

Westward Projects Limited

Bluebird Care

(Wellingborough)

Inspection report

25 Paterson Road
Finedon Road Industrial Estate
Wellingborough
Northamptonshire
NN8 4BZ

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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

Bluebird Care (Wellingborough) is a domiciliary care agency. It provides personal care to older adults living in their own houses and flats in the community. At the time of our inspection 44 people received personal care from the service.

At the last inspection in December 2015, the service was rated 'Good'.

At this inspection we found the service remained 'Good'.

Staff received safeguarding training so they knew how to recognise the signs and symptoms of abuse and how to report any concerns of abuse. Risk management plans were in place to protect and promote people's safety. The staffing arrangements were suitable to keep people safe. The staff recruitment practices ensured staff were suitable to work with people. Where the provider took on the responsibility for the management of medicines, staff followed best practice guidelines. Staff followed infection control procedures to reduce the risks of spreading infection or illness.

The provider understood their responsibility to comply with the Accessible Information Standard (AIS), which came into force in August 2016. The AIS is a framework that makes it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Staff received comprehensive induction training when they first commenced work at the service. On-going refresher training ensured staff were able to provide care and support for people following current practice. Staff supervision systems ensured that staff received regular one to one supervision and appraisal of their performance.

Where the provider took on the responsibility, staff supported people to eat and drink sufficient amounts to maintain a varied and balanced diet. The staff supported people to access health appointments when required, including opticians and doctors, to make sure they received continuing healthcare to meet their needs.

People were encouraged to be involved in decisions about their care and support. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and they gained people's consent before providing personal care. People had their privacy, dignity and confidentiality maintained at all times. The provider followed their complaints procedure when dealing with complaints.

People had their diverse needs assessed, they had positive relationships with staff and received care in line best practice meeting people's personal preferences. Staff consistently provided people with respectful, kind, caring and compassionate care.

The provider fostered an open and transparent culture. When required to do so, they reported notifiable events to the CQC and other relevant agencies.

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 remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Bluebird Care (Wellingborough)

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 comprehensive inspection took place on 11, 12, 18 and 19 December 2017 and it was announced. The provider was given 48 hours' notice, because the service provides a community care service and we needed to ensure someone was available to facilitate the inspection.

One inspector conducted the inspection.

Prior to the inspection, we asked the provider to complete a Provider Information return (PIR). The PIR 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 planned for the inspection using information from the PIR and other information we held about the service. This included statutory notifications. A statutory notification is information about important events; the provider is required to send us by law. We also took into consideration information we had received from commissioners who monitor the care and support of people using the service.

During the inspection, we visited one person that received personal care from the service. We spoke with two care staff, two senior staff, the registered manager and the registered provider. We carried out telephone interviews with one relative and a close friend (next of kin) of a person using the service.

We reviewed the care records of four people using the service and three staff recruitment files. We also reviewed records relating to the management and quality monitoring of the service.

Is the service safe?

Our findings

People told us they felt safe with the care and support provided by the staff. One person said, "The girls are wonderful, I don't know what I would do without them, they are my lifeline." We observed the person and staff were relaxed with each other. A relative said, [Name of person] is quite a character, I see the way the staff care for him; I know he is very safe in their hands."

Staff understood their responsibilities to raise any concerns in relation to people's safety and wellbeing. They told us and records confirmed they had received safeguarding training. One staff member said, "I have had safeguarding training and I know how to raise any safeguarding matters." The provider was aware of their safeguarding responsibility to raise any concerns of people's safety or welfare to the local safeguarding team and the Care Quality Commission as required.

People had individual risk assessments that identified specific risks to them. The assessments gave staff clear information on how to manage the risks. For example, caring for a person at risk of choking, the staff were able to describe how they supported the person to eat and drink. They were also able to describe how they cared for people at risk of falls and people at risk of developing pressure area sores due to immobility.

Staff understood their responsibilities to raise any concerns in relation to people's safety. Safety audits took place to monitor the health, safety and wellbeing of people using the service. The audit findings were analysed to identify risks and emerging risks. For example, people at risk of falls, or the development of pressure sores. The audit findings were discussed at risk management meetings and changes in people's risk assessments and care plans were communicated with the care staff. This meant lessons were learned and suitable action was taken to keep people safe.

Sufficient numbers of suitable staff were available to keep people safe and meet their needs. People told us, and records showed the provider endeavoured to match staff according to people's preferences. A relative said, "The staff turn up on time, if they are running late they call me, we generally always have the same staff." A member of staff said, "I generally provide care for the same people, they know me, and I know them, its important people have staff that are reliable and they get along with." At the time of our inspection, we judged staffing levels across the service to be sufficient to meet people's needs.

The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers. This demonstrated the provider had taken appropriate action to ensure staff employed to work at the service were suitable.

Where the provider took on the responsibility, people's medicines were managed safely. People told us they received their medicines on time. Staff told us, and records showed they received training in the safe handling and administration of medicines. Observations took place on the staffs' competencies to administer medicines safely. Records showed the medication administration records (MAR) were completed accurately by staff after giving people their medicines. The provider also carried out regular medicines audits to check people consistently received their medicines safely.

Staff told us, and records showed infection control training was provided for all staff. Staff were supplied with Personal Protective Equipment (PPE), such as, disposable gloves and aprons to protect the spread of infection or illness. Spot checks carried out by supervisors, observed that staff were using PPE and following infection control guidelines.

Is the service effective?

Our findings

People received care from staff that had the knowledge and skills to carry out their roles and responsibilities. Staff confirmed they received a comprehensive induction to the service, which included close mentoring, regular probation reviews and on-going training and support. One member of staff said, "The training is very good, I think this is definitely a good service to work for." The staff training records also confirmed staff received induction training followed by on-going training that was appropriate to their roles and responsibilities.

Staff said they received regular one to one supervision from their supervisors and an annual appraisal of their work performance. Records were available of the 'spot check' visits and supervision meetings. This evidenced that staff were supported and their performance was closely monitored.

Where the provider took on the responsibility, staff supported people to eat and drink sufficient amounts. The friend of a person using the service said, "My wife and I buy groceries for [Name of person] the staff make sure they keep a check that food is not out of date, I am generally around when the staff arrive, we work well together." The staff knew the importance of respecting people's choice of food and drinks and ensuring people had a varied nutritious diet. Within the care plans, there was guidance for staff in relation to people's dietary needs, likes, dislikes and preferences.

Staff took appropriate action in response to sudden illness or major changes in people's health conditions. They were proactive in seeking medical assistance as required. For example, the friend of a person using the service said on one occasion the staff had arrived to the person having difficulty breathing and they immediately called an ambulance."

The Mental Capacity Act (MCA) 2005 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 make 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

Staff told us, and records showed they had received training on the MCA 2005. The provider confirmed that no people using the service received care under the Court of Protection. The service worked in line with the principles of the MCA 2015, and observations made during the inspection confirmed staff sought consent before providing care or support to people.

Is the service caring?

Our findings

The service had a positive and caring culture that people, relatives and staff supported and promoted. People, friends and relatives were all very complimentary of the care people received. One relative said, "I don't have a bad word to say about the staff, they are absolutely marvellous, they get along with [Name of person] extremely well, I hear them chatting and laughing together, he looks forward to the visits."

The provider sent out questionnaires to people seeking feedback on their experience of using the service. The feedback received was very positive, with comments such as, "The carers are very thoughtful, and go the extra mile." "[Name of carer] is a truly caring person, with a great personality, an asset to the company."

The staff were enthusiastic about their jobs and reflected pride in their work. They demonstrated in their words and actions they were committed to supporting people to live as independent as possible. One member of staff said, "I feel a great sense of pride that we are helping people to stay in their own homes, it feels good to know you are making a positive difference to people's lives." Another member of staff said, "I really do love my job, I love helping people, it's great to work for a company that really does care."

The staff spoke with fondness about people they supported. They understood the importance of promoting equality and diversity, respecting people's religious beliefs, their personal preferences and choices. People were fully involved in making decisions about how they wanted their care and support provided. People said staff supported them to make their own decisions about their daily lives.

Information was available on how to access the help of an independent advocate, if people felt they wanted this support. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up.

The staff told us they were always mindful of maintaining people's privacy especially when providing personal care. Records of spot checks carried out on care practices, observed how staff upheld people's privacy and dignity.

Confidential information regarding people's care was stored securely and only shared with people's consent on a need to know basis.

Is the service responsive?

Our findings

People received care and support that was responsive to their needs. The provider carried out assessments, and people using the service, friends and relatives all confirmed they were involved in the assessments. From the assessments, care plans were put in place that set out how the service aimed to meet each person's physical, emotional and cultural needs.

Reviews and updates to care plans took place, with the involvement of people as and when their needs had changed. This ensured people consistently received relevant care and support.

The Accessible Information Standard (AIS) came into full force in July 2016 and is a framework that makes it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The provider understood their responsibility to comply with the AIS. Information was available for people in large print. Staff knew people well and knew how each person communicated. One member of staff had signed up as a Dementia Champion with the Alzheimer's Society Dementia Friends project. A Dementia Champion is a volunteer who raises awareness of dementia, by giving people information about the personal impact of dementia, and what they can do to help.

People were encouraged to raise any concerns or complaints. People and their relatives said they knew the registered manager and would contact them or a member of staff if they had any concerns. A complaints procedure was in place, although at the time of the inspection, no complaints had been received.

At the time of the inspection, no people using the service were receiving end of life care. Staff had received end of life care training and the provider confirmed people's wishes were discussed at the appropriate time with individuals.

Is the service well-led?

Our findings

A registered manager was in post. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had positive an open culture that encouraged people using the service, friends, relatives and staff to influence the development of the service. The provider regularly sought feedback from people and staff. Results from the most recent survey were positive about the care they received from the service, although one person had commented they would like to see the survey results. We discussed this with the registered manager and the provider during the inspection. They said this would be something they would take action on.

People using the service, relatives and staff all confirmed they had confidence in the management of the service. The registered manager was aware of their responsibilities; they had a good insight into the needs of people using the service. People said the registered manager, senior staff and the provider were very approachable.

Staff said they had good support from their supervisors, the registered manager and the provider. They felt listened to and that managers were approachable and took seriously any concerns raised with them. One staff member said, "The senior staff and managers are very easy to get along with, the staff are encouraged to be open and talk about things." They told us they felt empowered to raise any concerns they may have and they were aware of the safeguarding and whistleblowing procedures.

Established quality assurance systems were in place to continually assess, monitor and evaluate the quality of people's care. Records on people's care, staffing, and policies and procedures held within the agency office were organised and up to date.

The provider had submitted notifications to the Care Quality Commission (CQC). A notification is information about important events that the service is required to send us by law in a timely way. They also shared information as appropriate with health and social care professionals.

The latest CQC inspection report rating was on display at the service and on the provider website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.