Care Quality Commission

Birch Assist Limited

Bluebird Care (South Bucks & Slough)

Inspection report

31 Summers Road
Burnham
Slough
SL1 7EP
Tel: 01628 605797
Website: www.bluebirdcare.co.uk

Date of inspection visit: 11 December 2014
Date of publication: 27/04/2015

Ratings

Overall rating for this service	Good
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?	Good

Overall summary

We carried out this inspection on the 11 December 2014.This was an announced inspection. We gave the provider 48 hrs notice of our visits to make sure we could access the people and information we needed to.

When we inspected Bluebird Care (South Bucks and Slough) in November 2013 we found they met all the regulations inspected.

Bluebird Care (South Bucks and Slough) provides care and support to approximately 160 adults and older people in their own homes. This includes adults with physical disabilities and older people living with dementia. Bluebird Care (South Bucks and Slough) does not provide services to children.

Bluebird Care (South Bucks and Slough) has a registered manager. A registered manager is a person who has

Summary of findings

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.

People were overall very positive about the standard of care they received. They received their care visit close to the time they expected it and it was the length they expected. However, when there was a change in their regular care worker, they did not always get the opportunity to meet them before- hand. They told us this could be frustrating as they had to go through what care they needed and how it was to be provided each time. People told us they liked the system of receiving a care programme each week, setting out their visits and the care staff who would provide it.

People told us the spoken English capability of some care staff provided them with a challenge as it was difficult to understand each other. This did not reflect on the care these staff provided and the provider had systems in place to identify where this was a problem and offered additional language support to the staff concerned.

People's safety and well-being was protected. Staff received regular training and support to help them provide a high standard of care. People were involved in making decisions about their care and staff treated them with respect and maintained their dignity whilst personal care was being provided.

People were supported to eat and drink and to take their medicines. Staff received relevant training and support which enabled them to achieve this.

Staff were positive about the support they received from the provider and management team. Staff recognition schemes were in place to recognise exceptional levels of care practice. Feedback was sought from people who received care, from care staff and from people involved in the commissioning of care from the service. This was then analysed and used to inform decisions about the future operation of the service. This included enhanced information technology (IT) systems, for example to provide a real-time monitoring capacity to support care staff and those they supported with their care.

The provider worked with a range of local care, education and support organisations to promote the care sector as a career and to inform improvements to the way care was 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.

Risks to people's health, safety and welfare were assessed and then eliminated or managed to protect them from avoidable harm.

People were protected from abuse because staff received safeguarding training to ensure they could recognise abuse if they saw it, knew what action to take and how to report it.

People were protected from the employment of unsuitable people to provide their care. This was because, before staff started work, they were subjected to a rigorous recruitment process.

Good

Is the service effective?
The service was not consistently effective.

Whilst people received their care visit at the time they expected and for the length of time they expected, they did not always receive care from a consistent team of care staff. New care staff were not always introduced to the people they were to provide care for or were not always familiar with how they preferred their care to be provided.

Staff had the skills and training required to provide consistently good standards of care. This included assisting people to eat and drink, manage their medicines safely and provide assistance with their personal care.

Staff supported people to make decisions about their own care wherever possible.

Requires Improvement

Is the service caring?
The service was caring.

People were positive about the way their care was provided. They told us they had a good relationship with their regular care staff and were always treated with respect.

People were involved in decisions about their care and staff supported them to remain as independent as possible.

People told us they had no concerns that their dignity was compromised or that care staff discussed their care and support inappropriately with other people.

Good

Is the service responsive?
The service was responsive.

Good

Summary of findings

Staff were able to tell us about the care needs of the people they regularly provided care and support and were able to identify events and people who were important to them.

People said they felt their regular care staff were interested in them as individuals. They said they were able to make adjustments to the way their care was provided where that was necessary.

People and their relatives knew how to make complaints if they needed to. They said they would more likely discuss any concerns informally and were confident they would be addressed.

Is the service well-led?

Good

The service was well led.

People who received care and those responsible for arranging it for them benefitted through improvements made by the provider to systems and ways of providing care more effectively and efficiently.

There were a range of audits and performance measures in place to enable the quality and performance of the service to be monitored and assessed.

People were asked for their opinion of the quality of the service and this was used to inform and determine where changes in service delivery were required.

Care Quality Commission

Bluebird Care (South Bucks & Slough)

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.

The inspection was carried out by one inspector and an expert 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. In this case older people, including those living with dementia.

Before the inspection we reviewed the information we held about the service. This included information the provider had sent us in their Provider Information Return (PIR). The PIR asks the provider for some key information about the service; what it does well and any improvements they plan to make. We reviewed notifications the provider had sent us since the previous inspection in November 2013. These were about significant events affecting people who used the service, including safeguarding referrals.

We sent 154 questionnaires as part of this inspection. These went to people who used the service or their relatives, staff and community health and social care professionals including GPs and local authority commissioners who arrange care for people from Bluebird Care (South Bucks and Slough). We received 50 responses, including 34 from people who used the service or their relatives, 14 members of staff and two community health or social care professionals. We directly contacted 7 professionals who worked for two local authorities as commissioners of social care or who were care managers responsible for individuals receiving care from Bluebird Care (South Bucks and Slough).

During the inspection visit we spoke with the registered manager, two senior administrative staff and four care staff. We looked at five staff training and recruitment records and five care plans for people who received care, including two who had only recently started to do so. Following the inspection we contacted 23 people who used the service and received additional information from the provider in response to requests we made for clarification or to provide further evidence where that was needed.

Good

Is the service safe?

Our findings

All of the people who responded to our questionnaires or who we contacted by telephone confirmed they felt safe from abuse or harm. One person said; "Since changing my care package to Bluebird Care I have been very happy with the level of care and support I have received."

People told us whilst there could be changes to the person who provided their care, sometimes at quite short-notice, there was always the right number of staff. The provider indicated there were pressures on staffing levels arising from common problems within the local care sector of recruitment of suitable staff. We found this had been reflected in lack of staff consistency at times, however visits being missed altogether was not an issue raised with us during this inspection either by people we spoke with or who returned questionnaires. We were given details of incentive schemes introduced by the provider in order to improve staff retention and continuity of care staff for people. This included guaranteed hours in some cases, together with provision of cars and break-down cover in other cases.

Staff confirmed they had received safeguarding adults training. This was supported by staff training records. These included details of initial safeguarding training for new staff as part of their induction, with periodic refresher safeguarding training thereafter for all staff. Staff were able to explain to us what constituted abuse, how it might be recognised and what they would do if they saw or suspected it. Confirmation of staff awareness of safeguarding issues was provided by the referrals notified to CQC and local authority safeguarding teams following concerns raised by care workers and their managers. We saw copies of the provider's safeguarding policy and procedures were readily available to staff. We confirmed the provider had contact details for each of the relevant local authority safeguarding teams in whose areas Bluebird Care (South Bucks and Slough) operated.

People received the support they required with their medicines. No concerns were raised with the CQC about how this was done. Staff confirmed they had received medicines training and this was supported by training records seen. There was a detailed medicines policy and procedure in place.

In the Provider Information Return (PIR) the provider reported there had been six medicines errors in the previous 12 months. Where this was the result of staff error, additional training was put in place. The prominence of the medicines record in people's care plans had also been significantly increased and medicines administration records were being provided in a more noticeable colour to make them stand out more easily for staff.

People were protected from identifiable and avoidable risk. Risk assessments were carried out when initial referrals for care were received. Risk to the person or to staff were identified and plans put in place to manage or eliminate those risks. In the CQC questionnaire returns all of the people who responded confirmed their care workers did all they could to prevent and control infection, for example, by using hand gels, gloves and aprons appropriately.

Care plans included risk assessments for moving and handling, environmental risks, health and safety and medicines, amongst others. We confirmed risks were reassessed at regular intervals or when any change in risk became evident. The PIR included evidence that where risks had changed, appropriate action had been taken. This could include, for example, additional staff being provided or specific equipment put in place for when people required assistance to move.

The provider confirmed there was a business continuity plan in place and we were provided with details of how the service responded to, for example, adverse winter weather conditions. This included a system to prioritise any time critical visits, where no informal support for people was available. The service had the use of 4x4 vehicles for use where the road conditions were such as to preclude the use of conventional vehicles. Computers were backed up and were password protected where they contained confidential information. Staff received training in first aid and knew how to respond to specific emergency situations in people's homes, for example in the event a person had fallen and injured themselves.

When staff were recruited, appropriate checks were made to safeguard people who received care from the employment of unsuitable people. This ensured people had the right skills, experience or potential to provide safe and effective care. Staff recruitment files included evidence of previous employment and education with any gaps identified. Checks were made with the Disclosure and Barring Service (DBS) to identify any previous criminal

Good

Is the service safe?

convictions. References as to character and competence were obtained from previous employers, together with confirmation of the applicant's physical and mental fitness for the role. The provider also made use of an online candidate screening tool to support their recruitment process and improve staff retention in order to improve care worker consistency for people who received care.

Requires Improvement

Is the service effective?

Our findings

The majority of people we spoke with or who returned questionnaires told us they received care and support from familiar, consistent care and support workers. "I get the same person all the time, they always come when expected". Another person, who received three visits each day, recalled they had tried six other agencies before Bluebird Care (South Bucks and Slough) and they were the only ones who had been able to provide a consistent team of care staff to help them with personal care. "It is so important that I can develop the right relationship". Another person confirmed; "I have had the same (care worker) regularly for a couple of years". A relative noted;" The carers have always been kind and efficient. The majority of the time my (relative) is very happy with the care they get."

The experience of some people was less positive. "The people they send are always kind and helpful, but problems arise when my regular carer goes on holiday or is sick. They aren't good at introducing a second person who will cover before they are needed". This person noted that as the care provided included very personal care, they would not accept someone they didn't know to provide it. One person noted; "In three weeks I had seven different carers (August and September 2014).

The major negative factor for those people we spoke with was around care staff arriving for the first time with what was seen as insufficient information about the person's home and circumstances which meant they or family members had to spend time telling them what to do. One relative said; "I don't like it when they send different care staff. They come and they haven't been here before and they haven't been shown before they come and it takes me so long to show them what to do that I may as well do it myself." In questionnaires returned to CQC 24 people out of 34 said they were always introduced to their care and support workers before they provided care whilst 10 said they were not.

All of the people we contacted or who responded to our questionnaires said care staff were able to meet their needs. They were also all very positive about the skills and knowledge staff had. We received very positive assessments of the effectiveness and flexibility of the care provided from social care professionals who arranged care on behalf of people they were responsible for. In the provider's quality survey of August 2014 all 40 people who responded agreed care tasks were carried out 'properly and professionally'.

People told us they were usually provided with a weekly schedule which informed them who was coming to provide their care and support the next week. Although some people said had been times when this didn't happen, it was one feature of the service the majority of people said worked well and was reassuring. We did not receive any significant concerns about the timing of visits or their duration. People told us they made some allowance for traffic in the area but overall, people felt the service in this respect was effective. In their quality survey of August 2014 of 40 questionnaires returned, 63% stated their care worker arrived on time and 98% confirmed all the required tasks were completed every visit.

Several people said that at times they had problems understanding and communicating with care staff whose first language was not English. "Some carer's English language skills are inadequate" was one comment. A relative told us that whilst the care they provided was good, their relative found it; "Very frustrating" when the carer is not 'English' and they struggle to understand each other. Another person said; "We can just about understand each other". The provider confirmed their recruitment process included assessments of applicant's written and spoken English and that additional support was provided where necessary to build the confidence and competence of those staff whose first language was not English.

Staff told us they received effective training. They said they felt they had the necessary skills and experience to meet people's needs effectively. "Very thorough training" one told us. We saw training records which detailed the training staff had received and when it had been undertaken. Where training required periodic updating, this was recorded and 'flagged up' through the training information technology (IT) system. Training records showed staff undertook recognised national training qualifications, and specific training in, for example, dementia awareness and palliative care.

Staff were aware of the implication for their care practice of the Mental Capacity Act 2005 (MCA). This is important legislation which establishes people's right to take decisions over their own lives whenever possible and to be included in such decisions at all times. We confirmed with

Requires Improvement

Is the service effective?

staff, the provider and by looking at training records that training in the MCA was provided within the safeguarding training received at induction and through periodic updates thereafter.

Staff confirmed they had received regular supervision from their line manager. We saw records of staff supervision, appraisals, team meetings, newsletters and other information provided to staff. These highlighted specific issues and areas of care, for example, infection control or medicines and supported the development of the staff team through giving details of training available. Staff who responded to our questionnaire also confirmed they had received induction training before they worked unsupervised (100%), received regular supervision (100%) and received the training they required to meet people's needs, choices and preferences (100%). We saw records of unannounced spot checks carried out by senior care staff to monitor the effectiveness of care staff in people's homes (with the agreement of the people concerned).

Care plans included contact details for family and health services relevant to the person. Staff confirmed they were able to support people to attend appointments, adjusting the time of their visits if necessary to achieve this. They told us how they were able to monitor and report any concerns about people's health, safety or well-being to people's family or to senior care staff. This ensured people had access to the health support they required.

Where people required assistance with food or drink this was stated in their care plans and reflected in care staff work programmes. Staff confirmed they had received training in food hygiene and safety and training records supported this. This meant people were protected by safe and effective support with food and drink.

Good

Is the service caring?

Our findings

People who received care and support were very positive about the standard of care they received. We found from our interviews with people who received care they had developed a constructive relationship with those care staff they saw regularly. "It is very, very good" was one comment and "It is nice to get some young company "was another. One person told us they felt they were "very lucky" and one relative said all their parent's care staff were "extremely nice".

100% of those people who returned questionnaires said their care staff were caring and kind.

All the people we contacted by telephone said they were treated with dignity and respect. All the relatives who responded to our questionnaires said that from what they had observed and were told staff always treated their relative with respect. Those people who commissioned care from Bluebird Care (South Bucks and Slough) were also positive about the standard of care and said they had received very positive feedback from those people they arranged care on behalf of.

We found staff understood the need for people's dignity to be protected during the provision of care and how this could be achieved. For example, by covering people appropriately when providing personal care and ensuring bedroom and bathroom doors were closed when there were other people in the home.

Care plans included contact details for significant family members and health and social care professionals involved with the person. People who received a care service said they felt comfortable and able to discuss their care provision with their care workers. They said they had been able to explain when and in what way their care was provided. They said their regular care staff in particular were very quick to change or adapt in line with their changing circumstances or how they felt on the day. Staff confirmed they always tried to discuss people's care with them on a regular basis in case their preferences or needs had changed. Staff recognised the danger of people losing independence and we were able to discuss with them ways they ensured they assisted people to help themselves wherever possible rather than taking over tasks the person could do themselves with a little appropriate support.

There were details of advocacy services available to people where this was needed, although it was most often arranged through or by the local authority. (Advocacy is independent support provided to ensure and facilitate the person receiving care's voice is heard and understood.)

Where people had specific cultural food or care requirements these were noted in care plans so that care staff were aware of them and could provide appropriate care and support sensitively. The provider tried wherever possible to match staff with particular insight or language skills to achieve this.

In their PIR we were informed end of life care was now mandatory for all care staff. When we talked with care staff they had an informed understanding of the particular features and challenges of providing care to people at the end of their life. We were told care staff had access to counselling and support if that were needed during or after providing care to people at the end of their life.

Good

Is the service responsive?

Our findings

Whilst people did not raise significant concerns about either the timing or duration of calls, they did have concerns about the way new care staff were introduced and for some people the consistency of their care staff. One person told us they had mentioned this to the provider, who, "had tried to find regular staff" but "it hasn't happened yet." They said; "Staff come and they have never been before and haven't been shown before they come."

People told us they were involved in decisions made about their care and support needs. Relatives also confirmed they were consulted, with their relative's consent, in the decision making process.

People were satisfied with the care they received. This was said to be always the case, especially for those who told us they had a settled team of care workers. They said they felt they were treated as individuals, that regular staff knew how they liked their care provided and were flexible and adaptable. If their needs changed or if they required specific help, for example in order to keep a community health or family appointment, they told us this was accommodated. This showed the service was responsive and flexible enough to meet changes in people's care needs.

Staff were able to tell us about the care needs of the people they regularly provided care and support to. They were able to identify events and people who were important to them and had a good knowledge of their individual preferences as to how their care was provided. They confirmed that where they had not been to people previously, they were able to access the person's care plan, which included information as to their care needs and how they were to be met. Some people who received care indicated where new staff came; they sometimes had to provide them with details of their care routine, which could be wearing when it happened a number of times.

People who were responsible for arranging care on behalf of people from Bluebird Care (South Bucks and Slough) told us they found the service effective and responsive. They confirmed communication with the service was good and enabled changes in people's needs to be identified and appropriate adjustments in their care put in place.

Care plans included variable amounts of personal information for people who received care. Those who had received care for longer periods tended to include more detail about the person and their care. We were told the provider used regular reviews of people's care to obtain information and to update the contact details where necessary. This meant people's care delivery could be changed to ensure it fully met their needs and was provided in the way and by the people they preferred.

We saw copies of the complaints and compliments policy. This was included in the records held in people's homes and included contact details for the agency including out of office hours. Contact details were also included for the local authority commissioners of care, the Local Government Ombudsman and the Care Quality Commission (CQC). People said they knew how to make a complaint. They were overall very satisfied with their care. People didn't refer to complaints, rather to having "Issues" from time to time. They said on the whole these were settled to their satisfaction, although they said it could be frustrating when they did not get a prompt response to their call or people did not call them back.

In their PIR the provider reported that in the previous 12 months 12 complaints had been dealt with through their official complaints procedure. All of these had been resolved within 28 days of being received. Over the same period, the provider had received 60 compliments about the service.

Good

Is the service well-led?

Our findings

When asked directly, the majority of people we spoke with reported that in general they thought the 'office' were responsive. However, some of them reported that when they contacted the office, they did not always ring back if they had left a message. One person said; "The office are not very good at calling back – admin is a bit hit and miss." One person said they had problems in the past however; "It was getting a bit better now."

In responses to our questionnaire people who received care and their relatives overwhelmingly responded that they knew who and how to contact the management team or the provider if they needed to.

There was also a significant majority of those who responded who confirmed they had been asked for their view of the service. We saw a quality survey customer outcome summary. This detailed responses to surveys carried out by the provider in the period June to August 2014. It provided a numerical breakdown of responses against 11 key questions. For example, 90% reported they had received an information guide and that they were satisfied with the service they received. This analysis allowed the provider to identify areas of strength and those where improvements could be made. The provider included in their PIR examples of how they intended to respond to these and also the plans they had going forward to improve the quality of the service they provided. This included additional investment in new IT and other systems.

The feedback we received from community health and social care professionals was positive. Those responsible for commissioning services for people were positive about communication with and the responsiveness of the management team.

The administrative and management function was well-resourced in terms of staff, equipment and systems. These enabled the service to operate effectively during and outside of office hours.

We saw minutes of recent team meetings. These included discussions about care practice, communication, and staff reward schemes. There were carer of the month and carer of the year awards to recognise outstanding care staff performance. There were monthly newsletters both for staff and those who used the service. These included useful information about specific areas of interest, for example, in the December 2014 newsletter, urinary tract infections (UTI) in older people. This gave symptoms to look out for, potential causes and effective treatment and prevention.

Within the community, Bluebird Care (South Bucks and Slough) had hosted meetings of various support groups and carer organisations. The provider was involved with local colleges and universities to promote higher standards in care and provide details of the career options available within social care.

The PIR and other documentation seen promoted the values of the provider to deliver high quality, person-centred care whilst supporting learning and innovation with an open and fair culture. These values were covered in team meetings and newsletters and staff we spoke with identified with them.