

Mezo Burton Limited

# Bluebird Care (South Oxfordshire)

## 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

Bluebird Care (South Oxfordshire) is a domiciliary care service supporting people with personal care in their own homes. At the time of the inspection there were 59 people being supported by the service.

At our inspection in August 2015 the service was rated Good. At this inspection on 25 October 2017 the service remained Good.

The provider and registered manager promoted a culture that respected and valued everyone. The provider looked for ways to continually improve the quality of care and ensured they met the fundamental standards of care.

People were supported by staff who understood their responsibilities to manage risks and report concerns where there were any issues relating to people's safety. Medicines were managed safely. Care calls were monitored to ensure people did not experience missed visits.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were positive about the support and development opportunities they received. The provider ensured staff had the skills and knowledge to meet people's needs.

Staff had a caring approach to their work and understood the importance of treating people with dignity and respect. People were involved in their care and told us they were listened to.

People and relatives had developed positive relationships with care staff and management. People's care records reflected their individual preferences and gave staff clear guidance about how people's needs were met.

Complaints were responded to in an open and transparent way, in line with the providers policy.

There were effective systems to monitor and improve the service, which included systems to gather people's feedback about 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 remained Good

### Is the service effective?

Good ●

The service improved to Good

People were supported in line with the principles of the Mental Capacity Act 2005.

Staff were supported through regular supervision and had access to appropriate training.

People were supported to access health professionals when required.

### Is the service caring?

Good ●

The service remained Good.

### Is the service responsive?

Good ●

The service remained Good

### Is the service well-led?

Good ●

The service remained Good.

# Bluebird Care (South Oxfordshire)

## **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 25 October 2017 and was unannounced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by one inspector.

Prior to the inspection we looked at information we held about the service. This included previous inspection reports and notifications sent in by the provider. Notifications are incidents the provider is required by law to submit to CQC. We also sent out questionnaires and received completed questionnaires from 24 people, four relatives, one community health professional and eleven staff

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with the provider, the registered manager, the training manager, a coordinator, two lead supervisors and one care worker. We looked at four people's care records, four staff files and a range of records relating to the management of the service.

Following the inspection at the registered location we spoke with three people who used the service and two relatives.

## Is the service safe?

### Our findings

People told us they felt safe. One person told us, "I am perfectly safe".

The provider had effective systems in place to ensure people received a safe service.

Staff had completed training in safeguarding adults and had a clear understanding of their responsibilities to identify and report any concerns relating to abuse. One member of staff told us, "I would always report anything unusual, any changes in someone to the on call. I would also make sure I reported it".

People's care records included risk assessments and where risks had been identified there were plans in place to manage the risks. Risks identified included: choking; falls and moving and handling. Where people required support with their medicines we saw these were managed safely.

People told us staff arrived on time and no one we spoke with had experienced a missed visit. The provider had systems in place to monitor care calls. The system alerted senior staff to calls that were late to ensure visits were not missed.

Staff understood infection control procedures. Their practice was observed to ensure people were protected from the risk of infection.

The provider had systems in place to ensure staff were suitable to work with vulnerable people. Checks carried out included employment references and disclosure and barring checks (DBS). DBS checks enable employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

## Is the service effective?

### Our findings

At our inspection in August 2015 we made a recommendation in relation to the Mental Capacity Act 2005 (MCA) to ensure people's rights were protected. At this inspection found improvements had been made. Staff had completed training in the MCA and had a clear understanding of how to support people in line with the principles of the act. One member of staff told us, "We have to assume people have capacity. If someone lacks capacity we must make a decision in their best interest. Anyone can assess capacity".

People's records included information relating to their mental capacity in line with the principles of the act. For example, one person's care record identified they had been diagnosed with Alzheimer's disease. The care record stated the person had some short term memory loss and capacity could vary from day to day. Staff were guided to support the person to make their own decisions.

People's care records identified when someone had appointed a legal representative to make decisions on their behalf. Records showed that representative's had been involved in decisions about people's care.

People and their relatives told us staff had the skills and knowledge to meet people's needs. One relative told us, "I think they are well trained. They use the hoist and know what they are doing".

Staff were positive about the training and support they received. Staff comments included: "I have monthly supervisions which are useful and very supportive. I am now doing my NVQ 5 [a national qualification in health and social care]. I can ask for any training I need and it will be arranged. (Training manager) is brilliant; we can go to him for anything".

The provider had recruited a training manager who was responsible for identifying staff training needs and providing a development programme for all staff. The training manager was clearly committed to ensuring staff were highly skilled and looked for ways to ensure training was delivered in a way that met individual staff needs. For example, drop in sessions had been arranged for staff completing Care Certificate workbooks to enable them to talk through any difficulties they were having. The Care Certificate is a set of standards that should be covered as part of induction training of new care workers to ensure they have the skills and knowledge to carry out their role.

New staff completed an induction programme to ensure they were competent in their skills and knowledge before supporting people. One member of staff told us, "The support has been excellent. I am working through the fifteen standards of the Care Certificate. I have workbooks and am supported by (training manager)". New staff also shadowed experienced staff before working unsupervised to ensure they were confident in their roles and responsibilities.

Staff received regular monitoring by senior staff to ensure they were competent. Any issues identified were addressed in a positive manner with staff being given additional support and training to promote improvement.

People's care records identified where they required support with eating and drinking. Care plans included specific dietary requirements and how these were met. Where there were risks associated with eating and drinking we saw that guidance from speech and language therapy (SALT) had been sought and was being followed.

People and relatives told us staff supported them to access health and social care professionals when needed. One relative told us, "They really look after (person). When (person) was ill they called the paramedics. I was very impressed they stayed with (person)". Records showed that people had been supported to access professionals which included: Occupational therapists; district nurses and G.P.

## Is the service caring?

### Our findings

People and relatives told us staff were kind and caring. Comments included: "They (care staff) are absolutely wonderful. They are very lovely with (person). Very thoughtful"; "They (care staff) are very, very good. Always ask me how I am" and "They were excellent with (person). They developed an excellent relationship". All respondents to the questionnaires answered positively when asked if staff were kind and caring.

Staff had a caring approach to the people they supported. One member of staff told us, "I love building the relationships. What you put in you get back. They (people) look forward to seeing you and that's important".

People were treated with dignity and respect. One relative told us, "They (care staff) are very respectful. (Person) will tell them what he wants and they always listen".

Staff understood the importance of treating people with dignity and respect. One member of staff told us, "It is important to be respectful. It's their home and you must respect that".

Staff spoke with and about people in a respectful manner. During the inspection we heard telephone interactions, where staff spoke with people, taking time to listen and reassure. Staff showed empathy and understanding of people's concerns.

Care records showed that people were involved in decisions about their care and that decisions were respected. For example, one person's care record stated, "Ensure (person) is include in her care at all times. Offer choice". Daily records showed that care staff followed this guidance.



## Is the service responsive?

### Our findings

People and relatives told us the service was responsive to their changing needs. One person told us, "They are always helpful. I had an eye hospital appointment and they changed my visit to make sure I could attend".

People had developed valuable relationships with staff and staff treated people as individuals. Comments included: "They have a lot of banter with (person). They always take an interest on what (person) was doing. Listened to (person's) stories about the past and used the information to reassure and engage the person when supporting them with personal care.

People were assessed prior to accessing the service and these assessments were used to develop care plans that guided staff in how to meet people's needs. Care plans included information about people's life histories, likes, dislikes, interests and what was important to them. For example, one person's care plan showed the importance of the person's relationship with family members. Another persons' care plan detailed what football team they supported and how they enjoyed talking about football.

People's specific communication needs were identified in care records and included how communication needs were met. For example, one person could sometimes become anxious. The person's care record detailed the indicators that the person was becoming anxious and the actions staff needed to take in response to the indicators to relieve their anxiety.

Staff we spoke with knew people well. Staff told us they had access to information about people prior to visiting them for the first time and that care plans were detailed and person-centred.

People and relatives were confident to raise concerns and that they would be responded to effectively. One relative told us, "I feel happy to raise any issues. I can always say if things weren't done and I feel comfortable that I would not be judged".

The provider had a complaint policy and procedure in place. Records showed that complaints had been responded to in line with the provider's policy and to the satisfaction of the person making the complaint.

## Is the service well-led?

### Our findings

People and relatives were complimentary about the management of the service. Comments included: "They (management team) are all very helpful" and "I am always in contact with the office and they know me and (person) well. They always ask how I am". Responses to questionnaires sent by the Care Quality Commission (CQC) were all positive about the management of the service.

Staff were confident in the management of the service and were positive about working for the provider. One member of staff told us, "I enjoy my job. We have a really good reputation and I'm proud to be part of it". Another member of staff told us, "(Provider and registered manager) are very supportive. Both check with me regularly that everything is ok. I've never worked in such a supportive community".

The provider and registered manager promoted a culture that valued and respected everyone. The aim of the organisation was, "To be best" and this was displayed and promoted throughout the service. Staff we spoke with were committed to promoting continuous improvement.

The provider looked for ways to continually improve the service. For example, an electronic care planning system was being introduced. The system enabled staff to have instant access to people's information and for the management team to monitor the care provided to ensure people's care needs were met.

There were effective systems to monitor and improve the service. For example, the registered manager completed regular audits which included: staff files, care plans and training. Where improvement actions were identified these were passed to the lead supervisors for action and the registered manager monitored to ensure actions were completed. Accidents and incidents were recorded and monitored to look for ways to minimise the risk of a reoccurrence.