Salubre Limited

Bluebird Care (Stockport)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on the 28 and 29 April 2015. Before we inspected the service we contacted the provider to make sure a responsible person would be available to assist with the inspection.

The service was previously inspected in September 2013. At that follow up inspection we found that the service was meeting the regulation we assessed.

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

Bluebird Care (Stockport) is registered to provide personal care and support to people living in their own home. At the time of our inspection there were 120 people using the service.

During this inspection we identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to staff training and the lack of systems to audit and monitor the quality of service people received. You can see what action we told the provider to take at the back of the full version of this report.

From looking at the training records, speaking with the registered manager and staff we found there were gaps in staff training. This meant some staff may not be appropriately trained and skilled to meet the needs of the people receiving a service.

The service did not have robust systems and processes in place to assess and monitor all parts of the service provided to people.

The service had good recruitment processes to ensure only suitable staff were employed.

Staff were receiving regular supervision and annual appraisals.

Systems were in place to ensure the administration of medication was carried out safely.

Care plans looked at contained enough detailed information to direct staff members on how to provide care and support for people taking into account the person's personal preferences and encouraging independence.

We were told by people receiving a service (customers) and relatives of people receiving a service that staff were kind and respectful when attending to their needs.

All of the customers, who we asked, told us they felt safe when being supported by the care staff.

Those staff we spoke with understood their responsibilities to protect the wellbeing of the people who used the service and were clear about the action they would take if an allegation of abuse was made to them or if they suspected that abuse had occurred.

Customers and relatives of customers said they knew who to contact if they wanted to make a complaint and felt they would be listened to and action would be taken. We recommended that the registered manager implement a formal system for recording the outcome and actions taken following concerns raised.

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

Robust recruitment processes were in place to protect customers who used the service from the risk of unsuitable staff.

Suitable arrangements were in place to safeguard customers from abuse.

There were systems in place to ensure the administration of medication was carried out safely.

Is the service effective?

Requires Improvement

The service was not always effective.

There were gaps in the training staff had undertaken. Staff had not received appropriate training in topics such as, Mental Capacity Act and Deprivation of Liberty Safeguards, Dementia, Mental Health, continence and first aid training.

Staff had received regular supervision and annual appraisals to help make sure they were able to deliver effective care.

Is the service caring?

Good

The service was s caring.

Customer's receiving a service and customer's relatives spoke positively about the attitude of the staff and the care they received from them.

We were told by customers and the relatives of customers that staff were kind and respected the customers privacy and dignity.

Customer's experienced a consistent staff team and had built good relationships with the care staff.

Is the service responsive?

Good

The service was responsive.

Care plans contained enough information to direct staff on how to provide care and support to people and consider their personal preferences.

Customers and the relatives of customers told us they knew who to contact if they wanted to make a complaint and that they felt any complaint would be appropriately dealt with.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The service did not have robust systems and processes in place to assess and monitor all parts of the service provided to people.

Staff, customers and the relatives of customers spoke positively about the management of the service and felt appropriately supported.

There were systems in place to consult with people who used the service.

Bluebird Care (Stockport)

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 was carried out over two days on the 28 and 29 April 2016.

In line with our current methodology for inspecting domiciliary care agencies this inspection was announced two days prior to our visit to ensure the registered manager or other responsible person would be available to assist with the inspection.

The inspection was carried out by one adult social care inspector. During our inspection we spoke with the registered manager, a managing director and four members of staff. Following our inspection visit to the location's office we spoke on the telephone with three customers and four relatives in order to obtain their opinions about the service Bluebird Care (Stockport) provided.

Before the inspection we reviewed the previous Care Quality Commission (CQC) inspection report about the service and notifications that we had received from the service. We also contacted the local authority commissioners to seek their views about the service. They told us that they did not have any major concerns and had seen positive improvements during the last twelve months in relation to call times and communication within the service and with customers.

Part of our information gathering included a request to the provider to complete and return to us a Provider Information Return (PIR). This is a document that asks the provider to give us some key information about the service, what the service does well and any improvements they plan to make.

We examined five people's care records including their medicine administration records, the recruitment files for five members of care staff and the supervision, appraisal and training records for staff and records relating to the management of the service such as auditing records.

Good

Is the service safe?

Our findings

A whistle blowing policy, which was referenced in the staff handbook was in place. We saw the service had a safeguarding adult's policy, which was also included in the staff handbook. As was the local authority multi agency policy for safeguarding adults at risk and multi-agency operational procedure for responding to investigations.

We saw that there was a record of allegations of abuse which included details of the allegation, any investigations, the outcome of investigation and the action taken. They had been correctly reported to the local authority and CQC had been appropriately notified. We saw that following the outcome of the investigation and actions taken, lessons learnt were communicated to care staff by a written memo.

The registered manager had a clear understanding of the safeguarding adult's process and the managing director of the service told us they sat on the Stockport Safeguarding Adult's Board.

All the customers we spoke with told us that they felt safe. One person said "I feel perfectly safe." Another customer said "They are the most brilliant team ever."

Relatives, who we spoke with, with the exception of one, told us they were confident that their relatives were well cared for and safe. One relative said "I have no worries about safety at all." Another relative said "I have no worries about safety." The one relative who was not happy had contacted the service directly and issues raised were currently under investigation.

Staff who we asked were confident that the service provided by Bluebird Care was appropriate and safe. They told us they had received safeguarding training and this was confirmed by the training record (matrix) that we looked at. Staff understood their responsibility in relation to keeping people safe from harm.

All staff had access to policies and procedures relating to safety of customers and staff. We saw, for example, there was a lone worker policy, an on call policy and a no reply policy, which instructs staff on the actions to take should a customer not respond to their call.

Staff said that if they ever had any concerns about risks or people's safety they would phone the office or the out of office emergency phone number for advice and support. The registered manager told us that the out of office emergency number was also recorded in the customer guide should they or their relative need to contact the agency out of hours.

Excluding the registered manager the service employed one care coordinator, two field care supervisors and forty seven care staff. The registered manager told us that the office based staff did on occasions deliver care if needed to cover short notice staff sickness or if due to unforeseen circumstances a call would be significantly delayed. The registered manager and staff spoken with told us that the number of staff employed were sufficient to meet the needs of the customers and this was confirmed by looking at the bookings documentation which showed the surplus staff hours available to cover holidays and sickness.

We were told that the agency covered three geographical areas, Stockport East, Stockport west and Reddish and as far as possible staff worked within the same area to minimise travelling time and the risk of late visits. Staff spoken with confirmed this. We saw that call times and missed visits were monitored so that action could be taken as needed.

Customers and relatives, with the exception of one relative, who we spoke with, told us that on the whole staff arrived on time and stayed the required length of time without rushing care. With the consent of one relative we passed over to the registered manager some issues raised with CQC during a telephone conversation about call length times who assured us they would contact the person directly.

We saw a staff recruitment policy was in place. We looked at five staff personnel files to make sure recruitment processes, including evidence that appropriate pre-employment checks had been completed prior to someone starting work for the service. We saw files contained a completed application form, documented interview questions, proof of identity and address and two written references one of which was from the person's last employer. We saw evidence of a Disclosure and Barring Service (DBS) check and evidence of a valid MOT and car insurance that covered business use. The DBS is a national agency that holds information about criminal records. DBS checks aim to help employers make safer recruitment decisions and minimise the risk of unsuitable people being employed to work with vulnerable groups of people.

The registered manager told us that during the interview process they looked for passion and caring skills in the candidate to ensure a high standard of care would be delivered.

The service had policies and procedures for medication administration which included reporting incidents.

We looked at the care plans held in the location's office, for five customers in relation to medication administration which included a list of the person's medication and the side effects. The care plans looked at were detailed and contained the personal preferences of the customer.

The registered manager told us that medication was in a 'dosette box', which was filled and delivered by the chemist. A dosette box is an individualised box containing medication organised into compartments by day and time to simplify the taking of medication. We were told that when medication had been prompted or given by staff, this was recorded on the medication sheet kept in the person's home. We saw examples of medication sheets that had been returned to the office and were appropriately completed.

We saw that instances of missed medications were discussed at team meetings and text messages and memos were sent to all care staff informing them of issues relating to missed medications and/or to raise awareness of changes to the policy and procedures.

In the care files we looked at we saw appropriate risk assessments in place for example moving and handling, the use equipment such as of the hoist, control of substances hazardous to health (COSHH) and environmental risk assessments all of which helped reduce risks to the health and safety of people receiving a service and the care staff delivering a service. Where risks had been identified care plans were implemented to provide guidance as to how the risk should be managed and people kept safe.

We saw that the provider had employed the services of an external company to undertake a fire risk assessment of the registered office and we saw the recommendations made had been actioned. During our inspection we saw all electrical equipment in the office having a portable appliance test (PAT) to ensure they were safe for staff to use.

Records of accidents and incidents held in the office were up to date and the registered manager was able to describe the procedure for informing the appropriate authorities of any accidents or incidents.

We saw there was an infection control policy and staff had completed infection control training. The registered manager told us that personal protective equipment for example gloves, aprons and disposal wipes were kept in the office for staff to pick up as needed. The use of such equipment when carrying out personal care tasks ensures that people who use the service and staff are protected from the risk of cross infection.

Requires Improvement

Is the service effective?

Our findings

From April 2015 new health and social care workers should be inducted according to the Care Certificate framework, which replaces the Common Induction Standards and National Minimum Training standards. We saw that the service was in the process of implementing the Care Certificate. All new staff would undertake all modules, whilst existing staff would access appropriate individual modules to further develop their knowledge.

All new staff attended a two day classroom based induction course which included moving and handling, medication administration, health and safety, dignity in care, food hygiene, care plans and communication training. In addition new staff were given a copy of the Staff Handbook which provided them with clear guidance on the standards of care that were expected.

Following the induction training new employee's undertake a period of 'shadowing'; that is working alongside experienced staff to gain familiarity and confidence in all aspects of their role. The registered manager said following the shadowing period new employees were invited into the office to give and receive verbal feedback. At the time of this inspection this process was informal and not documented, although the registered manager said it was her intention to formalise the process. A twelve week probation period then commenced.

Staff we spoke with confirmed that they had undertaken induction training and one member of staff said "Induction was really good and prepared me for the job."

We saw that training certificates were held in individual staff files and there was an overall training matrix. We saw that staff had completed moving and handling, medication administration, food hygiene, health and safety and infection control training all of which included a competency assessment post training to ensure staff had understood the training and demonstrated competency. However the registered manager acknowledged that not all training was up to date. For example there were gaps in first aid, dementia care, pressure care, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), continence and stoma care training. This meant there was a risk that staff did not have all the qualifications, competence, skills and experience to meet the needs of people receiving a service.

The above examples demonstrate a breach of regulation 12 (1) (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The purpose of staff supervision is to support staff and give them the opportunity to talk about their personal development and review future training and development needs, promote good practice and raise the quality of service. We saw that the service had a staff supervision policy, although it did not state how often supervision would take place. The registered manager said she would ensure the policy would be updated to accurately reflect the required frequency of supervision. From the five staff files we looked at we saw that staff were receiving face to face supervision and spot check supervision to monitor the quality of the carers' work at least every three months . We saw that staff were provided with extra supervisions if

needed or requested by the member of staff. From the records we looked at we also saw that issues raised during supervision had been appropriately responded to. We saw that staff had received an annual appraisal and staff spoken with confirmed this.

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

Staff spoken with confirmed they had not undertaken MCA and DoLS training but demonstrated an awareness of the MCA and the need for consent to be obtained. Staff were able to explain how they obtained consent from customers on a day to day basis.
Customers spoken with confirmed that care staff asked permission before undertaking care duties or domestic tasks. One customer said "I have no complaints what so ever, they [care staff] do whatever I ask them to."

We saw that where possible the customer had signed their consent agreeing to their care plan. In one instance verbally consent had been provided due to the customer being unable to sign, it had been agreed that their relative sign consent on their behalf. Such documentation indicated that customers had been consulted and involved in making decisions about their care package and that they had been happy to confirm their agreement to the support being offered/provided. We saw that four customers had a power of attorney that had signed consent on their behalf. A power of attorney for health and welfare is a legal document that allows them to do so.

Some customers received help with meal preparation and with shopping. One carer described how they helped and encouraged the customer to choose healthy food options. We saw that food and fluid intake was recorded if there was an identified problem with nutrition and hydration so it could be monitored and action taken if necessary.

Good

Is the service caring?

Our findings

Customers receiving a service and relatives who we spoke with all told us they thought the service was caring. We were unable to observe care being carried out directly but people we spoke with commented in a positive way about the care received. One customer told us "I am definitely happy, they [the care staff] are kind, obliging and respectful I can't fault them." Another customer comment said "I am very happy indeed with the care."

One relative told us they had used the service to provide a sleep in carer and said "We couldn't have asked for better." Another comment was in reference to a 'live in service' provided by the agency. They said "The live in care was amazing, [their relative] was very happy and the attention to detail was amazing." Another relative told us that the care staff "are respectful and always respect [their relatives] dignity." They said that the care staff always "Uplifted the spirits" of their relative.

Staff we spoke with understood the importance of offering choice to people and told us that where possible people were encouraged to make choices around how they wanted their care to be delivered on a day to day basis and we saw the care plans included details of people's personal preferences. The registered manager told us she completed an assessment of the customer's individual care needs and built the customer's care plans around their individual needs and personal preferences.

We saw that staff had access to policies and procedures for maintaining dignity and people's human rights and that dignity in care was covered during induction and prior to new staff delivering care. All staff we spoke with described the importance of respecting people's privacy and dignity and were able to explain how privacy and dignity was respected. For example personal care was delivered in the privacy of the person's bedroom or bathroom and staff described how they spoke with people in dignified and respectful manner.

The staff we spoke with demonstrated a caring and positive attitude about the customers they delivered a service to. Staff told us they thought the agency delivered a high standard of care and they got to know the customers very well and over time had developed good relationships. One care worker said "We actually really care about people." This member of staff described a situation where they had gone above and beyond what was expected of them, so the customer was not left alone and the office staff covered their next calls to accommodate this.

Another member of care staff described a situation where a colleague had also gone above and beyond what was expected of them in the best interest of a customer.

The registered manager told us that spot checks were regularly undertaken with care staff. These spot checks included working alongside staff and ensuring that staff respected people's privacy and dignity, observing staff were caring and promoting people's independence. Staff spoken with and evidence seen of the documented spot checks on staff personnel files confirmed this.

Good

Is the service responsive?

Our findings

During this inspection we looked at the care plans for five customers. The care plans we looked at were person centred, describing the needs of the customer in a detailed and individual way. For example there was a section titled 'what is important to me' and this section contained personal information relevant to the customer.. We saw that care plans encouraged customer independence by stating what they could do for themselves and exactly wat they needed assistance with. We saw that care plans were reviewed on an annual basis or if there was a change to care needs or circumstances. For example a new assessment of care needs would be undertaken if a customer was discharged from hospital.

Customers and relatives we spoke with confirmed that they had been involved in the development of their care plan prior to its implementation and subsequent reviews and were happy with the content of their care plan.

One relative we spoke with said they were happy with the care provided and said they and their relative had built up good relationships with the care staff and it was lovely because they could hear their relative and the staff laughing and joking during the visit. One person said "They [the staff] never rush and they always finish before they leave. [the person] always feels much better after their visit."

The registered manager told us that some customers paid privately for the service but the majority of referrals had been made via the Local Authority (LA) commissioning team. The LA sent details of the care package required to the service and as soon as possible after this referral the service would go the customer's home and undertake a face to face assessment of their required needs. If a customer paid privately for a service an assessment of needs was also undertaken prior to a service being delivered. This included obtaining personal details about the customer and completing relevant risk assessments and a medication assessment. Where possible the assessment included the customer and their relative or friend. We saw evidence of this in the care files we looked at and relatives spoken with confirmed that they had been involved in their loved ones assessment. This meant that the service could be sure they could meet all of the assessed needs of the person.

During our inspection we reviewed the policy in relation to complaints, which was included in the statement of purpose, the customer information booklet, the staff hand book and the policy folder held in the office.

We saw that there was a record of compliments, concerns and complaints. We saw that the service had responded to complaints appropriately and in line with their complaint policy. Six complaints had been received in the previous twelve months. One of these complaints had been raised with the service and shared with CQC just prior to this inspection and remained under investigation.

We saw that concerns had been recorded however the action taken had not been formally recorded in all cases. For example we saw for one concern that the action was to speak with the carer. The registered manager said an informal supervision session had been undertaken but not recorded.

We recommended that the registered manager implement a formal system for recording the outcome and actions taken following concerns raised.

Customers and relatives spoken with told us they knew how to make a complaint and felt confident that issues raised would be addressed. One relative told us they had small niggles but no major complaints. They told us they had made a complaint in the past and said "The manager did listen and did respond."

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post who had been registered with CQC at the service since September 2015.

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

During this inspection we asked the registered manager about any quality assurance processes/systems in place for monitoring the quality of the service provided.

We saw that the MAR charts were last audited in November 2015. The audit paperwork was not robust and did not evidence a thorough audit process or detailed evidence of action taken in response to issues raised. The registered manager acknowledged that improvements were needed.

We found although there were records of complaints, staff training, accident and incidents, there was no structured and meaningful process in place to review the information to identify any trends or areas for improvement to continually improve the service provided. Although customers care plans were reviewed there was no audit process for the care file including the care plans to ensure all parts of the file were accurate, update and complete.

The service had a system in place to monitor the times and lengths of visits made by staff to customer's homes. The care staff used the telephone at the customer's property, at no charge to the customer, to register the start and end of each visit. This system allowed the management team to monitor if visits were late, missed or otherwise not as scheduled. This meant that swift action could be taken if a problem had been identified with visit times or length of visits. However there was no auditing system of this in order to identify any trends or patterns to missed or late calls.

The above examples demonstrate a breach of regulation 17 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us that all customers and/or their relatives and staff were sent an annual feedback questionnaire with a pre-paid envelope to encourage a good response rate. We saw that these questionnaires had been sent out the week prior to our inspection. The registered manager told us it was their intention to respond to any individual comments, analyse the returned results and produce a short report that would be sent to customers and sent to staff via the newsletter.

We saw the returned questionnaire from August 2015. The registered manager gave us some examples that individual comments had been responded to although there was no documented evidence to support this and a report had not been produced of the results. Some of the comments included: 'Always small thing

can improve but on the whole the service is fine, ' 'On some days the carer has been given a different time from the one given to me' and 'Not always advised in a change in carer or if carer going to be late however this seems to be improving.'

Staff told us that they felt supported by the management team based in the office and could speak to registered manager at any time if they so wished and if they had a problem out of office hours they could use the on call system. One member of care staff said "You can contact the office at any time and they are always very helpful."

We looked at records relating to monthly office staff meetings and a newsletter that was available to care staff following the meeting. Care staff told us in addition to the newsletter, there were also regular team meetings, update memos and text messages sent to them.. We saw the last team meeting was held in March 2016. These meetings acted as a forum for staff to raise and discuss the quality of the service being delivered and for the management team to cascade any relevant information to staff. On reviewing the notes of the meeting we saw topics of discussion included new staff, staff sickness, complaints, a reminder to wear personal protective equipment, the Care Certificate and carer of the month. Each month a member of care staff is awarded carer of the month and receives a certificate and shopping voucher.

We saw an information booklet, a customer information guide and a statement of purpose was available for customers, which included Bluebirds Care philosophy and overall aim, which was to respect and treat customers in a that we and our own relatives would expect and wish to be treated. There was a flow chart demonstrating clear lines of accountability, names and contact details of the agency and information regarding the services available.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment We found the provider did not ensure that all the persons providing care or treatment to services users had the qualifications, competence, skills and experience to do so safely.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have a sufficient and effective system in place to regularly assess and monitor the quality of service that people received.