D.J.Howard Limited

Bluebird Care (Milton Keynes)

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Good**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Good**

Overall summary

Bluebird Care (Milton Keynes) provides care and support for adults in their own homes and within the local community. On the day of our visit the service provided support for approximately 70 in their own homes.

This inspection was announced and took place on 09 October 2015.

The service had a registered manager. 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.

Since the inspection the provider has informed us that the address above is incorrect, following a recent move of suites, within the same business centre. The service has

Summary of findings

moved to Suite 1, Interchange Business centre, as opposed to Suite 107. The provider was in the process of ensuring the service registration reflects the correct address.

Staff did not always help people who may lack mental capacity to make decisions, as laid out in the Mental capacity Act 2005. As such, any decisions made may not always have been in people's best interests.

Staff received the training and support they needed to be able to perform their roles. Staff training was not always up-to-date, but the provider had systems in place to address this.

Staff had developed a strong understanding of people's needs and wishes, through their relationships with them, however these were not always reflected in people's records. Care plans and daily records were not always personalised or specific and demonstrated a task-led, rather than a person-centred approach.

People were protected from harm or abuse by staff who knew about, and understood, the principles of safeguarding. Staff were aware of their responsibility to report and record any suspected abuse.

Risks to people and the service had been assessed and appropriate control measures put in place.

There were enough members of staff to meet people's assessed needs. Staff had been robustly recruited to ensure they were safe and suitable to perform their roles.

Where people required support with medication, this was done so by trained staff who followed well established procedures.

Where necessary, staff supported people to prepare their own meals and drinks, whilst working to maintain their own levels of independence.

Staff also supported people to book and attend appointments with healthcare professionals, such as GPs or dentists, when required.

People were treated with kindness and compassion by staff. They had worked to develop strong relationships with people.

People were involved in the planning and review of their care.

The dignity and respect of people was promoted and upheld by members of staff.

Feedback was welcomed by the service and used to drive improvements.

The service had an open culture. Staff were positive and motivated about their roles and the people they supported.

The registered manager and provider were visible and well known to people and staff.

There were systems in place to review care regularly and identify areas for improvement. Audit systems were also being improved to help with this process.

Summary of findings

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 aware of the importance of safeguarding people from abuse. They were aware of their responsibilities in terms of reporting and recording incidents of this nature.

Risks were identified and managed by the service.

Staffing levels were sufficient to meet people's needs. Staff recruitment was robust to ensure that only appropriate staff were employed.

Where people needed help with medication administration, this was done safely and effectively.

Is the service effective?

Requires improvement

The service was not always effective.

People's consent was not always sought by staff and the provider was not always working in accordance with the Mental Capacity Act 2005.

Staff received regular training and support to help them meet people's needs.

People were supported to prepare food and drinks if necessary.

People saw appropriate healthcare professionals and staff supported them to do so where required.

Is the service caring?

Good

The service was caring.

Staff supported people with kindness and compassion and had worked to develop positive and meaningful relationships with them.

Care plans were based upon the needs and wishes of individuals and they were involved in the planning process.

People were treated with dignity and respect by staff and the service.

Is the service responsive?

Requires improvement

The service was not always responsive.

People's care plans were not always person-centred or specific to their needs.

Staff had a good understanding of the people they provided care for.

Feedback from people and other stakeholders, such as family members, was welcomed and used to help improve the service.

Summary of findings

Is the service well-led?

Good

The service was well-led.

Staff were committed to their roles and there was a positive culture at the service.

Good leadership and management was visible at the service and staff felt well supported in their roles.

Checks and audits were carried out to identify areas for development, to ensure care was delivered to a high standard.

Bluebird Care (Milton Keynes)

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 inspection took place on 09 October 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available to meet with us.

The inspection team comprised of two inspectors.

Before the inspection, the provider completed 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 any improvements they plan to make. We checked the information we held about the service and the provider and saw that no recent concerns had been raised. We had received information about events that the provider was required to inform us about by law, for example, where safeguarding referrals had been made to the local authority to investigate and for incidents of serious injuries or events that stop the service.

We spoke with three people who used the service and one family member. We also spoke with the provider and the registered manager, as well as a supervisor, two co-ordinators, one senior and three care staff.

We looked 10 people's care records to see if they were accurate and reflected people's needs. We reviewed 8 staff recruitment files, as well as recruitment procedures and training records. We also looked at further records relating to the management of the service, including quality audits in order to ensure that robust quality monitoring systems were in place.

Good

Is the service safe?

Our findings

People felt safe and protected from harm when they received visits from members of staff. They told us the staff worked hard to make sure they were protected from harm or abuse during their visits. One person told us, "I feel safe when they are here."

Staff were aware of their obligations regarding abuse and safeguarding people from harm. They explained it was important to ensure people were safe from abuse and that, if they suspected abuse had taken place, they would report it straight away. They told us that, as they had good relationships with people, they would quickly recognise changes in their behaviour or presentation, which may indicate potential abuse. One staff member told us, "If you see it, you report it." Another said, "We know how to contact the safeguarding team, we are given this contact information." Staff reported suspected abuse to the office staff, and could also contact the safeguarding team directly to. Staff also informed us that they were encouraged to report above the heads of their senior and management staff if they were unhappy with the action being taken, although none of the staff we spoke with had felt the need to do this. We saw records to show that suspected abuse had been referred to the local safeguarding authority, and that the registered manager had also informed the Care Quality Commission (CQC), when they made referrals.

Staff told us that risk assessments were in place to help provide them with information and guidance to keep people safe. They explained that risk assessments formed part of people's care plans and were updated on a regular basis. They also told us that if they felt a person's risk assessment was no longer accurate or required additional information, they could add it to the plan in their home and then inform the office. Office staff would then collect the new information and update the risk assessment. They would also send a message to all staff that may work with that person, so they were aware of the changes which had been made. We saw that risk assessments were in people's care plans and related to a range of different areas, including an environmental risk assessment, specific to their home.

People felt that there were enough staff to meet their needs. They told us that they always received their visits and that staff were usually on time. One person said, "They always turn up on time." People's relatives also felt that staffing levels were appropriate and that staff were usually on time. They confirmed that a call was always made if staff were running late. One relative told us, "They are usually on time, if they are going to be late they get a call to let them know"

Staff told us that they felt there were enough of them to meet the needs of the current group of people receiving care from the provider. They told us that there had not been any missed calls and the service did not use agency staffing to help cover shifts. They did tell us that if there were occasions when sickness or annual leave affected the staff team, they were always able to meet people's needs and the office staff were also able to go out and carry out visits if necessary. One staff member said, "Staffing levels are ok, we always cover people's calls." We looked at the staffing schedule and saw that people's visits were planned each week, with the required number of staff allocated to each visit. People and staff were then provided with a copy of their respective schedules for the week.

The provider took appropriate steps to ensure staff were of suitable character to work in the service. Staff informed us that they weren't able to start working for the provider until they had received satisfactory checks, such as a Disclosure and Barring Service (DBS) background checks and previous employment references. Staff records also showed that staff had submitted application forms which included their employment history and reference details. We saw that the provider had sought out references for staff and ensured a current DBS was in place.

Staff members supported people to take their medication. Staff told us that they used Medication Administration Record (MAR) charts to provide them with information regarding each person's current prescription. They also told us that they could only administer medication if they had received training in this area and had been assessed as competent by senior members of staff. Senior staff also carried out spot checks to ensure staff were administering people's medication correctly. Records showed that MAR charts were in place and that staff used these to give people their medication. We also saw that senior staff regularly reviewed MAR charts and investigated gaps or omissions, taking steps to reduce the chances of medication errors occurring. There was also evidence of spot checks being carried out to ensure staff were administering medication appropriately.

Requires improvement

Is the service effective?

Our findings

The service was not always meeting the requirements of the Mental Capacity Act (MCA) 2005.

Some of the staff we spoke with lacked clear knowledge and understanding of the MCA and were unable to explain this piece of legislation, or the impact it had on their working practice. When we spoke to them about it they were unable to tell us about the principles of the MCA, or how they would go about assessing somebody's mental capacity. One staff member said, "The Mental Capacity Act? I'm not sure about that one." Staff were however, able to tell us that many of the people they supported lived with conditions such as dementia, which could have an impact on their mental capacity. Despite this only 15 out of 44 staff had received training on the MCA, and only four of these had received this training in the past year.

We found that people's files did not provide information regarding assessments of capacity for specific decisions for people, and there was not always evidence that best interests meetings had taken place, before making a decision on a person's behalf. The provider informed us that there were assessment tools available for staff to use, to help them to assess people's capacity and make decisions in their best interests. Whilst these tools were available, we did not see evidence of their use in the files we looked at.

People told us that they were asked for consent when they were provided with care. They were able to choose how staff cared for them, and their choices were respected. One person told us, "I have 4 calls a day and they always ask me what I want, thy always give me a choice of bath, shower or wash and never make me do anything I do not want to." Staff confirmed that they always asked people for their consent before they provided them with care. They told us they would check that it was ok to perform a task before doing it, and that if the person didn't want them to, they wouldn't. We saw that care plans had some consent forms in place, including an overall agreement to their care plans, which were signed by people receiving care.

We saw that the registered manager and provider maintained a training matrix to keep track of when staff had completed training courses, and when they were due to attend refresher sessions. This showed that not all staff members had an up-to-date training record. For example, 17 out of 44 staff did not have a recorded date for the completion of safeguarding training. In addition, 15 other staff members had completed safeguarding training, but they had not completed a refresher session within the past 12 months. We also saw that only six members of staff had current health and safety training recorded. The registered manager explained that safeguarding was covered in staff induction training, therefore it would not show on the training matrix as a specific course. A member of staff had also attended a 'train-the-trainer' course in safeguarding, therefore they would be able to provide in-house training and updates for all staff members. The provider also confirmed that they were committed to ensuring that staff received the training and support that they required, and there were plans in place to ensure all staff were fully trained in the coming months. For example, they told us that all staff will have completed MCA training by Easter 2016.

People told us that they felt staff had the necessary skills and knowledge to meet their needs. They told us that staff received training regularly and knew what they were doing. One person told us, "They have been really good." Another said, "They are very good and know what they are doing."

Staff told us that there was a range of training available to them following completion of their induction. Staff were positive about the training they received and the impact it had on their practice. One staff member said, "There is always training to do." Another told us, "I learn something new every time." Staff told us that they had regular training and refresher sessions in key areas, such as safeguarding, moving and handling and health and safety. They also received regular training in more specialist areas, such as end-of-life care and specific neurological conditions which people may be living with. This allowed staff to deliver bespoke care to people, as they had developed knowledge and understanding of their conditions and needs. Staff were also able to request specific training or qualifications which they would like to complete, such as Qualification Credit Framework (QCF) awards in health and social care.

Staff felt well supported by the service, and felt they received the training and development opportunities they needed. They told us that when they started with the organisation, they completed an induction. This included learning important information about the provider and the service, as well as attending key training courses, such as safeguarding and manual handling. Staff also told us that

they carried out shadowing shifts with different people and members of staff, to get to know people and their role. The registered manger and provider confirmed that all new staff shadowed established staff members before providing care on their own. In addition, where people had complex needs, new staff carried out a number of shadow visits to ensure they were familiar with the person and their needs. The registered manager told us that all new staff would now be enrolled om the Care Certificate on commencement of their roles. This was to ensure that staff received a comprehensive induction which met with best practice guidance. Records confirmed that staff had received an induction and that shadowed visits were carried out by new staff.

Staff also received regular formal supervision sessions. They told us that these took place usually every three months, but if they wanted one in the interim, they only had to ask the registered manager. They used supervisions to discuss any concerns they may have, as well as planning their upcoming learning and development activities. The registered manager told us that, in addition to regular supervisions, staff had spot checks and medication assessments carried out to help improve their performance. The registered manager planned to have formal contact with each staff member on a rolling monthly basis, to ensure they had the support they required. We saw records to support this.

Staff members told us that, where necessary, they helped people to prepare meals and drinks for them. This could include preparing simple snacks, sandwiches or main meals, depending on the person's needs. Staff told us that they tried to encourage people to remain as independent as possible, so wherever they could, they supported people to prepare as much of their own food as possible. They also told us that, in some cases, people's dietary input was recorded, to provide information to professionals, such as dieticians. People's care plans gave staff clear information about people's needs, in terms of meal preparation. We also saw food and drink recording charts were in place for the people that needed them.

People were supported to attend health appointments by staff, if required. Staff members explained that some people were able to make it to and from these appointments by themselves, whilst others wanted help from staff. Staff were able to help people to contact doctors and health professionals to arrange appointments of their behalf. In addition, some health professionals, such as district nurses, visited people in their own homes. Staff would work alongside these professionals to ensure people received the health services they required. Specific health needs were recorded in people's individual care plans, along with records of appointments and any actions required of the staff team.

Good

Is the service caring?

Our findings

People told us they were well supported by staff. They said that staff treated them with kindness and compassion during their visits and that they had developed positive relationships with them. One person told us, "I'm very happy indeed." Another said, "They do over and above what they have to."

People's family members also told us they happy with the care that their relatives received. One family member told us, "The carers give us feedback before they leave at every visit." They were positive about the relationships that staff had with people, and told us that they made sure people's families were also involved in the visits. Staff ensured people's family had information about the care their relatives received.

Staff were positive about their role and the impact they had on the people they supported. They told us they worked hard to develop and maintain relationships with people and to make sure they received the care they deserved. It was important to staff that they were able to support people to be as independent as possible in their own home. One staff member said, "I like that we help people to stay at home, rather than go into a home."

Staff members also told us that they regularly performed additional jobs or tasks during visits to help people out. They explained that if they spotted that something needed to be done, outside the scope of the person's care plan, they would ask the person if they would like them to help out. One staff member said, "Sometimes you go in and the house needs cleaning, it may not be in the care plan, so you are happy to go over and above to clean or hoover." Another staff member told us, "Some days you go above and beyond because they are humans at the end of the day."

The registered manager told us that, wherever possible, people received their visits from regular staff members, to allow them to build strong and trusting relationships with them. Staff confirmed that people usually received care from a familiar group of staff members. One member of staff said, "They get to make friends with their care workers." Another told us, "I get great pleasure out of caring for people for a long period of time." Records showed that people had named staff, such as keyworkers, and that they often received care visits from the same members of staff.

All the staff members we spoke to explained to us that social time was an important part of each care visit, regardless of the tasks which had to be performed. They told us that visits were always long enough to spend some time having social interaction with the people they supported, rather than just getting their jobs done. One staff member said, "There's always enough time to sit and have a chat." Another said, "Call times are good, plenty of time and you always have time to talk." The registered manager and provider confirmed they had no calls planned for less than 30 minutes, in order to ensure staff were always able to spend quality time with the people they supported.

Staff were positive about the care they were able to provide to people at the end of their lives. They explained how they felt this work was extremely important and that in many cases, they had been able to support people to fulfil their wishes to pass away in their own homes. One staff member told us, "I may be one of the last people to give people the respect and care they deserve at home, it's an honour."

People told us that they were involved in planning their care, as much as they wanted to be. They were asked about what care and support they wanted and the care plan was available to them. One person explained they knew about their care plan and that it was in place. They could look at it if they wanted to but didn't tend to as they were happy with the care that they received.

Staff and the registered manager told us that people were involved in the production of their care plan, and that they were given any information they needed. Records showed that people had been involved in the planning of their care and that they were provided with a guide to the service when they moved in. The provider also told us that there were plans to implement an electronic record keeping system. Part of this system would allow people and their families to have ready access to all of their records instantly, anywhere in the world. This would allow people to check over their care plans easily and raise any concerns or areas for development which they may have easily. The provider anticipated that this system would empower people and their families, as they would have all the information they needed at their fingertips.

Dignity was very important to the service and the staff working at it. They explained that they worked hard to treat

Good

Is the service caring?

each person with the respect and dignity which they deserved, regardless of the support they required. We saw that this commitment to dignity and respect was echoed in people's care plans and the policies staff followed.

Requires improvement

Is the service responsive?

Our findings

Care plans were tailored to meet people's individual needs, containing information that was specific to them and their needs and abilities. Plans were, however, inconsistent. Some people had more detailed care plans than others, and some lacked detail. We also saw several care plans for different people that had the same wording for some areas. For example, we saw two different people's care plans which said, 'Check all pressure areas.' There was no guidance of which part of the person's body had previously been susceptible to pressure ulcers, or how recently they had one. We saw that another care plan provided staff with conflicting information, with one part stating that a person's family member would prepare food for them, and another part stating that staff should prepare a meal for them. This meant that the service and staff members may not always record, and therefore demonstrate, that people received person-centred care.

We saw that the service was in a process of transition to a new computerised record keeping system. Some people's care plans had been transferred to the new system, and we saw that these plans contained more detail and were more specific to people's needs. The provider explained that staff would be able to access people's care plans from mobile devices during visits, which would allow them to see a 'live' version of the plan during visits, as well as providing instant feedback and updates using the system. The provider also told us that the system would be used to complete records of visits. They acknowledged that there may be a chance that daily records using the system, would be task-based, but assured us that they would work with staff to ensure records were person-centred. People and their families would also be able to purchase an application that would allow them to access their own records in full. This would also allow them to see 'live' versions of all their paperwork and create an opportunity to continually review the care they received.

People told us that the service and staff members knew them well, and understood their care needs. They were positive about the care that they received and told us that they were able to express their own needs and wishes for their care. For example, one person explained to us that they wanted to receive care from male members of staff only. They confirmed that the service had put plans in place to ensure this happened.

Staff we spoke to knew and understood the people they provided care of. They told us that, despite the care plan, they listened to what people told them and asked them during their visit. One staff member told us, "I always tell them that they're the boss." They were able to tell us about people and their specific needs and told us they regularly saw the same people, which helped them to build up a strong relationship and understanding with the person. They told us that care plans provided a detailed breakdown of what was supposed to be done during each visit, ensuring people's requests were met. Staff also told us that they were able to update care plans, if they felt they were no longer correct or appropriate for the person. Office staff would then collect the plans and update the master copy.

The registered manager and provider explained to us that they carried out an initial assessment before committing to care package. They used this to ensure their service could meet people's needs and to draw up an initial plan of care. This would then be updated once the package commenced, as they got to know people better. We saw evidence of this process taking place in people's care plans.

Staff told us they encouraged people to provide feedback to them or the provider. They were happy to receive comments or complaints as it helped them to develop their service and improve the care that people received. We saw that the provider had a complaints procedure and records showed that, when necessary, it had been followed. When people made complaints, they were looked into by the registered manager or provider and a written response was sent out. We also saw that the service received a number of compliments from people, their family members and funding authorities. The provider told us that they shared this positive feedback with the staff team, to ensure the positive thanks was passed on.

People were confident that they could give the provider feedback at any time, and that they would be listened to if they provided this feedback. They felt they could raise issues or concerns if they had any and that these would be dealt with by the registered manager or members of staff. One person told us, "I know how to complain if I need to but I have not had to." People also told us that, if they did complain or had any problems, the issue would be dealt with appropriate. One person told us, "The couple of times [provider] have made a mistake, as is bound to happen

Requires improvement

Is the service responsive?

from time to time, it has been rectified quickly and efficiently." People's family members were also positive about the opportunities they had to provide feedback about the care that their relatives received.

The provider also told us that an annual feedback form was sent out to people, to gain insight into their views regarding the service. They explained that the results from this survey were analysed and used to help identify areas of good performance and areas for improvement. Records showed that the most recent survey had been carried out, but the analysis of results had not yet been completed. This had been done in previous years.

Good

Is the service well-led?

Our findings

People were positive about the provider and the care they received from the service. One person said, "I'm very happy indeed." Another told us, "I switched to them nearly three years ago and they have been great." People were also positive about the registered manager and provider. They explained that they were easily contactable or accessible and responded to any concerns they raised. Family members were equally positive about the registered manager, provider and service which their relatives received.

There was an open and positive culture at the service. Staff at all levels were transparent when we spoke to them and were happy to talk about the provider and the roles they performed. They told us that they felt well trained and supported by the registered manager and provider, as well as their colleagues. One staff member said, "I love all the staff and the management are absolutely phenomenal." Another told us, "The support here is very good."

Staff were motivated to perform their roles and were passionate about delivering good care and working for the provider. One staff member told us, "It's the best care company I've worked for. The level of care we give is why I stay." Staff expressed that they felt the communication between the registered manager and provider was very positive and that people were treated with respect and involved in their care. This had a positive impact on people, their family members and staff. One staff member said, "Carers love the way the service talks to people and the care that is delivered. I love it, I absolutely love it."

Staff were also positive about the lines of communication between people, care staff and office based staff. One staff member told us, "Communication on the whole is pretty good." They explained that messages were passed along promptly, which helped to ensure everybody was aware of what they should be doing. For example, a number of staff members explained to us that, if there were changes to a person's care plan, a text message or email would be sent to all the staff that were due to provide that person with care. This would alert them to the fact that the care plan had been updated, ensuring people received the correct care.

The registered manager and provider told us that they felt communication within the staff team was very important, particularly as staff were spread over a large area. They showed us the regular newsletter that they sent out to all staff. This contained important information, such as updates regarding the service and new staff members. They also used this as a tool to keep staff motivated and passed on positive comments and feedback from people.

Staff were aware of the registered manager and the provider. They felt they were supportive and could be relied on when they were needed. Many of the staff we spoke to explained that, if there was a problem or a staff shortage, both would come into the office on days off, to ensure the service was able to continue for each person. One staff member said, "Oh yes, the manager is very approachable."

The registered manager explained to us that if incidents or accidents occurred, staff would record this and pass the report on to the office staff. Incidents would then be investigated if appropriate and action taken to resolve the issue and update people's care plans and risk assessments. We saw evidence that this took place and that the service was meeting their regulatory requirements to inform the Care Quality Commission (CQC) of certain incidents and events, such as safeguarding concerns.

The provider and registered manager explained that they carried out a number of quality assurance checks and audits to monitor the care being delivered. The registered manager confirmed that they had plans to put new audit processes into place to analyse a wider range of performance areas, to further improve the service people received. The provider also showed us a new comprehensive audit tool they were in the process of completing. This would be used to give an over-arching view of the service and identify areas for development. We saw that, from the audits and checks that had been completed, action plans were put in place to ensure areas identified were attended to in a timely fashion.