

United Help Limited

Bluebird Care (Market Harborough and Oadby)

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

Market Harborough and Oadby is a small domiciliary care agency. It provides personal care for people living in their own homes in the community. 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. At the time of our inspection there were seven people using the service.

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

People were safe and complimentary with the care and support they received. People and relatives spoke positively about managers and staff, and their care and support needs were met by staff who knew them well. Staff understood how to protect people from the risk of harm.

Staff were recruited safely and received training to carry out their roles effectively. The staff team worked well together, and the managers was supportive to them recognising their achievements.

People and their relatives were involved in the planning and delivery of their care. People received their care as planned and their care records were written in a personalised way. They contained information covering all aspects of their lives so individualised support was provided. Staff always respected people's privacy and dignity.

People's risks were assessed, they were protected from the risk of infection and their nutritional needs were met. Staff worked in partnership with agencies to support people's health and well-being.

Staff respected people's choices and supported them to be as independent as possible ensuring they 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 and staff were listened to and were confident should they raise concerns action would be taken.

Systems to improve the quality of the service were in place. The managers were committed to providing good care to support people to achieve the best possible outcomes.

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

Rating at last inspection

This service was registered with us on 18 October 2018 and this is the first inspection.

Why we inspected

This was a planned inspection.

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 was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Bluebird Care (Market Harborough and Oadby)

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

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care for people living in their own homes.

The service did not have a manager registered with the Care Quality Commission at the time of our inspection. A director had made an application to CQC to become the registered manager." We will monitor this application. A registered manager and provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 09 October 2019 when we visited the office location and ended on 17 October when we carried out telephone calls to people and relatives.

What we did before the inspection

We reviewed information we held about the service and used this to plan our inspection. 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.

During the inspection

During the inspection we spoke with two people who used the service, one relative and two care staff. We also met with the care coordinator and directors who were managing the service. One director was the nominated individual. We reviewed care records for two people and looked at records in relation to the management of the service including two staff recruitment and training records, policies and procedures and quality assurance systems and processes.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were enough staff to meet people's needs. People told us staff always arrived on time. One person told us, "I feel safe and they turn up on time in fact, they have never been late." Records confirmed people's experiences of the timeliness of their care.
- People's care was planned in advance. A robust system was in place to ensure any changes could be made without impacting people's care arrangements. Managers told us, "We are always available to provide care ourselves if we experience a problem."
- Staff were recruited safely. This included checks of previous employment, identification and criminal record checks through the Disclosure and Barring Service (DBS).

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from avoidable harm. One person told us, "I always feel safe."
- Staff had a good understanding of abuse and were clear on how to report concerns under safeguarding or whistleblowing procedures. One staff member told us, "Safeguarding means protecting people from harm and abuse. I know what to do if I have concerns about anyone. I am confident in speaking to my managers and seeking advice from other agencies if I needed to."
- Staff had received training in safeguarding and managers understood their responsibilities in relation to safeguarding including investigating concerns and reporting to the relevant authorities.

Assessing risk, safety monitoring and management

- Risks to people's health had been assessed, were being safely managed and regularly reviewed.
- Care files were detailed to guide staff to support people safely. One staff member told us, "I have read the care files and understand what I need to do and if there is any change to a person's care I am always informed."

Using medicines safely

- At the time of our inspection people were administering their own medicines or with the support of their relatives.
- Staff provided verbal prompts to enable people to take their medicines when they needed them.
- Care files included people's information about medicines and included who was responsible for ensuring they were taken.

Preventing and controlling infection

- People were protected from the risk of infection. Staff were supplied with personal protective equipment,

including gloves and aprons.

- Managers carried out spot checks to ensure staff followed good practice guidelines when they were delivering care.

Learning lessons when things go wrong

- Managers had systems and processes in place to analyse incidents to ensure lessons were learnt to reduce the risk of recurrence.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People's needs were assessed prior to them using the service to ensure the care provided met their needs and wishes. One person told us, "We went through the support I needed at the start. I told them [managers] what we wanted."
- People's assessments showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act such as people's religious and cultural needs.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge they needed to meet people's needs. One staff member told us, "I completed lots of training before I started delivering care such as moving and handling."
- New staff received an induction and shadowed established staff before they provided care to people themselves.
- Staff received regular supervision and guidance to support them in their roles. Staff told us the management team was supportive. One staff member told us, "There is always advice and support available when I need it."
- Managers provided feedback on staff performance through spot checks.

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

- People's nutritional needs were met.
- Care plans included support people needed to ensure they had enough to eat and drink including their likes and dislikes. One person told us, "They [staff] make sure I have had my meal and drink when they visit."

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

- People's health and well-being was safely monitored. Staff knew people well and could determine if there was a decline in their health. Details of health professionals currently involved with people's care and support were recorded.
- Appropriate and timely referrals to healthcare professionals were made. Staff followed any guidance and recommendations made.
- Staff knew what action to take in an emergency. For instance, one staff member told us how they had responded to an incident. Actions taken ensured the person was kept safe, and managers and family members were informed promptly.

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. We found no one was being deprived of their liberty.

- People's care plans included an assessment of their mental capacity and the support they needed to make day to day decisions.
- Staff had an understanding of the MCA and sought consent before providing care and support.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People were treated with kind and compassionate care. One person told us, "Lovely staff, they know us so well and we talk about our lives with them. It's nice to have other conversations not ones just about the care."
- Staff told us they had time to carry out the care and support and regularly could, as one member of staff explained, "Do that little bit extra.". One person told us, "They [staff] can do other little things like tidying up and putting the rubbish out."
- People were routinely cared for by the same staff. One person told us, "I have the same carers and they know me well."

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

- People and their relatives were consulted how they would like their care and support to be arranged. One person told us, "We were involved right from the start."
- Care plans detailed people's life history, wishes and preferences. They were documented demonstrating people were in control and at the centre of their care. This meant the service understood personalised support.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maximise their independence. For example, staff worked with one person to reduce the need for their lunchtime call achieving this by gradually improving their confidence to support themselves.
- People told us staff provided care in a dignified and caring manner.
- Staff understood the importance of protecting people's privacy. One staff member told us, "I always ensure the bathroom door and curtains are closed when I care for someone. It's important to talk to people when you are helping them to make sure they are comfortable."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 told us they were fully involved in the planning of their care and regular reviews were held. Where people requested changes to their care arrangements these were met. One person told us, "I can ring and make changes when I want to."
- Managers understood the importance of involving people in the planning of their care. One manager told us, "If I was having care I would want full involvement and that's what we pride ourselves on here."

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.

- People's communication needs were explored and recorded. Managers told us they could they were able to make information available to people in different formats such as pictures and large print.

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

- Staff knew the risk and impact of social isolation on people. They had time to spend with people talking about common interests and important aspects of their lives. One person told us, "We get on so well. We [person and staff] talk about each other's lives."

Improving care quality in response to complaints or concerns

- The service had not received any complaints at the time of our inspection. People were provided with access to the complaint's procedure before their supported commenced.
- People told us if they did have concerns they would not hesitate in raising them with managers and felt confident they would be resolved.

End of life care and support

- Although no one was being supported with end of life care at the time of our inspection staff had received training and people's wishes could be recorded in their care plans.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; 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

- Managers led by example and strived to ensure people received a person-centred service that met their needs.
- People we spoke with held managers in high regard. One person told us, "The service is excellent and well run." Another person told us, "It's a first-class service."
- Staff also gave positive comments about the leadership and management of the service. One staff member told us, "I feel respected and advice and support is always available."
- Managers were aware of their legal responsibilities in notifying CQC of any significant events or incidents.

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

- Whilst there was no registered manager at the time of our inspection a director of the service had made an application to CQC to be registered.
- There were systems and processes in place to monitor the quality of the service. For example, a 'live audit' of people's care calls. This enabled managers to have oversight of the timeliness of people's planned care, and take immediate action if concerns were identified.
- Managers undertook spot checks of the service and these were recorded. They visited people's homes to ensure staff were providing care in line with best practice guidance and people were happy with the care and support provided.
- People we spoke with confirmed this. One person told us, "The manager recently came to do a check on the staff and how I felt about the care. I think it is a really good thing."

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

- People were regularly consulted for their views and opinions of the service. Managers were regularly contacting people to ensure their satisfaction with the care and support were maintained.
- Staff were supported with regular supervision and team meetings. There was a sense of togetherness in the service and staff were complimentary of each other. One staff member told us, "This is an excellent care team and we love working together. We all 'sing from the same hymn sheet here'."
- Managers listened to staff's views and staff were confident in making suggestions to them.

- The service was actively involved with local charitable organisations. We were shown some of the charities they supported, events they attended, and donations made to support these causes.

Continuous learning and improving care

- Managers were striving to develop the service. However, they told us they didn't want to affect the current quality and standards of care they provided by growing the service too quickly and were ensuring they had the resources available as demand grew.
- Managers told us that by recruiting the right staff to meet the aspirations of the service was of paramount importance. One manager told us, "We look to recruit people who will stay with the service and we invest in them by the support we provide and training to develop their careers."

Working in partnership with others

- Records showed staff worked in partnership with relatives and health and social care agencies to ensure people received care that met their needs.