

The Little Wren Ltd

Bluebird Care (Lancaster and South Lakeland)

Inspection report

Riverway House
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Tel: 01524388829

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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 (Lancaster and South Lakeland) is a domiciliary care service providing personal care, home help and companionship to people with a variety of needs. At the time of the inspection, the service was supporting 63 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People told us the service was safe. Staff understood how to keep people safe and who to report any concerns to. The service managed risks appropriately. Where something went wrong, the provider used this as a learning opportunity to make improvements and reduce the risk of similar incidents happening again.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People received effective support from staff who received a thorough induction and training to prepare them for their roles. The service worked with other agencies and supported people to maintain good health and access healthcare services.

People were very positive about the caring approach of staff. Staff recognised, respected and valued people as individuals. People received support from a consistent staff team which enabled them to get to know each other well and build good caring relationships.

People received care and support that was personalised to them. Staff used detailed assessments to identify people's needs and preferences and worked to ensure people were happy with their care.. If people were not happy, they were confident they could speak with staff to make improvements. The service made sure people were supported to communicate and staff supported people to avoid social isolation.

The service was led by a manager and senior staff who people and staff described as approachable and caring. The culture at the service was open and inclusive. Senior staff understood their responsibilities and monitored the quality of the service using a range of systems. Where areas for improvement were identified, the manager took action to make improvements.

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

Rating at last inspection

The last rating for this service was good (published 19 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 remained good.

Details are in our safe findings below.

Good ●

Is the service effective?

The service remained good.

Details are in our effective findings below.

Good ●

Is the service caring?

The service remained good.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service remained good.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service remained good.

Details are in our well-Led findings below.

Good ●

Bluebird Care (Lancaster and South Lakeland)

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Two inspectors carried out this inspection.

Service and service type

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

The service had a manager who had begun the process to register with the Care Quality Commission. This means, once registered, 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, including notifications about significant events and information from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We

used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with seven members of staff including the provider, manager and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at a variety of records related to the management of the service, including survey results and quality checks.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People were protected from the risk of abuse. Staff had received training to recognise abuse and knew what action to take to keep people safe, including reporting any allegations to external agencies.
- People told us they felt safe whilst receiving support. Comments included, "I trust all the girls implicitly" and "I'm in good hands with them."
- Staff managed risks to people's safety. They assessed and regularly reviewed risks, to manage any identified risks and keep people safe from avoidable harm.

Staffing and recruitment

- The service was staffed to ensure people's needs could be met in a person-centred way. People chose the times of their care visits and told us they received support from a regular group of carers. The service provided people with rotas, so they knew which staff to expect for each visit. One person told us, "They're very efficient and keep to the schedules, they're usually on time."
- The provider followed safe recruitment processes.

Using medicines safely

- Medicines were managed safely and properly. People were happy with the support they received with medicines.

Preventing and controlling infection

- People were protected against the risks of infection. Staff completed training in infection prevention and control and senior staff regularly monitored their practice.

Learning lessons when things go wrong

- The provider had systems to learn lessons and make improvements when something went wrong. The manager reviewed incidents to identify and trends or themes. Any lessons learned were shared with the staff team to reduce the risk of similar incidents happening again.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant 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

- Staff assessed people's needs regularly and involved them in care planning to ensure their choices and preferences were considered and their needs were met effectively.
- The manager used good practice guidance and legislation to ensure people received effective and appropriate care which met their needs and protected their rights.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and had completed training which gave them the skills they needed to carry out their role effectively. People gave us positive feedback about how staff supported them. One person commented, "They're so professional, but friendly at the same time."
- Staff were well supported by the management team through day to day contact, regular supervision and appraisals of their performance. Staff had opportunity to discuss any concerns, issues, work performance and development with the management team. Staff performance was recognised through initiatives such as carer of the month, which staff told us helped them to feel valued for their work.

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

- The service supported people to ensure they ate and drank enough to meet their needs. Staff assessed people's nutritional needs and preferences and recorded these in their written support plans to guide staff.

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

- Staff worked with healthcare professionals to ensure people's healthcare needs were met effectively and consistently. Staff incorporated professional guidance into people's care plans.
- The service supported people to live healthier lives. For example, with guidance around healthy eating and supporting them to access healthcare services.

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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- The service had established processes to ensure consent was achieved. People told us staff gained their consent during regular discussions about their care and on each occasion before any care or support was delivered.
- The service was working within the principles of the MCA. However, recording of mental capacity assessments and decisions made in people's best interests were not always recorded adequately. We discussed this with the manager who agreed to review their processes to ensure records related to capacity and best interests decisions were improved.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People were treated with respect, compassion and kindness, by staff who promoted equality and valued diversity. Staff understood the importance of valuing people's individual backgrounds, cultures and life experiences. One person commented, "They see me for me. I'm not just a customer."
- People were complimentary about the staff team and the relationships they had built. Comments included, "I know the girls well and they know me... They brighten my day" and "They always have a smile on their face and that's so important."
- Staff involved people in decisions about their care and support. The manager used several methods to gain people's views, including spot checks and regular reviews of people's care.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and supported them to maintain their dignity.
- Staff promoted people's independence as far as possible. For example, the service had supported one person to regain their independence following a period of illness. The person had seen a significant improvement in their health and well-being due to support they received from the service.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support which was personalised to them. Staff assessed people's needs and recorded their preferences in relation to health and social needs before they started receiving support. Staff involved people in regular reviews to ensure planned care continued to meet their needs. One person told us, "[Manager] comes and reviews my care with me. I get a copy of my care plan." Another person said, "I tell them what I want, they write it and do it."
- The service took a holistic approach to supporting people. Staff supported people with their individual desired life outcomes, in addition to personal care and support with daily living. One person told us, "I'm not just another customer to them, I look forward to their visits."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider ensured people's communication needs were met. Staff assessed people's communication as part of the care planning process and ensured they could be met by the service. People's communication needs were recorded and could be shared with other agencies when necessary.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service looked for opportunities to support people to avoid social isolation. They had arranged trips out for several people who received support and had organised events where people who used the service could get together and socialise.
- Some people who attended the organised trips experienced an increase in their confidence in their own abilities as a result. Two of them made arrangements to meet up again to visit a local supermarket, something which they had not done for a long time without support.
- The service supported another person to follow their interest in music. Staff supported the person to attend a session as part of a local music festival, which they enjoyed. The service then signposted the person to a regular over 60s singing group held at a local venue.

Improving care quality in response to complaints or concerns

- People told us they had no complaints and were satisfied with the service. They told us if they did ever have cause for complaint, they were sure they could speak with anyone at the office and were confident any

issues would be resolved swiftly. The provider's processes used complaints as a learning opportunity, to make improvements for people who used the service.

End of life care and support

- The service had processes to support people to have a dignified and pain-free death. At the time of our inspection, the service was not supporting anyone 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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had created a culture that was open, inclusive and put people at the heart of the service. Staff ensured people's needs were met through ongoing review of their care and referenced current legislation and best practice guidance to achieve good outcomes for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a policy and procedure which provided guidance around the duty of candour responsibility if something was to go wrong. The manager knew how to share information with relevant parties, when necessary.

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

- The management team understood their legal obligations, including conditions of CQC registration and those of other organisations. We found the service was well-organised, with clear lines of responsibility and accountability. One person told us, "It's well-organised, because everything runs like clockwork."
- The manager and staff were experienced, knowledgeable and familiar with the needs of people they supported. Staff had a clear understanding of their job roles and how to provide high-quality care.

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

- The service engaged with people and others acting on their behalf. The provider used regular review meetings, spot checks and satisfaction surveys to gain feedback about the service and people's experiences.
- The management team continually engaged with staff. Staff meetings were held, along with individual meetings with the manager. This gave staff the opportunity to influence how the service was delivered to people.

Continuous learning and improving care

- The provider used a variety of methods to assess, monitor and improve the quality of the service provided. We saw they used audits, feedback from people, their relatives and staff to identify areas for improvement. Where shortfalls in quality were noted, the provider took action to improve the service.

Working in partnership with others

- The service worked in partnership with a range of healthcare professionals. This helped to ensure people's needs continued to be met and their wellbeing enhanced. This included supporting people when they were admitted to hospital, taking pressure off staff in the hospital and helping to facilitate people's return home. The service had also worked to make funding arrangements with commissioners so that public money was used in a more responsible way.