

BC Sheffield Ltd

Bluebird Care (Sheffield)

Inspection report

Unit 11, Riverside Court
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Date of inspection visit:
15 April 2019
16 April 2019
23 April 2019

Date of publication:
22 May 2019

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 is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides services to younger and older adults, people with learning disabilities, people with physical disabilities and complex health needs. At the time of inspection 87 people were receiving support.

People's experience of using this service:

People who used the service and their relatives told us staff were kind and caring. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's healthcare needs were being met and medicines were being managed safely.

People were protected against avoidable harm, abuse, neglect and discrimination. The care they received was safe.

Care plans were up to date and detailed what care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate identified risks.

People's likes, preferences and dislikes were assessed, and care packages met people's desired expectations.

Staff were being recruited safely and there were enough staff to take care of people. Staff were receiving appropriate training and they told us the training was good and relevant to their role. Staff were supported by the registered manager and were receiving formal supervision where they could discuss their ongoing development needs.

There was a complaints procedure and people knew how to complain.

Everyone spoke highly of the registered manager who they said was approachable and supportive. The provider had effective systems in place to monitor the quality of care provided and where issues were identified, they acted to make improvements.

The provider and registered manager understood the regulatory requirements and monitored the quality and safety of the service on a regular basis. Some improvement was needed to ensure CQC were informed of all notifications required under legislation.

Rating at last inspection:

At the last inspection the service was rated Good, the report was published November 2016.

Why we inspected:

This was a planned comprehensive inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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 safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained effective.

Details are in our Safe findings below.

Good ●

Is the service caring?

The service remained caring.

Details are in our Safe findings below.

Good ●

Is the service responsive?

The remained responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service remained well led.

Details are in our Safe findings below.

Good ●

Bluebird Care (Sheffield)

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:

The inspection team consisted of one adult social care inspector, and one assistant inspector.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides services to people living with dementia, learning disabilities or autistic spectrum disorder, mental health, older people and younger adults.

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:

The inspection was announced. We gave the service two days' notice of the inspection site visit because we needed to be sure someone would be present.

We visited the office location on 15 and 23 April 2019 to see the registered manager and office staff; and to review care records and policies and procedures. We then contacted people who used the service and staff on 16 April 2019.

What we did:

We reviewed information we had received about the service. This included details about incidents the provider must notify us about. 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.

During the inspection, we looked at five people's care records and elements of another two people's records, records relating to the management of the service, including staff training records, audits and meeting minutes. As part of the inspection, we spoke with four people who use the service, four relatives and five staff.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us the service was safe and they felt safe when staff visited. Comments included, "I have one special girl, she is fantastic", "Yes, I feel safe" and "Yes, of course I feel safe."
- View's from relatives differed. Comments included, "Yes, I feel my relative is safe when staff visit" and "I feel [relative] is safe in certain situations, it depends on the carers, if it's the regular ones it's okay. When it's new carers it sometimes gets a bit messy, sometimes it doesn't work."
- There was a safeguarding and whistleblowing policy in place which set out the types of abuse, how to raise referrals to local authorities and the expectations of staff.
- Staff could explain what action to take to ensure people were safe and protected from harm and abuse.

Assessing risk, safety monitoring and management

- Before admission to the service an initial assessment form was undertaken to assess whether the service could meet people's needs.
- People's care files included assessments of risk which had been conducted in relation to their support needs. Risk assessments covered areas such as the home environment, mobility, personal care, medicines, equipment, and manual handling. However, for one person there was no information in relation to moving and handling equipment and instructions for how staff should complete this task safely. We spoke to the registered manager who assured us this would be rectified as a matter of urgency.
- The care documentation set out some risks and control measures in place to mitigate the risks.

Staffing and recruitment

- The service was adequately staffed. People told us, "I get the same staff, I don't trust anyone else, they [office] let me know if [staff member] is sick and can't come", "I get the same staff unless they are on holiday" and "I had all the same staff last week, it changed last night, but I know them all."
- Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed.

Using medicines safely

- Medicines were managed safely.
- Risk assessments were completed for the safe management of people's medicines at the beginning of a care package.
- Staff received face to face and practical training in the safe management of medicines. The staff had their competency checked every three months. Records showed staff were up to date with medicines training.
- Due to the nature of the service relatives also often managed people's medicines.
- Protocols were in place for medicines prescribed for use 'as required'.

Preventing and controlling infection

- Staff completed training in infection prevention and control. Observations of staff practice completed by the management team confirmed staff followed correct procedures.
- Staff had access to personal protective equipment such as gloves and aprons. Spot checks confirmed that staff were using the equipment provided. We observed staff collecting these items from the office base.

Learning lessons when things go wrong

- There were appropriate forms and processes in place for recording and investigating accidents and incidents. There were systems in place to learn when things went wrong.
- Staff members were aware to call the office to report any issues if there was an accident or incident.
- Risk assessments and care plans were reviewed, and discussions took place following incidents to prevent re-occurrence.

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

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

- Assessments of people's needs were comprehensive, outcomes were identified, and care and support regularly reviewed.
- Staff applied learning effectively in line with best practice, which helped lead to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- Staff told us they were provided with good training. Comments included, "I've worked for the company for a few years. I had lots of different training, my training is kept up to date. The training is good" and "Induction and ongoing training is effective, and we have options to do more."
- Staff were trained to be able to provide effective care.
- When new staff joined the service, they completed an induction programme which included shadowing more experienced staff. The induction covered topics such as the role of the care worker, confidentiality, and moving and handling.
- We saw staff had regular supervision and appraisal, which they told us they found useful. They also described management spot checks in people's homes, which focused on issues such as professional appearance, confidentiality, manual handling, bathing, infection control and food preparation.

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

- Where people were at risk of poor nutrition and dehydration, plans were in place to monitor their needs closely and professionals were involved where required to support people and staff.
- No one required their food and fluid intake monitored, however, the service recorded this in people's daily notes to help monitor and identify early if there were any concerns.
- For people who required specialist techniques for eating and drinking such as Percutaneous Endoscopic Gastrostomy (PEG), we saw staff had received the required training.
- Care records showed how people's dietary needs were assessed, such as their food preferences and how they should be assisted with their meal.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked with other agencies and professionals to ensure people received effective care.
- Where people required assistance from other professionals this was supported, and staff followed guidance provided by such professionals.
- Information was shared with other agencies if people needed to access other services such as GPs, health services and social services.

Supporting people to live healthier lives, access healthcare services and support

- People told us, "If I was unwell, staff would contact my [relative], or they call the GP" and "Two staff were concerned about me being breathless and rang 999. If they are concerned about things, they will put notes on the pass system [electronic care planning system] or on the table."
- Records showed people had been seen by a range of healthcare professionals including GPs and opticians.
- Staff were aware of what action to take if people were unwell or had an accident. They told us they would contact the office and update them.
- Records showed the service worked with other agencies to promote people's health such as physiotherapists and occupational therapists and the local NHS Trust.

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. Records showed people's capacity was assessed and where they were able to, people signed to consent to the care they received. The registered manager was aware of their legal responsibilities under the Act.

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

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 told us, "The staff are friendly, you can have a laugh with them", "The staff are friendly, kind and caring" and "They respect me, and I respect them".
- A relative told us, "The staff are kind and caring" and "Yes, I do find the staff kind and caring."
- Staff were caring and supportive to the people who used the service. Both staff and management were committed to ensuring that people received the best possible care.
- Staff we spoke with were positive about their role. They told us, "I like working for the company, I have recommended this as a place to work for others."

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

- Records showed people who used the service and relatives were involved in care planning and reviews. One person told us, "When I first started with them (Bluebird Care), I was involved in my plan, I don't read it now though. A relative told us, "The care plan is on the pass system, there was a meeting at the start where everything about the care required was discussed as well as likes and dislikes."
- People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received.
- People's diverse needs were recorded. Staff we spoke with demonstrated a good knowledge of people's personalities, individual needs and what was important to them.
- When people had expressed their views about their preferences these were respected. Staff could describe, and records confirmed that people's views about how they preferred to be supported had been acted on to promote positive outcomes.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect, comments included, "They respect my privacy and dignity well. They [staff] do very well, they cover me, curtains closed, and doors shut." A relative told us, "They always knock and wait and treat my [relative] with dignity and respect."
- Staff treated people with dignity and respect. Through our conversations with staff, they explained how they maintained people's dignity whilst delivering care. Staff told us they always ensured doors and curtains were closed when delivering personal care. Staff told us they explained to people what was happening at each stage of the process when delivering personal care.
- The service supported people to live as independently as possible. Staff gave us examples about how they involved people doing certain aspects of their own personal care and day to day activities which supported them to maintain their independence. People who used the service told us, "Staff help me be as independent as possible", "I try to do things for myself" and "Staff encourage me to be independent."

Is the service responsive?

Our findings

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

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

- People using Bluebird Care had an individualised plan of their care, drawn up with them and other professionals, where appropriate, based on an assessment of their needs. Plans were reviewed regularly, one person told us, "I was involved with my plan, and they come and talk to me about it."
- People's likes, dislikes and what was important to the person were recorded in person centred care plans. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
- People had communication plans in place. The plans presented the person positively as an individual and described people's most effective means of communication and how others can best communicate with and support the person. The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard.
- There were several areas where the provider has carried out extensive research and as a result had embraced advances in technology to improve and innovate. There were two significant examples where the provider deployed innovative technology to drive greater efficiencies, leading directly to more effective, responsive and caring service delivery.
- One electronic system enabled the provider to monitor and share information. When amendments were made to care plans or medication this was done in real time so the most up to date information was available for the care team delivering the support, keeping them fully informed and providing a highly adaptive and flexible service.
- The other electronic system enabled the provider to submit real time information to family members, care professionals and any other stakeholder involved in people's care, providing consent has been provided. This ensured people had access to specific care information in real time and they could instantly message the office with any questions they may have. This helped everyone involved to be kept up to date of any changes, it enabled clear communication and provided piece of mind to all concerned that the provider was always providing high quality and flexible care.
- The provider was creative and innovative in supporting people to achieve their wishes. Staff had completed some exceptional work to support a person with complex health who required intensive medical interventions throughout the day to a trip away. Prior to the person attending the event their health deteriorated, at this point the provider involved enablement teams and other professionals to ensure the person achieved their wish. The day was meticulously planned. The outcome was exceedingly positive for the person. Without the commitment from the registered manager and staff team the person would not have had such a positive outcome.
- The provider ensured staff were trained to use technology which was innovative and individualised to people's needs. For example, staff had received training for a piece of equipment called I-Gaze. The I-Gaze allows a person to communicate using eye enabled software to ensure they were able to communicate their needs and wishes to others.

- The service had a strong commitment to putting the individual person at the centre of the support they provided. The commitment was evident in all staff we spoke with.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. People who used the service and relatives told us they would feel able to raise any concerns with the registered manager. Comments included, "I've rung the office over a couple of things, they have sorted it", "I've phoned them up to see where they are, if they've not been on time. They phoned me back and explained what was happening" and "I've had one or two issues, I've phoned Bluebird and they have sorted it."
- The complaints procedure highlighted how people could make a formal complaint and timescales within which it would be resolved. We looked at the complaints log and found complaints had been received. These had been responded to appropriately and a resolution provided in a timely manner. However, there was a complaint from a family member where staff had not followed the correct reporting procedure. We spoke with the registered manager about this, they took immediate action in relation to the incident.
- The service had received numerous compliments specifically in relation to the end of life care that had been provided.

End of life care and support

- The provider created an extremely highly responsive end of life team (fast track care team), following a meeting with continuing health care (CHC) It was identified that CHC were finding the lack of providers and availability of people who deliver end of life care difficult to meet people's needs. The provider's staff team were able to commence care within two to 24 hours so that people could experience their end of life in their home, rather than in a healthcare setting.
- The service was contacted by St Luke's hospice as one of their patients wished to spend their last Christmas at home with their young family. The person's needs were complex, and the service agreed they could deliver the care at home; however, they would require some specialist training. Through collaborative working the provider organised with St Luke's for their care team to work in the hospice for a two-week period for both the person and staff to get to know each other. Also, for staff to receive their specific training. This was a first for both Bluebird Care and the Hospice. This enabled an exceptional outcome for the person as they were able to spend Christmas and New Year with their family.
- The service received lots of compliments about the fast track care team, for example, "I just wanted to say a big thank you to you all for the care you gave my [relative] during their final few weeks. I cannot tell you how much you were appreciated. Not only were you carers but friends too" and "We would just like to say thank you to your dedicated team at Bluebird for the care given to our [relative]. In particular, the fast track team who initially took care of our [relative] when they first came out of hospital. We were and are truly grateful for their care and compassion at this particular time.
- Staff worked proactively with other health and social care professionals to ensure people had a pain-free, dignified death.

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

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

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

- There was a registered manager in post who provided leadership and support. We found the registered manager to be open, honest and committed to making a genuine difference to the lives of people using the service.
- The quality assurance systems were in place to monitor the service and identify areas for improvement.

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

- People who used the service and relatives had mixed views about the management. One person said, "I know who the manager is, they helped my [relative]." However, another relative told us, "I have met with the manager, but things haven't been resolved." We followed this up with the registered manager, this was in relation to something out of the providers control. The provider supported the person to resolve the issue.
- People who used the service received good quality person centred care.
- The service was caring and focused on ensuring people received person-centred care. It was evident staff knew people well and put these values into practice.
- The registered manager had worked for the service for a long period of time and had a clear understanding of his role and the organisation. The registered manager told us, "I've worked as a care worker for Bluebird and I have worked my way up, I know a lot of the people well. When I started the role as registered manager, I already knew what was working well and where improvements were needed."
- The registered manager was aware of the need to maintain their 'duty of candour' (responsibility to be honest and to apologise for any mistake made) under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We saw that some notifications had not been sent to us following some safeguarding incidents. This meant the service had not fulfilled its responsibility to ensure any required notifications were notified under the Care Quality Commission (Registration) Regulations 2009. We held a discussion with the registered manager who said there was some confusion about the guidance provided via the telephone. The statutory notifications were retrospectively submitted by the registered manager the following day.

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

- People were engaged with the service. However, staff meetings were not well attended. However, staff met with the registered manager and more frequently with the care co-ordinators on a one-to-one basis to discuss any concerns or receive any updates.

- People who used the service were involved in day to day decisions about what they wanted to eat and what social activities they wanted to take part in.
- People using the service and relatives had completed a survey of their views about the service. People's feedback had been used to continuously improve the service.
- The registered manager made themselves easily available to people using the service, relatives and staff.

Continuous learning and improving care

- The registered manager understood their legal requirements. They were open to change, keen to listen to other professionals and seek advice when necessary.
- The registered manager demonstrated an open and positive approach to learning and development. Improvements were made following changes in policy and procedure to ensure regulatory requirements were met.
- Information from the quality assurance systems, care plan reviews and incidents were used to inform changes and make improvements to the quality of care people received.

Working in partnership with others

- The service worked in partnership with key organisations to support care provision, service development and joined-up care. For example, the registered manager told us the service had worked with clinical commissioning groups (CCG), social workers and Sheffield local authority. This provided the registered manager with a wide network of people they could contact for advice.