K&T McCormack Ltd

Bluebird Care (Essex West)

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 17 March 2016 and was announced. The service met legal requirements at our last inspection in January 2014.

Bluebird Care Limited is a domiciliary care service that provides personal care to people living in their own homes. They predominantly provide a service for older adults, some of whom may be living with dementia or may have a physical disability. The service does not provide nursing care. At the time of our inspection there were approximately 75 people using the service.

A registered manager was in post at the service. 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.

Staff supported people to remain safe in their homes. There were sufficient numbers of staff to meet people's needs and keep them safe. On-call arrangements worked well and there were comprehensive plans in place should there be an emergency. There were systems in place to manage medicines and people were supported to take their prescribed medicines safely. The provider had a robust recruitment process in place to protect people from the risk of avoidable harm.

Staff sought consent from people before providing care and understood their rights to make choices about their service. People were supported to have enough to eat and drink. Staff monitored people's health needs and supported people to access health care professionals when needed.

People were treated with dignity and respect by staff. Staff knew people well and were sensitive to the needs of the wider family. People received support that was personalised and tailored to their needs. They were aware of how to make a complaint and felt that they were listened to by the registered manager.

Staff were enthusiastic about working for the organisation and felt supported in their role. The manager promoted innovation and supported best practice. The provider had systems in place to check the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was Safe.

Staff were committed to protecting people from abuse.

Measures were in place to manage risk.

Staff had sufficient time to meet people's needs.

Is the service effective?

Good

The service was Effective

Training and support was in place to enable staff to develop skills to meet people's needs.

Where people had capacity they were supported to make their own choices.

People were supported to have enough to eat and drink.

Staff supported people to access health and social care services as required.

Is the service caring?

Good

The service was caring.

Staff knew people and their families well and treated them with kindness.

Staff respected people's privacy and treated them with respect.

Is the service responsive?

Good

The service was responsive.

Support was personalised around individual needs.

People knew who to speak to if they had any concerns about the service and were confident their concerns would be dealt with appropriately.

Is the service well-led?

Good

The service was run efficiently and staff knew their roles and responsibilities.

Staff and people felt supported and listened to.

There were systems in place to obtain people's views and to use their feedback to make improvements to the service.

Bluebird Care (Essex West)

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.

The inspection took place on 17 March 2016 and was unannounced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to respond to our queries.

The inspection team consisted of one inspector.

On the day of the inspection we visited the agency's office and spoke with the registered manager, who was also the director of the service and the care manager. We spoke to or had email contact with four senior carers and three members of care staff. We visited the home of two people who used the service and met a family member. We spoke on the phone to an additional three people and one family member. We also spoke with a health and social care professional to ask them about their views of the service.

We reviewed all the information we had available about the service including notifications sent to us by the manager. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from others, including family members and the local authority. We used this information to plan what areas we were going to focus on during our inspection.

We looked at five people's care records and three staff records. We examined information relating to the management of the service such as health and safety records, personnel and recruitment records, quality monitoring audits and information about complaints.

Good

Is the service safe?

Our findings

People told us they felt safe with the staff who were supporting them. A person told us, "I've hardly ever had a replacement call from a carer I didn't know, but when I did, I got a phone call first to let me know."

Staff were committed to support people to remain safe in their homes. Staff had a good understanding of what abuse was and were able to describe how they supported people to keep safe. They had completed the relevant training in safeguarding and there were policies and procedures to advise staff their responsibilities to enable people to be protected from abuse. We noted that a member of staff had raised concerns when a person had received a letter requesting money which turned out to be a scam. Staff said they were encouraged by the manager to whistle blow should they have concerns about the quality of the service people received, as they were told, "The customer (person) are the most important part of the service." Staff knew who to speak to within the service and which relevant external professionals to contact if they had concerns.

There were clear risk assessments in place, for example, people's allergies were highlighted in red on their files, and then detailed in their care plans. Staff were advised about how to prevent the spread of infection, for instance, they were told to use different knives when preparing raw meat, in order to prevent contamination. We looked at the care plan for a person who was supported to move with the aid of a hoist and noted that there were risk assessments and instructions in place, however the guidance did not include detailed, step-by-step instructions for staff. We also discussed this with staff who told us that in addition to the information on care plans, they were given detailed verbal advice around the use of hoists. A senior worker accompanied them to show them how to use the hoist to ensure they had the necessary information and skills to keep people safe. We highlighted to the manager that whilst the existing process gave staff advice on keeping people safe, much of this was verbal and the written guidance to staff around the use of the hoist lacked practical detail around the exact support required. The manager acknowledged this and assured us that this would be addressed.

Environmental risk assessments had been carried out in people's homes, with clear guidance to staff where necessary. For example, there was clear information about where meters and stopcocks were and who was responsible for testing alarms and appliances. When we visited a person in their home we could see their care plan stated that testing was the responsibility of the person's family. Guidance was practical and focussed on keeping people and staff safe. For example, staff were advised that as the stairs in one property were particularly slippery, they shouldn't carry up a heavy load of washing.

Staff had carried out assessments to determine how people would cope in the event of an emergency. There was a comprehensive plan based on risk to help the manager prioritise the deployment of staff in an emergency. Therefore, people who were cared for in bed or who needed timely support to take their medicines were assessed as a 'red' and would be a visited as a priority. This emergency list was reviewed as required. To assist the manager there was also a list of staff members who had access to 4x4 vehicles which they could use in more rural locations if there was heavy snow or flooding.

Recruitment processes were in place for the safe employment of staff. The recruitment procedure included processing applications and conducting employment interviews, seeking references, ensuring the applicant provided proof of their identity and right to work and carrying out disclosure and barring checks (DBS) for new staff to ensure they were safe to work with vulnerable adults. Staff told us that they had only started working once all the necessary checks had been carried out. We looked at recruitment files for three staff and noted that the provider's procedures had been followed.

People, staff and relatives told us there were enough staff to meet people's needs. Our observations and discussion with people confirmed that staff were not rushed in their tasks and were allocated sufficient time to meet people's needs. A member of staff told me, "My travel time is always enough for me to drive safely from customer to customer." We saw the daily rotas and noted that the coordinator had left realistic times for travel between visits. The manager told us that they only took on new people to support when they were sure there were enough staff to support them adequately. Therefore, the manager was able to deploy staff in a measured way, taking into account people's needs.

People received their medicines safely and as prescribed from appropriately trained staff. There were arrangements and policies in place to support people with taking their medicines. We saw that where a person had said in their regular review that they needed more help with taking their medicines, the manager had arranged a follow up medication review to ensure they spent time discussing with the person exactly what help was needed. Staff used clear medicine administration sheets (MARS) to record when they had supported people to take their medicines. Where medicines needed to be taken weekly, this was clearly highlighted on the sheet, which acted as a prompt to staff to minimise the risk of errors. When people had been prescribed medicines on an as required basis, for example for asthma, there were protocols in place for staff to follow so that they understood when a person may require this medicine. For example, a care plan advised staff that if a person was wheezing they needed to prompt the person to take extra medicines.

Senior members of staff audited the administration of medicines, for example, they checked staff were recording which medicines they had supported people with. There were also detailed observations of staff administering medicines to ensure they were doing this safely. These were thorough checks which included checking whether staff were minimising the risk of infection and also whether they were treating people with dignity and respect.

Good

Is the service effective?

Our findings

A person told us, "The staff are extremely good, very competent." Another person said, "They do what they need to do, I certainly recommend the care agency."

Staff were supported to develop their skills, one member of staff told us, "Bluebird Care have given me the best opportunities, such as gaining an NVQ qualification." A member of staff told us of the measures in place to ensure that staff had the necessary skills and information to meet people's needs. For instance, where a person needed support with moving around their home, the member of staff had to go on a manual handling course before supporting them. One member of staff described how the practical style of the course helped her understand people's needs. They told us, "I was hoisted during the manual handling training and I hated it, which gave me an idea of what it's like." An experienced member of staff would also accompany any staff who had not supported the person before to ensure they had the required skills and knowledge.

Staff told us the training arranged at the service was thorough and in-depth. A member of staff told us, "If I feel I need more training or knowledge on something they [manager] would always arrange this." Staff training records showed the new Care Certificate standards were incorporated within the training and induction programme. The induction was comprehensive and involved a combination of formal learning and shadowing of more experienced staff. After two weeks of shadowing, staff usually started visiting people on their own, but were under no pressure and could extend the shadowing period if necessary.

Staff told us they felt well supported. They received supervision and attended staff meetings plus they were encouraged to have a great deal of informal contact with the office. We saw detailed logs outlining regular supervision, spot checks and observations. Appraisals were used to review staffs wellbeing and monitor any gaps in knowledge. We noted that following their annual appraisal a member of staff was sent on refresher safeguarding and first aid training. Spot checks took place to ensure staff had the skills to provide people with the support they needed. These were either general checks or more detailed medication checks. A member of staff told us, "They are very useful and means we make sure that in the end the customers are happy."

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. We checked whether the service was working within the principles of the MCA. Staff had a good awareness of issues around capacity and consent. Staff had been on Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training and were able to describe how people could be enabled to make their own choices. Care plans outlined any specific guidance for staff

caring for people who did not have capacity to make their own choices. For example, where a person had dementia, staff were instructed to check in the daily diary for written communication from the person's family for updated information about their care needs.

Staff supported people from the risk of poor nutrition and dehydration. Where appropriate, staff recorded when they supported people to eat and drink so that they could monitor whether they had adequate nutrition and hydration. They supported people to have meals of their choice. We observed staff discussing with people what they wanted to eat. We also saw on a person's daily record notes that a member of staff, "Went to the fish and ship shop as [person] fancied cod and chips."

Where necessary, staff worked with health and social care professionals to promote people's health and wellbeing. Staff observed and recorded how people were each day so that they could check for any changes which might indicate people needed support to access health and social care services. Appropriate referrals were made appropriately to other professionals, such as district nurses. Where people had a specific health condition such as Multiple Sclerosis or Diabetes there was guidance for staff in the file so that they could gain an understanding of people's needs and any possible areas of risk.

Good

Is the service caring?

Our findings

The staff we talked to spoke with affection about the people they supported. A member of staff said to us, "We care for some lovely people." We observed staff interacting with people and saw that they knew people well. We felt that they had built up trusting, familiar relationships over time not only with the person but also with their family members. Where a person had fluctuating needs, we saw that staff were attentive and flexible in response to their changing circumstances.

A member of staff told us, "I treat people how I would like to be treated." Where people lived on their own staff were aware that they might be isolated and of how important their visit was. A member of staff told us, "It's good to be able to have a nice chat as [person] doesn't get out much."

Staff looked at the whole person and not just at the task in hand. One person described how a member of staff had helped them when they were getting frustrated with using their computer, "They do more than I would expect."

People and their families were treated as individuals, for example there was guidance in one person's care plan stating that a specific time was 'family time' and carers should not disturb the person during this time. We spoke to the carers about this and felt their response was sensitive and compassionate. Care staff were aware of the need to respect this request, for example not arrive late at this time of the day, and office staff coordinated rotas with this requirement in mind.

People were encouraged to express their views about the service they received. A member of staff described how a person who did not speak verbally was encouraged to communicate by writing down how they wanted to be supported. Care plans were written in a personal style that promoted independence and choice. For example, one person's care plan said, "I will already have taken my clothes out of the wardrobe and will ask if I need help with getting anything else out."

Staff explained how privacy and dignity was maintained when carrying out personal care tasks. For example, preserve people's dignity when helping people have a wash by covering them with a towel. A member of staff described how they would shut the bedroom door when supporting a person whose extended family were visiting them, to ensure they could be supported in privacy.

Good

Is the service responsive?

Our findings

A family member told us, "This is an excellent agency; they have come up trumps completely." People praised the service for its flexibility and the personalised approach from staff.

Detailed assessments of people's needs were carried out and care plans outlined the support to be provided. Whilst we had discussed with the manager that there was a lack of detailed written guidance around the use of the hoists, we felt other elements of the care were very clear. This enabled staff to easily identify people's needs and the support which they required. The plans were personalised and written in an informative style which focused on the person being supported. For example a person's care plan stated, "I like a cup of tea with one sugar, not much milk."

We saw that people's support was reviewed and family members were involved in reviews where appropriate. Future reviews were scheduled in and staff were also pro-active about bringing reviews forward where people's needs had changed. Staff had clearly consulted with people during reviews to determine their views. For example, in one review a person had been asked what were their priorities, and they had said, "Continuity and timing." We noted that staff and systems were in place to support this priority. For example, staff knew which people wanted to have the same staff supporting them, where possible. A family member told us, "We wanted consistency and they have done this."

Support was built flexibly around people's needs, for instance, when people had social groups on a particular day, visits or tasks were altered in response. A family member told us, "They are very flexible with very short notice." A member of staff told us the whole staff team were aware of people's preferences and that, "We make sure the support is catered around peoples' needs."

A health and social care professional confirmed that the service was of a good quality and told us, "I have found [service] to be reliable, professional and person centred. The adults and the families give me good feedback about Bluebird. I have no concerns to raise."

People were aware of how to make a complaint. When their service began, they were given an information pack which outlined how the service operated and how to make a comment or complaint. Staff told us they checked people knew how to make complaints but that usually they aimed to resolve concerns informally and address any issues speedily. A family member told us that where they raised concerns staff resolved these swiftly. The manager told us the service rarely received any complaints but we were shown systems to log complaints and to monitor any actions needed.

Good

Is the service well-led?

Our findings

A family member told us, "It's unusual to find such excellent support." A member of staff told us, "I would recommend our service to a loved one. I really love my job." People's voice was listened to. Staff had arranged a coffee morning at the offices and a person told us how they had been supported to attend the event and had enjoyed meeting everyone and having their photo taken. This also gave the manager an opportunity to find out what people felt about the service. An annual customer service was also carried out, with a detailed analysis of the comments made and any themes arising across the service.

The registered manager and care manager listened to their staff team and responded to any concerns raised. As a result, staff were committed and enthusiastic about their work. We saw that a change had been made to the terms and conditions for staff and when staff had voiced their concerns the change had been reverted. The manager told us, "The team are in good spirits." Staff confirmed this, one member of staff told me, "I love it, I started as a temporary worker and I am not planning to go anywhere." A member of staff told us that this was a good organisation to work for, they said, "I like their work ethic. They allow time for you to travel to see people and you are encouraged to spend time talking to people." A member of staff told us, "I have a positive relationship with the office. They are always at the end of a phone."

The service was run efficiently. Staff knew their roles and responsibilities, for example, one senior told us, "My job includes looking out for the girls, doing spot checks and sorting out rotas." There was a 24-hour on-call system outside of office hours available for staff and people who used the service. We were told that the on-call phone was always answered, which supported staff who were carrying out visits and limited their isolation.

The service was pro-active about developing innovative and best practice solutions. Individual members of staff were welcomed to give their views. A member of staff told use, "When a suggestion is made, it is always considered." One of the directors was a regional representative on the organisation's national body and so the service was able to pilot and benefit from new initiatives. For example, the service was due to trial a new innovative electronic system which would allow for track visits electronically and enable any changes to be captured immediately and shared throughout the service. This would also help monitor the support being provided and minimise risks, for example, the manager could monitor whether all time sensitive medicines were being administered at the right time.

There were robust quality assurance systems in place. These included reviews of care, observations of staff during spot checks and quality monitoring of all documents. The manager told us that the spot checks which were in place helped raised standards by challenging poor practice but also supported staff by limiting their isolation. We were told of a specific example where people had complained about an individual member of staff and this had been resolved effectively. In addition, by working alongside staff on occasional double up calls, the senior managers were able to monitor the quality of care being provided and gather feedback on the service as a whole from staff and people.