

Mason Thomas Limited

Bluebird Care (Peterborough & Rutland)

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?	Outstanding	

Overall summary

We undertook an announced inspection of Bluebird Care (Peterborough and Rutland) on 21 July 2015. Bluebird Care (Peterborough and Rutland) provides a personal care service to people in their own homes. At the time of our inspection 62 people were receiving a personal care service.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has

registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and to report on what we find. The registered manager and care staff understood the Mental Capacity Act 2005 (MCA) and had received appropriate training.

People who used the service were safely cared for the registered manager and care staff were well aware of their responsibility to protect people's health and wellbeing. There were systems in place to ensure that risks to people's safety and wellbeing were identified and addressed.

The registered manager and registered provider ensured that care staff had a full understanding of people's care needs and had the skills and knowledge to meet them. People received consistent support from care workers who knew them well. People felt safe and secure when receiving care.

People had positive relationships with their care staff. There was a strong emphasis on key principles of care such as compassion, respect and dignity. People who used the service felt they were treated with kindness and said their privacy and dignity were respected.

People received a service that was based on their personal needs and wishes. Changes in people's needs were identified and their care package was amended to meet their changing needs. The service was flexible and responded positively to people's requests. People who used the service felt able to make requests and express their opinions and views.

The registered provider was committed to continuous improvement and feedback from people, whether positive or negative, was used as an opportunity for improvement. The registered manager demonstrated a good understanding of the importance of effective quality assurance systems. There were processes in place to monitor quality and understand the experiences of people who used the service.

The registered manager and the directors demonstrated strong values and a person centred approach. Staff were motivated and proud of the service. They said that they were fully supported by the registered manager and a programme of training and supervision that enabled them to provide a high quality service to people.

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.

Care staff knew how to recognise and report any concerns in order to keep people safe from harm.

People had been helped to stay safe by avoiding accidents.

There were appropriate staffing levels to meet the needs of people who used the service.

Background checks had been completed before new care staff were employed.

Good



Is the service effective?

The service was effective.

Care staff had the skills and knowledge to meet people's needs. Care staff received regular training to ensure they had up to date information to undertake their roles and responsibilities.

People were supported to eat and drink according to their plan of care.

Care staff liaised with other healthcare professionals as required if they had concerns about a person's health.

Good



Is the service caring?

The service was caring.

People who used the service told us they found the care staff kind, caring, polite and courteous.

Care staff recognised people's right to privacy, respected confidential information and promoted people's dignity.

Good



Is the service responsive?

The service was responsive.

Care plans were in place outlining people's care and support needs.

Care staff were knowledgeable about people's support needs, their interests and preferences so that they could provide a personalised service.

People were involved in making decisions about their care and the support they received.

Good



Is the service well-led?

The service was well-led.

The registered manager and the directors of the service promoted strong values and a person centred culture. Staff were proud to work for the service and were supported in understanding the values of the agency.

Outstanding



Summary of findings

There was open communication within the staff team and care staff felt comfortable discussing any concerns with their manager.

There was strong emphasis on continual improvement and acted on any shortfalls. The registered manager regularly checked the quality of the service provided and ensured people were happy with the service they received.

People who used the service and their relatives felt the care staff and the registered manager were approachable and there were regular opportunities to feedback about the service.

Bluebird Care (Peterborough & Rutland)

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 registered persons were 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 was announced. The registered provider was given 48 hours notice because the location provides a domiciliary care service. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available to contribute to the inspection.

We visited the administration office of the service on 21 July 2015 and 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 services or caring for someone who requires this type of service. They supported the inspection process by carrying out telephone calls to people who used the service following the inspection.

We spoke with 16 people who received a service from Bluebird Care (Peterborough and Rutland) and two relatives. When visiting the administration office we spoke with the registered manager, a company director and two care workers. We also sent people who used the service a questionnaire about their experiences and received 21 responses. A questionnaire was also sent to care staff and we received 12 responses.

Before our inspection visit to the service we reviewed notifications of incidents that the registered provider had sent us since the last inspection. In addition, we contacted local commissioners of the service who pay for some people to use the service and health and social care professionals who support people who use the service. We did this to obtain their views about how well the service was meeting people's needs.

In addition, we reviewed a range of records about people's care and how the service was managed. These included care records for five people and other records relating to the management of the service. We also looked at six staff training, support and

employment records, quality assurance audits, minutes of meetings with people and staff, findings from questionnaires that the registered provider had sent to people and incident and accident forms.

Is the service safe?

Our findings

People said that care staff treated them well and that they felt safe with their carers. A person said, "I feel absolutely safe, they are brilliant." Another person said, "I am safe with the carers and I trust them." In addition, we spoke with relatives whose loved ones were supported by the service. We received positive feedback and relatives were assured that people were safely cared for. One relative said, "I do think [my relative] is safe."

Safeguarding polices were available and care staff were required to read these and complete safeguarding training as part of their induction. Care staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. One member of care staff said, "On one occasion I felt the need to report concerns I had about a customer and possible financial abuse by a family member. Bluebird were very professional and reported my concerns on, reminding me not to talk about this matter to other carers." Care staff said that when required they would also escalate concerns to external bodies. This included the local authority safeguarding team, the police and the Care Quality Commission.

Providers of health and social care services have to inform us of important events that take place in their service. The records we hold about the service showed that the registered manager had informed us about any safeguarding incidents and had taken appropriate action to make sure people who used the service were protected. Several safeguarding concerns had been raised by the service since the last inspection and the registered manager understood their responsibilities. They had informed the appropriate local authority safeguarding of adults teams and made the referrals where necessary. The registered manager demonstrated a progressive approach which ensured that people who used the service were safe and they had established robust working relationships with local authority safeguarding teams. We saw examples of the actions they had taken when concerns had been raised and the positive impact this had on the person who was vulnerable.

Assessments were undertaken to assess any risks to people who received a service and to the care staff who supported them. This included environmental risks and any risks due to the health and support needs of the person. Risk assessments included information about action to be

taken to minimise the chance of harm occurring. Some people had restricted mobility and information was provided to care staff about how to support them when moving around their home and transferring in and out of chairs and their bed. Health and safety risk assessments were completed when a new support package started. These assessments highlighted any potential risks for care staff whilst working in a person's home. This risk assessment highlighted areas for care staff which included the security of the property, an over-view of the person's home and any environmental risks.

There were sufficient numbers of care staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. In addition, the registered manager considered potential sickness levels and staff vacancies when calculating how many care staff needed to be employed to ensure safe staffing levels. The service had teams of care staff in each of the main geographical areas which they covered which meant that care staff were based locally and travel time was minimised. Any late calls were monitored by the main office and a new electronic call monitoring system ran alongside a paper system. This system checked when staff arrived and left a person's home and the data could be used to ensure that people received the correct amount of allocated time. The service planned in a 15 minutes window between each visit regardless of whether this was needed or not. This decreased the risk of staff not being able to make the agreed visit times. People we spoke with said that they had never had a missed call. If a member of care staff was running late people confirmed that they received a call to keep them informed. One person said, "No missed calls and if they are caught up in traffic then the carer will ring me and tell me that they are going to be a little late."

Suitable recruitment procedures and required checks were undertaken before care staff began to work for the service. We looked at the background checks that had been completed for five care staff before they had been appointed. These checks showed that the care staff did not have criminal convictions and had not been guilty of professional misconduct. In addition, other checks had been completed including obtaining references from previous employers. These measures helped to ensure that new care staff could demonstrate their previous good conduct and were suitable people to be employed in the service.

Is the service safe?

When accidents or near misses had occurred they had been analysed so that steps could be taken to help prevent them from happening again. This had been documented in the accident book. For example, when a member of staff sustained a minor injury, action was taken in line with the registered provider's health and safety policy.

There were arrangements in place for assisting people to order, store, administer and dispose of medicines. People we spoke with confirmed that staff assisted them or prompted them to take their medicines. One person said, "Yes, they remind me to take my tablets, without them I would forget." Care staff who reminded or assisted people

to take their medicines had received training and knew how to provide this assistance in the right way. Records showed that people had received the right medicines at the right times and people told us they were confident in the assistance care staff provided. Medicines audits were carried out on a monthly basis when people's medicine charts were checked. Any actions identified from the audits had been noted and action taken to address them. All of these checks ensured that people were kept safe and protected by the safe administration of medicines and that we could be assured that people received their medicines as prescribed.

Is the service effective?

Our findings

People we spoke with felt that care staff were adequately trained, and had the necessary skills to care for them well. We received comments which included, “They [care staff] definitely have the right skills”, and, “Yes, I do think that they [care staff] have the right skills, the beginners soon catch on.” and, “When someone is being trained they are attached to an experienced carer, they get a good training.”

People were supported by care staff who had the knowledge and skills required to meet their needs. All care staff that we spoke with said that they were fully supported by the registered manager. One staff member said, “The training is very good. It definitely equips you for the role and it’s on going. [The registered manager] is very supportive if you want to do further training.” The registered manager monitored all care staff training for the service and checks were in place to ensure that care staff were up to date with their refresher training. Records showed that care staff had received training in key subjects including how to support people who lived with dementia, infection control and health and safety. In addition, we saw that care staff had been supported to obtain a nationally recognised qualification in care. Care staff were also supported to access external training. For example, healthcare professionals from the local community had provided training sessions for care staff in relation to pressure area care.

All new care staff completed an induction programme at the start of their employment that followed nationally recognised standards. Care staff told us that they had completed an induction that helped equip them with the knowledge required to support people in their own homes. During this time they had read people’s care records and the service’s policies and procedures. Staff said that the induction process included shadowing other staff and spending time with people before working independently. Care staff received regular supervision and an appraisal from their supervisors. Supervision is dedicated time for care staff to discuss their role, personal development and training and support needs. These processes gave care staff an opportunity to discuss their performance and identify any further training they required.

We looked at five people’s care plans and spoke with the registered manager and care staff and found they were knowledgeable about the Mental Capacity Act 2005 and

had received up to date training. This law is intended to ensure that staff support people to make important decisions for themselves. For example, these decisions could refer to the management of someone’s finances or significant medical treatment. This involves helping people by providing them with information that is easy to understand. We found that people’s capacity to consent to their care and support was reviewed when they started to use the service. We also found that the registered manager had worked in conjunction with relatives and other health and social care agencies to support people to make important decisions for themselves. They had consulted with people, explained information to them and sought their informed consent. The registered manager told us that if they had any concerns regarding a person’s ability to make a decision they worked with the local authority to ensure appropriate capacity assessments were undertaken.

People were supported at mealtimes to have access to food and drink of their choice. The support people received varied depending on people’s individual circumstances. Some people lived with family members who prepared meals. Other people required greater support which included care staff preparing and serving cooked meals, snacks and drinks. When the service had been employed to specifically assist people with food preparation, care staff had received training in food safety and were aware of safe food handling practices. Where people were identified as being at risk of malnutrition or dehydration care staff recorded and monitored their food and fluid intake. Care staff said that before they left their visit they ensured people were comfortable and had access to food and drink. We looked at people’s care records and found that care staff had documented when they had prepared food and if the person had eaten well.

People’s care records included the contact details of their doctor so that care staff could contact them if they had concerns about a person’s health. There were also contact details for other health and social care professionals should care staff need advice or assistance which included social workers and occupational therapists. For most people who used the service, care staff were not routinely involved in decisions about people’s healthcare and whether they needed to see their doctor or other health professional. One person said, “Yes, they [care staff] have

Is the service effective?

helped me in the past and rung the GP.” Care staff told us that they would report to the office, the on call person for the service, the person’s GP or emergency services if they arrived to deliver care and found that someone was unwell.

Is the service caring?

Our findings

People were happy with the care provided by the service. One person stated, “The care has been exemplary in every way. We have been so blessed.” Other comments received included, “They are very caring and I like them all.” and, “They are very nice ladies, very kind and considerate and good workers.”

People said that care staff would always ask if there was anything else needed before they left and this was appreciated as some people said that care staff were their only regular visitors. For example, one person said, “They will check I have everything I need before they go. The carers are very professional in their duties and they do more than they need to before they go.”

Positive, caring relationships had been developed with people. One person said, “Yes, I am so pleased and would recommend them to anyone. I look forward to Thursdays when they come, it is lovely to see them. They are so kind and we have a chat and a joke and a laugh.”

The registered manager was motivated and clearly passionate about making a difference to people’s lives and gave us examples of actions they had taken. This enthusiasm was also shared with care workers we spoke with. One staff member explained their role as a companion to one service user and how they supported them to access the local community, go shopping and enjoy lunch out. The staff member said, “I really enjoy supporting this person and spending time with them. They get so much out of it.”

Care staff were respectful of people’s privacy and maintained their dignity. Care staff said they ensured people’s privacy whilst they supported them with aspects of personal care. This was confirmed by people we spoke with. One person said, “Of course they protect my privacy and am I embarrassed? Of course not.” A relative said, “They [care staff] approach [my relative] with respect and they take their time with them, giving them time and not rushing them.”

Care staff received guidance during their induction in relation to promoting dignity and respect. Their practice was then monitored when they were observed in people’s own homes. All staff who worked for the service had signed up as dignity champions and there had recently been a themed ‘dignity day’ at the main office. Staff, people who used the service and members of the local community had been invited in for a social event which focussed on dignity. People had been asked to give an overview of what dignity meant to them and a dignity tree with all the comments was now on display in the main reception of the office.

Care staff recognised the importance of not intruding into people’s private space. When people had been first introduced to the service they were asked how they would like care staff to gain access to their homes. We saw that a variety of arrangements had been made that respected people’s wishes while ensuring that people were safe and secure in their homes.

Care staff were knowledgeable about the care people required and the things that were important to them in their lives. One person said, “Bluebird are an excellent care company and they look after me very well. I am very happy with them and would not be able to cope without them.”

The registered manager was aware that local advocacy services were available to support people if they required assistance, however, there was no one who currently used the service who required this support. Advocates are people who are independent of a service and who support people to make and communicate their wishes.

Written records that contained private information were stored securely and computer records were password protected and there were policies and procedures in place relating to data protection and confidentiality. Care staff understood the importance of respecting confidential information. They only disclosed it to people such as health and social care professionals on a need to know basis.

Is the service responsive?

Our findings

Each person supported by the service had a written care plan and people had been invited to meet with senior staff on a regular basis to review the care they received. This was to ensure that it continued to meet their needs and wishes. This confirmed by people we spoke with. One person said, "Meetings? Yes, someone comes from the office and my daughter-in-law comes and the three of us talk about my care, they do listen." Another person said, "We had a review recently and someone came from the office, it was helpful. Any matters of concern I had are now fine."

If people's care needs changed we saw examples of how care staff responsible for reviewing the care plans made the necessary amendments. The five care plans we looked at demonstrated how people's individual needs were met. This included how people wanted care staff to access their home, what support people required, how people wanted to receive their care and how people wanted their spiritual and social needs met. We found that all five care plans we looked at had been signed by the person or their representative.

Care staff were knowledgeable about the people they supported. They were aware of people's preferences and interests, as well as their health and support needs. This enabled them to provide a personalised service. When a person started to use the service they were given an information guide. This included the contact details for senior staff out of hours, the standards that people could expect from staff, how to raise a safeguarding concern and how their care plan would be complied. This information ensured that people were able to make an informed decision before they started using the service. People told us that they were able to make choices about their care. For example, some people told us they could ask for either female or male carer workers. One person said, "No, I don't have males. I prefer the females and that is not a problem."

Care staff we spoke with were knowledgeable about the people they supported. They were aware of people's preferences and interests, as well as their health and support needs. Care staff gave examples of when they would offer people a choice. One staff member said, "I want people to be as independent as they can so I always offer choice around what clothes to wear, what food people would like to eat and where they want to spend their time in their home."

People said that their care could be changed at the last minute and that the service was responsive to their needs. For example, one person said, "I get a rota every week and I can change it and they can change it." Another person said, "I like consistency and yes they are pretty good."

The service had actively built links with the local community that enhanced people's sense of wellbeing and quality of life. Care staff supported people to access the community and minimise the risk of them becoming socially isolated. The service offered companionship calls when people were supported to access the local community. We found examples of how people were supported to go shopping, visit local garden centres and access facilities at local day centres.

People using the service and their relatives told us they were aware of the formal complaint procedure. One person said, "I have no complaints and I am very pleased with them. They are very cheerful." One relative told us, "We have absolutely no complaints, [my relative] has different carers which suits them beautifully and they are terribly kind to them and good to me." We saw that the service's complaints process was included in information given to people when they started receiving care. The service had not received a formal complaint since our last inspection. Records showed that when informal concerns were raised that they had been investigated properly and resolved to the complainant's satisfaction so that lessons could be learnt for the future.



Is the service well-led?

Our findings

The values of the service were person centred. The registered manager was supported by two directors who were based on site. The balance of the clinical knowledge of the registered manager and the customer care focus of the directors ensured that people were at the heart of the service. We spoke with the registered manager and one of the directors and they demonstrated a clear vision for the service. This was demonstrated when we spoke with staff who said how the service was about the people they supported and their needs and wishes and reflected the culture of the service

There was a strong emphasis on continually striving to improve the service. The governance systems within the service were robust and picked up any shortfalls. For example, the service ran weekly continuity reports to review which care staff were allocated to a person. This meant the registered provider could ensure continuity for people. We saw how action was taken if it was highlighted on the reports that people for whatever reason had not received the same member of care staff on a regular basis. The directors were fully involved in the day to day management of the service and provided excellent support to the registered manager and the team. We saw examples of how they were involved in visiting people and their families in their homes to ask for their views on the service and the support they received. They also had involvement in following up on concerns or complaints alongside the registered manager and putting actions plans in place to address shortfalls and were also involved in performance reviews with staff. All of these systems which were in place demonstrated that there was excellent leadership and governance in the service.

We saw examples of how the registered manager had worked in partnership with other external agencies when concerns were raised around a person's wellbeing and safety. The registered manager was tenacious and determined in resolving difficulties for people and acted as an advocate for people who were unable to voice their concerns. One such incident was linked to sensitive issues within family dynamics. The registered manager handled this incident with tact and diplomacy which resulted in a good outcome for the person. A further example, involved a

person's unsafe medicines management. The actions they had taken had led to meetings where systems had been put in place to ensure the person's safety in line with the Mental Capacity Act 2005.

There was a positive and sustained culture at the service which was open, inclusive and empowering. Care staff were motivated and told us that management at the service were excellent. One staff member said, "Bluebird care have some amazing carers all with different qualities and strengths, communication is very good between the carers this makes a good working atmosphere." They told us that they felt fully supported by the registered manager, that they received regular support and that the registered manager was approachable, keeping them informed of any changes to the service. Comments we received included, "This is the best care agency I have worked for, they have high standards, they are very good." and, "[The registered manager] is fantastic. They are so supportive and I feel I can take anything to them and I will be listened to. They have a lot of patience." Care staff said that they felt they were part of a supportive team and one said, "Throughout my time working for them I have never had any problems with the carers I have been working with, if anything they have given me great advice and showed me great work practice and effort."

The registered manager recognised that with care staff who worked in the community they could feel isolated and looked at innovative ways of communication to make sure they were informed of changes, knew about best practice and could share views and information. For example, staff meetings were held every month but at two different times in the same day so that all care staff had the opportunity to attend and contribute. The registered provider also sent out a monthly staff newsletter. A recent employee survey had been carried out which gave care staff the opportunity to feedback on the service and the support they received. The responses were positive with any comments noted and followed up on by the management team. The registered provider had also introduced a 'Carer of the Month' scheme and details of care staff who gained the award were shared in the newsletter and also displayed in the main office.

There were clear management arrangements in the service so that care staff knew who to escalate any concerns. Care staff we spoke with confirmed that they were aware of the on call system which they could use should they require advice. For example, care staff would call if a person who



Is the service well-led?

used the service was unwell when they called or if they had fallen. The registered manager was available throughout the inspection and they had a very good knowledge of people who the service supported, their relatives and care staff.

The registered manager and registered provider had regularly checked the quality of the service provided. This had been done so that people could be confident that they would reliably and safely receive all of the care they needed. These checks included environmental risk assessments and checking people's care plans to ensure that they reflected the care and support people needed. In addition, this included checks of people's medication charts to ensure that people had been assisted as appropriate to take their medicines. We also found that checks were in place to ensure that care staff had the appropriate documents in place to safely drive their vehicle whilst they undertook their work. This included items such as valid car insurance and a current driving licence.

Supervisors monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. This was confirmed by people we spoke with. One person said, "The supervisor comes round to make sure everything is alright and I am happy with my care. They are very good ladies." Supervisors are senior members of care staff who have received additional training which enables them to support staff and ensure that care and support is delivered in line with the registered provider's policies and procedures. They undertook a combination of announced and unannounced

spot checks to review the quality of the service provided. This included arriving at times when the care staff were there to observe the standard of care provided. The spot checks also included reviewing the care records kept at the person's home to ensure they were appropriately completed. The supervisors completed monitoring forms during their spots checks and fed back to the registered manager and the registered provider. If any concerns were identified during spot checks this was discussed with individual staff members during supervision meetings. Care staff said that the supervisors advised them of any changes they needed to make.

People who used the service were asked for their views about the care they received. The last survey of people's opinions of the service had taken place in May 2015. The feedback received showed that people were happy with the service they received. When people had raised informal concerns we found that the registered manager had taken action to address the shortfalls. People we spoke with confirmed that the registered provider contacted them on a regular basis to check on the quality of the service provided. One person said, "Now and then a woman comes from the office to check that everything is done alright. I tell her that we have a laugh and staff do what I want and that they are so good to me and I would recommend them to anyone." Another person said, "I get things to fill in from the office and occasionally someone comes from the office and you get to know them and this is helpful when you are on the phone to them."