

# Sturgeon Associates Ltd

# Bluebird Care (North Somerset)

## Inspection report

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Date of inspection visit: 1 October 2015

Date of publication: 19/11/2015

## 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 

## Overall summary

We undertook this announced inspection on 1 October 2015. Bluebird Care (North Somerset) provides a range of domiciliary care services which include hourly support, administration of medication and food preparation.

There is 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.

People who used the service and their relatives informed us that they were satisfied with the care and services provided. They said that people were treated with respect and people were safe when cared for by the service. People's needs were carefully assessed. Risk assessments had been carried out and they contained guidance for

# Summary of findings

staff on protecting people. Senior staff prepared appropriate and detailed care plans with the involvement of people and their representatives. When needed or agreed with people or their representatives, people's healthcare needs were monitored.

The arrangements for the recording, storage, administration and disposal of medicines were satisfactory and further improvements were being made by making the process electronic. The service had an infection control policy and staff were aware of good hygiene practices.

Staff had been competently recruited and provided with training to enable them to care effectively for people. Staff had the necessary support and supervision from their supervisors and manager. They knew how to recognise and report any concerns or allegations of abuse.

There were enough staff to meet people's needs. People's preferences were recorded and arrangements were in place to ensure that these were responded to. Staff were knowledgeable regarding the individual care needs and preferences of people. Reviews of care had been carried out so that people could express their views and experiences regarding the care provided. Where required staff supported people with their meals and ensured that that people's dietary needs were met.

The service was responsive to the needs of people. Concerns or complaints were promptly responded to. There were comprehensive arrangements for quality assurance. Regular audits and checks had been carried out by senior staff and the director. We saw a record of compliments received and these indicated that people were satisfied with the quality of care provided.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

The service had a safeguarding procedure. Staff had received training and knew how to recognise and report any concerns or allegation of abuse.

Risk assessments contained action for minimising potential risks to people.

There were suitable arrangements for the management of medicines.

There were arrangements to ensure that the service had sufficient staff to meet people's needs.

The service had an infection control policy and staff were aware of good hygiene practices.

Good



### Is the service effective?

The service was effective.

People received care from staff who knew them well and had the knowledge and skills to meet their needs.

Staff liaised with other healthcare professionals as required if they had concerns about a person's health.

The management had a clear understanding of the Mental Capacity Act 2005.

Good



### Is the service caring?

The service was caring.

People told us they were happy with the care and support they received to help them maintain their independence.

Staff had a good understanding of people's care and support needs and knew people well.

People were involved in making decisions about their care and staff took account of their individual needs and preferences.

People were supported by staff that respected their dignity and maintained their privacy.

People were supported by staff who showed kindness and compassion.

Positive caring relationships had been formed between people and staff.

Good



### Is the service responsive?

The service was responsive.

Support was provided flexibly to help people achieve the outcomes they wanted.

Care planning was focused on each person's individual needs, well-being and aspirations.

People were informed about the complaints procedure and any complaints received were properly investigated.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

Staff were supported by management within the service and felt able to have open and transparent discussions through supervision meetings and staff meetings.

The service had a clear management structure in place with a team of care staff and management.

Staff told us that morale within the organisation was positive and that management were approachable and helpful.

The service carried out an annual satisfaction survey. We saw that the feedback was generally positive.

Systems were in place to monitor and improve the quality of the service.

Good



# Bluebird Care (North Somerset)

## 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 1 October 2015 and was announced. The provider was given 48 hours' notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies.

The inspection team consisted of an adult social care inspector and an expert by experience with expertise in care of older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience telephoned eight people who used the service to gain their views and experiences of the service. They also spoke with four relatives on the telephone. At the office we spoke with the registered manager, the registered person, two team leaders and three care workers.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We did not request a Provider Information Return (PIR) prior to our inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. The provider therefore provided us with a range of documents, such as copies of internal audits, action plans and quality audits, which gave us key information about the service and any planned improvements.

We also obtained the views of service commissioners from the local council who also monitor the service provided by the agency. We also had comments about the service from four healthcare professionals.

We looked at documentation relating to nine people who used the service, eight staff recruitment and training records and records relating to the management of the service. This took place in the office.

# Is the service safe?

## Our findings

People told us they felt safe at the home and with the staff who supported them.

The service had suitable arrangements in place to ensure that people were safe and protected from abuse. One person said “I feel safe with my carer. I would recommend them to my neighbour.” Another person said “They are excellent. They treat me well. I feel safe with them.”

The registered manager and the staff knew the importance of safeguarding people they cared for. They had received training in safeguarding vulnerable adults. When asked, they could give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. They informed us that they would report their concerns to the senior carers, the manager or managing director. They were also aware that they could report it to the local authority safeguarding department and the Care Quality Commission.

Staff were aware of the provider’s safeguarding policy. The service also had a whistleblowing policy and staff said if they needed, would report any concerns they may have to external agencies such as the Police or the safeguarding team.

People’s needs had been assessed prior to services being provided. Risk assessments had been prepared with the help of people and their representatives. These contained action for minimising potential risks such as risks associated with burns and scalds, falling, pressure sores and medical conditions. We also noted that risk assessments of people’s environment were always carried out. This is needed to ensure the safety of staff and people who used the service.

People and their relatives informed us that staff were able to attend to the needs of people and staff usually arrived

on time but if they were going to be late, someone from the central office phoned them to let them know. We looked at the staff records and discussed staffing levels with the registered manager. They stated that the service had enough staff to meet the needs of people. This was reiterated by staff we spoke with.

We examined a sample of eight staff records. We noted that staff had been carefully recruited. Safe recruitment processes were in place, and the required checks were undertaken prior to staff starting work. This included completion of a criminal records disclosure, evidence of identity, permission to work in the United Kingdom and a minimum of two references to ensure that staff were suitable to care for people.

There were suitable arrangements for the administration and recording of medicines. Where agreed, people told us that they had received their medicines from staff. Records indicated that staff had received training on the administration of medicines and knew the importance of ensuring that medicine administration records (MAR) were signed and medicines were administered. We noted that following medicine errors due to staff failing to complete the MAR sheets correctly the manager had audited the MAR sheets. As a result of this a new electronic medicine administration system was to be introduced that would stop medication recording errors in the MAR sheets.

The service had an infection control policy which included guidance on the management of infectious diseases. Staff were aware of infection control measures and said they had access to gloves, aprons other protective clothing. One staff member told us that they changed their gloves so regularly they were “Always having to stock up.” People informed us that staff followed hygienic practices when attending to them or when preparing meals. One person said “They are hygienic when preparing my meals. They wash their hands.”

# Is the service effective?

## Our findings

People received care from staff who knew them well, and had the knowledge and skills to meet their needs. People and their relatives spoke well of staff and comments included “They [staff] do what I need with my personal care”.

Staff completed an induction when they commenced employment. The service had introduced a new induction programme in line with the Care Certificate framework which replaced the Common Induction Standards with effect from 1 April 2015. New employees were required to go through an induction which included training identified as necessary for the role. This included familiarisation with the service and the organisation’s policies and procedures. There was also a period of working alongside more experienced staff until the worker felt confident to work alone. This ensured people were cared for by confident and effective staff.

Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. Staff said “We do a lot of training” and “I have all the training I need”. Most care staff had either attained or were working towards National Vocational Qualifications. Staff receive regular supervision and appraisal from their supervisors. This gave staff an opportunity to discuss their performance and identify any further training they required. One care worker told us “They [the service] provide good supervision and appraisals”.

People and their relatives told us they had agreed to the times of their visits. A relative said “We chose the time and staff arrive at that time”. People and their relatives also told us staff stayed the full time of their agreed visits. One person said “yes they [staff] always stay the full time; in fact quite often they stay longer”. Care plans recorded the times of people’s visits.

Bluebird Care worked successfully with healthcare services to ensure people’s health care needs were met. The service had supported people to access services from a variety of healthcare professionals including GPs, occupational therapists, dentists and district nurses to provide additional support when required. Care records demonstrated staff shared information effectively with professionals and involved them appropriately.

Staff told us they asked people for their consent before delivering care or treatment and they respected people’s choice to refuse treatment. People we spoke with confirmed staff asked for their agreement before they provided any care or support and respected their wishes to sometimes decline certain care. Care records showed that people signed to give their consent to the care and support provided.

The management had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a legal framework for acting, and making decisions, on behalf of individuals who lacked mental capacity to make particular decisions for themselves. Care records showed the service recorded whether people had the capacity to make decisions about their care. For example, care records described how people might have capacity to make some daily decisions like choosing their clothes or what they wanted to eat or drink. However, more significant decisions about their care and finances would need to be made on their behalf in conjunction with their family and other healthcare professionals. For example, any decisions about hospital treatment or substantial changes to their care package.

# Is the service caring?

## Our findings

People said they were supported by kind and caring staff.

People were well cared for and treated with kindness and compassion. One person told us “Staff are caring, I’m happy”. A relative said “The carers are very good, they treat mum with care and consideration at every level”. Staff comments included “It’s all about caring for people, I have a passion for caring for people” and “We take care of people very well”. People told us one of the senior carers visited them before they started using the service and also called to see how satisfied they were with the service in the first week.

People felt staff respected their rights and dignity and provided the opportunity for them to exercise choice in their daily lives. Staff were mindful of people’s privacy especially when supporting with personal care. We were told care workers addressed people respectfully, asked permission before carrying out tasks and offered choices. People we spoke with told us “I need help with a bath but there is only one carer who I will let do this and they respect my personal preference here.” Another person said “When they wash or shower me I never feel embarrassed as we have a talk and a laugh and I do my own private parts they just do bits I can’t reach.” Another person said “They respect my privacy. I shout when I have finished showering and they come and pass me a towel to cover myself before I get off the chair and they help to dry and dress me.”

Staff told us the various ways they helped to ensure people’s privacy, dignity and independence were respected, such as staff commented how a person they supported would often request to wash independently in private. Staff would respect this and make sure the person had everything they needed to complete this task to hand so they did not get interrupted. Staff would then wait outside the room to support the person if requested to do so.

We received a comment from a healthcare professional which helped us confirm the service was caring. They said “I always find the agency helpful and responsive. I would recommend it for my family member. I have had regular contact with Bluebird Care and their manager, who manage day to day support for their service users. In my

experience Bluebird Care and their care staff provide an excellent service. On several occasions Bluebird staff have gone that extra mile to ensure that their service users can return home from hospital as per their wishes”.

Staff were able to describe in detail how they supported people who used the service. Staff gave examples of how they approached people and how they carried out their care so that they were respectful and maintained the person’s dignity. From the surveys we received from people who used the service, the majority of respondents said they were happy with the care and support they received from this service. The care and support workers always treated them with respect and dignity and care and support workers were caring and kind.

We spoke with people who used the service and they told us the care and support provided was good. People told us they were happy with their care and they felt staff were respectful. One person said “Yes very much so they are very gentle.”

The registered manager told us that staff worked in geographical areas of North Somerset. This meant that staff and people who used the service could build up relationships. The registered manager told us that they endeavoured to ensure only a small number of care workers were involved in individual care packages. This ensured consistency when delivering care. The people we spoke to confirmed this arrangement.

People told us they were able to make decisions and plan their own care. For example, one person requested their care package to be reduced. They had made improvements in their ability to manage their own health needs and had family who could offer additional support. This was respected by staff; the care record had been adjusted accordingly to reflect their decision, and was signed by the individual.

People told us “I love them both (regular care workers) they are very kind, loving and homely people who just come to check I am alright, have eaten and had my tablets. Can do rest myself mainly.” Another person said “Ladies (care workers) are all first class. Have laugh and joke with them but very professional. Mostly it’s the same person and she is always ahead of things. I give them 20 out of 10.”

People said they felt able to express their opinions about the service. One person said “They (care workers) encourage me to do what I want to do and they support me



## Is the service caring?

with that. Also if I have any concerns I feel able to raise them and have been encourage to do so and make

comments.” Another person said “I feel comfortable and in control of things and feel as though I am treated as an individual and the care is very focused on me. They (care workers) are always checking to see if everything is ok”.

# Is the service responsive?

## Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives.

People told us that they felt important and central to the care they received. One person said “The care fits around me. It’s support that you want.” Another person said “What has been needed has been done.” We saw examples in the care record where there had been changes to reflect people’s wishes, such as staff had been changed at a person’s request. A person told us “Bluebird Care makes the effort to get the staff you want and do the things you want to do.” We could also see other examples where care routines and tasks had been altered so that they could remain individually tailored to what the person wanted.

People told us that they knew how to complain. Some people indicated they would speak to the manager and other people told us they would tell staff. Staff told us that the focus of communicating with people was to make sure that they had their say in how their care was managed. For example, a person had requested a change of staff and this had happened.

People felt that they were listened to and that staff and the manager took time to make sure they were happy. The senior carers and the registered manager checked with people and their families/carers how things were going

regarding the care on a regular basis. We spoke with the manager about the handling of concerns and complaints. Although they had not received any formal complaints we could see that there was a system in place to respond and investigate concerns appropriately.

Care records showed us that people’s views on the care they received were regularly recorded. Care records provided detailed assessments of people’s complex health needs with information from a variety of different health professionals. We could see that the manager had requested support or guidance from other professionals in order to meet individual needs. For example, staff had extra training and support around pressure area care due to some of the complex physical health needs of some of the people that used the service. Staff told us that the manager and senior staff were quick to respond to any changes and to identify what needed to be in place.

Staff were responsive to people’s changing needs. For example, in a person’s care records we could see where care approaches had been adapted to meet a person’s changing health needs. These changes had been made in consultation with other professionals, the person themselves and their carers. One person told us that as they became increasingly forgetful, the staff had started sending reminders via a telephone call, about aspects of their care they wanted to do themselves. The person said that this was at their request and it made sure that they remembered “The important things to keep me safe.”

# Is the service well-led?

## Our findings

Relatives told us that they were confident that the service was well led. They spoke positively about the way in which the service was organised and run. One relative said “The management are very good. They work very well together.” Another relative told us “They listen and act on suggestions which is important.” Another relative said “The management are extraordinary. They are on top of everything.” Care professionals we spoke with told us that they were satisfied with how the service was run. One care professional told us that the service had an “Incredibly positive relationship” with them.

There was a clear management structure in place and staff were aware of their roles and responsibilities. Care staff spoke positively about management and the culture within the service. One member of staff said “The team is very good. Everyone works well together.” Another member of staff told us “I am proud to work for Bluebird Care. I’ve worked with other companies in the same industry but what I’ve liked here is the style of working and because I am happy I think my customers benefit from that” From our discussions with management it was clear that they were familiar with the people who used the service and staff.

There was evidence that the service held regular management meetings to discuss their systems and practices and how well these were working. There were also regular team meetings so that care staff were informed of any changes occurring within the service, which meant they received up to date information and were kept well informed. Staff we spoke with confirmed this. Staff understood their responsibility to share any concerns and feedback.

The service had an effective system to monitor incidents and implement learning from them. The provider explained that they identified learning outcomes following an incident and then shared these with staff and implemented learning outcomes. This meant they were looking at ways of learning from incidents.

The service had a quality assurance policy which detailed the systems they had in place to monitor and improve the quality of the service. The service undertook a range of checks and audits of the quality of the service in an attempt to improve the service as a result. The manager explained that a member of the management team would audit various aspects of care which included the care records, comments and complaints, record keeping and staff support. We saw evidence that this had recently been carried out. The service carried out audits in respect of safeguarding, policies, staff supervision sessions, medicines and staff training.

The manager explained that they motivated staff through allowing staff to have time off for special events such as school sports days and staff parties. Staff we spoke with were positive about the morale within the organisation.

The service had a comprehensive range of policies and procedures necessary for the running of the service to ensure that staff were provided with appropriate guidance. People’s care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.