

Bluebird Care Services Limited

Bluebird Care (Tamworth & Lichfield)

Inspection report

Camp Farm Barn
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Warwickshire
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Tel: 01723588004

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 21 May 2018 and was announced.

Bluebird Care (Tamworth & Lichfield) is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to adults with different needs, including dementia, physical disabilities and sensory impairments. There were 27 people using the service at the time of our inspection visit.

When we inspected this service previously in September 2017, it was known as Bluebird Care Hurley Office. Following that inspection, the service was taken over by a new provider and a new management team, who supported the people who continued to use the service.

This was the first inspection of the service since its registration changed with us in May 2018 and it was renamed as Bluebird Care (Tamworth & Lichfield).

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

People were protected from the risks of abuse because staff received training in safeguarding people and understood their responsibility to report any concerns to senior staff. Risks to people's health and wellbeing were managed.

The registered manager made sure there were enough suitably skilled, qualified and experienced staff to support people safely and effectively. The registered manager checked staff were suitable for their role before they started working for the service.

Staff worked within the principles of the MCA and supported people to have maximum choice and control of their lives. People were supported to eat and drink enough to maintain a balanced diet that met their needs and preferences. People were supported to maintain their health.

People and staff felt well cared for. Staff understood people's needs and interests and supported them to enjoy their lives according to their preferences. Staff respected people's right to privacy and supported people to maintain their independence.

The registered manager demonstrated they valued care staff and promoted their learning and development. Staff enjoyed their work and were motivated to provide people with a good standard of care.

People were involved in planning how they were cared for and supported. Care was planned to meet

people's individual needs and preferences and care plans were regularly reviewed. People knew how to complain and had the opportunity to share their views and opinions about the service they received.

The registered manager was committed to ensuring people received good quality care. Significant improvements had been made to the quality of the care they delivered. They worked in partnership with other organisations to make sure they followed current best practice. Systems ensured good standards of care were consistently maintained for people.

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 was safe. Staff understood their responsibilities to protect people from the risk of harm. Risks to people's individual health and wellbeing were identified and managed and care plans explained how to minimise the risks. The provider checked staff were suitable to deliver care and support to people in their own homes.

Is the service effective?

Good ●

The service was effective. Staff were skilled and trained to meet people's needs. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and supported people to make their own decisions. People were supported to maintain their health.

Is the service caring?

Good ●

The service was caring. People and staff felt well cared for. Staff knew people well and understood their likes, dislikes and preferences for how they wanted to be cared for and supported. People told us staff were caring and respected their privacy and promoted their dignity.

Is the service responsive?

Good ●

The service was responsive. People decided how they were cared for and supported and staff respected their decisions. People were able to share their views about the service and told us they felt any complaints would be listened to and resolved to their satisfaction.

Is the service well-led?

Good ●

The service was well-led. People were happy with the quality and leadership of the service. The provider demonstrated improvements to the quality of the care they delivered. They worked in partnership with other organisations to make sure they followed best practice. They had developed systems which ensured good standards of care were maintained for people.

Bluebird Care (Tamworth & Lichfield)

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.

The inspection visit took place, on 21 May 2018. It was a comprehensive inspection and was announced. This was to ensure the registered manager and staff were available to talk with us when we visited. The inspection was undertaken by one inspector.

Due to the short timescale between scheduling and conducting our inspection visit following the change in the service's registration, the new provider was not asked to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. The provider was able to tell us the information we would have asked in their PIR, at our inspection visit.

Prior to our visit we reviewed the information we held about the service. We looked at information received from the public and from local authority and NHS commissioners. Commissioners are people who work to find appropriate care and support services, which are paid for by the local authority or by the NHS. The commissioners had no serious concerns.

During our visit we spoke with the registered manager, the care manager, the care coordinator, the care supervisor and three care workers. Following our inspection visit we spoke with four people who used the service and four people's representatives, including relatives, to ask for their views of the service.

We reviewed six people's care plans to see how their care and treatment was planned and delivered. We checked whether staff were recruited safely, and trained to deliver care and support appropriate to each

person's needs. We reviewed records of the provider's quality monitoring system to see what actions were taken and planned to improve the quality of the service.

Is the service safe?

Our findings

People told us they felt safe using the service. One person told us, "Everything's done properly." One person's representative explained how staff were supporting the person to obtain specialist equipment to make them safer in their home.

The provider's recruitment procedures included making all the pre-employment checks required by the regulations, to ensure staff were suitable to deliver personal care to people in their own homes.

People were protected from the risk of abuse because staff knew what to do if they had any concerns about people's health or wellbeing. Staff understood their responsibilities to challenge poor practice and to raise any concerns with a senior member of staff. A member of care staff told us if they had any concerns about people they would, "Ring the care office straight away." Records showed concerns had been recorded and reported by care staff to senior staff who took action straight away to keep people safe. We found there was no central log of events and we discussed the benefits of this with the registered manager who told us they would ensure events were recorded in future.

There was a procedure for staff to follow to identify and manage risks associated with people's care. People's plans included risk assessments related to their individual needs and abilities. For example, risks to people's mobility, nutrition and communication were assessed and their care plans explained the equipment, the number of care staff needed, and the actions they should take, to minimise risks to people's health and wellbeing. People's risk assessments were updated when their needs and abilities changed. We found some people who used specialist equipment to help them move around, had not been assessed for their risk of falls. We discussed this with the registered manager who assured us they would review these people's needs and update their care plans accordingly. However, care staff were able to tell us how the information in people's care plans, combined with their training and support, enabled them to minimise risks to people's individual health and well-being. The registered manager explained how they assessed risks to people by monitoring any accidents or incidents which took place and reviewing the information to identify any patterns.

The provider had taken action to minimise risks related to emergencies and unexpected events. For example, people told us in severe weather, staff had contacted them to rearrange call times to keep people safe. People's individual risk assessments included an assessment of risks related to their own homes, such as trip hazards and other environmental risks.

People told us there were enough staff because they received support when they needed it. One person's representative told us, "The service is really good, it's got better. Carers are more on time and if they're late they phone to let us know." Two other people told us, "Sometimes we need carers at short notice and they are flexible and meet our needs" and "I'm getting regular carers and I get on with them ever so well." The care coordinator explained they worked out visit rotas to ensure there were enough staff on duty to support people safely. They said, "Before, we were pushed to cover calls. But now communication is great and if we need a call covered we work as a team and take turns to cover."

Medicines were managed safely. People told us they had their medicines when they needed them. Only trained and competent staff administered medicines. Care staff used a medicines administration record (MAR) to record whether people took their medicines or declined to take them. Senior care staff checked people's medicines regularly to ensure they had been administered safely in accordance with people's prescriptions and care plans. Where any errors were identified, senior staff took action to make sure any risks to people's well-being were reduced.

Some people were prescribed medicines on a when required/as needed basis. We found there were protocols in place to guide staff on when to administer these 'as needed' medicines. However, some protocols did not include detailed guidance for staff to establish if medicines were required. For example, care staff told us one person had complex health needs and due to their limited understanding they found it difficult to communicate if they were in pain. The person had been prescribed pain relief 'as needed'. The protocol did not give staff guidance about what signs to look for to indicate the person may be in pain. However, when we spoke with care staff who supported the person regularly, they were able to explain how they knew what signs to look for. This ensured the person was administered their medicine in a consistent way. We discussed this with the registered manager, who gave us their assurance protocols would be updated with more personalised information.

Everyone we spoke with told us care staff did all they could to prevent and control infection. One person said, "Staff always wash their hands." Care staff told us they received training in infection prevention and control and food hygiene. Staff felt confident they knew how to reduce risks of cross infection and how to ensure foods were safe to eat. People told us care staff always left their premises clean and tidy.

Is the service effective?

Our findings

People received the care and support they needed to maintain their health and wellbeing. All staff received an induction, training and support that gave them the skills and confidence to meet people's needs and to promote their welfare. The induction training included the Care Certificate. The Care Certificate provides staff with a set of skills and knowledge that prepares them for their role as a care worker. This demonstrated the provider was acting in accordance to nationally recognised guidance for effective induction procedures to ensure people received good care.

Staff told us they felt confident in their skills because they had time to get to know people and had training that was relevant to people's needs. Staff were positive about training. One member of care staff told us, "Support for staff is much better now. New carers are phoned regularly and have mandatory checks done... Training has improved." The registered manager explained they had focussed on updating staff training and ensured all care staff were fully trained. They said, "We give staff the training, knowledge and confidence to do their jobs and to enjoy doing them well." Senior staff members had received 'train the trainer' qualifications, which meant they could train and support care staff in key areas, such as moving and handling. One of these trainers said, "I like to make training interesting for staff and I check their understanding. Training is really important." Different methods of training were provided which suited different ways of learning.

Staff received training which was tailored to meet people's specific needs. The registered manager told us they had recently arranged training for staff in percutaneous endoscopic gastrostomy [PEG]. PEG is a medical procedure where a tube is passed into the stomach, in order to maintain people's well-being when they are unable to take in food and drink orally. The training was provided by a local health care professional and helped staff provide more effective care for one person who used this procedure. Health care professionals are people who have expertise in particular areas of health, such as nurses or consultant doctors.

Staff told us they felt supported by the registered manager to develop within their roles and study for nationally recognised care qualifications. For example, the care manager was being supported to undertake a level five diploma in social health care and leadership. All staff told us they had regular meetings with senior staff to discuss their work and identify any areas for development.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We found the registered manager understood their responsibilities under the MCA. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered manager told us most people who used the service had capacity to make decisions

about how they lived their daily lives. They told us some people lacked the capacity to make certain complex decisions, for example how they managed their finances, but they all had an appropriate person, either a relative or a legal representative, who could support them to make these decisions in their best interest.

There were assessments for people's understanding and memory, to check whether people could weigh information sufficiently to make their own decisions or whether decisions would need to be made in their best interests. We found the outcome of some assessments were not clear. However, people's care plans gave guidance to staff about what support people required to make decisions and staff were able to tell us how they supported people appropriately. We discussed this with the registered manager who assured us they would review people's care plans and ensure their assessments were accurate.

People told us staff asked for consent before providing them with assistance and support and respected the decisions they made. A member of care staff told us, "I ask people if it's okay and I take my time and make sure they are happy."

Some people received food and drinks prepared by care staff. One person's representative told us, "[Name] chooses what they want to eat for breakfast, it is different each day." Another person told us, "They know how I like my drinks." Care staff told us people's care plans included a list of their needs, any allergies and any cultural or religious preferences for food. Staff told us they knew people's individual requirements and made sure people were supported with food and drink, in a way that met their needs. One care worker said, "I ask people at lunch time what they'd like...I encourage people to eat and make it look as appetizing as I can, for example, with a side salad."

Care plans showed detailed guidance for staff about how to recognise changes in people's health and what action to take to maintain their well-being. Staff were observant to changes in people's health, appetite and moods. Staff told us and records showed people were supported to obtain advice and support from GPs and other healthcare professionals to maintain their health and independence. For example, one member of staff had recently supported one person to be reviewed by an occupational therapist because their mobility was declining. The person had obtained special equipment to help them move about more easily in their home. Staff updated people's care plans with any new healthcare advice, to make sure all staff knew about changes in how the person should be supported safely and effectively.

Is the service caring?

Our findings

People felt staff cared about them and valued them as individuals. One person told us, "I think the staff are very good, they treat me with respect and they are polite." One person's representative told us, "We have got some brilliant carers. [Name] gets on with them really well, they have some good conversations. [Name] looks forward to them coming."

All the staff we spoke with enjoyed their work and were motivated to provide people with high standards of care. The registered manager told us, "I've never met a team who care about people so much. It's not just a job for them." They gave an example where one member of care staff had suggested how one person's well-being could be improved by making their garden more accessible to them. The registered manager told us the care worker had received 'carer of the month' award for the suggestion. The registered manager said, "We train staff that people are individuals and we share best practice with them... They have positive attitudes and a holistic approach, with the person being at the centre of things." Staff shared this caring ethos and were supported by the registered manager to give people care in a way that had a positive impact on them. One care worker told us, "We remember we are going into people's homes and it's about them and what they want."

People told us staff knew how they preferred their care. One person's representative told us, "Staff seem to know what [Name] likes and doesn't like." People's care plans recorded how they would like to be cared for and supported. Staff told us they read people's care plans and knew about people's preferences and were able to support people in the way they preferred. One care worker told us, "I have regular clients. I build up a relationship with people, I know what they like and don't like. I can talk to them about subjects they like. Continuity of care is really good, I've been going to some people for several years."

The registered manager explained how staff supported people to express their views and be actively involved in making decisions about their care. They gave an example of one person who had limited communication because of a health problem. A care worker explained how they communicated with the person by recognising their body language. They told us they had received specific training about how to communicate with this person.

Staff told us they had training on equality and diversity issues and were confident they could support people to maintain their individual beliefs, including cultural or religious traditions. Staff understood some people might need particular support to make them feel equally confident to express themselves. Records showed people had not been asked about all their protected characteristics when their care was reviewed, such as their sexuality. We discussed this issue with the registered manager and they told us they would make changes in the way they gathered important information about people, to improve their understanding of people's needs.

Staff understood the importance of treating people with dignity and respect. A member of staff told us, "I make sure all the curtains are closed or people are somewhere private. I ask them first if they are happy to be washed and I cover them to protect their modesty." The registered manager explained all staff had

undertaken training led by the National Dignity Council, in how to treat people with dignity. Staff had agreed to become part of a nationwide network to put dignity and respect at the heart of their service.

Is the service responsive?

Our findings

People told us they were happy with the care and support staff provided. Two people told us, "Staff are very good and very responsive" and "They really look after [Name]. They chat with them and do exercises with them no help them be more mobile."

One person's representative explained how staff maintained good contact with them and kept them updated if there were changes to the person's needs. They said, "If there are any problems, they always let me know." The care supervisor explained if care staff noticed a change in people's needs, "People are reassessed straight away and staff are updated with any changes to their care." A member of care staff told us, "If someone needed more care, we would discuss this in a team meeting and organise follow up action for the client." They gave an example where care staff had noticed a decline in one person's health. Senior staff were informed and the person's needs were reviewed and as a result they were provided with more frequent care calls. The person's representative confirmed this had a positive effect on the person's well-being.

People told us they were asked for their views and were fully involved in planning their care and support. Two people told us, "I review my care plans and the carer updates the changes" and "When the care package was first set up I was involved at the review. I am happy that they listen and would change the care if needed." A member of care staff told us, "We keep people involved in their care planning. We talk to them and make sure they can make their own decisions." Staff told us everyone's care needs had been reviewed in the last six months. The registered manager explained they were still in the process of updating people's care plans and would continue to add more detail to them, "To make them more personalised."

People were given the choice if they wished to view their care plans electronically in addition to keeping copies in their homes. One person's representative told us this was useful because they could tell their relative which member of staff was scheduled to visit.

People told us they were able to make their own choices. Two members of care staff told us, "I encourage people and show them choices, for example food in the kitchen or clothes" and "I ask people and let them make up their own minds up." Care plans were easy to understand and included details of how staff could encourage people to maintain their independence and where possible, make their own choices. We saw there was clear guidance for staff about how to support people with their identified needs, such as how to support people using PEG.

People were supported at the end of their lives. The registered manager explained end of life training was part of the induction and care staff could have additional training if required. They said, "We are flexible and staff can chose if they wish to support people with palliative care." They explained care staff worked alongside other organisations, such as district nurses, to provide end of life care to people which was responsive to their needs. The registered manager told us advance care planning was available for people and we saw some people had chosen to express their wishes.

People told us they felt able to raise any concerns with staff. One person told us, "I know the staff and they know me and if I've got a problem I'll tell them." Another person told us they had previously made a complaint and were satisfied with the way it was dealt with. The provider's complaints policy was accessible to people in their own homes. The registered manager confirmed since their registration there had been two complaints and one concern dealt with. Records showed these had been dealt with in accordance with the provider's policy and to the complainant's satisfaction. The registered manager explained, "I would rather know about people's concerns so we can act and help people more quickly by listening." Twenty compliments had been recorded. For example, there was evidence of a compliment from a health professional about the standard of care received by one person. They stated the person was receiving, 'Excellent, consistent care.' The registered manager explained compliments were shared with staff straight away to recognise good practice.

Is the service well-led?

Our findings

People were happy with the quality of the service and the improvements made by the new provider. Two people told us, "I am very pleased with them" and "The management is good and everything has improved recently. I have no concerns. We're very happy and I would recommend them." Two members of staff told us, "It's wonderful working here, I absolutely love everything about my job. I've seen the standard of care increase along with improvements to the organisation. We have an excellent team" and "We've worked so hard, I'm proud to say I work for Bluebird. I want us to be the best."

The registered manager explained the challenge of taking over the service. They said, "Staff were down and demotivated. They feel more valued and motivated now and they trust that what we say is what we mean. ...We are driving continuous improvement and our aim is to provide outstanding care." The registered manager had developed a positive culture at the service. They had made significant improvements in staffing which enabled staff to meet people's needs safely. They had increased staff numbers and ensured staff were effectively supported and received adequate training. All the staff we spoke with understood their roles and responsibilities and felt supported and motivated by their senior staffs' leadership. One member of staff told us, "I am really happy with the improvements. I feel supported. Senior staff are approachable, friendly and flexible. They come back to us about issues and they do not forget about them." Staff told us they used regular staff meetings and email updates to share information and best practice.

The registered manager was aware of their responsibilities to have oversight of the service. They had provided us with statutory notifications about important events and incidents that occurred at the service. They notified other relevant professionals about issues where appropriate, such as the local authority. The registered manager told us they kept up to date with best practice by working closely with the local authority, health professionals and the provider's quality management team. They told us they regularly shared best practice with managers of the providers other services. They obtained advice on complex issues, such as DoLS, from the provider's support centre and they received updates from various other organisations such as Skills for Care, CQC and the United Kingdom Homecare Association [UKHCA].

There were systems in place to monitor and improve the quality of service. These included checks of the quality of people's care plans and medicine records and monitoring of events, by senior care staff. Records showed actions were taken to make improvements to the service, following audits. For example, we saw changes were made to care plans to ensure they were up to date. However, the checks were not always effective because they had not identified risk assessments were not in place for some people at risk of falls. Additional monthly checks were made by the provider's quality manager to ensure the service was meeting required standards and people who used the service were well cared for. A quality improvement plan was in place which incorporated any required improvements. The registered manager explained how they used the improvement plan to maintain oversight of the service and to identify any emerging patterns or trends and assure themselves that appropriate action had been taken to ensure people received consistently safe and effective care. We found required identified actions were completed in a timely way.

The registered manager valued people's opinions and worked with them to make improvements to the

service. They encouraged people to give feedback on how things were managed and to share their experiences of the service by completing surveys. We saw the most recent survey was completed in March 2018 and there were 18 responses which were mainly positive. Some people had raised concerns they did not have a copy of their care plan at home. The registered manager explained how they had followed up these concerns to ensure everyone received a copy of their plan.

The provider had engaged with staff and encouraged them to share their experiences of the service. Staff received a survey in March 2018. We saw the registered manager had collated the responses and identified areas for improvement. Some staff had concerns about travel times between care calls and we found the registered manager had already taken action to address these concerns.