

V & A Davies Limited

Bluebird Care (Poole)

Inspection report

86 Oakdale Road
Poole
Dorset
BH15 3LQ

Date of inspection visit:
15 November 2016
16 November 2016
18 November 2016

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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 15, 16 and 18 November 2016 and was announced. We gave the provider one days notice to ensure people and staff we needed to speak with were available.

Bluebird Care UK is a national franchise. A franchise is when a franchisee (the provider) has bought the right to sell a specific company's (the franchisor's) products in a particular area using the company's name. At the time of the inspection visit Bluebird Care (Poole) provided care and support for up to 31 people living in their own homes.

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.

Relatives and people we spoke with were very satisfied with the service provided by Bluebird Care (Poole). People felt safe with the care staff and staff knew the correct procedures on how to respond and report potential abuse.

Staff were given enough time to provide effective care and support to people and told us they felt very well supported by the manager and the management team. There was a robust recruitment process for staff which ensured people were cared and supported by staff who had been safely recruited.

Staff received regular training and supervision which ensured they were provided with the relevant skills and support to develop their role and provide effective care and support for people in their own homes.

Medicines were managed safely.

People's rights were protected because staff and management had a working knowledge of the Mental Capacity Act 2005.

Staff understood people's care plans and provided individual support and care. People and staff told us communication within the company was good. Staff said there was always someone to speak to if they needed further advice and guidance.

There were robust quality assurance systems and a range of policies and procedures to enable people to receive safe, effective care and support in their own homes.

The manager had recently been nominated and won a regional registered care managers award. They had implemented a large variety of schemes, incentives and improved a range of policies and procedures to ensure all people and staff benefited from the best possible support and care.

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 had a good understanding of their responsibilities for safeguarding people against abuse and neglect.

There were safe medication administration systems in place and people received their medicines when required.

There were robust recruitment systems in place and sufficient staff with the right skills and knowledge to meet people's needs.

Is the service effective?

Good ●

The service was effective.

People received care from staff who were themselves supported through regular training and supervision.

People's rights were protected because staff followed the requirements of the Mental Capacity Act 2005.

People were supported to access the services of healthcare professionals as appropriate.

Is the service caring?

Good ●

The service was caring.

People found their staff supportive, kind and respectful. Staff took time to listen to people and get to know how they preferred their care and support to be given.

People were kept informed about any changes to their service.

Is the service responsive?

Good ●

The service was responsive.

People received the care they needed. Their care plans reflected their individual needs and were regularly reviewed and updated.

People told us they received their personalised care from a small team of staff who knew them well.

The service had a clear complaints procedure and people told us they would feel able to raise any concerns and felt they would be listened to and any concerns acted upon. Concerns and complaints were thoroughly investigated and responded to in a timely manner.

Is the service well-led?

Good ●

The service was very well led.

The manager had created a positive staff culture and provided clear, supportive leadership they were valued by people, staff and the provider.

The manager had implemented a variety of innovative schemes and processes to support and guide their staff to place them and the people who used the service at the heart of the service.

There were robust systems in place to monitor, and where necessary to improve, the quality of service provided.

There was a positive, supportive culture where people and staff were confident to report any concerns to the management team.

There was a strong emphasis on continually identifying ways to improve the service for people.

Bluebird Care (Poole)

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.

The inspection took place on 15, 16 and 18 November 2016, with visits on 16 November 2016 to people who use the service. We told the service one day before our visit that we would be coming to ensure the people we needed to talk to would be available. This inspection was conducted by one inspector.

Before the inspection, we reviewed the information we held about the service; this included information we had received from third parties. We also sought the views of people who used the service through issuing questionnaires, these results were analysed and used to provide a view of the service. The local authority who commissions the service were asked for their views on the care and service provided by the service.

In addition, 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 reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we visited three people and their relatives in their homes and spoke with another four people on the telephone who used the service. We spoke with six members of staff, the manager and the owner of the service. We checked three people's care and medicine records in the office and with their permission, the records kept in their home when we visited them. We also saw records about how the service was managed. These included three staff recruitment and monitoring records, staff rotas, training records, audits and quality assurance records as well as a range of the provider's policies and procedures.

The service had not previously been inspected.

Is the service safe?

Our findings

Everyone we spoke with gave positive views on the service. People told us they felt safe with their care workers when asked if they felt safe with their care workers they replied, "Oh yes, of course" and "Yes, all the time, they are brilliant".

People were protected against the risks of potential abuse. There were detailed policies and procedures in place to help keep people safe from abuse. Staff spoke knowledgeably about the signs that may indicate a person was at risk from potential abuse. Staff told us and records showed they had received safeguarding adult's awareness training which was refreshed at the required intervals. Staff demonstrated an understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. The manager demonstrated a thorough knowledge of safeguarding procedures and records showed the correct procedures had been followed when the service reported various safeguarding concerns.

When people had accidents, incidents or near misses these were recorded. The manager reviewed and analysed these records to look for developing trends and resulting actions were discussed with staff at team meetings to ensure people received their on-going care and support in a safe way. Staff were able to give examples of when accidents and incidents had led to positive action being taken for people. For example where an excessive amount of falls for one person had been highlighted the service contacted the local falls team who re-assessed the person and arranged for additional mobilising equipment and an alarm pendant service to be installed. This resulted in a much reduced amount of falls for the person who could continue to live safely in their own home as was their wish.

Risk assessments were in place to support people to remain safe whilst retaining as much independence as possible. Records showed people's home environment had been assessed to ensure people and staff were protected from avoidable risk.

People's care records reflected their abilities and guided care staff on how people preferred their care to be given. For example, one person's care records stated, 'I want to remain as independent as much as I can, I need assistance with washing and dressing and help with my meal preparation'.

There were arrangements in place to keep people safe in an emergency. There was an on call system for people who used the service and staff to contact in emergencies or where they needed additional support. People told us they had confidence in the on call service and knew how to contact people in the event of an emergency.

We reviewed the services contingency plan which was in place to manage any emergencies. Risks to people in the event there was an interruption to their service delivery, for example due to severe weather, had been assessed and a plan put in place. People were prioritised in order of risk which meant they were protected as processes were in place to manage emergencies.

People told us they were supported by sufficient staff with the right skills and knowledge to meet their

needs. People said care workers were generally on time and if they were going to be delayed they would be telephoned and kept informed. People knew their care workers well and said they were told if there were any changes to their planned visits. People told us their care workers always checked if there was anything else they wanted doing and made sure they were comfortable before leaving. If staff were not available for example due to leave or sickness the manager or named office staff would cover the visit. Staff told us this system worked well and ensured people always received their care when they needed it from staff they knew. Staff told us they were given adequate time to complete their care visits although at times the traffic was heavy which meant sometimes they were a little late. They said if they were going to be very late they would call through and tell the person. People we spoke with and visited in their homes confirmed this happened and they were happy with the system. The provider used a weekly rota system which ensured people and staff knew their schedule in advance.

There were robust recruitment policies and procedures in place. We looked at the recruitment files for three members of staff and found that the relevant checks had been completed before staff started working at the service. These checks included up to date criminal record checks, photographic confirmation of identity, fitness to work statements, interview notes and previous employment references. This made sure that people were protected as far as possible from individuals who were known to be unsuitable to work in the care industry.

The manager showed us the new system they had implemented to ensure people received their medicines when required. Staff told us they found the new system to be effective and easy to follow. It had led to a decrease in the amount of medicine errors made by staff. Staff were trained in administering medicines and their training was updated periodically to ensure staff were competent to administer medicines.

People's medicines were audited each month and the manager completed spot checks on staff administering medicines in people's homes. The medicine administration policy explained the different levels of assistance people needed with their medicines and the guidance for staff was clear. Where people had prescribed creams, there were clear instructions for staff on how to apply these. There were detailed colour coded body maps completed for people which gave guidance for staff on where and how much cream to apply to people. Medicines administration records (MAR) contained sufficient detail and were complete. There was a system for staff to follow if people were having 'PRN' as needed medicines, such as pain reducing tablets. This meant the amount of 'PRN' medicine people received was recorded to help keep people safe.

The manager had recently designed and ran specific staff training workshops regarding certain medicines that thinned people's blood. Staff had found these workshops to be very useful and effective in helping them to understand the particular complexities of the specific medicine.

We visited three people in their homes and reviewed their MAR's, medicines and care records. For one of these people, we saw they did not have a body map in place for staff to follow when applying their prescribed creams. The care worker highlighted this to the office staff and a correctly completed body map was drawn up and taken to the person on the same day.

People told us care workers wore gloves before they administered their medicines and said the care workers always checked the medicines against their MAR before administering their medicines. People said they had full confidence in the care workers administering their medicines.

Is the service effective?

Our findings

People told us, "They are very good with their time keeping, I've never had to complain, I'm really happy with them". Another person told us, "Professional, kind and caring, what more can we ask for".

People were supported by staff who had received a range of training to develop the skills and knowledge they required. Staff told us they completed an induction training programme which led to the care certificate, a nationally recognised induction qualification. Staff said they shadowed more experienced staff for a while before they started to care and support people on their own. Training was provided by the manager in a practical one to one setting as well as through the use of computer sessions provided by an independent training provider.

Staff were encouraged to obtain professional qualifications and were in the process of completing the Gold Standards Framework. Five staff had already completed the GSF and had found it very beneficial. The GSF is a nationally recognised training programme which provides care staff with the skills and knowledge to provide quality care and support to people at the end of their lives. The manager told us, "The GSF is my passion, the training is excellent, my mission is to get as many staff trained through the GSF as possible".

Staff told us, "The training here is really good, I've learnt so much and really enjoy it". There was a clear system which showed what training courses staff had completed and which courses were scheduled for the future. The manager had recently implemented a career pathway for staff, this enabled staff to see what was available for them and what they could achieve if they wanted to develop their skills and experience further. The schedule of training was up to date with all staff either having completed their training or dates allocated for training courses already booked. Training completed by staff included safeguarding, medicine management, infection control, moving and handling and catheter care.

Staff received regular, detailed reviews which gave them the opportunity to request further training if they had a specific interest, for example dementia care or pressure care.

Staff were given regular support and guidance when they started their employment at the service. Staff told us the support gave them confidence to learn their job effectively and safely. One member of staff said, "It's been really good, everyone is so helpful, if I have a question I can ask anyone they are always here to help and so approachable". Appraisals were conducted annually and encouraged staff to put forward their own development ideas and opportunities. Staff said they found the supervisions and appraisal process helpful and supportive and felt they could raise any issues or concerns they had.

Staff meetings were held regularly and copies of the minutes made available for all staff. This ensured staff who had not been able to attend the meeting were kept informed of all actions agreed.

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 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. 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.

People's rights were protected because the staff acted in accordance with the MCA. Staff had an awareness of the MCA and how it affected their work and had all received training in The Mental Capacity Act 2005. People and their relatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided.

People were supported with their health care needs and any changes in their health were discussed with them and a referral to their GP or other health care professionals such as occupational therapists was made if required. If people were at risk of becoming dehydrated or malnourished there was a system in place to monitor their food and fluid intakes to help ensure they received adequate nutrition. Supervisory staff had been trained to use people's body mass index scores which would enable them to identify if a person was at risk of malnutrition.

Is the service caring?

Our findings

Every person we spoke with told us they found the staff to be caring, kind and friendly. One person said, "They have been really good, excellent in fact we're very pleased". Another person told us, "We never want for anything; they are all so kind and friendly, always checking if there is anything else they can do". One person said, "They are all caring people, very friendly".

Staff comments demonstrated they put the health and care of people at the heart of the service. Comments included, "Everybody really cares, about the staff the clients and each other, it's so good". Staff treated people with respect and dignity and told us, "I always ask how they want things done, everyone has their own ways of doing things and I think it's important to recognise that". Staff told us they treated people as they would wish to be treated themselves and always with dignity and respect, they said, "I never forget, it's their home I'm just a visitor".

Staff knew people well and understood how they wanted their care and support to be given. People told us they received their care and support from the same regular care staff so they always knew the person that was supporting them. One person said, "It's lovely to have a chat and a giggle, they look after me very well". The manager told us they personally matched each member of staff with the person they were providing care. This meant they ensured people would enjoy being in each other's company and where possible had similar interests so people would feel comfortable with their care staff.

People told us if new staff were employed they accompanied the experienced staff for a while so they got to know them before they came to support them on their own.

We reviewed people's visit schedule's that were sent to them on a weekly basis. The schedule's showed regular daily visits that were carried out by a small team of carers. People confirmed they received their care from the same small team of regular care staff. People said, "They take time to chat and check I'm ok, I don't feel rushed they are wonderful". One person said, "They are very good, they save me such a lot of work, I've never had any problems at all, it's been excellent".

People were given the information and explanations they needed, when they needed them, such as when they started to use the service or when their needs changed. People told us they were kept informed if staff were going to be late for example if they were stuck in traffic. They said normally someone from the office rang them if their visit was going to be late, or if there was going to be any changes to their scheduled visits, such as new staff shadowing their carers. One person told us they only wanted female carers to support them and said their wishes had been respected. People told us care staff respected their privacy at all times and always asked their opinion on what they wanted to wear or how they preferred their support to be given.

The manager showed us a new system they were implementing for people which would include people's personal histories and background information. This meant care staff would have specific knowledge about people and be able to talk about their hobbies and interests with them.

Staff had achieved accreditation with the Gold Standards Framework. The National Gold Standards Framework (GSF) is a national training scheme which provides training for staff to enable them to provide a gold standard of care for people nearing the end of their life. Staff told us they had enjoyed doing the GSF and said completing the course had given them valuable skills and training to help people when they were at their most vulnerable, at the very end of their lives. There was no one receiving end of life care at the time of our inspection.

People told us that they were consulted about how they wanted their care and support to be provided. They said the manager came out and saw them from time to time and they had completed questionnaires on the service they received from the carers.

Is the service responsive?

Our findings

People told us that care staff responded appropriately to what they wanted. They said care staff understood their needs and provided the care and support as they wished. One person said, "They have been brilliant, if I can't reach the doctor they always manage to, they always sort me out".

Before people started to receive a service from Bluebird Care (Poole) people's needs were assessed. This meant the service could be sure they had staff with the right knowledge, skills and experience to provide people with safe and effective care and support. People told us they had been consulted in compiling their care and support records, this resulted in records containing personalised information that guided care staff to care for people as they wished. Care records were kept up to date and reviewed annually or more frequently if people's needs changed. People told us that the care staff supported them with a variety of tasks, such as, personal care support, preparing meals, various household tasks and supporting them with their medicines.

During our visits to people we reviewed their care plans which were kept in their home. People confirmed that staff updated their care records when their care needs changed. Care plans were clearly written and explained how people would like their care and support to be given. For example one person's care records stated, '[person] likes to get their own breakfast but likes a cup of tea made for them which is weak, black and no sugar'.

The manager told us they were in the process of reviewing people's care plans and where needed were rewriting them to reflect a more person centred approach rather than task focussed. During our inspection we saw evidence that care plans were being written in a person centred way which gave clear, personalised guidance for staff.

Where people needed additional equipment and checks to maintain their health and wellbeing we saw these were in place. Where people were at risk of developing pressure sores we saw they had access to the relevant pressure relieving cushions and mattresses to prevent such risks occurring. Where people needed mobility aids to help them mobilise around their home we saw these were left within easy reach for them. Some people wore safety pendants to alert people if they fell or had an emergency; we saw clear prompts were included in care plans for staff to make sure people's pendants were in place or in an area where people could reach them easily. One person said, "They always make sure I've got it on, they are very strict about that".

If people required hoisting to mobilise them from their bed or chair there were clear instruction available in the care records for staff on how to hoist them safely.

Daily records were detailed, written in a personalised way and included how people were feeling and what they had done during the day and what they had eaten and drunk.

People told us they knew the procedure for making complaints and said if they had any concerns they

would feel comfortable raising them with the appropriate staff. One person gave us an example of when they had had to raise a concern, they told us, "It was very straight forward, just one quick phone call and everything was sorted as easy as that". The provider's complaints procedure which gave clear advice and timescales for people to let them know what to expect if they had cause to complain. We reviewed the complaints the service had received in the previous twelve months. There had been three complaints received and these had all been investigated, reviewed and actioned in accordance with the provider's complaints policy. The manager told us they personally visited every person who made a complaint within 48 hours of the complaint being received; this ensured people's concerns were dealt with in a timely way and showed the service took people's views and concerns seriously. People told us, "I'm always listened to, it's good".

People and their relatives were given the opportunity to comment on the level of service provided by Bluebird Care (Poole). The provider had sent customer quality questionnaires out to the people who used the service during April/ May 2016. We reviewed 13 of the completed questionnaires that had been returned. The questionnaires covered a range of topics, such as; were people happy with the service provided, are care staff polite and treat people with respect, did care staff arrive on time and did care staff have the skills and knowledge to give the correct support that was needed. The completed questionnaires had been analysed and the few minor negative comments had been followed up and actions taken if required. The majority of people had given positive comments which included statements, 'I have no complaints only praise, thank you', 'You cannot improve on the service provided either by helpers or office staff' and 'The service works very well for us, thank you'.

The manager showed us a document they were developing for people which when completed would mean they had a single document to take with them if they had to go into hospital or a care or nursing home. The document contained personalised information regarding how the person liked their care to be given, what hobbies they had enjoyed and what they liked to do with their day. When completed it would give a good summary of the person's likes and dislikes and provide a valuable, individualised record for any health professional or care staff to follow.

Is the service well-led?

Our findings

People told us they felt the service was very well managed with a clear management structure. Staff told us they felt very well supported in all their duties. One member of staff said, "I love it here, the manager has been excellent, they sort out any problem straight away and everyone is so helpful" Another member of staff said "This Company genuinely cares for everybody, their staff and their customers, I love it".

Staff and people told us they felt valued and listened to, people felt the service had an open, supportive, friendly culture. People talked warmly of their care staff and the management team and said they enjoyed seeing them all when they visited. Staff felt the service offered by Bluebird Care (Poole) was friendly and professional and always put the people who used it first.

Staff told us communication within the service was good and they felt well supported in their roles. A member of staff said, "I can always talk to anyone and get help about anything...I don't ever have to worry, it makes it all such a nice place to work".

People who used the service and staff employed by the service had recently nominated the manager for the Great British Care Awards Registered Manager Award. The awards had been held the week during our inspection and the manager was delighted to find out they had won the Regional Registered Care Manager Award 2016. This was an outstanding achievement on behalf of the manager especially as they had only commenced their role as manager of Bluebird Care (Poole) during August 2016.

Since being employed as manager at the Bluebird Care (Poole) office the manager had implemented a large variety of schemes, incentives and improved a range of policies and procedures to ensure all people and staff benefited from the best possible support and care.

Throughout the inspection the manager showed passion and commitment for the service and the people it provided care for. They showed us what changes they had made and explained what made them proud about the service.

The manager was keen to build links with the local community and had started a 'Bluebird Care Poole Newsletter' that gave local information and forthcoming events and news. This was distributed to people who used the service which enabled them to keep up to date with events and any changes in the service.

The manager valued their staff team and told us staff were recognised for good practice and with their permission were referred to in the 'Bluebird Care Poole Newsletter' for people to see. Staff were regularly awarded with flowers, chocolate and wine to thank them for extra hours works, going the extra mile to help colleagues and if they had given up their days off to ensure customers remained safe and supported.

The manager had implemented a carer of the month scheme for staff members, this scheme included a bonus payment that staff could achieve and had provided a valuable positive increase in staff morale.

The manager had started working closely with the Dementia Friends support group and was looking at ways to implement best practice to help those people with dementia. They told us they were organising a schedule of talks and workshops regarding Alzheimer's disease which they hoped would lead to care staff having a greater understanding of dementia and how it affected people and their lives.

They were looking into designating staff as specific 'champions' for example a champion for dementia, diabetes or infection control. These champions would then pass on their knowledge and skills to care staff and provide an expert basis for staff to contact for advice and guidance.

The manager had put in place a 'recruit a friend' scheme which gave incentives for staff to promote working for the company between their friends and family members. They told us the scheme had been really well received and had contributed towards getting the correct amount of staff in post.

The manager told us they were proud of their staffs and their own achievement of getting the accreditation for the Gold Standards Framework, records showed five members of staff had achieved this award. The provider told us that they were the only home care service that had achieved this accreditation nationally, and that this had provided staff with skills to enable people to remain at home until the very end.

The manager had also set up external training workshops with the local authority with the aim of extending the care staffs knowledge and skills.

There was a range of quality assurance systems in place to monitor and where necessary improve the quality of service being delivered. People's experience of care was monitored through regular questionnaires, and at intervals the manager visited people in their homes to conduct spot checks on the way the care staff provided care and support. The manager also covered some visits to people themselves should staff be off sick or on annual leave. The manager said this was an effective method of seeing people and obtaining their views on the service as well as enabling them to keep their practical knowledge of providing care and support to people up to date.

The provider had received two quality monitoring visits in the previous year, one from their head office and the other from the local authority, these visits had resulted in an audit score of 95% compliance. There was a whistleblowing policy, which was in line with current legislation and contained contact numbers for the relevant outside agencies with which staff could raise concerns.

There was a system of audits in place to ensure a quality service was maintained. Examples of audits included, health and safety, complaints and environmental risks in people's homes. The audits gave an overview of the service and enabled any trends to be identified and actions taken to address any shortfalls. Staff were asked to sign a document stating they had read and understood these policies to ensure they had a good understanding of all processes.