Westward Projects Limited

Bluebird Care (Wellingborough)

Inspection report

25 Paterson Road
Finedon Road Industrial Estate
Wellingborough
Northamptonshire
NN8 4BZ
Tel: 0845 330 2184

Date of inspection visit: 10,14 and 15 December 2015
Date of publication: 26/01/2016

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

This inspection took place on 10, 14 and 15 December 2015 and was announced. Bluebird Care (Wellingborough) provides personal care to people in their own homes. At the time of our inspection, the provider informed us there were 52 people using the service.

The inspection was undertaken by 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 service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 knew how to recognise signs of abuse and what they needed do to protect people from abuse.

Risks to individuals and the environment were identified and managed. Risk assessments were centred on the needs of the individual, to enable people to live as safely and independently as possible.

Staffing arrangements ensured there were sufficient numbers of staff available to meet people's needs. The recruitment systems ensured that staff had the right mix of skills, knowledge and experience and were suitable to work with people using the service.

Staff were trained in the safe administration of medicines and where the service was responsible; people were supported to take their medicines safely.

Staff received regular training which provided them with the knowledge and skills to meet people's needs. They also received regular supervision and support from senior care staff.

Staff sought people's consent before providing any care and support. They were knowledgeable about the requirements of the Mental Capacity Act (MCA) 2005 legislation.

Where the service was responsible, people were supported to have a balanced diet that promoted healthy eating.

Staff met people's day to day health needs and took appropriate action in response to changing health conditions.

People were treated with kindness and compassion and their privacy was respected. The staff understood and promoted the principles of person centred care.

People's needs were assessed and their care plans had sufficient detail to reflect how they wanted to receive their care and support. People using the service and/or their relatives were involved in the care reviews.

Complaints were responded to appropriately and they were used as an opportunity for learning and improvement.

The registered manager understood their responsibilities. Their leadership style inspired the staff team to deliver a quality service. Staff at all levels understood the ethos and vision of the service.

Robust quality assurance systems were used to measure and review the delivery of care, and drive continuous improvement.

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 knew how to recognise signs of abuse and what they needed to protect people from abuse.

Risks to individuals and the environment were identified and managed.

Staffing arrangements ensured there were sufficient numbers of staff available to meet people's needs.

The recruitment systems ensured that staff were suitable to work with people using the service.

People were supported to take their medicines safely.

Good

Is the service effective?
The service was effective.

Staff received regular training which provided them with the knowledge and skills to meet people's needs.

Staff received regular supervision and support.

Staff sought people's consent before providing any care and support.

Staff were knowledgeable about the requirements of the Mental Capacity Act (MCA) 2005 legislation.

Where the service was responsible, people were supported to have a balanced diet that promoted healthy eating.

Staff took appropriate action in response to people's changing health conditions.

Good

Is the service caring?
The service was caring.

Staff treated people with kindness and compassion.
Staff ensured people's privacy was respected.

Staff understood and promoted the principles of person centred care.

Good

Is the service responsive?
The service was responsive.

People's needs were appropriately assessed.

People's care plans had sufficient detail to reflect how they wanted to receive their care and support.

People using the service and/or their relatives were involved in care reviews.

Complaints were responded to appropriately and were used as an opportunity for learning and improvement.

Good

Summary of findings

Is the service well-led?

Good

The service was well led.

There was a registered manager in post.

Staff at all levels understood the ethos and vision of the service.

Robust quality assurance systems were used to measure and review the delivery of care and drive continuous improvement.

Bluebird Care (Wellingborough)

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 10, 14 and 15 December 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service to people living in the community, and we needed to be sure that someone would be available in the office.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for people who use this type of care service.

Before the inspection, 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. We also reviewed information we held about the service including statutory notifications that had been submitted to the Care Quality Commission (CQC). Statutory notifications include information about important events which the provider is required to send us by law. We also received feedback from the local authority that commissioned the service.

We spoke with two people using the service and four relatives of people using the service. We spoke with the registered manager and three senior care workers.

We reviewed the care records belonging to six people using the service to ensure they were reflective of people's current needs. We reviewed five staff files that contained information about their recruitment, training, supervision and annual appraisals. We also looked at other records relating to the quality management of the service.

Good

Is the service safe?

Our findings

People using the service and their relatives told us they had no cause for concern about their safety. One person said, "I know who is coming, the service is lovely, I've no worries about safety or anything at all". Another person said, "I feel safe and at ease with all the staff". One relative said, "The staff take [name] out I have no worries. I feel [name] is very safe with the staff." Another relative said, "[Name] is not very mobile now, the staff are very good they know what to do and we feel safe with them. If they are not sure about something they always ask me".

The staff we spoke with confirmed they had received training on safeguarding people from abuse and the safeguarding reporting procedures. One member of staff said, "I know what to do if any form of abuse is suspected, safeguarding is something we take very seriously". The provider told us that identifying abuse and knowledge and awareness of safeguarding processes were included in the staff induction training. The staff training records confirmed that safeguarding training was provided. We saw that the provider's safeguarding policy gave the details for alerting the local authority safeguarding team and the Care Quality Commission (CQC) in response to any concerns of abuse.

Systems were in place for staff to report accidents and incidents, and the registered manager was aware of their responsibility to notify the Care Quality Commission (CQC) of incidents constituting abuse or serious injury.

Risk assessments were carried out on the home environment and detailed any specific risks posed to staff and the person. We found they outlined key areas of risk, such as falls, medication and manual handling. They included information on what action staff should take to promote people's safety and independence; and to minimise any potential risk of harm. We saw the assessments were reviewed regularly and updated as and when people's needs changed. We found that people's care records contained emergency contact numbers and relatives' details, as well as the person's GP contact details for staff to access in an emergency.

There were sufficient numbers of staff to meet people's needs. One person said, "Bluebird Care are excellent they are very reliable and have never let us down". People said that they were provided with a weekly staff rota so they knew which staff were scheduled to attend to their calls.

One person said, "I get a weekly rota with the times and names of staff so I know who is coming, the service is lovely". One relative said, "I really can't find fault the service, we get a weekly timetable trough the post so we always know who is coming".

People said that staff usually arrived on time and spent the full length of time with them. One person said, "If they are running late, they always ring and tell me what's happened, likewise if I want to change my time they will do their utmost to be flexible and change things for me". Another person said, "They are flexible they come in the morning but will change the time if needed as long as we give them a bit of notice, they've asked about the service we need over Christmas". One relative said, "We like to go to Church on Sunday morning and the carers always come on time so we can go".

Staff confirmed that the provider had carried out appropriate checks on their eligibility and suitability to work at the service. We saw that the recruitment process ensured that applicants were suitable to be employed at the service. Written references were obtained from previous employers and proof of identity was obtained to demonstrate the applicant's eligibility to work in the United Kingdom. We saw that enhanced checks were carried out through the government body Disclosure and Barring Service (DBS). This ensured that people who are a known risk to work with vulnerable groups, adults and children were prevented from working with them.

People using the service and relatives confirmed they received their medicines on time and that they had no concerns about how they were being supported by staff to take their medicines. One person said, "I manage my own tablets but the carers always update the paper work if there are any changes".

We saw that assessments of people's ability to manage their medicines had been carried out to establish the level of support required to take their medicines. One person said, "The manager came when my tablets were reviewed and updated all the information and filled in the paper work".

The staff told us they had completed medicine training that included medicines administration and competency assessments being were carried out to ensure they safely administered medicines to people. The provider told us

Good

Is the service safe?

that staff were observed administering medicines using a competency checklist. We saw that the medicines administration records (MAR) held within people's care records had been completed appropriately by staff.

Good

Is the service effective?

Our findings

The staff had the necessary knowledge, skills and experience to provide people with the right care and support. People said they felt that staff knew about their relative's specific care needs. One person said, "I think the service is absolute first quality, the carers always check if I am ok and how I am feeling, I feel they understand my needs it's all written down in the book". One relative said, "[Family member] has dementia and is also deaf I'm really very grateful of how the carers chat to [family member] and understand the difficulties they have to cope with". Another relative said, "The staff are very amenable and understanding of [family members] condition, they are sensitive to their needs. I think the staff are well trained they understand and know how to deal with things".

A programme of staff supervision and annual appraisal meetings was in place. The senior carers told us they met regularly one to one with the staff members they supervised. They also said they meetings took place with their peers and that general staff meetings also took place regularly. The provider said through staff having regular staff supervision, observation and appraisals they were able to fully assess each member of staffs' training needs and abilities to plan for further professional development. The provider told us people using the service were introduced to new staff when they first started working at the service. We saw that minutes were kept of the supervision and appraisal meetings that demonstrated they took place on a regular basis.

Staff told us when they first started working at the service they were provided with induction training and had worked alongside an experienced member of staff before working alone. The provider confirmed that they took into consideration each member of staffs' previous knowledge and experience of caring for people with specific conditions, so their knowledge and skills were utilised and matched to the people they provided care for. They also confirmed they regularly met with people using the service to seek feedback to assess that their care provision was being continually delivered by staff.

The staff said the provider was very pro-active in providing training. One member of staff said, "I feel that the training is excellent, we would never be expected to provide care for people without having received full training first".

The provider told us that the staff training was regularly reviewed and we saw that updates were provided for all staff on mandatory training areas, such as, safeguarding people from abuse, fire safety, moving and handling (theory and practical), basic life support, food hygiene, medicines administration and awareness.

The senior support workers and the registered manager carried out spot checks to observe the care and support people using the service received. The staff said they were also used as an opportunity to seek feedback from people on the care they received and identify areas of good practice, as well as any areas for improvement.

People using the service and relatives told us that staff always sought their consent and permission before they carried out any task or personal care. Relatives said, they observed that staff always explained what they needed to do and asked people for their permission before carrying out any care tasks.

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.

Staff told us they had received training on the MCA 2005 and there was evidence of this within the staff training records seen. People's care records contained assessments of their capacity to make informed decisions and where they lacked capacity to make decisions 'best interest' decisions were made on their behalf following the MCA 2005 legislation. For example, best interests' decisions had been made for people who lacked the capacity to safely manage their medicines.

People said that the staff prepared and cooked meals for them. One relative said, "The staff always ask [name] what they want for tea". Another relative said, "The staff warm [name] meals and put it in front of him, he doesn't need help to eat it, but they keep a watchful eye on him". We saw that people's care records had information about their

Good

Is the service effective?

dietary needs and preferences and the level of support needed to eat and drink. The staff told us when they visited people's homes they checked that people were comfortable and had full access to food and drink.

People were supported to access health services in the community. If people were unwell, carers contacted relatives and health care professionals including their GP and the district nurse. One person said, 'They always check if' I'm ok and how I'm feeling, if I am feeling ill they respond and do whatever needed, they make phone calls if necessary, anything at all". One relative said, "My [family member] is no longer mobile and can only transfer. The staff are very good they know what to do".

The registered manager told us they had good support from healthcare professionals involved in providing care to people using the service. They said they had good relationships with external professionals such as, the community nursing team, occupational therapist, physiotherapist, pharmacist and information provided through Age UK and Parkinson's UK. They said they utilised the knowledge and support the external professionals to continually develop the service and we saw this was evidenced within people's care plans.

Good

Is the service caring?

Our findings

People told us that the staff were kind and caring they felt they were treated with dignity and their privacy was respected. One person said, "The other day one of the staff said to me the 'I love my job' it made me feel good too". Another person said, "I can talk to the staff, they are kind and caring and understand what I need". All the comments we received from people using the service were positive, for example, "The service is absolutely fantastic I cannot find fault". "The service is absolute first quality, with lovely people, I'm very happy with everything".

Relatives gave positive feedback, with comments such as, "'My [family member] has very complex needs and is quite frail now; we always get the same staff they are very understanding and know what is needed. My [family member] enjoys the banter with them and appreciates being able to have a laugh and a joke, I think we really struck lucky with this service". Other comments included. "We like the friendliness of the service, the staff carry out their work and chat at the same time which is good, and we would definitely recommend the service to anyone". "The staff are always cheerful and have a smile on their face they are understanding and show kindness, they are all great". "My [family member] loves the carers coming they really understand him".

The registered manager told us when allocating staff they took into consideration compatibility to foster good relationships. They told us they achieved this by looking at people's preferences and the type of carer they would like to attend their care. One person confirmed they had been allocated a carer who they thought was 'a bit too chatty.' They said they asked the provider for a change of carer and their request was met straight away. One relative said, "If I didn't feel that [name] was matched with the right person I would say so, but everything is very good. We always get to meet new staff to see if they are going to be ok, [relative's name] can be can be a bit difficult, but I have no worries at all about the service". We found the staff knew the people they provided care for very well. They were aware of their preferences, likes and dislikes and aimed to provide personalised care.

People spoke of how the staff provided them with companionship. One person said, "I have been ill, but now I'm feeling better the carers are going to help me go out, I'm really looking forward to that". One relative said, "The carers go on weekly outings with [name], they go to the pictures, bowling, visit car shows, outings to the park and on lovely walks. [Relatives name] chooses where they want to go". The provider told us that people were given the choice as to whether they wanted the staff to wear uniforms or not, so as not to advertise that the person was receiving care from an agency.

People said they felt their views were listened to and that they and their family members were involved in making decisions and planning their care as much as they were able. One relative said, "We have a very good rapport with the carers, they communicate with [name] very well.

The staff were very positive about the relationships they had developed with people. One member of staff said, "I absolutely love my job, I worked for another company and started to feel disillusioned, but working for Bluebird Care has given me back pride in my work".

People using the service and their relatives said the staff supported them to remain as independent as they were able. One person said, "They help me to wash and dress and to put my socks on'. I was a bit embarrassed at first with the younger staff, but I've no problems now they put me at ease and I don't worry at all now". Another person said, "it is a really good service they come to me every day and do really anything I need, cleaning, making food and general help they've helped me a lot over time". One relative said, "The staff treat [name] with great respect, we think they are lovely we know them all now they are very pleasant, very thorough, it's all very positive I can't say more".

Good

Is the service responsive?

Our findings

People's care needs were fully assessed before the service began providing support. One relative said "The manager did an assessment for what [name] would need before he came out of the care home; things were very complex at the time; they always involve me in planning the care. "

People using the service and their relatives told us they were involved in the assessments and care plan reviews. One relative said, "The manager came to see us after the first week. We have regular care reviews; they visit us at home or will phone to check if everything is going ok. We saw records of home visit and telephone assessments that had been carried out to continually check that people received their care as agreed in their care plans. The assessments and associated care plans were regularly reviewed and updated as and when people's needs changed. This ensured people received the right care and support according to their current needs and capabilities.

We saw that people received personalised care that reflected their choice and promoted their involvement in the local community. One relative said, "The carers go with [name] on weekly outings, they go to the pictures, bowling, to car shows, the local park, they go on lovely walks. [Name] always chooses where they want to go and the carers accommodate it".

People told us they knew how to raise any complaints about the service. All of the people we spoke with said they had not had any cause to make a complaint. One person said, "I have no complaints at all, if I ever felt I needed to make a complaint I would talk to the manager". Another person said, "Any issues I have discussed have been minor and sorted very quickly". One relative said. "Things I have raised have been comments rather than complaints". People said the communication with the service was very good. The provider told us the complaints procedure was included in the information given to people when first setting up their care package with the service. We saw the service had received two complaints and they had been investigated following the complaints policy.

Good

Is the service well-led?

Our findings

The service had a registered manager in post. The people using the service and the relatives we spoke with praised the caring and professional attitude of the registered manager and the staff team They all expressed satisfaction with the quality of the service provided.

People said they felt involved in their care and their views were valued and respected. People said they knew who the registered manager was and that she had carried out initial visits to them at home. One person said, "When we first started using the service she visited and did the assessment". One person said, "'I first went into the office and then someone from the office came to see me at home, they were very nice and very friendly". One person said, "I've spoken with the manager a couple of times and she is very good". Another person said, "They send me updates and information about things, I received a letter recently about the telephone system and I've just had a Christmas card".

People said they had received questionnaires from the service. We looked at the most recent quality survey that showed that overall people were very pleased with the service they received. Comments received included for example, "The staff are delightful, always on time, it's like a weight lifted off my shoulders". "They go above and beyond, staff are absolutely brilliant". "They all show compassion".

People commented that the communication between the staff and the service was very good. They said they felt that the registered manager and staff listened to their requests or suggestions and where possible they were always accommodated.

The service fostered a culture of openness and transparency. One person said "The manager and the office staff are always very friendly and approachable I can ring them any time". Another person said, "I would recommend the service to anyone [staff name] comes and sorts the paperwork and [staff name] comes to do the yearly reviews we've got a very good rapport I wouldn't change them for anything, the service is all just lovely". Overall the feedback we received from people using the service and their relatives was very positive about all aspects of the service.

People were very complimentary about the attitude and approach of both the registered manager, senior and care staff; they were particularly very appreciative of the kindness and friendly nature of the staff.

The registered manager provided the Care Quality Commission (CQC) with information, such as notifications of incidents, as legally required under the registration regulations. We also saw that regular audits were carried out to continually assess the quality of the service people received. Areas identified for update or improvements were promptly addressed.

The staff told us they were aware of the safeguarding and whistleblowing procedures. Whistleblowing is when staff can raise safeguarding concerns directly with the local safeguarding authority and /or the Care Quality Commission, if they believe the provider is not fully protecting people from abuse. All of the staff we spoke with confirmed that they fully understood their responsibility to raise any concerns about the care people received to the local safeguarding authority, if they believed the manager or provider did not protect people from abuse.

The staff had regular opportunities to discuss their performance and share information about people's day to day needs with their colleagues. This was undertaken formally, during staff

meetings, and informally, through discussions by phone or face-to-face. The provider told us each week they held a 'cake Friday' drop in session for staff and customers to socialise over a cup of tea and cake, they said it was always well attended, that some staff brought along their small children and it was seen as an opportunity to meet each other informally outside of working hours.

The staff we spoke with were very positive about the management of the service; they said they received good support from the registered manager and the staff team. One member of staff said, "I love my job, it's too good to be true, the support I have been given is terrific, I really do feel I have got my pride back".

Staff told us that they had good training opportunities and received regular support and supervision. They all commented on how approachable the registered manager was and how they could speak to her for advice and support whenever they needed to.