They said, “I do my own meds. They’re very good and I’m very happy how they support me”.

Is the service responsive?

Our findings

People received care that met their needs and took into account their individual choices and preferences. Staff knew the people they were supporting and caring for well. One person told us, “Everything is quite in order. Reports of other outfits are not so good but I am quite satisfied with everything. They are regular, very much on time and let me know if they are going to be late. It’s the same carers each time. It is quite efficient”.

Initial assessments of people’s needs were carried out by the registered manager or by two of the senior staff together. These assessments were thorough and formed the basis of a detailed and person centred care plan which people contributed to. We saw that plans had been shared appropriately with relatives. Care plans documented the help and support people required and stated exactly how staff should provide this. Each plan contained details about the person’s background and significant information about their life and people and things that were important to them.

Care plans documented if people would prefer to receive care, particularly personal care, from care staff of the same gender. People confirmed they had been given this choice and the service operated female only rounds so that male staff were not used to support female clients who had expressed this preference. One person said, “They send a female. I prefer that”.

Staff told us that they were quickly made aware of any change in a person’s needs. One staff member said, “The care plans are in their homes and they tell us immediately if there’s any change”. We saw that when each staff member’s rota was sent out to them any significant information or new change was highlighted. Information such as how a person like to be referred to or whether they had a do not resuscitate order in place, was clearly documented to help guide staff, especially new staff.

The service responded quickly to changes in people’s needs and there was a commitment to people receiving support from a consistent staff team, although this could not always be guaranteed. Care plans contained specific

information such as one person liking bacon sandwiches for lunch. We saw that it was noted in one person’s record that they had received an insect bite and this was followed up by subsequent staff who recorded that it was no longer troubling the person or looking infected.

Another person, who was recorded as being unwilling to change their clothes, had their clothing recorded by each member of staff so that staff were aware if they had not changed their clothes for a significant period of time. Staff clearly reviewed this information and we could see that when a certain period of time had passed staff successfully managed to support the person to change their clothes.

The care and support people received was subject to on-going review. All the care plans we viewed had been appropriately reviewed and had been reviewed when a person’s needs had changed.

The provider sent an annual survey to people who used the service and their relatives in order to get feedback and invite people to share their ideas for any improvements the service could make. We saw that the last one was sent out in February 2015 and there had been 30 responses which were mainly positive. We saw that any issues raised were responded to promptly and fully by the registered manager. For example, we saw that the times of one person’s visits had been adjusted and another had been reassured that their usual carer was only on holiday as they feared they had left the service altogether. We noted that some of the surveys contained comments which could be said to constitute a complaint and the manager stated that they would ensure that any such issues would be responded to in writing in future.

We saw that the service had received three formal complaints. Two referred to the same member of staff and we saw that appropriate and prompt action had been taken to resolve this. The other complaint had been documented and was being investigated and managed appropriately according to the service’s complaints procedure.

People who used the service and their relatives told us they knew how to make a complaint if they needed to and had been given a copy of the complaints procedure.

Is the service well-led?

Our findings

The service had a set of values which were known by staff and documented in the customer guide which was given to people who used the service and were on the service's website. There was a strong commitment to providing person centred care which maintained people's independence. The registered manager communicated with people who used the service via regular newsletters and by updates on the service's website. People told us that they knew the manager and felt able to raise issues with her or her senior staff if they wished to.

People who used the service, relatives and staff were actively invited to help develop the service and provide feedback. The manager operated an Employee of the Month scheme. People who used the service could nominate a member of staff or the manager could choose to recognise a particular piece of work that a member of staff has undertaken or handled well. Employees of the month were announced in the newsletter so everyone was made aware of their achievement. In addition staff were able to access the benefits of a bonus scheme which was seen as a reward for their commitment.

Staff were very positive about the management of the service. One person told us, "They are very supportive" Another commented on the open door policy the manager had, saying, "You can always ask [the manager]. It is quite a comfortable atmosphere and you can be honest without being afraid". Staff meetings were held and provided staff with a chance to learn information and gain feedback as well as to share any issues they may have themselves.

The registered manager understood the responsibilities of their role and had previously sent all of the statutory notifications that were required to be submitted to us for any incidents or changes that affected the service. The manager was supported by the director who often worked at the office and was helping the manager to implement a new system of electronic records.

The service had a combination of paper and electronic records but was due to switch to a system using a smart

phone app to help staff ensure tasks are completed. For example the phone would flag if a staff member was leaving someone's home without completing a particular task, such as giving them their medicines for example. The new system had been trialled in other Bluebird franchises and had been a success there. Staff were positive about the new system and were due to receive full training the following week. People who used the service would continue to have key information in paper formats in their homes.

The registered manager and director demonstrated a commitment to improving the business and driving the business forward by implementing new systems such as the bonus scheme, Employee of the month scheme and new electronic record system using a smart phone app. The initiatives were designed to improve staff retention by acknowledging and rewarding staff as well as by reducing the likelihood of errors. The new app system also meant that on call or office staff would be alerted more quickly if a call was missed which was a protection for the member of staff as well as for the person who used the service.

The service had been nominated for an award in the medium business category of the Fenland Enterprise Business Awards 2015 and had progressed through to the final four. The manager told us they felt that recognition of this kind improved staff morale and was another way of raising awareness of the service more widely.

Systems were in place to monitor the quality of the service. A training matrix gave an overview of the training provision at the service and identified if staff were due for any refresher training. An annual audit took place as well as regular audits and spot checks which were carried out by the manager and senior staff. Care plans, body maps, daily records, care charts and medication charts came back to the office each month and were reviewed with one in five being audited in detail and the others checked for basic errors. Where issues were found we saw that prompt action was taken. For example, one member of staff had been spoken to as their handwriting was not clear on some of the charts which could have caused confusion for other staff.