

P & M Homecare Limited

# Bluebird Care (Newbury)

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This was an announced inspection which took place on 14 January 2016. Bluebird Care (Newbury) is a domiciliary care service which is registered to provide personal care to people living in their own homes. The service currently provides personal care to 58 people who live in the Newbury and West Berkshire area. Since September 2015, Bluebird Care (Newbury) only accepts referrals from NHS and Self-funded customers.

There is a registered manager running the service. 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 told us they always felt safe when using the service. Staff had been properly trained and knew how to protect people in their care. There were enough staff who had been safely recruited to provide appropriate care to people. All risks were identified and managed to make sure that people and staff were kept as safe as possible.

People's rights were protected by staff who understood consent issues and the Mental Capacity Act (2005). The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. People's capacity to make decisions was recorded and appropriate paperwork was included in care plans. People were always asked for consent prior to care being undertaken.

People had their needs met by staff who were well trained, well supported and had the knowledge and skills required to give people personalised care. People told us they were very happy with the care they received. They described the staff as respectful and caring and the care as very good to excellent. The service respected people and staff's diversity.

The service was very well managed. Staff, people and other professionals described the management team as supportive, approachable and responsive. The quality of care provided was continually reviewed and development or improvements made, as appropriate.

Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff knew how to protect people from abuse or harm. People felt they were safe when care staff were supporting them.

Any health and safety or individual risks were identified and action was taken to keep people and staff members as safe as possible.

Staff helped people to take the right amount of medicine at the right times.

### Is the service effective?

Good ●

The service was effective.

Staff understood consent and decision making and did not undertake any care without people's permission.

Staff were well trained and given good support to make sure they could offer people good quality care.

Staff spent as much time with people as was necessary to meet their needs. They worked closely with other healthcare and well-being professionals to ensure people were offered the best possible and most appropriate care.

### Is the service caring?

Good ●

The service was caring.

People told us they were very happy with the service they received.

People's needs were met by staff who cared about people and built relationships with them and their families.

People told us the staff showed them respect and were caring at all times.

### Is the service responsive?

Good ●

The service was responsive.

People were offered individualised care which was re-assessed regularly and amended to meet people's changing needs.

People knew how to make complaints and were comfortable to discuss any concerns with all staff from the service.

People told us that staff in the office were always available to answer their calls. They said they got an immediate response to any issues or difficulties.

People had their needs assessed and were involved in planning their care.

People knew how to make complaints and were comfortable to discuss any concerns with staff from the service

### Is the service well-led?

Good ●

The service was well-led.

Staff felt valued and very well supported by the management team.

The registered manager and the staff team made sure that the quality of the care they offered was maintained and improved.

There was an open management style in the service. People and staff found the management team approachable. People were asked for their views on the quality of care they were offered.

# Bluebird Care (Newbury)

## 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 14 January 2016 and was announced. The provider was given notice because the location provides a domiciliary care service. We needed to be sure that the staff would be available in the office to assist with the inspection.

The inspection was carried out by one inspector.

During the inspection we looked at the Provider Information Return (PIR) which the provider sent to us. 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 also looked at all the information we have collected about the service. This included notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

On the day of the inspection we spoke with the registered manager and the 'care manager' who was assisting the registered manager to organise the service, day-to-day. We spoke with six staff and six people who use the service. We contacted seven local authority personnel and other professionals and received written responses from four. We looked at records relating to the management of the service. These included five people's care plans, a selection of policies and a sample of staff recruitment files and training records.

# Is the service safe?

## Our findings

People told us they felt, "safe" using the service and that care staff were, "completely trustworthy". Two people said, "they always make sure I'm safe before they leave". Staff knew how to protect people in their care. They were able to describe signs and symptoms of abuse and tell us what actions they would take if they suspected abuse. Staff understood the service's whistleblowing policy and how they would use it, should it be necessary. Staff were issued with a laminated card, to carry with them, which reminded them of how to identify safeguarding concerns and contact numbers. Safeguarding adults and children training was included in induction and up-dated every year. The local authority's safeguarding manager told us they had no safeguarding concerns about the agency at this time.

People and staff were kept safe by the service. People's homes were risk assessed for any environmental risks and the service had a robust health and safety policy and procedure. A business continuity plan was in place. It included a planning check list to instruct staff how to deal with specific emergencies such as shortage of staff through sickness, severe weather and other serious incidents. People were assessed and risk rated to make sure people with the highest needs were given priority in any emergency. Staff were provided with personal safety and generic health and safety training.

People's care plans included the identification of individual risks. The risk management plan was incorporated into care plans relating to the area of care that may present a risk. The plans described how care staff were to minimise risk to themselves and people using the service. Identified risks included moving and positioning and nutrition and hydration.

Accidents and incidents were recorded and monitored by the directors of the service. Any missed calls were considered as an incident or service deficit and investigated by the provider to minimise the risk of recurrence.

People were helped to take their medicines safely, as noted in their care plans. The service had a robust medication policy and procedure in place. Staff had been trained in medicines administration, which was up-dated every year. Staff's competency to administer medicines was checked every three months. Care plans included a medicines care plan which staff adhered to. The service used a monitored dosage system (MDS) to assist them to administer medicines safely. MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs or the original labelled bottles from the pharmacy. One person told us that care staff, "know all about my numerous medicines".

People were supported by staff that had been recruited safely. The service had developed a robust recruitment procedure to ensure staff were suitable to work with people. It included taking up references and checks to confirm that candidates did not have a criminal conviction that prevented them from working with vulnerable adults. Letters of recommendation presented as references from overseas applicants were verified by the service. Application forms were fully completed and notes from interviews were kept and formed a basis for future supervision and training needs.

# Is the service effective?

## Our findings

People's needs were met by care staff who were well trained and had the knowledge and skills required. People told us they were, "well looked after". People's comments included staff, "seem to be well trained and know exactly what they're doing". "They are definitely well-trained" and they (staff), "are very able and well-trained".

New staff described their initial training as comprehensive and enjoyable. Staff completed induction training developed to meet the standards of the care certificate. They completed the 'shadowing' of senior staff members and were not expected to work alone until they were competent and confident to do so. The decision about when staff were competent and confident was made by the staff member and their supervisor. Staff completed a 12 week probationary period during which their performance and training needs were carefully assessed.

Staff members told us they had very good opportunities for training and their mandatory courses were completed at the scheduled times. For example, moving and positioning and safeguarding training were refreshed annually. Specialised training was provided to meet people's individual needs. This included dementia care, end of life care and specific healthcare needs such as diabetes. Qualified nurses provided some of the specialised healthcare training to ensure care staff could offer safe care to particular individuals.

Staff had regular one to one meetings and annual appraisals with senior staff. Staff told us they felt very well supported by the management team and were therefore able to offer a high standard of care. They told us that any extra training or development they asked for was provided, as quickly as possible. They said they were not allowed to and would refuse to offer care to people whose needs they could not meet to the standard they and the organisation expected. Staff told us, "we are a very strong team, we learn from each other and are not afraid to ask each other or the managers for help and advice".

People's health needs were not, generally addressed by care staff. However, people told us that care staff would call the doctor or other health professional if they asked them to and would always call emergency services, if necessary. Staff told us they would report back to the office if someone appeared unwell. They said that they record any concerns about people and ask their permission to share their observations with others. Agreements are made at the beginning of the service provision with regard to who the care staff may share information with.

Care plans included people's ability to make decisions in the various relevant areas of care. People told us care staff always listened to them and respected their wishes and choices. They said care staff did as they were asked, if they could. They said that care staff always asked them if it was alright to proceed with personal care tasks. People and their carers signed initial assessments and subsequent care plans to say they had been involved in completing them and agreed with the content.

People's rights were upheld because the service had a clear understanding of the Mental Capacity Act (2005). 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. 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. We checked whether the service was working within the principles of the MCA. Paperwork confirming people's mental capacity status was held in people's files, as appropriate. Staff had received mental capacity training and were able to describe the action they would take if they felt someone's ability to make decisions was deteriorating. Staff were issued with a small laminated card which they were instructed to carry with them to remind them of the basic principles of the MCA.

People told us that care staff, generally, arrived on time and always stayed the correct amount of time. The service used a comprehensive computerised scheduling system. Most people said that staff will let them know if there are any changes to times or staff. However, two people and one professional said that people were not always informed of changes. One professional felt that, "staff were stretched" and therefore the times of calls were sometimes changed. Others, including people who use the service did not share this opinion. One person said, "they are flexible and you never feel rushed". Staff were given appropriate travelling time between calls, however they did not get paid for the travel. The registered manager explained that they are to begin paying travelling time in 2016. No missed calls had been reported in the previous six months.



# Is the service caring?

## Our findings

People told us they were, "very happy" with the service. They described it as, "excellent" or, "very good". Five people described the care staff as, "very caring". Other professionals commented, "I have always found everyone totally committed to the people they provide care for". Staff told us that one of the best things about working for the service was, "they really care about the service users". Another said, "the company want carers who care, you can't do the job properly if you don't care".

People's privacy and dignity was protected at all times. Staff described how they maintained people's privacy and dignity. They talked about respecting people's opinions and following individualised care plans. People told us, "I am always treated with dignity and respect". One professional told us, "Customers are afforded the respect and dignity which is their due".

People's needs were met by care staff who knew them, were aware of their needs and had established a relationship with them (wherever possible). People told us they had the same care staff most of the time, and had been introduced to others who provided care during periods of holidays and sickness. Sometimes a team of care staff were provided which also supported continuity of care. Staff members confirmed that they had their own regular people although they also 'covered' new packages of care and emergency visits. Care plans noted people's emotional, cultural and spiritual needs, as appropriate and relevant to the care offered by the service.

Staff told us they had enough time to give safe care and support to people. They said they are able to provide additional care in emergency situations and were supported by office staff to do this.

People were provided with information about what the service offers, what people could expect from the service and what their responsibilities were. People knew what was in their care plans and told us that they had been involved in the assessment process.

People are supported to retain or restore as much of their independence as is possible. The service helped some people with rehabilitation after visits to hospital or debilitating illnesses. One professional commented, "I feel that we work together closely to reach a desired outcome for our customers". A person said, "they will help me when I need it but allow me to do as much for myself as I can manage. I'm almost back to how I was before I went into hospital. They have done a marvellous job with me".

People were assisted with food, if required. People's nutritional requirements were assessed and their records were kept, as necessary. Care staff were trained in any areas which required specialist knowledge such as food hygiene. Staff told us that their skills were utilised wherever possible. For example one staff member was often allocated to cook for those people who required meals 'cooked from scratch' because they were a, "very good cook".

Staff had completed end of life training, provided by a local specialist charity. They told us how valuable this training had been and had enabled them to provide compassionate and good quality end of life support to

the individual and their relatives, if appropriate.

## Is the service responsive?

### Our findings

People told us that care staff were very responsive to their daily needs and requests. One person described how their state of well-being changed from day-to-day. They said care staff responded to the particular needs they presented on the day. They gave examples of care staff enabling them to do things for themselves one day and doing it for them the next. Another person told us, "they always listen to you and do what you ask them to, if they can". People said they could always contact someone in the office and they would always listen to any worries they had. . One person commented, "I can always talk to someone in the office or they call me back straight away". Comments from professionals included, "Bluebird seem generally to operate a professional and responsive service". "I always enjoy working with Bluebird and am confident that they will go the extra mile to implement whatever I ask of them".

People's needs were assessed and care was planned and delivered in line with their individual care plan. They contained all the relevant information to enable staff to deliver the agreed amount of care in the way that people preferred. Care plans were re-assessed a minimum of annually and whenever people's needs changed, to ensure that the service being offered was effective and current. People told us that the service was flexible and responded to any requests at short notice.

The service had various ways of communicating with staff to ensure they were kept up-to-date with any changes to people plans of care. Staff told us they were kept up-to-date with any necessary information to meet the person's current needs by their iConnect system, phone calls and texts. One person told us that there was an incident when a health condition had not been passed on to care staff. They said they felt there could be an improvement in communications between care staff and the office staff overall. The provider had recognised that this was an area for improvement and had adopted a new computer system. This system improved communications between care staff and the office. Further developments were being put in place to give people and staff access to areas such as rosters, daily notes and care plans. The information was and will be appropriately secured by the use of passwords and other data protection features.

People told us they knew how to make complaints if necessary but had rarely had to make any. One person told us they had made two small complaints which were dealt with immediately. Four other people told us they had, "no concerns or worries about the service at all". They told us they were confident to approach any of the staff, the office or management of the service. The service had a robust complaints policy and procedure which they followed when they received a complaint. The policy included external organisations that people could approach if they were not confident or happy to deal with the service. The service had recorded 13 complaints in the previous 12 months. These had been recorded in detail, action plans developed and conclusions noted. A staff member described how they were encouraged to support people to make complaints, if they were not happy with the service they received. All complaints had been dealt with appropriately. The service had recorded 22 compliments in the same time frame.

The service operated between 7am and 10 pm for seven days a week. There was an emergency contact number and people on call between 10pm and 7am. Specially trained staff were employed to cover the on-call system.

## Is the service well-led?

### Our findings

People told us they felt the service was well managed and well organised. They said they could approach any of the management team if they needed to. The registered manager was a director of the company, he worked with a care manager who dealt with most of the day-to-day management of the care being provided. Staff told us the management style was open and very supportive. They said they felt valued and listened to and their skills were utilised wherever possible. They felt they could talk to the registered manager, directors or care manager about any concerns or issues they had. A professional commented, "I generally get a positive and pro-active response from managers".

The views of people who use the service and staff who worked in the service were listened to. Six monthly surveys were sent to people, their representatives and families to ask their views on the quality of the service provided. The last survey was completed in December 2015. Actions to take to improve and develop the service were recorded as a result of the surveys. People were asked their views during their reviews and people were encouraged to contact the service if they had any comments to make at other times. An example of improvements made to develop the service was the installation of a new computer system in 2014 and an up-dated more effective system to be put in place in 2016.

Various staff and team meetings were held regularly. These included full team meetings held approximately every three months, management meetings and office staff meetings. Meetings covered information giving, learning from complaints, incidents and accidents and the discussion of developments and changes. Policies and procedures, values and expectations of the company and general topics were discussed at meetings as well as at appraisals and one to one supervisions. Staff are provided with a monthly newsletter to keep them up-to date and informed about what was happening in the service. This meant that staff felt involved and valued and felt that they worked, "in a strong supportive team with no divisions". Staff told us they were never left in any doubt about the values of the company and the values they were expected to display in their day-to-day work.

The quality of care people were offered was assessed and monitored regularly. Bluebird Care (Newbury) is a franchise of Bluebird care. They have to renew their franchise every five years and their performance and standards have to meet the requirements of Bluebird Care. A representative from that company acts as a quality advisor and completes a detailed quality audit of the provider and location periodically. Bluebird Care held national conferences, regional meetings and provide other support and advice to providers. This meant that 200 locations of Domiciliary Care Agencies (who operated under the Bluebird Care banner) were able to exchange ideas, best practices and knowledge. Examples included the registered managers' in depth understanding of the duty of candour and the impact on the service of the new National Living Wage being introduced in 2016.

The registered manager and care manager completed a number of audits to ensure the quality of the service was being maintained. These included periodic audits of care plans, medicine administration records and daily notes. All records such as complaints, accidents and incidents were seen by the management team who ensured the appropriate action was taken and learning points extracted.

The service worked closely with other agencies to ensure the safety and well-being of individuals who use their service and the wider community. Examples were the fire service, environmental health and the trading standards service. Care staff asked people if they could make referrals to the fire service for the provision of effective fire protection. They referred to the environmental health service to get people assistance to 'de-clutter' gardens and homes which were reducing their enjoyment of life and possibly alienating neighbours. They informed the trading standards if they identified any financial 'scams' that were targeting the people that use the service and other vulnerable people in the area. Staff had attended presentations from the various organisations so that they could identify any issues and make appropriate referrals.

The service additionally worked with other organisations such as those working with people living with dementia and those who were at the end of their lives. They asked the organisations to offer training and share best current practice with their staff team to ensure people were receiving care to meet their specific needs in the best way.

The quality of care provided to people who use the service was supported by good quality individualised records which were up-dated in a timely way. Additionally other records which were related to other aspects of running a regulated service were up-to-date and of good quality.