

Audagio Services Ltd

Bluebird Care (Totton)

Inspection report

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Date of inspection visit:
05 June 2017

Date of publication:
21 July 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Bluebird Care is a domiciliary care service providing a range of services including personal care for people living in their own homes. At the time of the inspection there were 68 people using the service. The service provided support to older people some of who were living with dementia.

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

Management provided strong leadership, were constantly working to drive improvement and always celebrated success. Feedback from people, staff and relatives confirmed management were respected and led by example.

Staff told us that they felt their achievements were recognised and that they felt valued. Staff had a clear understanding of their roles and responsibilities. We observed staff were confident in performing their jobs and when speaking with people, other staff and the registered manager. Audits had been completed and were linked to CQC's regulatory standards of ensuring a service is safe, effective, caring, responsive and well-led. The audits effectively captured the level of detail needed to provide reliable data and lead to positive change.

People, their families and professionals told us they felt the service was safe. Staff had received safeguarding training and had their competencies checked. They were aware of the types of abuse that could happen to people, what signs to look out for and their responsibilities for reporting any concerns.

The registered manager had a good understanding of their responsibilities to notify the Care Quality Commission of important events that happened within the service. People and their families had been given information so that they knew what to expect from the service.

People who required assistance with their medicines were supported by appropriately skilled and qualified staff. They had received training and competency checks and had a good understanding of the risks associated with the medicine people were taking.

New care staff completed the Care Certificate. The Care Certificate is a national induction for people working in health and social care who did not already have relevant training. Staff consistently told us the training they received supported them to meet the needs of people safely.

Staff said they felt supported in their role. They told us they received regular supervision and had a yearly appraisal.

Staffing levels met the needs of the people using the service. Staff had been recruited safely.

Staff acted in accordance with the principles of the Mental Capacity Act (MCA) 2005.

People had good access to healthcare. This included GP's, district nurses, occupational therapists opticians and chiropodists.

People wherever possible had care workers who shared common interests and had gained the knowledge to understand people's individual needs. They also had a good knowledge of people's families and others important to them.

Care files included a privacy statement which explained to people the information that the service collected about them and why they kept it and staff understood their role in protecting a persons' privacy.

People, their families and other professionals had been involved in an assessment before the service provided any support. The assessment had been used to create care and support plans that addressed people's individual identified needs. Staff demonstrated a good understanding of the actions they needed to take to support people.

A complaints procedure was in place and people told us they were confident and concerns would be dealt with appropriately by management.

Staff were supported and encouraged to share ideas about how the service could be improved and had been pro-active in supporting changes. They spoke enthusiastically about the positive teamwork and support they received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service is safe.

Staff had received safeguarding training and were aware of actions they needed to take to keep people safe.

Sufficient numbers of staff were deployed at all times to meet people's needs.

People were supported with their medicines by staff who had been appropriately trained.

Is the service effective?

Good ●

The service is effective.

Staff received an induction and on-going training that gave them the right skills and knowledge to carry out their roles. They received support, supervision and an appraisal and were given the opportunities for personal development.

The service was working within the principles of the Mental Capacity Act 2005.

People had good access to healthcare professionals and staff reported concerns appropriately.

Is the service caring?

Good ●

The service is caring.

Relatives and people consistently told us staff provided good care, displayed compassion and kindness in all aspects of their work.

People wherever possible had care workers who shared common interests and had gained the knowledge to understand people's individual health needs. They also had a good knowledge of people's families and others important to them.

Is the service responsive?

Good ●

The service was responsive.

An assessment was completed with people, their families and other professionals and used to create care and support plans that met people's individual identified needs.

Care plans were detailed, accurate and contained useful information about how to meet people's needs.

The provider had an effective complaints procedure in place.

Is the service well-led?

Good ●

The service is well led.

People, relatives and staff all told us the leadership within the service was strong, approachable and efficient.

Staff were supported and encouraged to share ideas about how the service could be improved. They spoke enthusiastically about the positive teamwork and staff morale.

The registered manager had a good understanding of their responsibilities for sharing information with CQC and this was done in a timely manner. Robust arrangements and monitoring systems were in place to drive improvement and celebrate success.

Bluebird Care (Totton)

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 checked 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 5 June 2017, was announced and carried out by one inspector.

Before the inspection we looked at notifications we had received about the service and we spoke with social care and health commissioners to get information on their experience of the service.

During our visit we spoke with the registered manager, the provider, the care manager, a care coordinator and three care staff. After the inspection visit we obtained feedback from eight staff members, 10 people and seven relatives. We were unable to obtain feedback from healthcare professionals as they did not respond to our request.

We pathway tracked four people using the service. This is when we follow a person's experience through the service and get their views on the care they received. This allows us to capture information about a sample of people receiving care or treatment. We looked at staff duty rosters, four staff recruitment files, feedback questionnaires from relatives, various policies and procedures and reviewed quality assurance audits.

Is the service safe?

Our findings

Relatives told us people received safe care. Comments from people included, "I'd rather be independent but cannot do everything for myself. The carers have given me confidence since they started coming and I can now do more for myself again", "I need someone to stand next to the shower when I'm in there, they do that and make sure I'm using the safety rails. They don't leave me while I'm in the shower", "They make sure the mat is in place securely before I get in the shower" A relative said, "Mum likes continuity and prefers the same carers. The manager has been very good about trying to arrange this"

Robust arrangements were in place to assess the suitability and safety of employing new staff. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

The registered manager and other senior staff regularly reviewed staffing levels to ensure they had the correct mix of skills and competency on duty during the day and night to be able to meet people's individual needs. A member of staff commented: "Bluebird Care are always recruiting for more staff. The office team are always willing to help if needed. I believe they only take on new customers when they have enough staff to cover them". The registered manager told us the amount of staff on duty was dictated by the care needs of people and their individual funding. A member of staff told us staffing levels were adjusted to meet the needs of one person during a time where their health had deteriorated. One person said: "They don't rush even if a bit late, they still stay for the allotted time". Another person said: "Sometimes they are a bit late, but they ring and let you know. Even then they don't rush me and stay for the full half hour". The registered manager said: "Our compliments are outstanding but that's because we recruit the right people".

The service had rigorous processes for reporting any incidents of actual or potential abuse. Staff were fully aware of their responsibilities for recognising and reporting abuse, and for reporting any poor practice by colleagues. We were given examples of issues appropriately raised by staff and were told senior staff were very supportive. We saw from our records that the service notified the Care Quality Commission (CQC) of all safeguarding incidents and other agencies, such as the local authority safeguarding team in a timely manner. The provider had an up to date safeguarding policy. This detailed the actions they should take if they suspected abuse.

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. All staff said they would feel confident raising any concerns with the manager. They also said they would feel comfortable raising concerns with outside agencies such as CQC if they felt their concerns had been ignored. Staff were reminded during one

team meeting they must report any concerns to the office to ensure people were appropriately safeguarded.

The service had a detailed policy in place to ensure people received their prescribed medicines in a safe manner. People who had support with their medicines were appropriately assessed and monitored. A list of medicines were provided in people's care plans. All staff had received training in how to administer medicines safely and their competency was regularly observed. Additional training or supervision was given to anyone who was not judged fully competent. All medicines given were properly recorded on a detailed medicines administration record (MAR). We reviewed procedures for the administration of medicines. There were no errors in the records we reviewed. Allergies were noted and when a medicine was not given we saw a clear rationale had been documented on the back of the MAR sheet. A member of staff said: "If any medication was to be missed it would alert us on the system".

Is the service effective?

Our findings

The service people received was effective. One person said "They sometimes have a new person who shadows the regular ones". A relative said: "If there's a new carer coming they are shown what to do and the way that he likes things done". Another relative said: "They always leave fresh water as (Person) is prone to water infections. They make her cups of tea and will heat up a meal if needed." Another relative said: "I know they go on training courses", "They seem to know what they are doing" and "My relative is very dependant. The carers know what to do and are very efficient.

Staff benefitted from an annual performance management cycle and regular training opportunities. This included annual performance reviews and regular supervision sessions. These are processes which offer support, assurances and learning to help staff development. Support for staff was achieved through individual supervision sessions and an annual appraisal. Minutes of these meetings demonstrated they were carried out robustly and professionally. Any performance deficits were identified and discussed, with learning and development opportunities made available. Positive feedback was given, to confirm good practice. Staff said that supervisions and appraisals were valuable and useful in measuring their own development. Supervision sessions were planned in advance to give staff the time needed to prepare.

All new staff employed by the service had undergone an induction which included the standards set out in the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. We saw staff cared for people in a competent way and their actions and approach to their job demonstrated they had the knowledge and skills to undertake their role. Staff undertook training in moving and handling, infection control, food hygiene, medicines management, end of life care and safeguarding of adults. The registered manager had a well organised training schedule which highlighted any refresher training needed.

Some people were supported with their eating and drinking. Staff understood their likes and dislikes and any potential risks. Staff frequently supported people to prepare and cook meals. One person's care plan identified a risk of malnutrition and one person had swallowing problems. Staff had a list of the foods on file and worked with the person in planning meals that only included foods they were able to eat safely. A relative said: "She (Person) forgets to drink so they (Care staff) encourage her and leave cold drinks in several places so she can have a drink wherever she is". One person said: "They make me cups of tea and ask if I want a sandwich made for later" and "I'm very bad at drinking enough. They always change the water in my jug for fresh and encourage me to drink".

Appropriate timely referrals had been made to health professionals for assessment, treatment and advice where required. These included for example referrals to GP's, dentists, opticians and referrals to the district nurse and the speech and language team. One person who was in poor health had a small sore area on their sacrum. Their relative said "They immediately let the district nurse know and they monitor it closely" Another relative said: "She encouraged me to ring the doctor one morning when I was there (Person's home). She also said she would ring me later to see if she is feeling better.

People who were unable to express their views or make decisions about their care and treatment were supported by staff who had appropriately applied the principles of The Mental Capacity Act 2005 (MCA) to ensure their legal rights were protected. The 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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Staff were able to describe the principles of the MCA and tell us the times when a best interest decision may be appropriate.

Is the service caring?

Our findings

Staff provided people with personalised care and were compassionate. Comments from people included, "I can't praise them enough. They treat him with dignity and kindness", "They are wonderful, friendly and cheerful", "They are very pleasant and nice", "We've had Bluebird for over a year since he came out of hospital. They are courteous and kind, they make him smile". When asked if staff treated people and their home with respect a relative said: "Yes, and they are so kind to me as well. There's often a bit of banter between the carers and my husband-he loves it and makes him smile" and "They are always very helpful, in fact they have been extremely helpful". A relative talked about a carer who had been extremely helpful. They said "When (Person) came out of hospital she was very confused and became agitated with me. The carer was absolutely brilliant and stayed on to calm her down. Later the carer texted me to say Mum was calm and settled, I felt so reassured" and "I found it very hard at first to accept care, but they are very kind and caring to me"

The trusting, meaningful relationships that had developed between staff and people were consistently cited as evidence of extremely caring interactions. The provider had a policy of never undertaking a care visit of less than 30 minutes. People confirmed this was the case and were clear this allowed them time to get to know their carer's and feel comprehensively supported. Comments from people and relatives included, "I'm very happy with my carers", "They (Care staff) don't leave and don't rush (Person) until everything has been done properly", "Without Blue bird, I don't know what we'd do. All the family agree", "I can't get into the bath on my own. They help me and they take their time" Asked if he felt safe when this happens he said "Oh yes, I've no worries, they use my bath chair and lift my legs for me" and "I'm very happy with my carers, they are all very good". A member of staff commented: "We have community fun days. The branch had a tea with cakes and customers (People) could come and join in the celebration.

The service had a very strong, visible and person centred culture with staff at all levels regularly going the extra mile. The provider had excellent arrangements in place to "Share a little sparkle" by allowing staff to nominate people for something special. The scheme stated "Bluebird will pay you for your time and will provide funds for your activity". Successful nominations included supporting one person to go to the hairdressers, a trip to a popular fast food restaurant, a shopping trip and a cream tea delivered to one person who was unable to get out of bed. One relative said: "This company put people first, it's very clear to see that, the staff are kind and do the right thing by people".

Staff were fully aware of the need to promote dignity and consistently told us they cared for people like they cared for someone they loved. We saw this attention to people's dignity through care planning documentation was comprehensive and all relatives we spoke with were unanimous in their praise, one stating; "I have no doubt about the carer's integrity and compassion when they provide personal care".

Is the service responsive?

Our findings

Relatives and people told us service provided was responsive to their needs. Comments from people and relatives included, "I have rung on a Friday to say the family were going away and they were very accommodating and put in extra visits at short notice". When asked how the care plans were reviewed a relative said, "They bring out a copy and we go through it". One person said: "I've had a few visits from the office staff to talk about my care and to check to see if I am happy". A relative said, "The care plan is reviewed every 3 months. His health is deteriorating and they have built in extra things as he needs it" and "After a fall more visits have been put in place".

People, their families and healthcare professionals had been involved in an assessment before the service provided any support. The assessments had been used to create care and support plans that addressed people's individual identified needs. A relative said: "She (Member of staff) wrote a list last year of what she (Person) wanted. They have used this to plan out her care". Assessments gathered information about people's personal history, their working life, social interests and activities. A member of staff commented: "Each care plan is written in line with the individual's needs, preferences and wishes".

The initial assessments were used to develop comprehensive care plans which were person-centred and included information about people's likes and dislikes. There was a good amount of detail in each care plan we reviewed and any new prospective care worker would have a considerable amount of background information pertinent to a person before providing care to that person. People's support plans and risk assessments included information for staff about their health conditions, such as diabetes, mobility requirements and communication needs. These were explained in sufficient detail for staff to understand people's conditions and how to support them. People's support plans and risk assessments were reviewed and updated regularly or when their needs changed. A member of staff commented: "Each individual customer has their care plans and risk assessments carried out in a person-centred way. If there are any changes needed to be made we report them and they are updated straight away. We offer our customers (People) choice and they are encouraged to be as independent as they can". Most people had a recent review of their care plan. One person said, "I can now do more for myself than I could a few months ago. I talked to the supervisor and we are now going to cut out the evening visit. That suits me fine." A member of staff said: "People have three monthly reviews".

Records associated with people's care were extremely person centred, detailed and accurate. They provided guidance about conditions such as Parkinson's disease, macular degeneration, dementia and specific mental health illnesses. Each care plan had a "My golden rule" section which highlighted things important to the person. For example, "I like Weetabix with fruit juice and toast", "I like poached egg or cheese on toast but would you ask me what I like", "Due to my kidneys failing I am at high risk if I don't drink enough", "I was a midwife sister and I used to do ballroom dancing" and "I enjoy watching all sports on television and I really enjoy visits from my grandchildren".

The registered manager and senior care staff had worked proactively and implemented best practice for people who were living with dementia. Documentation within one person's care plans provided guidance

for staff to follow should the person's behaviours becoming challenging, or if their communication became unclear. Their records contained information about the risks associated with the persons care and detailed any interventions that may be required to reduce the person's anxiety during personal care. One relative spoke highly about the quality of detail given in their husbands care plan whilst another relative said: "I am delighted about the detail within the care plan and I am pleased to hear the staff have received training in how to understand and support people with dementia". Senior staff spoke enthusiastically about some additional training they received to support their knowledge of dementia. A staff member said: "We are hoping to roll it out to all staff. The training was amazing because it physically and mentally made you feel what it could be like to have dementia and it made me realise just how difficult it must be. It makes me think again about how I interact with people"

Complaints had been appropriately investigated by management. The provider kept a complaints record. People and relatives told us they knew how and who to raise a concern or complaint with. The providers procedures gave people timescales for action and who in the organisation to contact. People told us that if they were unhappy they would not hesitate in speaking with the registered manager or a member of staff. They told us they were listened to and said they felt comfortable in raising any concerns with the staff. Each person and relative we spoke with had not ever made a formal written complaint to Bluebird Care although three people mentioned small issues which they had addressed with a supervisor or manager in the past year. They were satisfied with the way these were addressed. One person said, "I haven't made any complaints. "I'd ring the manager if I did". Another person said, "I've had no need to make a complaint but I'd ring the office if I did". A relative talked about the only problem that they had. Their relative had often refused a wash at first and the family were worried about this. They discussed the matter with the manager who talked to the carers about how to encourage the person. They told us the matter had now been resolved. A member of staff commented: "In every Bluebird folder there are written policies with regards to concerns, complaints and compliments".

Is the service well-led?

Our findings

When asked about how the management demonstrated good leadership a member of staff said, "They know all the customers and care plans, always available when I need help. By making sure we have all the training we need and offering training for level 2 and up and also other training courses like dementia". Another member of staff said, "When I have felt anxious about going to a new complex customer, my line manager has met me at the customer's home to guide me through the first care call and giving me feedback". One person said, "I'd give them 10 out of 10" and "They are on the ball – it's well run". Another person said, "The manager has been here twice, they asked if I was satisfied". Several people talked about questionnaires that they had received in the past and one person said: "Yes, I've had two" and "There's a bit I fill out and a bit for my family to have a say on". Each person and every relative we spoke with told us they would recommend Bluebird Care with one person saying: "I couldn't survive without them,"

The provider had installed an IT system which was used to support care workers in their role to assist in communicating with people and relatives and to review and assess people care needs. The registered manager, the provider and care workers spoke passionately about the benefits of the system and told us it allowed them to care for people effectively and monitor their health needs. Care workers told us they used this system to record all aspects of care delivered and said it helped families as they were able to access the system to leave messages for incoming staff. A relative said "I'm not very good with technology so one of the senior staff called in to help me set up the app on my phone. She did this on her way home and it's very useful. I read it everyday"

One person said "They tap away on their phone but I've also got a folder where they check in and out. There's information in the folder, everything I need to know. Then they update me monthly". The registered manager told us the system was excellent and said: "We have 68 people and we have never had a missed call" and "The system is brilliant because it allows us and the staff to be accessible to relatives and customers (People) even when we are not in their home. They just leave us a message and we pick it up straight away".

The registered manager and the care manager frequently went the extra mile to support their staff, people and their relatives. They were also supportive of initiatives and charitable events in the local community. Bluebird Care helped support and fund the Totton carnival as well as raising funds for Southampton hospital. A member of staff commented: "We have met with the public before to talk about dementia and tried to educate people". A member of staff said: "(Registered manager) offered me support and even a shoulder to cry on should I need it. (Registered manager) and (Care manager) offered to change my workload and offered me some time off if I needed it". On another occasion the registered manager spent four hours with one relative to provide emotional support after their loved one had passed away. The registered manager said: "It was a bank holiday, she lost her mum. I went to the house and sat with the daughter". Manager coffee sessions were available for staff who wanted to share any concerns or ideas about how to improve the service. The registered manager said: "We had seven carers visit the office on Sunday and we all had ice cream and a catch up". Due to family commitments one member of staff was unable to attend the office. The registered manager had used technology and communicated via skype. A member of staff said: "The manager is brilliant, she has given her own number out and we always have

support with on call. The office is open seven days a week. She will do anything to support us and she is really passionate about what she does".

To recognise staff dedication and hard work the provider had implemented a recognition scheme where staff were able to be nominated for carer of the month and carer of the year. Staff who were awarded this accolade were celebrated in the providers "Totton Telegraph" where details of their achievements were shared. A comment from a recent paper stated: "Carer of the year awarded to (Member of staff). Thank you for all your hard work in the field. You are an asset to our business". Staff consistently told us they felt valued and said they were happy in their job.

The registered manager and owner had successfully embedded a robust quality assurance regime, which staff and people who used the service valued. Senior staff members were responsible for conducting quality assurance audits. These checks were based on the current methodology used by the Care Quality Commission to ensure quality standards were being met. The reports of audits were detailed and if there were areas for improvement, an action plan was implemented to address any issues and improve the quality of the care. Where shortfalls were identified, an analysis was carried out with actions in place to minimise future risks. Areas of improvements included the need to review one person's nutritional risk assessment to ensure they were supported correctly when eating and drinking. Actions from these audits were delegated to particular staff who took immediate action to make the required improvements. These levels of scrutiny were embraced by all staff we spoke with as a necessary function to ensure care remained at a high level.