Primare Limited

Bluebird Care (Manchester South)

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

The inspection took place on the 25 and 26 July 2018. We gave the service 24 hours' notice that we were conducting the inspection to ensure there was someone available at the office.

Bluebird Care (Manchester South) is a domiciliary care agency. It provides personal care to people living in their own homes in the community. The service provides care to a range of people with different needs, including people living with dementia, learning disabilities, physical disabilities, mental health and sensory impairment. When we inspected the service, there were 30 people receiving domiciliary care. Calls to people's properties ranged from 30 to 60 minutes per visit and there was one person receiving a regular four to six hour support session. Not everyone receives regulated activity; the Care Quality Commission (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.

Our last inspection of this service was on the 20, 24, 26 and 28 October 2016 and we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. Since the last inspection, the service has moved locations.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from abuse. Staff followed the provider's and the local authority's safeguarding procedures to identify and report concerns to people's well-being and safety. Accidents and incidents were recorded and reviewed.

Comprehensive assessments were carried out to identify any risks or potential risks to the person using the service. This included any environmental risks in people's homes, risks in the community and any risks in relation to the care and support needs of the person.

Staff were recruited safely and trained to meet people's individual needs. Staff received regular supervision and felt supported by the management.

We received mixed responses to late calls. The majority of people said their calls were on time but two people said they were often late. There were systems in place to monitor the times staff attended people's properties and evidence showed that any late calls were not normally more than 15 minutes late which is recorded in the contract with the service.

Medication was well managed and staff were fully trained in the safe administration of medication. Medication was recorded on a computerised system which gave prompts to staff to support or administer medication to people.

Daily notes were recorded on a computerised system. The system gave prompts as to what care tasks were required on each visit and the tasks flagged red until the staff member authorised that they had completed each task. This assisted in ensuring staff completed the required tasks during the visit.

Care plans were regularly reviewed and individual to the person. Care plans contained detailed information of people's personal preferences and staff we spoke with were aware of what each person required.

Staff were aware of the requirements of the Mental Capacity Act [2005] and the Deprivation of Liberty Safeguards [DoLS] which meant they were working within the law to support people who may lack capacity.

People we spoke with told us that staff members were kind and caring. We observed kind and dignified interactions between staff and people who used the service.

People were aware of how to raise concerns and felt the registered manager was approachable.

There were quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Bluebird Care (Manchester South)

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 25 and 26 July 2018 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. The inspection was undertaken by one inspector on both dates of the inspection. Furthermore, two other inspectors made phone calls to people who used the service users to seek their views.

Before the inspection, we reviewed information we held about the service, including statutory notifications sent to us by the provider about incidents and events that had occurred at the service. Statutory notifications include information about important events, which the provider is required to send us by law. We also looked at a Provider Information Return (PIR). The PIR is 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 this information to plan the inspection.

During the inspection we spoke with nine people who used the service, two relative's, the registered manager, the deputy manager, a company director, and six staff members.

We looked at six people's care plans and risk assessments. We reviewed five staff personnel files and records relating to recruitment, induction, training and supervision. We looked at three people's medication records and audits relating to medication management, recruitment, safeguarding and quality assurance. We checked people's feedback on the service, including the timeliness of calls and that whether people were involved in planning their care. We looked at health and safety and infection control and how risks were

managed. We visited, with consent, the properties of three people receiving personal care from Bluebird care (Manchester South).

Good

Is the service safe?

Our findings

People being supported by Bluebird Care (Manchester South) told us they felt safe while being supported by staff from the service. Comments included, "Yes, I feel safe with them [staff], I have got used to people coming now" " Yes, I am safe, they have been coming to me for years.; "Oh yes, I am fine, they are a good lot."

Staff we spoke with could describe what actions they would take should they suspect abuse was occurring. They could describe signs and symptoms of abuse and had confidence that any concerns they had would be acted on appropriately. The service had a safeguarding policy in place and staff told us and we saw that they had completed training in safeguarding vulnerable adults from abuse.

People received risk assessments appropriate to their needs which were recorded centrally on the PASSsystem. The PASSsystem is a digital care management platform that provides a single view of care records from enquiry, medication and task changes, to reviews, and automates the process of assessments. Staff accessed care documents via their PASSsystem phone. The updated assessments were completed in real time which meant that changes to people's risk were reflected immediately. The PASSsystem also prompted the risk assessment to be reviewed and flagged up centrally when the review was due. Risk assessments were completed to ensure people were moved and handled safely and for where risks of malnutrition were identified. We also saw additional risk assessments completed on the properties of people to ensure smoke and carbon monoxide alarms were in working order, lighting was adequate and access to and from the property was safe. Risk assessments were thoroughly completed and gave guidance for staff to support people safely.

We saw staff had been recruited safely and staff personnel files we reviewed had the required pre-employment checks in place, including two written references and a Disclosure and Barring Service (DBS) check. The service had a recruitment policy in place. This meant that there were processes in place to protect people from receiving care from staff who were unsuitable. We also saw the service checked each staff member had valid driving license, car insurance, Ministry of Transport test (MOT) and the car was taxed before they used their vehicle for work.

We had mixed responses in relation to staff arriving on time for their visits and the consistency of staff members. Some people told us that staff were punctual and stayed for the duration of their visit. People told us, "I get the same carers, they arrive on time." "Yes, she's here every day, I don't need to worry." "I believe this is a reliable service, the carers when late will let me know, but I don't have any missed calls." "The carers come four days a week, it's a reliable service. I have had carers in the past, but this is one of the better ones."

Two people we spoke with told us they have received late calls. They told us "They are always running late – it's not a very good service really, I'm not very happy with it" "I have two carers. Often only one carer arrives and I have been having lots of new carers, I do get introduced to them as they do a shadowing visit first." We discussed this with the registered manager who told us they are aware when staff are late for visits as staff are required to log in and out of a property on their PASSsystem phone. We saw the majority of late visits

were less than 15 minutes late according to the PASSsystem. Where two staff were required for a visit, they always arrived within the 15 minutes and staff told us they did not carry out tasks requiring the assistance of two staff member, until the second person arrived. The service had recorded in their contract that they can be 15 minutes late or early depending on traffic and needs of the people in the previous calls.

The service had recorded four missed visits since January 2018. Reasons were error in the rota and miscommunication. On each missed visit, no harm had occurred to the person and the service had apologised and ensured it did not charge for the visit.

People were supported by Bluebird Care (Manchester South) to take their prescribed medicines. All medicines were stored in dosette boxes and details of medicines were recorded on the PASSsystem. We saw that the only time medicines were not provided in the dossete box was when there was an acute temporary medicine to be taken such as an antibiotic. The PASSsystem gave a prompt to staff to ensure they administered medication in line with the persons care plan. We observed staff members administering medicines to people safely and following the instructions on the care plan and dosette box. Once medicines had been administered, staff competed a medication section of the PASSsystem to confirm it had been given. Staff told us if they found any changes to people's medicines, they always contacted the office and would send a photo of the dosette or box. This would then be confirmed with the person's GP or pharmacy and the details of the medicine added to the PASSsystem. This ensured that people took their medicines as they were required.

We saw that medicines in people's properties were kept securely out of reach.

Staff told us and we saw that they had received training in infection control. We saw that staff had access to personal protective equipment (PPE) such as gloves, aprons and hand gel and this was also available in people's properties.

There were clear procedures in place for the reporting and recording of incidents and accidents occurring to people. Staff told us they ensured that people were provided with immediate support if they saw they had been injured. This included contacting emergency services and giving first aid where necessary. Staff also contacted the office for guidance on how to support a person after the incident had occurred to ensure their safety. All accidents and incidents were recorded with outcomes discussed to prevent future occurrences.

Good

Is the service effective?

Our findings

The staff personnel files we reviewed confirmed that staff had received an induction to the service. There was also evidence recorded where staff had completed shadowing with more experienced staff members. There was no specific time scales for shadowing and times varied depending upon staffs level of competency and confidence. One staff member told us they had a thorough induction and another told us they felt they needed more time to shadow and were going to speak with the manager that day. The induction was linked to The Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

Staff received training to enable them carry out their role effectively. Records showed that staff received training in moving and handling, medication, safeguarding, nutrition, mental capacity food hygiene, dementia awareness, infection control and health and safety. Training was a mixture of E-learning and face to face training. Face to face training was provided in a training room at the office and senior staff were trained to deliver training in moving and handling. The service had access to a hoist and slings and other moving and handling equipment to enable staff to complete the practical side of the training. For medication training, the registered manager had devised a dosette using different coloured sweets as tablets and capsules. Mock medicines records were drawn up to enable staff to follow instructions and scenarios created to advise staff on how best to respond to concerns with medicines.

We saw and staff told us they had their competency checked in relation to the safe administration of medicines and to ensure they were moving and handling correctly. We also saw that staff completed a written test after each training to test their knowledge. This meant the service was assuring itself that staff had retained what they had learned.

There were regular spot checks completed on staff. For newer staff members, spot checks were twice a month or more often and monthly for more experienced staff members. Spots checks looked if staff arrived on time and the amount of time they stayed at the visit. They also recorded if the care plan was followed and what care tasks were observed. Staff were then given feedback and the opportunity to request further training if required. There were additional quality checks for staff who were administering medicines to people. The quality checks ensured that staff had followed the medication instructions, the medicine was given to the correct person and were recorded on the PASSsystem appropriately when medicines had been given. There are also some knowledge check questions for staff to answer such as, what action would staff take if medicine was incorrectly administered and how would staff perform a no touch technique. No touch technique is a tool used to prevent infections in a health care setting. This meant the service was assuring themselves that staff were carrying out their role safely and effectively.

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

The management team had a good understanding regarding the MCA and followed a process to support people to make their own decisions where necessary. The service worked in partnership with local authorities to undertake mental capacity assessments and decisions related to the MCA. They also involved people's families if it was concluded that a person lacked capacity and required a best interest's decision to be made on their behalf. Staff we spoke with understood the principles of the MCA and told us that they always gained consent from people when providing care and support. One staff member told us, if they were worried about people's understanding of a situation, they would report it to the registered manager. This meant the service was working in line with the MCA.

We saw initial assessments had been completed for people receiving personal care from Bluebird Care (Manchester South). Part of the initial assessment was to request consent to provide personal care and keep information about the person. Assessments ensured all health history was up to date and captured people's care needs fully and choices and preferences.

On the home visits, we observed two people being supported to make and eat meals. People were offered choices as to what they would like to eat and where the person was running low on a particular item, the staff member left a note for the family or representative to buy further products. People told us, "[Staff name] is a good one, always cooks what I enjoy and its always hot." and "I enjoyed my soup, was cooked just how I like it". Nutrition and hydration needs were recorded in the PASSsystem and gave prompts to record what people had eaten. There were additional directions for people who required fluid thickeners. Care plans detailed likes and dislikes in terms of food and fluid preferences and confirmed if people had milk and sugar in hot drinks. Where people required a specific diet, such as diabetics, this was recorded on the PASSsystem.

Where people had become unwell during their visit, there was appropriate contact made with health professionals to assist and monitor people. Records of such communications were recorded. We saw that one person had been supported to register with a GP and the service had arranged for their medicines to be collected and be delivered by the pharmacist as they struggled to go out. Furthermore, the service has been liaising with occupational therapy about making the person's home more accessible. This meant that people were being supported to have links with health professionals promptly.

Good

Is the service caring?

Our findings

People told us that the staff were caring and kind. Comments included, "They [staff] are kind and caring and will do anything I ask them do. They are always nice to me I don't have any problems with them at all" "Carers themselves are great, no complaints at all about them, carers are kind, polite and caring and always have protective gloves and aprons. A relative told us "The care staff always interact well with [person's name], they always seem to take an interest in him, which is nice to see"

People told us staff members treated them with respect. We observed staff calling people by their preferred name and having light hearted jokes with people and laughing. One person told us "[Staff name] is a good girl to me, she's one of my favourites." People looked at ease with the staff member and we observed good communication throughout our home visits.

We saw that one person had been supported to purchase a new fridge and cooker for their home. Staff supported the person to access the shops to look at different models and staff ensured that the person was fully aware of costs. The staff member supported the person to arrange the safe delivery and installation of the products and staff told us that this motivated the person to keep their house tidy and get involved in cooking.

Staff told us that they encourage people to do as much as they can for themselves to help them remain independent. They told us that if someone can assist with personal care, they only help them with hard to reach areas. A relative told us "They promote [person's name] dignity and are respectful and let her do what she can for herself." Care plans detailed what each person can do for themselves and what support staff should be providing.

Staff members were aware of people's choices and preferences. One staff member told us that they knew that a person liked their egg cooked a particular way and this was recorded in the care plan. We also saw that where people preferred female carers this was noted and where people were celebrating Ramadan, the same gender carer was assigned to the person for religious reasons.

Good

Is the service responsive?

Our findings

Care plans we reviewed were detailed and people had been involved in producing each plan. People received support with personal care, mobility, nutrition and hydration and the administration of medication. Furthermore, people who had key health concerns, such as support with catheter care or with a peg feed, they had additional care plans in place to support them. A peg feed is when a tube is placed into the stomach to allow food and fluids to pass through.

Care plans were person centred and gave detail to the way people preferred their care. For example, in one care plan we viewed, the information detailed the way the person liked to be woken up in the morning, in which order they wished their personal care to be undertaken and the name of the toiletries they preferred to use. There was also additional information which gave staff the location of towels and bedding and continence aids required. For one person who required support with nutrition and hydration, the information in the care plan allowed staff to record the amount of fluid taken each day and gave thorough details on what foods the person was allowed. Guidelines for using food and fluid thickener were clearly recorded within the care plan. The care plans were recorded on the PASSsystem and a paper copy was stored in people's properties. Staff told us and the registered manager confirmed that when the care plans are updated, a paper copy was sent to the property. The care plans on the PASSsystem were a live document and reviewed monthly or more often.

The PASSsystem highlighted parts of the care plan tasks which needed to be undertaken at each visit. For example, where people had a call to assist with nutrition, a red flag would be highlighted and could not be removed until the staff member had confirmed on the PASSsystem phone that they had met the need. Any needs not met would be highlighted centrally and the staff member would need to explain why. This was a way of the service ensuring that staff were meeting the needs of people.

Two people and a relative told us they had been contacted a number of times by the service to review the care plans and ensure they remained relevant.

Each care plan had a 'What's important to me' section, which highlighted important relationships, likes and dislikes. hobbies and routines. Staff we spoke with told us this enabled them to talk to people about their lives while delivering care and allowed them to get to know the person that little bit more.

The service had a complaints policy in place and every person we spoke with said they knew who they would contact if they felt they needed to complain. The service had received two complaints since the beginning of 2017. Both complaints were responded to in a timely manner with outcomes shared with the complainant. We also saw a list of concerns logged by the registered manager. The concerns were relating to information that people had raised but who didn't necessary want to make an official complaint. Concerns were mainly about late calls or where comments were made about staff members or issues that didn't put people at risk but felt the service needed to know. The concerns were treated with the same respect a complaint would be and a response was recorded within the log. This meant the service was proactive in dealing with concerns and complaints.

There had been 23 compliments received since the beginning of 2017. Compliments included, '[Staff name] is a fabulous member of your team, I have peace of mind when they go that extra mile.' '[Staff name] is a credit to the team and carries out her duties professionally.' and 'Thank you for all your support.'

The service supported people who were at the end of their life. Where people had made decisions not be resuscitated, the care plan documented this and the agreed outcomes for people should they go into cardiac arrest. Further details were recorded for people who had passed away, which included people to be contacted and information about what should happen after the persons death. At the time of inspection, there was no one currently using the service who was being supported at the end of their life.

Good

Is the service well-led?

Our findings

The registered manager had worked at the service since October 2017. They were supported by the nominated individual and another director from the service. The registered manager felt well supported in their role. They had highlighted areas for improving the service. We saw that a notice board with information for staff had been created within the registered office. The notice board highlighted good work that the staff had undertaken and the positive impact it had on people they supported. There was an opportunity for staff to become 'Carer of the month' and receive a small gift and staff were encouraged to record what they did in their role, which linked in the Care Quality Commissions (CQC) key questions of safe, effective, caring, responsive and well led.

Staff we spoke with said they felt well supported. Staff told us, "Yes, the management are supportive." "Yes, I feel supported, [registered manager] is approachable and she is trying to sort staffing out." "The managers are good, they help out with calls if they can't be covered or if someone is running late."

One staff member told us that previously they had not always received regular supervision but that had improved since the new registered manager had been in post. Additionally, the staff member told us people don't always get a regular carer due to being short staffed or because calls are in different area's which can make staff late due to travelling. We discussed this with the registered manager who told us that staffing had been a concern and they had recently taken on ten new staff members who were undergoing recruitment checks and induction. The registered manager told us that they will only take on new packages of care if they have the availability of hours and staff to safely manage the call and with the addition of new staff, people will find they will have regular carers where possible.

We looked at the service's quality assurance systems to ensure they effectively assessed and monitored that the care and support delivered was safe and effective. We saw that there were systems in place to monitor the calls to people, care plans were followed and medication was safely administered and audited. There were unannounced spot checks of staff to check they were conducting what was expected of them and staff were receiving regular supervision. The PASSsystem enabled the registered manager to communicate directly with staff and we saw that advice had been sent to staff regarding the recent hot weather to ensure that people received additional fluids.

The service completed annually, their own self assessment form to monitor what they provided. The last assessment completed advised the service was currently 91% compliant and no major red flags had been identified.

We saw the service had sought the views of people they supported and the staff who were employed by them. There had been 26 responses from people using the service with the majority of people saying they knew how to raise a complaint, all care tasks were carried out properly, carers treated people with respect and politeness and that people had received an information guide prior to using the service.

We saw five responses had been received by staff and all of them said they enjoyed working in their role, all

said they felt that training was adequate for their role and four staff said they could approach the management if they felt they had a problem.

This meant that the service was seeking feedback on what it offered to assist in monitoring and improving.

We saw that there was a business continuity plan in place. This confirmed what to do in the event of extreme weather, loss of communications and failure of the PASSsystem.

There were policies and procedures in place in relation to safeguarding, whistleblowing, mental capacity, recruitment, infection control, medication and end of life. We saw that staff were given a copy of the policies as part of their induction and they were regular reviewed and valid.

We saw that the registered provider ensured statutory notifications had been completed and sent to Care Quality Commission (CQC) in accordance with legal requirements. Services providing regulated activities have a statutory duty to report certain incidents and accidents to CQC. The registered manager kept a file of all notifications sent to CQC.

We saw that the service had displayed their most up to date CQC rating within the premises of their office. This is a legal requirement for every premise where a regulated activity is being delivered.