

Faster than a Cat Ltd

Faster than a Cat t/a Bluebird Care (Trafford)

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Bluebird Care (Trafford) is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults, younger disabled adults and children. At the time of this inspection, Bluebird Care (Trafford) that was supporting 62 people living in their own homes.

Not everyone using Bluebird Care (Trafford) receives regulated activity; 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.

Following our inspection visit we received information of concern from a whistle-blower. The Greater Manchester Police were investigating these concerns. At the time of publication this outcome was not yet known. However, the provider and registered manager were dealing with the concern in an appropriate and professional manner.

People's experience of using this service:

At this inspection we found the evidence continued to support the overall rating of good and at the time of our inspection visit there was no evidence or information that demonstrated serious risks or concerns.

The registered manager had completed audits to help ensure the quality of service provided. However, for some areas, these had not identified missing documentation relating to people's care. The risks to people were low so we have made a recommendation that the provider reviews their audit processes around record keeping.

Medicine administration was managed safely. Protocols or detailed instructions for the administration of 'as required' medicines had been improved.

There was sufficient and adequately trained staff to support people safely. Recruitment processes were very robust. This helped to ensure staff were appropriate to work with vulnerable people. The provider had suitable systems in place to protect people from abuse including accidents and incidents.

People were safe because there were effective risk assessments in place, and systems to keep them safe from abuse or avoidable harm.

People's needs were thoroughly assessed before starting with the service. People and their relatives, where appropriate, had been involved in the care planning process. Staff were aware that they needed people's consent to share information.

Staff were competent and had adequate professional support to enable them to support people safely and effectively. Staff received the training and support they needed to carry out their roles effectively. They had regular supervisions and annual appraisals.

People were supported in a friendly and respectful way. People, relatives and staff got on well and staff were aware of people's personalities and behaviours. People told us staff supported them in a patient and unhurried manner. People and relatives were complimentary about the staff and their caring attitude.

Care plans were detailed, person centred and reflected relevant information about people's needs and protected characteristics. There was evidence that these were reviewed regularly or as people's needs changed.

People knew how to make a complaint. There was an effective complaints process in place. Complaints were thoroughly investigated and action taken to address the complaint raised.

People and relatives told us they were very happy with the care provided. They said that there was good communication between themselves and the service.

Rating at last inspection:

At our last inspection in July 2016 we rated the service good in all areas and it was given a rating of good overall.

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 in line with our re-inspection programme. If any concerning information is received we may inspect sooner.

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.	Good ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was caring.	Good ●
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was well led.	Good ●

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Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector and an expert by experience (EXE) carried out this inspection. An EXE is a person who has personal experience of using or caring for someone who uses this type of care service. On this occasion the EXE's area of expertise was in dementia.

Service and service type:

Faster than a Cat t/a Bluebird Care (Trafford) is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults, younger disabled adults and children.

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:

This inspection was unannounced.

Inspection site visit activity started on 6 February 2019 and ended on 11 February 2019. We visited the office location on 6 and 11 February 2019 to speak with the registered manager and office staff; and to review care records and policies and procedures. By prior arrangement and with their permission, we contacted people and relatives by telephone and visited people in their own home on 7 and 8 February 2019 respectively.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse and deaths; and we sought feedback from the local authority, clinical commissioning group (CCG) and other professionals who work with the service. They did not raise any concerns. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We spoke with six people using the service and two relatives to ask about their experiences of the care provided. We spoke with the registered manager, the owner of the service and several staff members including three care assistants, three care coaches, the recruitment manager, the training manager and the care coordination manager. We reviewed a range of records. These included four people's care and medicine records, four staff recruitment and training records, complaints, policies and procedures and quality monitoring and audits.

Is the service safe?

Our findings

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

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

Using medicines safely

- People we spoke with said staff administered their medicines safely.
- At the previous inspection in July 2016, we found that protocols or specific guidance for 'as required' medicines did not always contain the relevant information. For example, what the medicine was for or the behaviours/symptoms the person might show when they needed the medicine. At this inspection, we saw protocols were in place and provided sufficient information to guide staff on when these medicines were to be given. Training records showed staff had received medication administration training and had their competency checked before administering medicines.
- Medicines were recorded electronically and the registered manager checked these records monthly. We looked at a sample of digital medication administration records (eMARS) and found these had been completed appropriately. However, for one person we found the use of thickeners had not been recorded each time the person had had a drink. Thickeners are medicines and like any other medicine should be recorded when given. They are used when a person has a medical condition such as dysphasia which causes difficulty swallowing. We raised this issue with the registered manager who told us they would address this concern immediately.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and control measures put in place to manage these risks. Staff had sufficient information to safely support people and they showed us how they accessed this information using a secure app on their company-issued smart phone.
- There were risk assessments for various aspects of people's care such as moving and handling, eating and drinking, pressure relief and the safe use of products such as shampoo. People's home environments and any equipment used were also assessed for risk and control measures put in place to mitigate these risks. In the event of emergencies such as poor weather, the provider had a system in place to maintain people's safety which identified those with higher dependencies and greater risks.
- Where required, we saw the service had carried out relevant risk assessments to help ensure only suitable staff were employed.
- The provider had implemented the role of duty manager to proactively manage calls from people using the service and staff and monitor messages or alerts from the electronic care planning system called PASSsystem. The role was covered by senior managers on a rota basis and issues dealt with in real time included alerts about medicines not taken, changes to visit times or missed tasks.

Systems and processes to safeguard people from the risk of abuse

- Staff we spoke with knew the types of abuse and what action to take should they suspect abuse was taking place.
- Staff received safeguarding training and regular updates. This included awareness of protecting people from harassment and discrimination.
- People we spoke with told us they felt safe using Bluebird Care (Trafford). Comments included: "I trust them", "I feel very safe with Bluebird and with the carers", "I feel safe with the carers" and "If I didn't feel safe with a particular carer I would contact the office."
- There were systems and procedures in place to report and record safeguarding concerns identified. We saw safeguarding referrals had been made to the local authority and notifications to CQC.

Staffing and recruitment

- Recruitment processes were very robust and helped to ensure suitable staff were employed.
- The provider had employed a fulltime recruitment and retention manager in September 2017 to oversee the recruitment process. They had introduced the process of prescreening applications on the telephone to initially assess a candidate's suitability. The provider also used a values based tool to assess a candidate's potential suitability to the role and the organisation.
- We looked at four staff recruitment files, three of whom had been recruited since our last inspection in July 2016. All the files contained the required documents relating to safe recruitment practice.
- People told us in the main the staff were consistent and that they arrived on time. Their comments included, "They turn up on time mostly; if they are running late they give a brief phone call to let me know", "Yes, they (carers) are usually on time", "I know most of the carers but you do get the odd new one but they always come with someone I know."
- The provider carried out quarterly analyses of continuity of care benchmarked against their own internally developed standards to improve the consistency of their home care team. The provider told us they had set an improvement target and we saw they were working towards this.
- The provider used an electronic system called Webroster to schedule call visits and allocate staff. Using satellite mapping, we saw that staff's travel time was built into staff rotas. This helped to ensure people's visits were at the times allocated.

Preventing and controlling infection

- Staff we spoke with demonstrated their understanding of good hygiene practice and told us how they used personal protective equipment (PPE) such as aprons and gloves to keep people safe. Training records we looked at confirmed staff had received appropriate training.
- There was a good supply of PPE available in the office for staff to collect and we saw staff doing so.
- People and relatives we spoke with said, "The carers always wear aprons and gloves, when providing personal care" and "It is a safe, professional and hygienic service."

Learning lessons when things go wrong

- The registered manager kept a record of safety incidents, concerns and near misses. This record included a description of the incident and action taken so that patterns could be identified and similar incidents prevented in the future. We noted in one case a medicines error and following investigation identified a training need which had been incorporated into the training schedule for 2019.

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.

Good: 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 thoroughly assessed before starting with the service. This was done through the service's consultation process and helped to ensure Bluebird Care (Trafford) was able to meet people's needs effectively.
- We saw people were given the choice of specifying their gender preference of care staff and this was confirmed during the consultation.
- The initial assessment was used to develop people's care plans which provided information to staff on how to deliver care and support to meet people's needs, wishes and goals.
- The service used an electronic care planning called the PASSsystem. People, relatives where permitted and staff were able to securely access information about people's care and support. This was done using a smartphone app or on a computer. One person told us, "The IT system is very good. I can access all my care records including medicines and see the notes that care staff write up." One relative told us they were able to securely access their relation's records even when abroad.
- A staff member demonstrated to us how the PASSapp worked. We saw staff were able to access people's care plans, risk assessments, care visits and what needed to be done, and record any notes.

Staff support: induction, training, skills and experience

- Staff received a thorough induction and training considered mandatory by the provider to carry out their roles confidently and effectively. Staff records showed new staff had completed a five day corporate induction which included an introduction to the service and key areas of training such as safeguarding, dementia awareness, managing an emergency situation and infection prevention.
- The provider used the care certificate as part of their staff induction process. The care certificate is a nationally recognised set of standards to be worked towards during the induction training of new care workers.
- The newly recruited training manager had developed and implemented a detailed training strategy to help strengthen the delivery of training and development across the service. It was clear from our discussions with the provider and registered manager that well trained staff was a key priority as this would help to ensure effective care of a high standard was delivered.
- Staff told us training was delivered via eLearning or in a classroom setting.
- People and relatives told us staff had the right training and skills for the role. They said, "I feel that my carers are well-trained" and "They will check that the hoist is in date before using and have told me when equipment needs to be serviced."
- Staff said, "The training is very good. I've done training in autism, medication, hoisting and dementia" and

"We get a lot of training. The office will send us a message via the BEEapp (staff communication app) if we're due for a (training) refresher. Staff also told us they received specific training to effectively support people's needs. These areas included multiple sclerosis, mental health, motoneuron disease, percutaneous endoscopic gastrostomy and catheter care. Training records we looked at confirmed this.

- The registered manager gave us examples of where concerns around staff practice had been identified and that the staff member had been brought back in for training.
- Staff we spoke with, and records we looked at, showed that staff received regular supervision. Staff who had worked at the service for more than a year had received an appraisal.

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

- People were adequately supported to maintain good nutrition and hydration where required.
- People and relatives confirmed that staff supported them effectively to eat and drink. This involved assistance with meal preparation and eating. One person told us, "(The care staff) are patient when helping me to eat, particularly at breakfast time."

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

- We saw from care records and conversations with the registered manager that the service worked with relevant health professionals to ensure people were supported to get the health and social care they needed.

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.

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

- People told us staff always sought their consent before carrying out any task. Two people said, "Yes, they (the carers) always ask me first."
- The registered manager knew how to access information on lasting power of attorney (LPA) authorisations (via Office of the Public Guardian). LPA enables a person to give another person the right to make decisions about their health and welfare. In one care plan we reviewed, we found the correct LPA (for health and welfare) was not in place. The registered manager and care coordination manager told us a best interest meeting had been held. However, this evidence was not present in the person's care records.

Adapting service, design, decoration to meet people's needs

- Blue Care (Trafford) provides a service to people in their own homes therefore this key line of enquiry was not applicable.

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

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

Ensuring people are well treated and supported; equality and diversity

- People using the service received caring and compassionate support from staff who had the relevant training, skills and competence.
- People and their relatives told us staff were kind, friendly and professional. Their comments included: "(Staff) are very respectful and caring and genuinely kind", "They've got the right attitude towards me and [relative's name] that I'd expect them to have" and "I have a laugh and a joke with the carers."
- People said they could speak with staff and they would be listened to. One person told us, "My views are always taken into account." Another person said, "(Staff) treat me like a normal person and help improve my quality of life."
- Staff we spoke with were knowledgeable about people's personalities, likes and dislikes. One staff member told us, "You get told so much about the customer before going into them and on the PASSapp you can read up about the person."

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

- People and their relatives told us they were involved in developing their care and in reviewing the support they received.
- They told us, "I'm in control of my care and they're accepting of that", "We work as a pair when it comes to care planning and Bluebird are fine with that" and "I'm always included in discussing my care plan".
- There was evidence in people's records that showed they and their relatives, where appropriate, had been involved in the care planning process.

People we spoke with said that staff did not rush them. One person said, "They have a lot to do but it never feels hurried."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us the care staff treated them with dignity and respect. One person said, "They treat our house with respect. The carers wipe their feet and leave the bathroom pristine after they have helped showering." Another person told us, "They always treat me well when doing personal care; I feel that I am treated with dignity and respect."
- Staff knew how to maintain people's dignity and privacy and gave us examples of how they did this. Where possible, staff encouraged people to be independent by doing the things they could do and assisting them as needed.

Is the service responsive?

Our findings

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

Good: 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

- Care plans we looked at were up to date contained detailed information about people's life histories, including previous employment and medical history, and what or who was most important to and for people, such as their relatives, interests and hobbies.
- People's care plans also contained person-centred information about how people were to be supported and their personal outcomes such as maintaining independence or supporting mobility. The plans also included appropriate equality and diversity information, and communication needs and impairments such as sight and hearing loss. This helped to ensure the service met the Accessible Information Standard (AIS), introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.
- People and their relatives told us the care provided was responsive and person-centred. They said, "I talk to a supervisor when we need to change my care", "We had booked support for a particular time but (my appointment) started late and we had to ring and reorganise. They (the service) told us not to worry about it and simply reorganised" and "The service is very responsive; they have accommodated changes in the times of my care. I just give them a ring and they'll sort it out."
- People told us and the records we looked at demonstrated their care and support was reviewed regularly.

Improving care quality in response to complaints or concerns

- There was an effective complaints process in place. We saw the registered manager investigated complaints thoroughly and took appropriate action to resolve the complaint.
- People were aware of the complaints process and how to make a complaint. Most people said they had not escalated their concerns formally but had them resolved informally.
- People told us, "I know how to make a complaint but I have never felt the need to make one; if something bothers me I just speak to the person (staff) concerned", "I would speak to the office if I wanted to make a complaint but I would not make a complaint straight off, I'd raise a concern and see what happened first" and "I have made verbal complaints about staff discussing confidential matters and not wearing gloves and the manager has been in touch. They sorted it out."
- We saw one of the improvements that resulted from a complaint was around reinforcing staff training and competence.

End of life care and support

- The service supported people to remain in their homes and worked with health and social care professionals to do so. In one person's care records we saw pertinent information about how they wanted to

be cared for at the end of their life.

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

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

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

- There were systems in place for daily, monthly and annual quality assurance checks. However, these could be strengthened as they had not identified concerns we found during this inspection relating to maintaining accurate and complete records of people's care and support. For example, one person's care plan referred to a speech and language therapy (SALT) assessment but this was not in their file. We asked the registered manager about this and they said the document was kept at the person's home. They admitted they should have taken a copy for the office records. During the inspection, we saw that a copy was made for the office records. In another care plan we looked at, we found no evidence of best interest meetings that had taken place. This meant the registered manager did not have a thorough oversight of people's care and treatment. However, we have assessed the impact of these concerns as low. We recommend the provider reviews their audit processes around record keeping.
- Bluebird Care (Trafford) is a franchise of the Bluebird Care homecare group. As part of the franchise agreement, Bluebird Care (Trafford) is audited at least annually by the franchise owner. At the last audit March 2018, the service had achieved a score 85%. This was a decline in the previous year's performance and we saw the service had worked hard to address the issues raised.
- We found the registered manager carried out their own internal quality assurance checks. These checks included audits of medication administration, staff spot checks, care plan audits and themed mock CQC inspections. We saw action had been taken to address the concerns identified in these quality checks.
- 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.
- People we spoke with were positive about the staff team and the way the service was run. They told us communication with the service was good and that the registered manager and other managers within the organisation were approachable. Comments included: "We're very happy with things", "The staff are very professional. I'm thoroughly happy with the service", "The service I get as a patient is courteous" and "If I contact the office, they always answer promptly."
- There was an organisational structure of staff to support the service. The registered manager and staff were clear about their roles and responsibilities and during our inspection we found staff team worked well together. The registered manager told us the introduction of the care coach role helped to provide that link between the office-based staff and those in the field. This helped to promote better communication.
- The culture at the service was positive, open and inclusive. Staff told us they felt valued and empowered to contribute to the progress of the organisation. This was evidenced in staff's participation in the annual strategy away day in January 2019.

- The organisation provided various staff benefits to show their contribution to the service was valued. These included extra annual leave, paid travel times and uniforms, breakdown cover, health insurance benefits and staff awards.

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

- We found at Bluebird Care (Trafford) there is a clear vision and a set of highly developed strategies to help staff deliver high quality care and support in a person-centred way. These included recruitment and retention and training and were discussed during the service's annual strategy day.
- The owner was passionate about delivering good quality care and had invested in staff training and systems such as the care planning and call scheduling to help deliver on providing good quality care.
- The service had extended their opening hours during the week and introduced weekend opening times to aid accessibility and help improve communication between people supported and their relatives and the staff at Bluebird Care (Trafford).

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

- People and their relatives said they could give feedback on how the service was delivered during care plan reviews but that they also received a questionnaire each year. Their comments included: "The care is going really well, and the carers have been great."
- The registered manager told us, "We send out an annual questionnaire, but we also ask people what they think about the service during reviews and telephone surveys. We actively seek feedback, but customers approach us with their feedback as well."
- There were regular staff meetings and staff we spoke with confirmed this. One staff member said, "If I can't (attend) then the office will email me the minutes. All staff have their own Bluebird email address."
- The senior management team had a daily 'huddle' meeting. This was used to discuss daily or emerging issues. Relevant information from these meetings were cascaded to all staff through the BEEapp or the care coaches.

Continuous learning and improving care

- The owner and the registered manager attended various national forums to help improve their practice within the care industry, discuss concerns and share best practice. These included Skills for Care forums for registered managers and chief executives and the franchisor's regional meetings. The owner told they had recently attended a workplace mental health training programme and intended to cascade this training to all staff at the service.
- The provider engaged an external pharmacist to carry out an independent audit of the service's medicines management system. Learning from this was being cascaded across the staff team.

Working in partnership with others

- The registered manager had a system in place to review any accident, incident, near miss, safeguarding or complaint received. This helped to ensure they could identify good practice and where improvements needed to be made.
- Where appropriate, the service worked together with other professionals such as hospice staff, occupational therapists and GPs. One professional told us, "Bluebird have done an excellent job of recruiting and matching staff for this young man. The staff are reliable and professional and able to access training as needed. (However), I would like to see a more proactive approach to support plan reviewing with

the family."

- Bluebird Care (Trafford) worked in close partnership with a charitable organisation to provide day care support to people living with dementia. People had access to a range of social and physical activities which provided mental stimulation and helped them to retain their independence, build confidence and prevent social isolation.