

Praesidium Partners Limited

# Bluebird Care (Fareham & Gosport)

## Inspection report

Unit 1, Shedfield Grange Farm Business Park  
Sandy Lane, Shedfield  
Southampton  
Hampshire  
SO32 2HQ

Tel: 01329822544

Website: [www.bluebirdcare.co.uk/fareham](http://www.bluebirdcare.co.uk/fareham)

Date of inspection visit:

23 January 2018

30 January 2018

Date of publication:

20 March 2018

## 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

We carried out this announced inspection on the 23 and 30 January 2018. The provider was given 24 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be available in the office.

Bluebird Care (Fareham & Gosport) provides personal care and support to people in their own homes. At the time of our inspection the agency was providing a service for 58 older people with a variety of care needs, including people living with physical frailty or memory loss due to the progression of age.

We last inspected this service on 23 November 2016 and we identified two areas where improvement was required in respect of continuity of care staff and poor communication within the office. At this inspection we found improvements had been made and people were now happy with the service provided.

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.

We received positive feedback from people about the service. All the people who used the service expressed great satisfaction and spoke highly of the care staff. A complaints procedure was in place and people knew how to make a complaint if they needed to.

People felt safe with the service provided by Bluebird Care (Fareham & Gosport) and risks to people were minimized through appropriate risk management. There were plans in place for foreseeable emergencies.

Relevant recruitment checks were conducted before staff started working at Bluebird Care (Fareham & Gosport) to make sure they were of good character and had the necessary skills. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. There were enough staff to keep people safe.

People were supported to take their medicines safely from suitably trained staff. Medication administration records (MAR) confirmed people had received their medicines as prescribed. Staff contacted healthcare professionals promptly when they had concerns about people's health and wellbeing.

People felt they were treated with kindness and compassion and said their privacy and dignity was respected. Staff had an understanding of the Mental Capacity Act (MCA) and understood that people had the right to make their own choices.

People were supported with their nutritional needs when required. People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes and went out of their way to

provide people with what they wanted.

Staff received regular support and one to one sessions or supervision to discuss areas of development. They completed a wide range of training and felt it supported them in their job role.

Care plans provided comprehensive information about how people wished to receive care and support. This helped ensure people received personalised care in a way that met their individual needs.

There were appropriate management arrangements in place. Staff felt supported by the management and felt they could visit the office and be listened to. Regular audits of the service were carried out to assess and monitor the quality of the service.

## 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 remains good.

### Is the service effective?

Good ●

The service is now rated good.

Staff were provided with training and support through one to one supervisions that gave them the skills to care for people effectively.

People were supported to access health professionals and treatments, and were supported with eating and drinking.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

### Is the service caring?

Good ●

The service remains caring.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service is now rated good.

People and staff spoke highly of the management team who were described as approachable and supportive.

Staff interacted with people and staff positively, displaying understanding, kindness and sensitivity.

There were effective systems in place to monitor all aspects of the care and treatment people received. Audits had been conducted regularly by the registered manager to drive improvement.



# Bluebird Care (Fareham & Gosport)

## **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.

This inspection took place on 23 and 30 January 2018. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team consisted of two inspectors on the first day and one inspector on the second day.

Before this inspection, the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We also checked other information we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with six people receiving care and support and two family members by telephone. We spoke with a further two people and two family members when we visited their homes. We spoke with the registered manager, director, operations manager, care coordinator, customer supervisor and six care staff. We looked at care records for six people, medicines records and recruitment records for four care staff. We looked at other records in relation to the management of the service, such as health and safety, minutes of staff meetings and quality assurance records.

# Is the service safe?

## Our findings

People and their families told us they felt safe. One person said, "Yes especially with two carers conducting moving and assisting with the hoist, they communicate every step with me". Another person said, "Yes definitely". Other comments included, "I feel safe with the care" as well as, "I feel very safe and okay". A family member told us, "Yes dad does feel safe". Another family member said, "Absolutely 100%".

People benefitted from a safe service where staff understood their safeguarding responsibilities. A safeguarding policy was available and care workers were required to read this and complete safeguarding training as part of their induction. Staff members were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to their manager, and if no action was taken would take it higher up. One staff member told us, "I would ring the office and speak to [manager's name]. I had one concern and phoned the office and it was all sorted".

People were protected by staff who understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. All the staff we spoke with were aware of how to use the policy.

Robust recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff were insured to use their vehicle to drive around to people's homes.

There were sufficient numbers of care workers deployed to meet people's needs. Staffing levels were determined by the number of people receiving care and support and their needs. These could be adjusted according to the needs of people. Staff said they had sufficient time to support everyone they cared for and were able to provide additional support if someone needed it; for example, if the person was unwell. People received a weekly schedule of when staff would be visiting them and knew in advance which member of staff it would be. People told us that they had regular care staff and that staff arrived when they expected them. One person told us, "I get a rota each week and the girls [staff] come on time".

The service used an electronic call monitoring system called the 'Pass System' which enabled the service to monitor that all care calls were taking place and at the correct times. Staff used their mobile phones to log in at the person's home, which allowed the registered manager to see instantly if a staff member was running late so appropriate action could be followed up.

There were safe medicines administration systems in place and people received their medicines when required. People were happy with the support they received with their medicines and told us their independence was respected and they managed their own medicines where possible. One person told us, "Carers prompt me morning and evening daily and record this electronically". A family member said, "Carer

prompts medication for dad and collects his medicines from pharmacist".

There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. Training records showed staff had been suitably trained and had been assessed as competent to administer medicines. Staff members told us, they could only support people with medicines that were on the medicine administration chart (MAR) and if they had any concerns would contact the office immediately. One staff member said, "Medicines are very clear. I had training and was assessed".

Staff were issued with a mobile phone and used this to access the care plans and MAR charts electronically on a computerised system. This meant any changes to medicines were updated immediately, staff had all the latest information and this reduced the risk of errors. When staff assisted people to take their prescribed medicines they signed a medicines administration record (MAR) electronically to confirm the person had taken it. If a staff member had not administered a person's medicines as scheduled at their visit the registered manager was immediately alerted to this on their smart phone and computer. One staff member told us, "All medicines are listed on the Pass System. There is no way you can leave a visit without completing as you wouldn't be able to check out".

We saw safe systems were in place and followed by care staff to support people who were prescribed topical creams. This information was assessed electronically with a body map on where to apply creams and what they were used for. Care plans contained details on any side effects on certain medicines and the risks associated with them. For example, for one person grapefruit and grapefruit juice should not be consumed whilst taking their medication.

Staff told us they supported people to take risks in their own home without minimising their independence. Assessments were undertaken to assess any risks to people and to the care workers who supported them. These included environmental risks and any risks due to the health and support needs of the person. Risk assessments were available for moving and handling, medicines, falls and equipment. For example, a risk assessment for the environment provided staff with information of where to locate the stop cock and fuse box in the person's home in case of emergencies. One staff member said, "Risk assessments are on the Pass System so we are aware of it".

People had individual risk assessments that identified potential risks and provided information for staff to help them avoid or reduce the risks of harm. Staff showed that they understood people's risks and we saw that risk assessments were monitored and reviewed every month. The operations manager told us how they were concerned about a person who smoked in their home and other risks involved which put them at risk in the event of a fire. They said, "I spoke to the fire service and they are going to fit smoke detectors that once activated will go straight to the fire service. While waiting for these to be fitted we've added to the risk assessment and care plan to empty ashtrays safely."

There were processes in place to enable the registered manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

The service had a business continuity plan in case of emergencies. This contained a set of procedures to follow and the main contact numbers for emergency services. This covered eventualities where staff could not get to people's homes. For example, if there were any difficulties covering calls due to events such as the weather conditions or sickness.



Staff demonstrated a good understanding of infection control procedures. All had received training in infection control and had ready access to personal protective equipment, such as disposable gloves and aprons. Infection control was included in people's care plans, for example, to reduce the risk of infection and cross contamination to check surfaces are clean and wash hands before food preparation. Clean apron and gloves to be worn. As part of the review process people are asked if staff wear gloves and aprons. One person told us that staff, "Come in uniform and wear gloves".

# Is the service effective?

## Our findings

At our last inspection in November 2016 we found that some people felt that the care staff who filled in for regular staff member were not always able to provide effective care and support. During this inspection, we found that sufficient action had been taken.

People told us that staff had the skills and training required to support their needs. One person told us, "Yes definitely". Another person said, "Yes they are very good with my personal care". A third person said, "Staff seem to know what to do so would say they were well trained".

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Most training was provided online and using workbooks as well as practical training on moving and handling and first aid. One staff member told us, "Training is on tap I can have whatever I want to do." Another staff member said, "Training is class room based and e-learning which is good as I could take my time and redo if I needed to". Training records showed all staff were up to date with mandatory training which was refreshed annually. Training was also in place for end of life, dementia care, pressure areas and health conditions.

People told us new staff members were accompanied by a regular staff member and shown how people liked things done. New staff completed a comprehensive induction programme before working on their own. Arrangements were in place for staff who were new to care to complete The Care Certificate. This certificate is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate support to people. One staff member told us, "Induction really energetic, kept our attention and useful as well". Another staff member said, "I meet new staff on their last day of training and have a chat and introduce myself. Then arrange to meet them on their first call to shadow".

Staff were also supported with the use of an electronic staff handbook which was accessed on line through the staff mobile phone. This provided staff with information and guides with some video presentations for staff to refresh their knowledge and gain further information and acted as a reference for staff whilst at work. One staff member said, "Always some training going on and if we forget something we can look it up on our phone".

People were cared for by staff who were well-motivated and told us they felt valued and supported appropriately in their role. Staff were provided with supervisions (one to one meetings) with their line manager. These provided an opportunity for the service to provide staff with feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. Staff informed us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One staff member told us, "I definitely find supervisions helpful. Every time I come into the office I feel uplifted when I leave and good at my job". Another staff member said, "I feel supported. Supervision once every month, also ring us to make sure we are okay. If any issues, can tell them and they listen".

Staff had received training in the Mental Capacity Act 2005 (MCA). 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. Staff showed an understanding of the MCA. Before providing care, they sought verbal consent from people and gave them time to respond. Staff were aware people were able to change their minds about care and had the right to refuse care at any point. People told us they had been involved in discussions about care planning.

People were supported at mealtimes to access food and drink of their choice. The support people received varied depending on people's individual circumstances. Some people lived with family members who prepared meals. In other cases, staff members reheated meals and ensured they were accessible to people. Where people were identified as being at risk of malnutrition or dehydration staff recorded and monitored their food and fluid intake. This was now being completed electronically for people who required this. This meant if staff had any concerns they could pass them on to the relevant health professionals.

People were supported to access healthcare services. Staff told us they would always inform the office to keep them updated about any changes in people's health. If any health professional had visited, staff told us they would call the office to let them know, so the next staff member was aware of the person's current health needs and any action needed.

Care plans were in place for medical conditions which contained detailed information on specific health conditions including, stroke, diabetes, and dementia. There was guidance to support staff to understand how this affected people living with these conditions. For example, for one person they had a previous blood clot on their leg and they take medicines every day to thin the blood. Staff were advised to seek medical advice if the person's leg appeared more swollen than normal.

# Is the service caring?

## Our findings

All the people we spoke with told us staff were caring. One person told us, "Yes they are all lovely". Another person said, "Staff, very nice young girls, very polite and treat me with dignity". Other comments included, "Treat me with dignity and respect" and, "Very caring".

People experienced care from staff who understood the importance of respecting people's privacy and dignity, particularly when supporting them with personal care. Staff told us that information was contained in the person's care plan, including their personal likes and dislikes. Staff would knock on people's doors and identified themselves before entering. They ensured doors were closed and people were covered when they supported them with their personal care. One staff member told us, "Privacy and dignity behind closed doors if providing personal care, close curtains and make sure no one else is in the room".

People told us they were involved in planning and reviewing their care and care records showed evidence of this, as people had signed to confirm they had agreed with the amount and type of support they were provided with. Care plans provided information about how people wished to receive care and support and any worries they might have. People told us that staff were aware of how they like things to be done. One person told us, "We get into a routine daily". Another person said, "I have regular carers and a routine they follow". Care staff respected people's rights to refuse care. They told us that if a person did not want care they would encourage but then record that care had not been provided and why.

People were encouraged to be as independent as possible. Care staff knew the level of support each person needed and what aspects of their care they could do themselves. They were aware that people's independence was paramount and described how they assisted people to maintain this whilst also providing care safely. Care plans reminded care staff to offer people choices such as in respect of clothing, meals and drinks. One staff member told us, "Promote independence, give choices, and allow them to do what they can. Choice in everything".

The provider was planning to offer 'good deeds' again in February 2018 after the success of last year. This is where staff are paid an additional two hours outside of their normal working hours to make a difference to someone's life, without an additional cost to the person. We saw records from the last event that showed people enjoyed these additional hours and staff had been creative with their time. For example, one staff member took a person out to lunch as they spend a lot of time on their own. We saw comments from a family member which stated, 'my nan was really pleased she was chosen. The specific care assistant who took my nan out has always been helpful and kind talking to and treating with respect.' Another person was chosen to go for a drive and picnic. We saw comments from them that stated they were really pleased but unfortunately due to the bad weather the picnic was held indoors. However, it was still a great time and the staff member also transferred old family photos onto the person's electronic device so they could see them more easily.

Information regarding confidentiality, dignity and respect formed a key part of induction training for all care staff. Confidential information, such as care records, was kept securely within the registered manager's

office and only accessed by staff authorised to view them. Any information which was kept on the computer or accessed by staff on their smartphones was also secure and password protected.

## Is the service responsive?

### Our findings

People received individualised care which met their needs. People and their families told us staff knew them well and understood their care needs. One person told us, "Staff know what they are doing as it is all on their phone. Before the phone I had to tell staff what to do now they can see it on their phone." A family member said, "If I wasn't happy I would be happy to phone up the office and complain".

People received care that was personalised and focused on their individual needs. Care plans provided information about how people wished to receive care and support. These identified key areas of needs, such as, personal care, daily living activities, personal hygiene, meal preparation, health issues, shopping and dressing. Care plans reflected people's individual needs and were not task focussed. People's likes and dislikes and what was important to people were also described in the care plan.

Staff could read people's care plans on-line and check the care records from the last call before they visited each person. One staff member told us, "Care plans on pass really useful. I used to call the office and get a low down. Now all up to date and on system, so perfect". Another staff member said, "Pass System, amazing, love it. Great because all the information on there. If a new customer comes in, can read all the care notes before you meet them. So aware of all their likes and dislikes, so brilliant".

The care plans were updated regularly to ensure a true reflection of the person's current needs. One person told us, "Review every three months, but will now be six months. I'm involved as [staff member's name] talks about it with me". Reviews were scheduled after one day, one week, one month, three months and six months; and then at six monthly intervals after that. Care plans were also reviewed if people's needs changed. A staff member told us when people first start the care supervisor goes on the first visit and introduces the care staff member. We saw some comments from some recent reviews which included, 'everything is good no complaints' and 'no concerns raised'.

The provider sought feedback from people or their families through the use of a quality assurance survey. This was sent out annually seeking their views. We saw the results from the latest questionnaire, which had been completed in August 2017 the results were mostly positive.

Comments included, 'excellent, I am happy with the support I received from Bluebird care. As well as, 'Always find the ladies very polite and respectful, and I have no complaint, 'and 'carers are the best we can wish for,' 'professional, caring and efficient'. Where any concerns had been identified an action plan was produced and measures put in place to improve the quality of the service based on people's feedback.

People told us they knew how to make a complaint. One person told us, "I would know how to make a complaint if needed to". Staff knew how to deal with any complaints or concerns according to the service's policy. Information about how to make a complaint was included in information about the service provided to each person. The provider had a complaints policy and procedure in place, which detailed the timeframes within which complaints would be acknowledged and investigated.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal

requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We spoke to the registered manager about how they ensured information was accessible for all people using the service. They told us, "We have one customer who has a rota printed off on A3 large print. Can also print off service user guide and statement of purpose in large print".

## Is the service well-led?

### Our findings

At our last inspection in November 2016 we found that people felt that there had been significant shortfalls in the quality of the service provided over the last year. Staff had not always arrived on time and there had been a lack of consistency of staff and poor communication with the office. During this inspection, we found that sufficient action had been taken.

People and their families told us they felt the service was well led. All the people we spoke with said they would recommend the service and felt it was well managed. One person said, "We are both happy with the service".

Staff were positive about the support they received from the registered manager and management within the service. Staff felt they could raise concerns, make suggestions on improvements and would be listened to. One staff member told us, "I feel valued. Management are perfect, always really supportive. Like a friend, a really good listener". Another staff member said, "I feel 100% supported in my role". Other comments included, "All lovely in the office, can ring any of them at any time" as well as, "Support on a day to day basis very good".

The registered provider held regular meetings with the staff in the office. These were held weekly to discuss any concerns and send regular updates to care staff. For example, about people's health and training opportunities. Staff meetings were also held every quarter and minutes showed these had been used to reinforce the values, vision and purpose of the service. Staff were given the option of different dates within the month to maximise attendance. Staff told us any concerns were followed up quickly. One staff member told us, "Staff meetings very good, lots of information. Meet once a quarter and keep us up to date on how the business is doing".

A monthly newsletter was sent to all staff to update them on staffing issues, training and any updates to the service. The service promoted 'carer of the month'. 'Carer of the month' is where staff vote each month for a staff member they believed had gone above and beyond and the reasons why they should receive the award. The operational manager told us, "It's great that staff want to recognise each other, when seeing good practice and letting us know". The provider sought feedback from staff through the use of a quality assurance survey. This was sent out annually seeking their views. Results were very positive and showed staff enjoyed working for the company and that they would recommend the company to a friend or relative.

Staff told us they felt valued by the management and that they are a nice company to work for. They told us one of the ways they were doing this was supporting staff to arrange and attend social gathering outside of work to show appreciation. The provider used a social media group for staff members to communicate and to organise social events which could only be assessed by staff. One staff member gave us an example and told us, "For our Christmas meal all the office staff covered the calls so all the staff could get together and have dinner which was great". Management told us they liked to see staff progress in their chosen field. One staff member said, "Management very keen on developing people".



The provider was planning on supporting the 'pay it forward campaign' after the success of last year. This involved management going into the community and visiting staff and passing on gifts with a small card to say thank you and to pass on to someone else. A staff member told us, "Last spring all the staff got a bunch of daffodils and thank you card to say thank you for being a really good carer. They went round and put them on our cars lovely thought".

The registered manager used a system of audits to monitor and assess the quality of the service provided. These included medicines, record of care sheets, care plans, training, and health and safety.

External audits from head office were also in place to review the service's progress against the Care Quality Commission's key lines of enquiry, and to review previous actions agreed with the registered manager. Records from the latest audit completed in July 2017 showed the service were 96% compliant compared to the previous year of 88%. Where actions had been identified these had been completed.

The registered manager told us about quality group meetings held every other month. The purpose of these meetings were to gather staff from all departments to drive improvements and standards. Ideas for improvement were shared and examples of good practice were highlighted and celebrated.

The service had made links with the local community. In the community the service had signed up with the Alzheimer's society to become a dementia friend. A dementia friend learns a little bit more about what it is like to live with dementia and sharing information with others to help and support people living with dementia. The provider was really proud of the staff and told us that all of the staff working at the agency had now signed up to become dementia friends.

The registered manager and provider informed us they kept up to date by reading the commission's website and through other professional websites, as well as keeping up with latest guidance by attending training. They also attended manager development days to share best practice and monthly meetings with other managers from the provider's other services.

There was an open and transparent culture within the service. The provider notified the Care Quality Commission of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration. Staff were supported and encouraged to raise incidents. The provider had appropriate policies in place which were supplied by the provider as well as a policy on Duty of Candour to ensure staff acted in an open way when people came to harm. The service produced a local newsletter which included stories about the services and peoples achievements.