

R D (Bromsgrove) Limited

Bluebird Care (Bromsgrove & Redditch)

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 

Overall summary

This inspection was announced and took place on 9 and 12 November 2015. We gave the provider 48 hours' of our intention to undertake the inspection. This was because the service provides domiciliary care to people in their own homes and we needed to make sure someone would be available at the office.

Bluebird Care (Bromsgrove and Redditch) is a domiciliary care agency registered to provide personal care to people living in their own homes. At time of inspection 43 people received regulated activity out of a total of 92.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 safe and cared for by staff who had a clear understanding of the risk associated with people's needs and who demonstrated knowledge of the different types of potential abuse to people and how to respond. People had their individual risks assessed and had plans in place to manage them. Medicines were administered by staff that had received training to do this. The provider had procedures in place to check that people received their medicines as prescribed to effectively and safely meet their health needs.

Staff had been recruited following appropriate checks and the provider had arrangements in place to make sure that there were sufficient care staff to provide support to people in their own homes. People told us they received reliable care from a regular team of staff who understood their preferences for care and support.

People were listened to and were involved in making decisions about their care and support. Staff understood

they could only care for and support people who consented to being cared for. People told us that they were happy with the way in which staff supported them with preparation of meals and that staff ensured a choice.

The service was caring, people told us how they enjoyed the social events arranged by the provider and that staff were caring and supportive in the support they provided. Staff provided support that ensured people were treated with privacy and dignity. People were supported by staff to maintain their independence.

People were encouraged to express their views and give feedback about their care. People said staff listened to them and they felt confident they could raise any issues should the need arise and that action would be taken

Staff felt supported by the registered manager and that the provider gave them opportunity to progress. The registered manager was committed to developing new initiatives to support the care provided to people.

The provider ensured regular checks were completed to monitor the quality of care that people received and look at where improvements could be made.

People were positive about the care and support they received and the service as a whole.

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.

People received care from staff that understood how to keep them safe and minimise the risk of potential harm.

People were supported by a sufficient number of regular staff and were happy with how staff supported them with their medicines.

Good



Is the service effective?

The service was effective.

People received care in the way they wanted and from staff who were trained to support them.

Staff had a good understanding of their responsibilities and sought people's consent before providing care.

Good



Is the service caring?

The service was caring.

People received support from caring staff that provided opportunities for people to meet up and socialise together.

People were happy with the care they received and said it was provided by staff in a way that supported their privacy and dignity.

Good



Is the service responsive?

The service was responsive.

People received care that was responsive to their needs and when they needed it.

People who use the service felt staff and management were responsive and there were regular opportunities to feedback about the service.

Good



Is the service well-led?

The service was well led.

People and staff were complimentary about the service and had their views listened to.

Staff felt well supported by managers and had opportunity to train and develop.

People benefited from a service which was regularly monitored because the provider had systems in place to check and improve the quality of the service provided.

Good



Bluebird Care (Bromsgrove & Redditch)

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 9 and 12 November 2015 and was announced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has had personal experience of using or caring for someone who uses this type of care

service. The provider was given 48 hours' notice because the location provided a domiciliary care service. The provider can often be out of the office supporting staff and we needed to ensure that someone would be in.

As part of the inspection we asked the local authority if they had any information to share with us about the home. The local authority is responsible for monitoring the quality and for funding some of the people receiving care support.

We spoke to eight people who used the service and one relative by telephone. At the service we spoke with the registered manager, the provider and six members of care staff. We looked at the care records of four people to see how their care was planned. We also looked at three staff files, medication records, the on-call forms file, communication records file, spot check records, complaints and compliments logs and the minutes of staff meetings.

Is the service safe?

Our findings

All people we spoke with told us they felt safe with the staff coming into their homes and providing care. One person said “I feel safe.....staff look after me.” Another person told us, “I feel very safe with the support they provide me.”

All staff we spoke with demonstrated a good understanding of the types of abuse people could be at risk from and confirmed that they had received training in safeguarding people. They were clear about the steps they would take if they had any concerns. One member of staff told us of a concern they had raised. They said that they raised the concern directly with the registered manager and that action had been taken and they were pleased that the situation was resolved quickly.

Staff told us they were confident to report any concerns with people's safety or welfare to the care manager. The registered manager told us of a recent example where they had raised a concern and worked with the local authority to resolve it.

All staff we spoke with were able to tell us the different risks to people and how they supported them. One member of staff said, that one person they supported required equipment to aid their mobility. They told us, “I always ensure that the environment is safe and free from obstructions and that any equipment used is in a good state of repair.” People's risks had been assessed when they first received care from the service and had then been reviewed regularly and changes recorded in care plans. Both staff and people using the service told us that staff referred to care plans including the risk assessments before providing care.

All people told us that they usually had the same staff who arrived on time to provide their care, unless there were changes for holidays or sickness. They said that staff were reliable and this reassured them. One person told us this gave them ‘Peace of mind.’

We saw records of employment checks completed by the service to ensure staff were suitable to deliver care and support before they started work. The provider had made reference checks with previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions.

People receiving care told us there were sufficient numbers of staff available to meet their needs and staff confirmed this too. Two people told us they received a weekly letter telling them which staff would be supporting them. One person said the letter contained, “All the relevant information.....I always know who is coming.” Another person told us, “I have the same carers unless they are taking holiday or are off sick, then someone else covers the shift which I don't mind because I'm aware of the changes in advance.”

Three people told us they received support with their medicines. One person told us, “They help me and make sure it's all correct.” Staff confirmed they had received medication training and were able to give us examples of the actions they had taken when someone refused their medication. One member of staff told us, “I would always try again a little later and if they still refused I would ensure this was recorded and the medication was locked securely away for later disposal.” We saw that medication support plans gave staff detailed information about what the medication was for, how to administer and who orders and disposes of it.

Is the service effective?

Our findings

All people we spoke with told us that staff knew the care they needed. One person told us of the support they need and said, “Bluebird care has gained the right skills to suit my needs.they know just what I want done.” Another person we spoke to told us, “I am confident that workers know what they are doing.I prepared myself before they started, checking they have the correct qualifications,” and a relative told us, “Staff are 100% skilled to suit our requirements.”

Staff said they felt confident to deliver care that people required and their training helped them do this. For example, one member of staff explained how dementia training had improved their communication with people living with dementia and had helped support one person who was now taking medication more regularly.

All staff told us they received regular supervisions, which gave them the opportunity to discuss any issues or request further training. In addition regular spot checks were made by supervisors to observe their care practice. Staff told us they were provided with feedback from the person receiving care and their supervisor.

Four of the staff we spoke to told us they were aware of their responsibilities to ensure people’s consent to care and treatment was sought and recorded. People had been able to consent to their care and were involved in care planning and reviews and had signed to confirm they had been included in the drawing up of the plan.

We checked whether the service was working within the principles of the MCA. 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. Where people needed support with their decision making the registered manager told us the provider had a procedure in place and they told us of the actions that would be taken. For example the completion of a capacity assessment and speaking to the people who knew them well.

Where people were supported with the preparation of meals, they told us support was good. All staff we spoke with told us about the importance of giving people choice, which was also confirmed by the people we spoke to. Staff also told us how they took account of people’s preferences including where they liked to eat. One member of staff also told us how they supported people to prepare specialist diets where needed

Staff demonstrated that they knew when to contact outside assistance. For example, we saw that when one member of staff had found one person she supported unwell, they had called the office and contact had been made with the GP requesting a visit. Records showed when staff had contacted other health professionals, for example, paramedics, GP or district nurse, in the support of people’s healthcare needs

Is the service caring?

Our findings

All people we spoke to told us that the service was caring. For example we heard how the registered went the 'extra-mile' and arranged coffee mornings which gave people a chance to meet up and socialise. One relative thanked the service and said they, "Had a very enjoyable afternoon....the cakes and kebabs were delicious. Look forward to next time." The coffee mornings had been introduced by the registered manager; they said their experience as a carer led them to understand that some people became isolated. They started the coffee mornings to bring people together and share experiences and also enable people to join in activities, for example the previous months' coffee morning was also a charity event.

Two people told us about a Christmas party that was held each year and was attended by people using the service, families, friends and staff. One person said, "It's a good chance to meet other people and it's quite a laugh, all the managers and everybody is there." Another relative told us, "We've been to these events several times and it's nice to share experiences and have fun together."

All of the people we spoke with told us that they felt staff were caring. One person told us, "They are very kind and gentle." Another told us, "The girls are nice, they're all very pleasant." The relative of another person had written into the office to say, "Thank you for your kindness and hard work, (my relative) really appreciated it and always looked forward your carers coming to help."

Compliment cards sent to the service were displayed on the office notice boards. For example, one person had written, "Thank you for being so kind and helpful and caring, I wish I had changed to your company months ago." We also saw feedback from a charity representative who said they had received positive feedback from people about how well they got on with staff and the support shown to them.

Staff we spoke with were well motivated to provide good care, one member of staff told us, "I enjoy my job, I like helping people. I want to do my best." Staff spoke in a caring way about the people they supported, they told us by providing care to the same people they could build up relationships with people and get to know them and their families. We saw the examples of when a member of staff

had written to apply for a Queen's congratulatory card when one of the people she supported celebrated a milestone anniversary. The member of staff felt it was important to make sure the occasion was marked and commented, "It's just what we do".

Staff told us how they respected people as individuals and how they involved people in their day to day care and which promoted their independence. This was confirmed by the people we spoke to, one person told us how staff helped them by leaving a meal ready for them to prepare when they wanted it. Care assessments included a record of 'what's important' to the person receiving care. The assessment gave detailed information and prompted staff on maintaining a person's independence and ensuring they treated people with dignity and respect.

One member of staff told us how they appreciated the ideas and approach of new staff. They gave the example of when a new member wanted to help a person relax, they had asked the person they were supporting what music they liked. They then accessed the music on their mobile telephone. The member of staff told us, "I'd never of thought of playing music in that way, but it really helped relax [person's name], they really enjoyed it."

All of the people we asked told us staff were considerate and treated them with dignity and respect. One person said, "Both before they start and when they leave they always ask if I'm okay." Another person told us, "They are respectful, they show concern when I am feeling unwell." Staff also described ways in which they treated people with dignity and respect, for instance ensuring their personal information was kept confidential and not discussing their care in front of other people.

The registered manager told us the service looked to support good end of life care and we saw that one relative had sent a card to acknowledge this, they thanked the staff who, "Helped care for my [relative's name] in their last few weeks. Thank you so much for your care and support. Very much appreciated."

People confirmed they were able to express their views on the care provided and felt listened to. One person said, "A lady comes to review my care and there's another present for a second opinion if required. They visit me whenever I call them."

Is the service responsive?

Our findings

All people we spoke with said they received the care they wanted. They told us that they were involved in their planning their care and any reviews. One person told us “They know me. I don’t have to say do this, do that...this is because staff know their roles and responsibilities”. Another person told us, “They remember what I like and how I like things.” We also saw that one relative had written to service, to say, “Thanks for your flexibility and willingness to adapt care provided. Without care, support and understanding I’m not sure I could have kept [relative’s name] at home.”

People’s needs were assessed and reviewed. People told us and we saw that care plans were reviewed regularly and that they had been involved in the reviews. We saw that care records held detailed instructions in the way people wanted their care delivered and these records were signed by the person receiving care to confirm their agreement.

Staff said good communication systems were in place to advise them of any changes. Once they received an update they had to confirm with the office it had been received and read. They said communication was discussed at team meetings to ensure all staff were updated.

All staff told us care plans included the most recent information and these would be updated to reflect any

changes in a person’s care. We saw that when a new medication had been prescribed to a person receiving care, records had been updated and all staff that supported the person were advised of the change.

Staff demonstrated a detailed knowledge of the people they cared for and how they supported them in the way they wanted to be supported. One relative told us how when their relative was first assessed they had requested female carers only, they said staff had said, “That’s fine” and put the request in place.

The provider had a procedure for people to raise complaints should they have them. All the people we spoke to told us they had not had reason to complain but were aware of how to raise concerns. One person told us, “I’ve never made a complaint...but I do understand the procedures to follow.” Another person told us, “If I had a problem I would complain, don’t you worry. I’ve had no problems it’s a good service.” People we spoke with told us they felt assured that action would be taken as necessary.

All staff we spoke with told us they knew how to raise concerns or complaints on behalf of people receiving care and support. There had been no written complaints over the previous twelve month period but the registered manager was clear of the actions they would take if a complaint was received including logging the complaint, investigating, responding to the person and taking any learning for improvements.

Is the service well-led?

Our findings

All people we spoke with were very positive about the service they received. One person told us, "If all agencies were as good as them, there would be no problems," and a relative said, "I'd describe them as the perfect care company. I keep telling everybody what they are like. I praise them up and would fully recommend them to others."

Five people told us that they knew the managers and they were very approachable. Staff also spoke positively of the management. They told us they felt listened to and supported with one member of staff saying, "You don't feel like you are on your own, they are very supportive and reassuring."

All staff told us they felt able to tell management their views and opinions at staff meetings. One staff member said, "It's the best agency I have worked at, everyone works together". Another member of staff told us, "All the managers have been carers, so they understand."

Two members of staff also told us that the provider gave them opportunity to progress. One member of staff commented, "I was keen to compete my qualifications and they have supported me to do this." Another told us they had requested additional training and this had been agreed and arranged. One of the members of staff who had worked for the service for several years said, "It's good to see staff develop".

The registered manager felt that all staff worked well as a team. Staff confirmed this with one member of staff telling us, "We are a small friendly team, everyone is equal." Another told us, "I'm proud to work for the company and be part of this team." They also confirmed they were well supported by the provider who they told us was "very hands on and supportive".

We saw that the service had received a number of compliment cards from people and their relatives, the manager logged these and we saw that they then passed on the thanks and comments to individual staff or all staff at team meetings.

The registered manager had introduced an award for staff called 'carer of the season'. This was awarded in recognition of continuing good work with the member of staff being presented with a watch and gift voucher. This and other information such as new staff and training information was reported in the team newsletter produced by the registered manager as one of the ways to keep in touch with staff.

We also saw that team meetings were held twice on the same day to accommodate staff on different shifts. The registered manager advised this ensured a better attendance and staff confirmed this helped them to attend. We saw that staff meetings covered any issues identified on spot checks when reminders of expected standards were discussed.

The registered manager had completed a leadership course in dementia. They told us the information they gained would be passed on to staff and they were looking to introduce a 'Dementia Friends' document for people living with dementia. They planned that the document would record details of the person, their likes and dislikes and interests and could be used by anyone supporting the person such as nursing or ambulance staff.

Systems were in place to check and review the service provided. One person told us the managers, "Frequently ask if all is okay." Whilst another person told us, "They visit and check face-to-face."

The provider had sent a questionnaire to all people using the service in March 2015 asking for their feedback and opinions on the care provided. A response was made by 32 people and the overall results were published in a report dated June 2015. The results which were sent to all people receiving care and all staff showed that people were happy with the care provided. All the people who responded said carers treated them with respect and politeness and where one person raised a minor concern, the provider had responded by making direct contact to resolve the issue.