Scoona Ltd

Bluebird Care (Rushmoor & Surrey Heath)

Inspection report

Unit 11a
Bridge Road
Camberley
Surrey
GU15 2QR

Tel: 01276683577
Website: www.bluebirdcare.co.uk

Date of inspection visit:
20 March 2017

Date of publication:
24 April 2017

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 was announced and took place on 20 March 2017.

Bluebird Care (Rushmoor & Surrey Heath) is a domiciliary care agency that provides personal care to people in their own homes in the areas of Aldershot, Farnborough, Cove, Frimley, Camberley, Bagshot, Lightwater, Windlesham, Chobham and Bisley.

People who receive a service include those living with frailty or memory loss due to the progression of age, mobility needs and health conditions. At the time of this inspection the agency was providing a service to 75 people. Visits ranged from 15 minutes to over one hour. The frequency of visits ranged from one visit per week to four visits per day depending on people's individual needs. In addition, the agency also provides sleep in and waking night staff and 24 hour care to people if required.

During our inspection the registered manager was present. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Everyone that we spoke with said that they felt safe with the care workers who supported them. Care workers received training and were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Recruitment checks were completed to ensure care workers were safe to support people.

People's views on the timings of visits varied. Care workers said that they had sufficient time to care for people safely. However, care workers views on travel time varied. Systems were in the process of being reviewed in order to address these issues.

Safe medicines management systems were in place. Risks to people's safety were assessed and action taken to reduce any harm to people. Care workers understood the procedures that should be followed in the event of an emergency or if a person was to have an accident or to fall.

People said that care workers had the appropriate skills to meet their needs and that they provided effective care. A programme of induction, training and supervision was in place that equipped care workers with the skills and knowledge needed to care for people. Care workers were knowledgeable about the people they supported.

People were happy with the support they received to eat and drink and to manage any health needs they had. A new care planning system was in the process of being put in place. This meant that care workers would have better information that they could refer to when caring for people in their own homes.

Care workers understood people's rights to be involved in decisions about their care and were able to explain what consent to care meant in practice. People were supported to express their views and to be involved in making decisions about their care and support.

People said that they were treated with kindness and respect by the care workers who supported them. People's privacy and dignity was promoted. Care workers understood the importance of building trusting relationships with people.

There was a positive culture at the agency that was open, inclusive and empowering. People said that they were aware who to speak to in order to raise concerns. The agency had a complaints procedure in place to respond to people's concerns and to drive improvement.

Care workers spoke highly of the registered manager and the company. During the inspection both the nominated individual and the registered manager demonstrated an understanding of their responsibilities to ensure legislation was complied with. Quality assurance systems were in place that included obtaining the views of people. These were used to drive improvements.

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.

Care workers stayed for the agreed time to deliver safe care. There were safe recruitment procedures to help ensure that people received their support from care workers of suitable character.

People's medicines were managed safely. Risks to the health, safety or wellbeing of people who used the service were managed safely.

People were protected from harm. People had confidence in the service and felt safe and secure when receiving support.

Is the service effective?

Good

The service was effective.

People confirmed that they had consented to the care they received. Procedures were in place to ensure people's legal rights were upheld.

Care workers said that they received sufficient training and support to meet people's needs effectively.

People were supported with their health and dietary needs.

Is the service caring?

Good

The service was caring.

People who used the service valued the relationships they had with care workers and expressed satisfaction with the care they received. People felt that their care was provided in the way they wanted it to be and that they were involved in making decisions about their care and support.

People were treated with dignity and respect and were encouraged to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

Apart from the timing of some visits people felt the service was flexible and based on their personal wishes and preferences. Changes in people's needs were recognised and appropriate; prompt action taken, including the involvement of external professionals where necessary.

Assessment and care plans were focussed on the individual needs and wishes of people. A system was in place to the review the care people received that included consultation.

Systems were in place to make sure people's complaints and concerns were investigated and resolved where possible to the person's satisfaction.

Is the service well-led?

Good

The service was well-led.

Quality assurance processes were used to monitor the quality of service provided and to drive improvements.

The registered manager promoted a person centred culture. Staff were proud to work for the service and were supported in understanding the values of the agency.

Bluebird Care (Rushmoor & Surrey Heath)

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 checked 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 inspection took place on 20 March 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to ensure that someone would be available. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and we checked information that we held about the agency and the service provider. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

During the inspection we spoke with 13 people who received care and support from the agency by telephone and one relative. We also spoke with four care workers by telephone.

In addition to this, we contacted five health and social care professionals to obtain their views of the agency. Four of the professionals responded and we have included their views in this report.

Whilst at the agency office we spoke with the registered manager, the nominated individual and a member

of the office team. We also reviewed a range of records. These included care records for six people and other records relating to the management of the domiciliary care agency. These included staff training, support and employment records, minutes of meetings with staff, policies and procedures, accident and incident reports and quality assurance audits and findings.

Good

Is the service safe?

Our findings

Everyone that we spoke with said that they felt safe with the care workers who supported them. One person said they felt, "Perfectly Safe" and that they would know who to contact if not. A second person said, "I feel really comfortable with them, with safety and everything." A third person said, "There's a Bluebird book which shows the money I give the shopper and the money they bring back. I trust them completely."

One social care professional wrote and informed us, 'I believe Bluebird Care are safe. They have always communicated effectively with me and will share any concerns they have. On a handful of occasions over the past three years X have expressed some concerns around support workers arriving late however overall I believe staff arrive on time and the feedback I have received from the family is positive.'

A safeguarding policy was available and care workers were required to read this and complete safeguarding training as part of their induction. Care workers that we spoke with confirmed they had received training and were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. One care worker said, "I would have to report any concerns. I could not stand by and do nothing."

The registered manager understood her responsibilities in relation to safeguarding people from harm. Evidence was in place that she had liaised with the local authority when she had concerns about people's safety.

People's views on the timings of visits varied. One person said that times were adhered to, "Almost near enough. They went on to say that care workers stayed for the correct length of time and that they had not had any missed visits. A second person said, "When we first started we said eight o'clock mornings and one o'clock lunchtimes. We don't get it very often eight o'clock, it's more or less quarter past or half past eight, we didn't mind that. Then they said its half past eight, the leeway is 15 minutes, that's not always acceptable. We do have problems in the morning. It's the only issue we have." This person confirmed that they had raised this issue with the agency office. They also confirmed that they had not had any missed visits. A third person said, "They're pretty good to time, but sometimes not."

Care workers said that they had sufficient time to care for people safely. However, care workers views on travel time varied. One care worker said, "The only issue is we are not given enough travel time. For example of a morning if I have visits in Bagshot and in Lightwater I have to cross the M3 and its always busy of a morning and this means I am always late for my calls." The care worker said that they had raised this with staff at the agency office but as yet the issue had not been resolved. A second care worker said, "The worst thing is no travel time. Basically lucky if I get five minutes. The knock on affect means finishing late as you run late for your calls. The manager said they are looking into this." However, a third care worker said, "Sometimes we have too much travel time if all our calls are in the same area they still give 15 minutes." Records confirmed that some care workers had raised travel time as an issue and systems were in the process of being reviewed in order to attempt to address this.

The agency used an electronic software system for planning care workers rotas and for monitoring that visits

took place at the agreed time. This was linked to mobile phones that care workers used which logged times of arrival and leaving at people's homes. The system also identified if a care worker had not arrived for an agreed visit. The agency monitored that sufficient time was allocated for care to be delivered and reviewed visit times accordingly.

Recruitment checks were completed to ensure care workers were safe to support people. These included checks having been undertaken with the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. Other information obtained included proof of the person's identity, references, proof of identification and a recent photograph. Records were also in place that confirmed care workers vehicles were safe to use when traveling to visit people in their own homes and that they had the required insurance to drive.

Care workers were able to describe how they safely supported people with their medicines. One care worker said, "I check MAR charts and visit notes first to make sure nothing has changed. I watch people to make sure they have taken their medicine before signing the MAR chart."

Medicine assessments considered the arrangements for the supply and collection of medicines, whether the person was able to access their medicine in their own home and what if any risks were associated with this. The assessments also considered potential risks such as whether medication could be left out for the person to take at a later time and if any 'as and when required' (PRN) medicine was prescribed and what circumstances this would be taken or offered. Medicine administration record (MAR) charts were in place for people that care workers used to record when medicines were taken. The MAR charts included the administration of topical preparations and PRN medicines. Care workers used codes when completing MAR charts so that it was clear if they had administered or if given by family members of the person who was being supported.

Care workers that we spoke with were able to explain the procedures that should be followed in the event of an emergency or if a person was to have an accident or to fall. This included checking for injuries, calling for medical assistance if needed and notifying the agency office and completing records. The agency operated an out of hour's system that people and staff could access to change aspects of people's care package, raise concerns and notify of events. Records confirmed that action was taken when incidents and events were reported to ensure people received safe care. For example, one person's records stated, 'X (care worker) called to say X found on floor when arrived. Waiting for ambulance. Called daughter and informed next call going to be late.'

Assessments were undertaken to assess any risks to people who received a service and to the care workers who supported them. These included environmental risks and any risks due to the health and support needs of the person. Risk assessments included information about action to be taken to minimise the chance of harm occurring. Where risks were identified management strategies had been developed to help reduce these. For example, when one person was found on the floor twice in the same week their care package was reviewed and two care workers were provided instead of one.

Emergency contingency plans were in place to ensure people continued to receive a service in the event of staff shortages, equipment failure and other events. People told us that information was provided when they first received a service that included emergency contact details.

Good

Is the service effective?

Our findings

People said that care workers provided effective care. One person said, "They are very efficient they come in and greet me and look after me. No faults at all." A second person said, "My needs are met perfectly well." One social care professional wrote and informed us, 'In my experience Bluebird Care have been very responsive and effective. Bluebird Care have provided consistent support to X and her family.' A second social care professional wrote, 'Bluebird Care support two of my clients. To date I have had no concerns regarding their services. Both my clients have been happy with the care and support they provide.'

People said that care workers had the appropriate skills to meet their needs. One person said, "Bluebird Care have their own programme of training. When the hoist was installed they said they must have two people to operate that were qualified." A second person said, "They know how to set up, fix and replace my oxygen cylinders if they breakdown."

Care workers were satisfied with support they received to undertake their roles and responsibilities. One care worker said, "We have online and face to face training. They (office staff) also come out to see you do your job to make sure you are doing things like moving and handling properly."

All new care workers completed an induction programme at the start of their employment. Care workers confirmed that they had completed an induction that helped equip them with the knowledge required to support people in their own homes. During induction new care workers received weekly supervision until assessed as competent in their role as well as shadowing experienced staff. In addition to training in areas that included moving and handling, health and safety and mental capacity, care workers were provided with training that was relevant to the needs of people who received a service from the agency. One care worker said, "They give us extra training if we have a client with certain needs such as pressure care, use of oxygen and catheter care."

In addition some care workers staff had either completed a National Vocational Qualification or were completing training linked to the Qualification and Credit Framework (QCF) in health and social care to further increase their skills and knowledge in how to support people with their care needs. The registered manager had recently qualified as a train the trainer and further practical training had been provided in basic life support.

Care workers received support to understand their roles and responsibilities through supervision and an annual appraisal. Supervision consisted of individual one to one sessions and group staff meetings. Supervision included formal spot checks of care workers when supporting people in their own homes. One member of staff said, "We have an appraisal were we talk about issues, strengths and weaknesses."

People were happy with the support they received to eat and drink. One person said, "If I'm having a really bad day they will get me and drink and that." People were supported at mealtimes to access food and drink of their choice. The support people received varied depending on people's individual circumstances. Some people lived with family members who prepared meals. Care workers reheated and ensured meals were

accessible to people who received a service from the agency. Other people required greater support which included care workers preparing and serving cooked meals, snacks and drinks. One care worker explained, "I visit one person who has no use of their hands so I have to feed and give drinks. They are bedridden so it's important I make sure they are sitting upright to stop them from choking. It's also important to give plenty of time, small bites and spoonful's."

Care workers were available to support people to access healthcare appointments if needed. One person told us, "They will say you should go to a doctor and get looked at." A second person said, "They can tell if I'm not very well. If I'm really, really not well, they say can I send for the Doctor." They also liaised with health and social care professionals involved in their care if their health or support needs changed. Information was included in people's care plans of healthcare professionals involved in their lives. This included details of their GP and district nurses. The agency had recently introduced 'Message in a bottle.' The registered manager confirmed this contained important medical information that could be easily accessed by healthcare and emergency services if a person required medical assistance in their own home.

People confirmed that they had consented to the care they received. They told us that care workers checked with them that they were happy with support being provided on a regular basis.

Care workers understood people's rights to be involved in decisions about their care and were able to explain what consent to care meant in practice. One care worker said, "It's important to give people choices and to gain their consent."

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's ability to consent was considered at the initial assessment stage of their care package. Care plans made reference to and emphasised the importance of care workers asking people for permission prior to doing things for them in their homes. The registered manager had completed MCA assessments for people when necessary for people who lacked capacity to agree to the care provided. During this process a record was also maintained of best interest decision making processes that involved people who were involved in the person's life. This showed that the registered manager understood her responsibilities under the MCA Act.

Good

Is the service caring?

Our findings

People told us they were treated with kindness and respect by the care workers who supported them. One person said, "They are excellent, no fault with the carers at all, they are 100%" A second person said, "They are very respectful."

Positive, caring relationships had been developed with people. One person said, "I tell them what I would like. They say is there anything else I can do. I'm looked after in a very professional way." A second person said, "They always ask how I am, how are you getting on. They are very interested in my welfare." A relative said, "They all know us by our Christian names and we know theirs."

Five people commented that they did not receive care from a consistent care team. One person said, "I seem to get the same one two or three weeks running, then I get another one." This person went on to say that they would prefer the same care workers as "They get to know what I like." A second person said they had not had the same care workers recently, "That hasn't been possible due to sickness, I think we are back this week." A third person said, "I have different ones, I've got used to it. I know most of the faces."

Care workers understood the importance of building trusting relationships with people. One care worker said, "Having a regular set of clients helps build up rapport with people and it helps them feel more comfortable when having personal care. Happy clients make happy staff." A second care worker said, "Independence comes into everything. If someone can take their own clothes off then let them. I'm there to enhance their quality of life. One person I visit communicates with their eyes so I hold up items at eye level and they then choose what they want to wear. Knowing your clients is vital."

People said that their privacy and dignity was promoted. One person said, "I actually get in the bath on my own and they stay outside, call every now and again to check I'm O.K" A second person said, "They would not barge in, they would knock, they would keep everything decent." A relative said, "X is wheeled through in a wheelchair, we have a regular routine. I take X nightclothes from them and make sure her day clothes are out. She is dressed by the time she comes out ready for the day."

Care workers were respectful of people's privacy and maintained their dignity. They were able to explain how they promoted people's privacy and dignity. For example, one care worker said, "Make sure curtains and doors are closed and they are covered with a towel as much as possible when helping with personal care. Also ask how they want the care and what they want. Keep thinking what it would feel like if you were having care provided. It's important as well to chat to the person as this helps to break the ice." A second care worker said, "If someone is in the room who doesn't need to be there it's important to ask them to leave when giving personal care."

Dignity and independence were reinforced as values of the agency within its statement of purpose. This stated 'Promote your independence and always to treat you with the upmost dignity and respect.' Care workers received guidance during their induction in relation to dignity and respect. Their practice was then monitored when they were observed in people's own homes. One care worker said, "I see my role as helping

to enhance people's quality of life." A second care worker said, "The aim is to support people in their own homes to remain independent."

Care plans reinforced to care workers peoples preferences and choices and that these should be respected. For example, one person's plan stated, 'Will normally have either one Weetabix with milk and two sugar and toast with butter and a very small amount of marmalade (just dip knife in jar).'

People were supported to express their views and to be involved in making decisions about their care and support. People told us that they and their family members had been involved when their care packages started. People also told us that they had been involved in reviews after this.

Good

Is the service responsive?

Our findings

People said that they received care that was responsive to their individual needs and preferences. One person said, "I wouldn't have a man, I stipulated that. I don't want a male carer." This person confirmed this was adhered to. A second person said, "I do a shopping list for them and put items from X (name of shop) that I want, I give very precise instructions and they follow that or the nearest to it. They are thorough, careful and helpful." A third person said, "I told them what I needed and it's supplied."

People said that they agency was responsive to requests for changing pre-arranged visits when circumstances changed. One person said, "If we have a hospital appointment we ask for an early visit and they do it."

People's care and support was planned in partnership with them. People had care plans in place that had been developed with their involvement. People said that when their care was being planned at the start of the service a member of the management team spent time with them finding out about their preferences. This included what care they wanted or needed and how they wanted this care to be delivered. A system was in place to review the care people received. The review included consultation with people who received a service from the agency, their representatives and other professionals that were involved in the formulation of the care package. One person told us, "Now and again we get an extra lady doing an assessment, every three months or so." A second person said, "Oh yes we have a review every year to bring up concerns and again it's just about timings. It must be very difficult if someone goes off sick."

At the time of inspection the agency was in the process of transferring to a new electronic care planning system. The new system included a link to care workers mobile phones that they could access care plans and update records as they delivered care. The care packages that we sampled that had been transferred to the new system were more detailed and informative than those in the old system. This meant that care workers would have better information that they could refer to when caring for people in their own homes. For example, one person's plan for assisting them to move safely stated, 'Two carers at all times. Assist out of bed using the Rotunda. Use the bed control to sit X upright and second carer to swing legs round to the edge of the bed. X will sit on the edge of the bed with the Rotunda in front of her. Raise bed and gently hold base of X back. X will stand and hold onto Rotunda. When getting X ready to stand using the Rotunda ensure she has her feet flat on the floor and hop width apart.'

Care workers were knowledgeable about the people they supported. This enabled them to provide a personalised and responsive service. One care worker explained, "When I noticed that the abilities of one lady who I visit were deteriorating I spoke to the office. They came out and did a review and now the lady had a double up on every call. Another person I visit has very set routines. Everything has to be just so, such as clothes in a certain order and items stored in a set way. This is fine as it's their choice but it's important to know this. We get information on our phones and care plans are in people's homes that we read."

A second care worker said, "I have one person who likes things done in a particular way. She gives me a list of jobs that she likes done in a particular order. It's her home and her care and it's important to remember

this and respect her wishes."

Where two care workers were required this was specified in peoples care plan. Cross checking care plans with visit records showed that where two care workers were specified these had been provided.

People said that they were aware who to speak to in order to raise concerns. People using the service and their relatives told us they were aware of the formal complaints procedure and that they were sure that the agency would address concerns if they had any. People told us that they had not raised formal complaints but that they had contacted the agency to raise issues about visit times. Two people told us that this issue had not been resolved to their satisfaction.

The agency had a complaints procedure in place to respond to people's concerns and to drive improvement. The agency's complaints process was included in information given to people when they started receiving a service. Formal complaints were investigated and responded to. For example, when one person complained about the standard of care they had received this was investigated and an apology given in line the Duty of Candour. Duty of Candour places a requirement on providers to inform people of their rights to receive a written apology and truthful information when things go wrong with their care and treatment. This demonstrated that the registered manager understood legislation and ensured it was reflected in her practice.

Good

Is the service well-led?

Our findings

Apart from the timings of some visits people said that the agency was well led. One person said, "Good, very, extremely good." A second person said, "It's only the timings, that's the problem apart from that it's O.K." A third person said, "I wouldn't say excellent but would say good."

One social care professional wrote and informed us, 'I recently did a review with this agency manager present. I found that they were professional in their dealings with family dynamics and difficult situations.'

Quality assurance systems were in place and used to drive improvements. The registered manager had introduced an assessment process whereby she checked aspects of the service on a weekly basis. These included monitoring visits, missed calls, medicine errors, safeguarding and statutory notifications, complaints and care files. An internal audit was completed in December 2016 and a follow up audit during January 2017. Many actions identified in the December 2016 audit had been acted upon by the January 2017 audit. The findings from audits were incorporated into a quality improvement plan that the registered manager used to ensure action was taken within set timeframes. For example, further information had been put in place in the agencies training room about care workers dress code and the MCA. The agency had also registered with 'Dementia Friends' as per their quality improvement plan.

Half of the people that we spoke with said that they would like to be kept better informed about changes to planned visits. People confirmed that they received a rota in advance of their visits however; people said that changes were made to the rota that they were not consulted on or informed of. One person said, "I don't always know whose coming and when, sometimes they send me a letter and other times they don't. It's a bit annoying not knowing when they're coming." A second person said, "Often they don't keep to that. Not all the time. They say a certain person and someone else comes."

The agency obtained the views of people who received a service in the form of surveys and the findings were used to drive improvements and influence the quality of service provided. One person told us, "I think Bluebird sent me a questionnaire on one occasion, that was satisfactory too. I have a positive response." A second person said, "Yes we did (receive a survey), we replied. We occasionally get a supervisor come round to make sure everything is O.K." The nominated individual wrote to people during December 2016 to inform them of the findings. Of the 35 people who completed a survey 100% responded that care workers were polite and treated them with respect. People were also informed that improvements were being made to systems in order to address comments made about changes to call timings.

Prior to our inspection the nominated individual had completed and returned the PIR as we requested. The information in the PIR was accurate and identified areas for future development. This demonstrated a commitment by the nominated individual to be open and transparent about what aspects of the service she would like to improve. During the inspection both the nominated individual and the registered manager demonstrated an understanding of their responsibilities to ensure legislation was complied with. For example, the registered manager completed a statutory notification in line with her legal responsibilities and submitted this to CQC. Information was stored securely and in accordance with data protection.

There was a positive culture at the agency that was open, inclusive and empowering. Care workers spoke highly of the registered manager and the company. Care workers were motivated and told us that they felt supported and that they received regular support and advice via phone calls and face to face meetings. They said that the management team was approachable and kept them informed of any changes to the service and that communication was good. One care worker said, "Management is fine apart from rotas changing too often." A second care worker said, "Management on the whole are pretty good. I have a good relationship with everyone in the office."

Whistleblowing procedures were in place and known by care workers. One care worker said, "If we have concerns we can report to the office and go higher up the line. We can come to CQC. Information of concern is shared on an anonymous basis."