

McCoy Family Ltd

Bluebird care (Central Bedfordshire)

Inspection report

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21 May 2019
22 May 2019
23 May 2019

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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

About the service:

Bluebird care (Central Bedfordshire) is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to younger people, people living with dementia, people with a physical disability, older people and people with sensory impairments. Its office is based in the town of Flitwick and provides a service across central Bedfordshire. At the time of our inspection visit there were 107 people receiving a service of personal care.

Peoples experience of using this service:

Appropriate steps had been taken to safeguard people. Sufficient numbers of staff with the required skills had been recruited safely and deployed to keep people safe. Risks to people were identified and managed well. One person spoke fondly of their care staff and said, "I feel safe knowing I can rely on [staff]. I have never, ever had a missed [care] visit." People were supported to take their medicines as prescribed by trained and competent staff. Lessons were learned when things did not go quite so well. Infection control systems promoted good hygiene standards.

Skilled staff were provided with the necessary support including coaching, shadowing experienced staff and regular supervision. People's independence was upheld and promoted. Staff enabled people to access healthcare support by working well with others involved in people's care. 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.

People were cared for by staff with compassion, kindness and dignity. Staff knew people well and they promoted people's privacy, culture needs and independence. People had a say and choice in who and how their care was provided. One person told us, "I do think it's more than a job to my care [staff]. With the [care needs] I have, they seem to understand how I feel. Brilliant [staff]."

People's care was person centred and based on what was important to them. People's concerns were dealt with and acted on before they became a complaint and to the person's satisfaction. Systems were in place to meet people's end of life care needs and help ensure a dignified and pain free death. One compliment from a relative stated, "The family wish to express our sincere thanks to all the staff who cared for [person] and [staff] who looked after them with such kindness. Thank you also for the kind expression of sympathy and condolences which were a great comfort to us all."

The registered manager promoted and supported an honest and open staff team culture. Staff upheld the provider's values by helping people live a meaningful life. Governance and oversight of the quality of the service was effective in driving improvements which changed people's lives for the better. People had a say in how the service was run. The service and its management team worked well with other organisations. People received care that was highly coordinated and as a result they led a life they might otherwise not have been able to. One person told us, "I have used other care agencies and Bluebird Care is by far the best."

Rating at last inspection: At the last inspection the service was rated as Good. (report published 18 October 2016)

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Bluebird care (Central Bedfordshire)

Detailed findings

Background to this inspection

The 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 checked 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.

The membership of the inspection team:

The inspection was undertaken by an inspector, an assistant inspector and two experts by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was caring for older people and people living with dementia.

This inspection site visit took place on 23 May 2019 and was announced.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. 107 people were receiving this service.

Not everyone using Bluebird Care Central Bedfordshire receives the regulated activity of personal care. CQC only inspects the service being received by people provided with personal care, help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection.

We gave the service five days' notice of the inspection site visit because some of the people using it could

not consent to a home visit from an inspector, which meant that we had to arrange for a 'best interests' decision about this. We needed to speak with people as well as relatives of people who lacked the mental capacity to do this.

What we did before the inspection:

Before the inspection the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least annually. This provides us with information about the service, what the service does well and improvements they plan to make. We used this information to assist us with the planning of this inspection. We also looked at other information we held about the service. This included information from statutory notifications the provider sent to us. A notification is information about important events which the provider is required to send to us such as, incidents or allegations of harm.

Prior to our inspection we contacted the local safeguarding authority and commissioners of the service to ask them about their views of the service. These organisations' views helped us to plan our inspection.

What we did during our inspection:

Inspection site visit activity started on 20 May 2019 and ended on 23 May 2019. It included speaking with people and relatives by telephone. Between to 20 May and 22 May 2019 we spoke with a total of 14 people and nine relatives.

We visited the office location on 23 May 2019 to see the registered manager and the nominated individual who has overall responsibility for the quality of service provision. We spoke with one care coordinator, two supervisors and five care staff.

We looked at care records and policies and procedures and care documentation for five people and their medicines' administration records. We also looked at two staff files, staff training and supervision planning records and other records relating to the management of the service. These included samples of records associated with audit and quality assurance, accidents and incidents, meeting minutes, compliments and complaints.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- All staff spoken with had a detailed understanding of safeguarding systems including identifying signs of harm and reporting this. People were provided with accessible information how to report any concerns if they ever had a need.
- One staff member described an incident where they had suspected abuse and by reporting this the person had been safeguarded.
- One person told us, "I am safe and secure with the staff here and so are my belongings. I don't have to worry about my things."
- Another said that having regular and consistent staff had made a 'huge difference' to their care as well as being kept informed if staff were delayed for whatever reason or if different staff were to attend.

Assessing risk, safety monitoring and management

- Risks to people such as moving and handling, medicines' administration and the person's home environment were identified and managed.
- One person told us how good staff were at "ensuring equipment was checked before each use and always having walking aids within easy reach". Another said, "I can't wash safely on my own and [staff] help me, safely."

Staffing and recruitment

- Pre-employment checks continued to ensure new staff were suitable to work at the service● Staff used a mobile phone application (App) to record their arrival and departure times. People's care visits took place as planned and systems were in place for unplanned events such as staff sickness. The staff rota reflected this. People confirmed if staff were delayed they were kept informed.
- One relative told us that staff "very much so arrive on time". Another said, "The staff arrive on time within reason and they stay as long as they should, usually half an hour."
- One person told us that having regular and consistent staff had made a 'huge difference' to their care as well as being kept informed if staff were delayed for whatever reason or if different staff were to attend.

Using medicines safely

- Staff received training to safely administer medicines for people living in their own home. Staff's competency was checked to ensure they were skilled and confident to do this.
- The provider used an App for staff to access securely on their phones. This recorded in real time when staff recorded they had administered or prompted people to take their prescribed medicines. Any changes such as new medicines being prescribed were updated on the App. Staff knew straight away when this occurred.
- One person said, "I take all my tablets myself but [staff] apply my skin creams."

- One relative told us, "One of the main reasons we have care is for the care staff to ensure medication is given. The staff will let us know if we are running out of medicines, so we can reorder."

Preventing and controlling infection

- The provider had procedures in place to promote good hygiene standards and staff upheld these. For example, wearing gloves, aprons, adhering to good hand-washing techniques and disposing of waste safely.
- People and relatives were unanimous in telling us that staff wore protective clothing and cleaned up after providing any care including drying bathroom floors.

Learning lessons when things go wrong

- The registered manager identified when things did not go quite so well. They took effective action including making sure staff reported incidents in a timely way. Actions taken helped prevent recurrence.
- The management team reviewed incidents that happened and used feedback from people, to improve safety across the service. They also monitored any changes that were made, to ensure lessons were learned and information cascaded accordingly.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and their care delivered in line with current legislation, standards and evidence based guidance.
- The management team kept themselves up to date through regular electronic bulletins from relevant health and social care organisations as well as face to face meetings with other Bluebird Care agencies. Good practice was also shared from the local authority.
- One relative told us that staff had a good understanding of their family member's health condition and how to meet the person's needs. They said, "[Staff] do what we have not been able to, provide brilliant care."

Staff support: induction, training, skills and experience

- People were supported by staff who had ongoing training in the areas the provider had identified as relevant to their roles.
- One person said, "The main care [staff] who comes here can't do anything better. They aren't just skilled they have a natural ability to help our [family member]." Staff confirmed they received a thorough induction and relevant training to support them in their roles.
- The service used a training system that enabled staff to complete training specific to people's individual assessed needs. The system prompted the registered manager when staff needed updates to their training.
- Staff were provided with additional support to carry out their roles and responsibilities through team meetings, individual supervision and observations of care practice to check competency. Useful reference information was provided for staff to help them understand more about people's individual health needs.

Supporting people to eat and drink enough to maintain a balanced diet

- Where the service was responsible, people were supported to eat and drink enough to maintain a healthy balanced diet.
- Most people were supported to cook a main meal and have other snacks and drinks left in place for them. This was as well as relatives or friends doing shopping to replenish stocks.
- One person told us about their care staff and that, "It didn't take long before we learnt each other's [food] likes and dislikes now my care [staff] know exactly what I like."

Staff working with other agencies to provide consistent, effective, timely care; and supporting people to live healthier lives, access healthcare services and support

- The management team worked well with others including the local authority, health professionals and social workers.
- Most people had relatives to help them attend healthcare appointments. However, one relative told us

how staff had promptly called for emergency assistance on finding a person unwell. The relative told us if it hadn't been for staff the person may not have survived.

- A commissioner of the service told us that the provider responded to any issues raised and was 'good at listening and acting on suggestions'.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. For people living in the community this is done through the Court of Protection. Those person's acting lawfully on people's behalf had a lasting power of attorney.

We checked whether the service was working within the principles of the MCA.

- All management, office based and care, staff, had a good understanding of how to apply the principles of the MCA. This meant people's choices were upheld and respected.
- One person told us, "I have some [dementia] but staff don't rush me, they help me make decisions by prompting me."
- People who needed decisions about their care made by others had a lawful power of attorney in place for this, such as for health and welfare.
- The registered manager understood their responsibilities regarding the requirements of the MCA. They confirmed no one currently using the service was being deprived of their liberty. However, best interest decisions had been jointly made including with people, their relatives, health professionals and the registered manager to ensure people's care provision was in their best interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- A positive theme throughout our inspection was how well cared for people felt and people/relatives spoke highly of staff. Staff consistently supported the people they cared for equally well and without discrimination.
- One person told us the reason their care staff were, "Special to me is that they are very thoughtful about [all my care]. They think what is special to me and make this happen. It is just sometimes being able to have a talk about how I am, just very caring."
- One relative said, "There are many cultural differences between my [family member] and staff, but it has never caused a problem. As a family we have never been shown anything other than the utmost respect by each one of them that has been in our home."
- Other people and relatives were very complimentary about staff with comments including, "They take as much time as needed" ... "the staff are kind and gentle and I honestly can say I couldn't wish for better care staff" and "care staff are very professional but also very friendly. It's as though they receive special training on how to do this."

Supporting people to express their views and be involved in making decisions about their care

- The management team spent time involving people in their care. They did this by matching care staff to people and meeting people or their representative in their homes to involve people as much as practicable. Each person had a care plan which was reviewed regularly.
- One relative told us how staff who had a passion for steam trains had shared this with their family member. The relative said, "I can hear them both discussing steam engines and trains. My [family member] and I are so grateful to [Bluebird Care] for planning this."
- Another relative told us the provider and social services recently visited their family member at home to make sure the person's views were being included in their care such as, by facial expressions.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's choices and undertook their care in a way which promoted good standards of care. This included warming people's clothes before dressing, giving people time to be in private and not rushing anyone. People were given every opportunity to be independent.
- Access to advocacy was promoted and offered when needed and confidentiality was respected.
- One person said, "I couldn't be happier with my care staff, they are really kind to me. Nothing is too much trouble to any of them, we have a really good relationship and most of all we are always laughing."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People or their relatives/friends confirmed they had contributed to the planning of people's care and support. This included having a say in how their care was provided. The registered manager told us they arranged alternative care visit times where this was safe or suggested other care providers as a solution.
- Care plans were personalised and set out how each person should receive their care and support, to meet their individual assessed needs and individual preferences.
- Relatives with consent from people could access the provider's electronic care records system free of charge. This enabled them to be more involved. One staff member told us how simple the electronic care records system was and that it "provided instant updates about any changes to people's care". This enabled staff to provide care based on the latest information.
- One person had complimented staff for the way they had supported them to reduce their pain relief and that staff's skills doing this had been "outstanding". The person said they "feel 50% better taking a lower dose". Another person had been supported by staff who had a good bond with them and staff were able to obtain a urine sample, this led to the GP promptly prescribing appropriate medication. Another praised staff for alerting a relative when a person's electric went off. The staff stayed until an electrician solved the issue.

Improving care quality in response to complaints or concerns

- The provider followed their complaints process and resolved people's complaints to the person's satisfaction. Analysis of these showed there were no trends. The registered manager personally wrote to people and gave people feedback on actions taken.
- The provider used compliments to identify what worked well. One example of these included where staff supported a person to be safe until a relative was able to attend. They described the "significant positive impact on the family and that care staff were, brilliant".

End of life care and support

- The service was not currently supporting anyone receiving end of life care. However, the registered manager confirmed that arrangements could be made to support people at the end of their life to have a comfortable, dignified and pain free death. Contact was made with palliative care teams and GPs in a timely way to ensure people had the support they needed.
- Staff ensured relevant care workers and staff were aware of advanced directives. These decisions were recorded in people's care records.
- The provider gave us many examples of how much relatives had appreciated their family member's end of life care. For example, "A massive thank you and appreciation for all [staff's] hard work with the GP and making [family member] as comfortable as possible in their last few months."

Is the service well-led?

Our findings

Well-Led this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager, care, and office, staff team and the nominated individual always strove to provide each person with the quality of care expected. This was in part aided by the use of the App and electronic care visit monitoring.
- The provider was displaying their inspection rating and the registered manager had notified us about events they had a need to.
- People felt positive about the way the service was managed and the support they received. One person said they were, "Very happy with everything they do for me. The service is really on the ball."
- Staff also spoke highly about the management team and confirmed they felt well supported. One staff member told us that the provider had helped them through a difficult time in their life and that the registered manager "could not have helped them any better". Other systems were in place to support staff including a company car scheme which gave staff access to a new car to help provide reliable care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was very organised, open and knowledgeable about the service and the needs of the people using it.
- Staff told us they worked together as one team. If there were any delays to people's care, such as, traffic, another staff member would step in at short notice to cover the care visit. One staff member told us in the previous harsh winter they had been supported by the provider with a 4 x 4 vehicle to cover double up care visits for people at most risk.
- A relative said, "We are very happy with everything the company does I am always answering questions about it and I always tell my friends the same, we are very satisfied and we have no problems with it at all."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought people's and relatives' views by quality assurance surveys and face to face reviews ensured they were engaged and involved. In the 2018 satisfaction survey this demonstrated that there had been over 50% response rate and of these, every person was satisfied with their support. People also found care staff to be polite and professional. The provider took on board feedback including helping people to raise a concern when this was needed.
- One person told us, "I am always contacted if my care visit is going to be even five minutes late. I realise how time critical they are especially in a morning. I have nothing but praise for the company."

Continuous learning and improving care

- The registered manager had developed systems which promoted accountability and the delivery of demonstrable quality. They advised the provider did not yet have an overall record that fully incorporated all the areas they had identified worked well or not quite so well. Audits and oversight systems were effective in identifying areas for improvement.
- Unannounced spot checks of staff helped ensure that standards of care were maintained. One staff member said they were given feedback in a way which supported their learning in a positive way.

Working in partnership with others

- The registered manager worked in partnership with other key agencies and organisations. For example, the local safeguarding authority and health care professionals to support good quality joined-up care in an open and positive way.
- A commissioner of the service told us the registered manager was, "open and approachable". In other situations, the provider had coordinated best interest meetings to determine the care people needed.