

Walter Manny Limited

Walter Manny Ltd t/a Bluebird Care (Taunton)

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

This inspection was announced and took place on 17 and 18 December 2014.

Walter Manny Limited t/a Bluebird Care (Taunton) provides personal care and support to people living in their own homes. At the time of the inspection they were providing a personal care service to 50 people. This included people receiving live in care and people receiving packages of care at the end of their life.

There is a registered manager in post. A registered manager is a person who has registered with the Care

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

The registered manager had a clear vision for the agency which was to provide a service which was influenced by the needs and wishes of the people who used it. There was a commitment to providing high quality care which was tailored to people's individual wishes. Their vision

Summary of findings

and values were communicated to staff through staff meetings, supervisions and a regular newsletter. People's views were gathered by regular monitoring visits and phone calls and by satisfaction surveys.

There were systems in place to monitor the quality of care and plan on-going improvements. These included regular audits of records and spot checks on care provided in people's homes. The agency looked for ways to develop the service using up to date research and piloting new ways of working.

Staff had a good knowledge of the needs and preferences of the people which enabled them to provide personalised care. One person told us "I don't have to tell them what to do. They know me well and know what I like." Staff provided information to people using the service and to their carers to enable them to meet the needs of the whole person not just to meet their physical needs.

People told us they felt safe with all the staff who supported them. There were clear risk assessments which meant care was provided in a way that minimised risks. One person said "I feel utterly safe with all of the staff." Another person told us "I know I'm safe with everyone who comes to my house." Staff were aware of how to recognise and report any suspicions of abuse and all were confident that any concerns would be fully investigated.

People received care and support in line with their needs and wishes because adequate numbers of staff were employed. There were contingency plans in place if staff were unable to carry out their visits. Staff were well trained and competent in their roles. One person told us "They are very competent and definitely know how to do their job." A relative said "They are very professional. Always smart and very efficient."

More than one person told us they would like to have more regular staff visiting them to assist with their personal care. When we raised this with the registered manager they immediately began to look at ways that this could be achieved for people.

People knew how to make a complaint and people said they would be comfortable to do so. One person told us "They always check if you are happy with everything. I would definitely complain if I wasn't." A relative said "They ring me monthly. I can say what I feel and they have definitely sorted out any concerns I've had."

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. One relative told us how they had devised the care plan with staff from the agency. They told us "The care plan is a real step by step guide for each call. It means they get exactly what is right for them."

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. People told us they felt safe with the staff who supported them in their homes.

There were sufficient staff available to make sure people received their care and support at the agreed time. All staff were thoroughly checked before they began work to minimise the risks of abuse to people.

People received their medicines safely from staff who had received appropriate training.

Good



Is the service effective?

The service was effective. People were supported by staff who had the skills and knowledge to meet their needs.

Staff made sure people had given their consent before they delivered care to them.

The staff monitored people's health and liaised with relevant health care professionals to ensure people received the care and treatment they required.

Good



Is the service caring?

The service was caring. People told us staff were kind and patient.

Staff respected people's privacy and were aware of the need to maintain confidentiality.

People were fully involved in all decisions about their care and support. There were regular reviews which enabled people to share their views.

Good



Is the service responsive?

The service was responsive. The service aimed to meet the needs of the whole person not just their physical care needs. This included supporting informal carers and assisting people to have their spiritual needs met.

Care plans were personalised to each individual and contained information to assist staff to provide care in a way that respected their choices.

People knew how to make a complaint and were confident that action would be taken to address their concerns.

Good



Is the service well-led?

The service was well led by a manager who was registered with the Care Quality Commission.

There were systems in place to monitor the quality of the service and any shortfalls identified were addressed promptly. There were robust contingency plans in place to deal with staff shortages and adverse weather.

Outstanding



Summary of findings

The registered manager was innovative and looked for ways to continually improve the service and keep up to date with current trends. This included using research to influence practice and piloting new ideas.

Walter Manny Ltd t/a Bluebird Care (Taunton)

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.

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 looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. At our last inspection of the service in November 2013 we did not identify any concerns with the care provided to people.

The provider was given 48 hours' notice because the location provides a domiciliary care service we needed to be sure that someone would be available in the office. It also allowed us to arrange to visit people receiving a service in their own homes.

During the inspection we met with four people receiving care at home and one relative. We spoke with a further four people and two relatives on the phone. We spent time at the main office of the service and met office staff. We also spoke with seven members of the care staff team. We viewed records relating to individual care and the running of the service. Records seen included four care plans, two staff personal files, records of staff training and quality monitoring records.

Is the service safe?

Our findings

People told us they felt safe with all the staff who supported them. One person said “I feel utterly safe with all of the staff.” Another person told us “I know I’m safe with everyone who comes to my house.”

Risks of abuse to people were minimised because staff had received training in recognising and reporting abuse. Staff had a clear understanding of what may constitute abuse and how to report it. All said they had received training in this subject as part of their induction. Staff were clear about how to report their concerns and all were confident that action would be taken to make sure people were protected. The agency had a policy for recognising and reporting abuse and a whistle blowing policy which all staff were made aware of. Where an issue had been raised with the registered manager they had alerted the relevant authorities and ensured the matter was fully investigated. As a result of the allegation made changes to practice had been put in place to minimise the risks of a re occurrence.

People received support visits in line with their needs and wishes because adequate staff were employed. The agency made additional staff available to make sure they were able to cover staff sickness and respond to emergency situations. There was always a senior member of staff on call and out of office hours the service had two members of staff on standby to enable them to fill in for staff who were unable to carry out their visits. These ensured visits to people who required support were not missed. One relative of a person using the service told us “We have been using the service for two years and they have never missed a visit. My relative needs two carers and we have always had two carers.”

The registered manager told us in their PIR they had a robust recruitment procedure for new staff. This included carrying out checks to make sure they were safe to work

with vulnerable adults and children. Staff told us they had not been able to begin work until all checks and references had been received by the registered manager. Staff files showed a thorough recruitment process and that all checks had been received before new staff started work.

Care plans contained risks assessments which outlined measures which enabled care to be provided safely in people’s homes. Risk assessments included the risks associated with people’s homes and risks to the person using the service. Risk assessments in respect of assisting people with mobility recorded the number of staff required and the equipment needed to minimise risk.

All senior staff had received training from the local fire service to enable them to carry out fire risk assessments in people’s homes. If the individual fire safety checks highlighted concerns, these were passed to the fire service to enable them to assist the property owner in putting measures in place to improve fire safety.

To help people to keep safe the agency assisted them to purchase and install key safes outside their homes. This enabled people who were unable to answer their doors to remain secure in their homes but allowed access to staff who were providing care.

People were supported to take medicines by staff who had received specific training. Safe handling of medicines training was provided for all staff during their induction and further training was available to refresh staffs knowledge. Following a medicines error which occurred the provider reviewed the training provided and made changes to minimise the risks of further errors.

Some people were prescribed medicines on an ‘as required’ basis. During a visit to a person using the service we heard a member of staff asking the person if they needed pain relief. The person told us “They always ask me in case I’m in pain.”

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People we spoke with were very complementary about the staff who visited them to provide care. One person told us “They do a good job well.” Another person said “The staff are either good at what they do or very good. I have no complaints about how they do their job.”

Staff were well trained and competent in their roles. One person told us “They are very competent and definitely know how to do their job.” A relative said “They are very professional. Always smart and very efficient.” Staff told us they were supported to undertake training to ensure they had the skills needed to do their job well. One member of staff said “It’s some of the best training I’ve ever had.” Another member of staff said “The training I have had has been really interesting and has made a difference to my work.”

The registered manager told us in their PIR there was a comprehensive training programme in place for all staff. Training records showed that staff undertook a range of training during their induction and there were opportunities for on-going training. Induction training included health and safety, care of people with dementia, the Mental Capacity Act 2005 and safeguarding adults and children. Staff told us, and records confirmed, that staff had achieved, or were working towards, nationally recognised qualifications which included care of people with dementia, safe administration of medicines and end of life care.

Training was provided to ensure staff had the skills and knowledge to provide appropriate care to people with specific needs. For example the registered manager had recently arranged a training session about Parkinson’s disease after identifying this as a specific need. One member of staff said “Someone from the Parkinson’s disease society came to speak. It was really interesting and certainly made you think.”

Staff supported people to eat and drink according to their care plan. One person’s care plan said the staff should cook the person’s meal and take it to them to eat in their lounge. During our visit we saw staff took the person’s meal to them

in the lounge which demonstrated staff followed the care plan. A member of staff said “Most people have meals that are already prepared and we just have to heat them up. I always make sure the person has eaten their meal.”

Most people who used the service were able to make decisions about what care or treatment they received. People told us they were involved in all decisions about the support they received. One person said “They did the care plan with me and the girls do what’s on the care plan.” Another person said “I am certainly still in charge. They do what I want them to do.”

Each person gave their written consent when they began to use the service and this was discussed and recorded at each review meeting. Care plans included information about consent which had been signed by the person. People were always asked for their consent before staff assisted them with any tasks. One person told us “Oh they always check with me that I am happy to be helped and what I want even though there is a care plan.” A relative told us “They never do anything they aren’t happy with. If they refuse to be helped then they don’t push it.”

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff told us if people were not able to make decisions for themselves they spoke with relatives and appropriate professionals to make sure people received care that meet their needs and was deemed to be in their best interests.

The staff monitored people’s health and liaised with relevant health care professionals to ensure people received the care and treatment they required. One member of staff told us “I would always call for advice if I thought a person wasn’t well.” A person using the service told us how good staff had been when they had had a fall. Staff had worked with a local occupational therapist to enable them to assist a person with regular exercises. We were told by a relative “The regular input has made a real difference.”

Is the service caring?

Our findings

People said they were supported by kind and caring staff. Comments included; “They are all kind and patient with me” and “The staff who visit me are all lovely.”

More than one person told us they would like to have more regular carers. One person said “The care they provide to me is very intimate and I would be more comfortable if there were fewer people involved. It would certainly be better if there were fewer people who helped me.” A relative who was caring for someone living with dementia said “People with dementia need to see familiar faces to be happy. That doesn’t always happen so that would be my one complaint. They have tried really hard to cut down the number of people coming and when we have our regular carer it is fine but it goes a bit astray when they are off.”

People said the carers who visited them were all polite and respectful of their privacy. One person told us “They are very good when they help me, respectful and gentle.” Interactions between people and the staff supporting them were kind and friendly. We heard staff enquiring about their well-being and chatting pleasantly. One relative told us “They have built up a wonderful relationship with them. I hear lots of laughter and banter when they are doing personal care in their room.”

We looked at complimentary letters and cards that had been sent to the agency. Comments on cards included ‘Thank you for the compassionate assistance’ and ‘You made them feel special during their last few days.’

There were ways for people to express their views about their care. Each person had a full review of their care plan every six months where they were able to comment about

the care they received. People also received a monthly phone call from a senior member of staff to check they were happy with the care they were receiving and to share any concerns. The outcome of these monitoring calls were written down and generally showed a high level of satisfaction. Where someone had raised concerns we noted that changes had been made and another phone call had been made to check the person was happy with the changes made.

We passed on people’s concerns about the number of carers who visited them to the registered manager and they took prompt action to deal with this issue. One immediate action taken was to redesign the quality monitoring form to make sure it fully captured people’s views on the consistency of staff. New questions were added to the monitoring form to make sure people were asked about how they would like to be supported if their regular care was not available for any reason. This demonstrated a real commitment to ensure on-going improvements to the service and make sure people’s views were responded to in a positive manner.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people’s care needs with us they did so in a respectful and compassionate way. Care plans were kept in people’s homes and copies were available on a password protected computer system to maintain confidentiality. Some people were unable to answer their door to staff and therefore had key safes outside their homes. The codes to the key safes were only shared with staff visiting the particular house and the numbers were sent to staff in a coded message to make sure they remained confidential.

Is the service responsive?

Our findings

Staff had a good knowledge of the needs and preferences of the people using the service. This enabled them to provide care that was responsive to people's needs and personalised to their wishes and preferences. One person told us "I don't have to tell them what to do. They know me well and know what I like."

Initial assessments were carried out with people who wished to use the service which enabled them to express their wishes and views. It also allowed the agency to decide if they were able to provide the care requested. These assessments gave details of the assistance the person required and how and when they wished to be supported. As far as possible people were supported according to their choices. One person told us "To begin with there were a few teething problems with times but now it is running smoothly. They are so much better than any other agency I have used. They are certainly meeting my needs and wishes."

People received support which was aimed at meeting the needs of the whole person not just their physical care needs. When people began to use the service they received an information pack which helped them to take steps to keep themselves safe and well. These packs included an Age UK safety checker, which provides information to older people about how to keep safe in their own homes, information about keeping safe and warm during the winter and fire safety information. Staff were aware of people's spiritual needs and a member of staff had recently been employed who was able to offer spiritual guidance and support to people who used the service. This would enable people who were unable to attend religious services outside their home to continue to actively follow their faith.

Staff considered the needs of informal carers and other family members when providing a service. Staff had identified one carer who was struggling with their role as main carer and had made appropriate information available to enable them to seek support in their own right. This had included information and contact details for local carer support networks and support groups.

Care plans were personalised to each individual and contained information to assist staff to provide care in a way that respected their wishes. Care plans gave clear

information about the support people required to meet their physical needs and had information about what was important to the person. One relative told us how they had devised the care plan with staff from the agency. They told us "The care plan is a real step by step guide for each call. It means they get exactly what is right for them." We also heard that any new staff shadowed the regular staff to make sure they knew how to support the person.

People could express a preference about the staff who supported them. One person did not like to receive care from male members of staff and this was clearly recorded. The computer system used to roster staff also highlighted this. If a male member of staff was allocated to this person on the electronic roster then the programme would highlight the person did not want a male carer and prevent it from being booked on the system. One person told us "Of course you always get on better with some people than others. There was one carer I really didn't click with. I told the manager and they have not come to me since."

The staff responded to changes in people's needs. One member of staff said "If we feel we can't provide care properly to the person in the time allocated we always report back to a supervisor. They usually visit to see what the difficulties are and if need be speak to the person about adjusting the time." Another member of staff said "We are always flexible if someone is poorly. Obviously you can't just leave someone because your time is up. We report to the office and they make sure other calls are covered."

The registered manager worked with other agencies to make sure care could be provided quickly to people who required urgent care. There was always a member of staff on standby who could respond to requests for immediate care to someone at the end of their life. This could be to relieve informal carers, such as friends or family, or to enable someone to be discharged home from hospital. The registered manager had also liaised with professionals to provide support to a family at short notice over the Christmas period.

The registered manager sought people's feedback and took action to address issues raised. One person had said they thought some staff needed more training about providing person centred care and highlighted some of the issues they thought needed addressing. In response to this the registered manager had arranged training for January 2015 and the person using the service had agreed to speak at the training to highlight things they felt were important.

Is the service responsive?

People told us they would be comfortable to make a complaint. Each person received a copy of the complaints policy when they began to use the service. They also received information about how to contact other agencies, such as independent advocates and the local Healthwatch, in case they did not feel able to contact the agency directly. Local Healthwatch is an organisation which enables people to share their views and concerns about health and social care services. Everyone was aware of how to make a complaint and all felt their concerns would be listened to and addressed. One person told us “They always check if you are happy with everything. I would definitely complain if I wasn’t.” A relative said “They ring me monthly. I can say what I feel and they have sorted out any concerns I’ve had.”

Any complaints received were recorded and there was clear information about the action that had been taken to investigate and respond to the complainant. Records of complaints showed that where a complaint had highlighted an issue that may be abusive a safeguarding referral had been made to the relevant authority. The registered manager told us all complaints were treated as lessons for the service and gave them an opportunity to make improvements where necessary. For example we saw that one complaint had led to further training for staff and another had been addressed through the monthly newsletter.



Is the service well-led?

Our findings

The registered manager was very open and approachable. There was an open door policy at the office and throughout the inspection we saw staff came to the office to speak with the registered manager and supervisors. We also heard from staff that there were some open house days when staff and people using the service were encouraged to come to meet office staff. The next open day was being held before Christmas which was planned as a social event with mince pies and a visit from Father Christmas. One person told "I have a number to ring if I need anything. They are always very obliging and friendly."

The registered manager had a clear vision for the agency which was to provide a service which was influenced by the needs and wishes of the people who used it. There was a commitment to providing high quality care which was tailored to people's individual wishes. Their vision and values were communicated to staff through staff meetings, supervisions and a regular newsletter. People's views were gathered by regular monitoring visits and phone calls and by satisfaction surveys.

There was staffing structure which gave clear lines of responsibility and accountability. In addition to the registered manager there were two care managers and a group of supervisors. Supervisors were responsible for a small team of staff and also provided direct care. There was a senior on-call rota which meant someone was always available to deal with concerns and offer advice to staff. One member of staff said "Once when I was quite new I phoned the office about eight times in a shift. They always responded to me and seemed happy to help." Another member of staff told us "We all work as a team and there is always someone to ask if you have any worries."

There were systems in place to make sure high standards of care were delivered. All staff received formal supervision with a more senior member of staff and there were regular spot checks on staff working in people's homes. Supervisions and spot checks were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed.

There were effective quality assurance systems to monitor care and plan on-going improvements. All staff checked

into a person's home using their mobile phone. This was then relayed to the office which allowed times and durations of calls to be monitored throughout the day. The registered manager monitored these to make sure staff were arriving at the correct time and staying for the allocated amount of time. For the period between July and October 2014 records showed the call length was one minute longer than the booked time and on average staff arrived two minutes from the booked time.

Other quality assurance audits included audits of medication practices and records and full audits of care plans. Where audits identified shortfalls an action plan with dates was put in place. One audit showed that care plans were not as person centred as the agency would expect. As a result additional training was put in place for all supervisors and this would be cascaded to all staff.

The agency had a robust contingency plan in place to make sure people in need continued to receive a service if adverse weather was experienced during the winter. An emergency file had been created which gave details of everyone who used the service. It listed their needs and whether there was anyone available to provide care if the agency were unable to reach them. From these assessments they had been able to prioritise their workload. Additional drivers had been recruited who would be able to transport staff to their calls in appropriate vehicles. This would ensure anyone assessed as being a priority would receive support during periods of bad weather.

The registered manager kept their skills and knowledge up to date by on-going training and reading. The agency was a member of a local care providers association which offered advice and support. The registered manager had attended local conferences to keep up to date. The agency was also a member of the United Kingdom Home Care Association.

The registered manager looked for ways to continually improve the service and keep up to date with current trends. A new office was being built to house the agency. In preparation for this the registered manager had visited a dementia friendly property and was using research from Stirling University to make sure the new premises would be accessible to people using the service including people living with dementia.

The agency was piloting a new emergency response system with some of the people who used the service. This was an



Is the service well-led?

emergency lifeline which people could use if they required urgent assistance. The system used GPS which enabled anyone responding to the call to know the exact location of the person in difficulty. They were also piloting 'Flexercise' in people's homes. This is a series of gentle exercises designed to keep people physically active and supple regardless of their abilities. Many of the exercises can be performed whilst seated.

The registered manager worked with local agencies to provide advice and support to people living in the community. They had taken part in talks about how to keep safe and well in the winter months and about fire safety. They had also given talks to students in colleges and schools to share information about social care as a career.

To make sure people received appropriate care from other professionals there were plans to put in place 'Hospital

Passports' for everyone who used the service. These are documents that give details about the person to be used by staff if a person is admitted to hospital. They include information which the hospital staff must know, things that are important and the person's likes and dislikes.

Walter Manny t/a Bluebird Care Taunton is a franchisee of Bluebird Care Franchises Limited. The agency was nominated, and had been a finalist for the 'South West franchise of the year.' One member of the team had been nominated, and been a finalist in the Care Focus Care Awards. These are annual awards open to all care providers in Somerset to recognise excellence in care.

The registered manager has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.