Walter Manny Limited

Bluebird Care

Inspection report

Unit Z12
Westpark
Wellington
Somerset
TA21 9AD

Tel: 01823331194
Website: www.bluebirdcare.co.uk

Date of inspection visit:
25 March 2019
26 March 2019
29 March 2019

Date of publication:
07 June 2019

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service: Bluebird Care is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to both older adults and younger disabled adults. At the time of the inspection they were providing care and support to 233 people.

People's experience of using this service:
People did not always receive care and support from staff who understood their roles and responsibilities. This meant some staff had acted outside of their remit, which resulted in some care and support not being provided in a well-planned and directed way.

We recommended the provider looked at ways to improve staff knowledge of their roles and responsibility within the service.

There was not a registered manager in post. The new manager had applied to register with the Care Quality Commission (CQC). The registered manager and provider are legally responsible for how the service is run and for the quality and safety of the care provided.

People did not always receive care and support from a consistent team of staff. People also said staff were sometimes late and they were not always informed. The manager was working towards improving this experience for people.

People received care from staff who were kind and caring. Staff respected people's privacy and dignity when providing personal care. However, some people said they sometimes received care and support from a male care worker when they had said they preferred not to. The manager was reinforcing the need for planners to be aware that some people did not want a male care worker to carry out personal care.

There were systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views. However, they had failed to identify the lack of consistency of care workers that some people had experienced. The manager had identified shortfalls and was working towards addressing the issues raised.

Some staff in a specific geographical area said they did not feel supported and involved in the running and development of the service. The provider was looking at ways to improve communication with staff in this area and support them to be more actively involved.

People told us they felt safe with the staff who supported them. Risk assessments were in place to identify any risk to people and staff. All staff understood how to ensure people were safe. There were enough staff to support people with their daily living.

Staff demonstrated a good understanding of people's needs and received training relevant to the needs of

the people they provided care and support for. Some people needed help to prepare and eat a healthy meal. Staff ensured peoples dietary preferences were followed, and a healthy meal provided.

Staff encouraged people to be involved in their care planning and reviews. People were supported to express an opinion about the care provided and any improvements that could be made.

Records showed the service responded to concerns and complaints and learnt from the issues raised.

The service continued to have strong links with the local community. They provided support and training in Dementia awareness to local businesses, schools and colleges.
Rating at last inspection: At our last inspection we rated the service Outstanding. The report was published June 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service's rating changed from Outstanding to Good overall.

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our Safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our Effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our Well-Led findings below.	**Requires Improvement**

Bluebird Care

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 was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 25, 26 and 29 March 2019 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service to people in their own homes. We needed to be sure that someone would be at the office in Wellington and the satellite office in Weston-Super-Mare to assist us and to arrange home visits.

The inspection was carried out by one inspector, two bank inspectors and two experts by experience who made the telephone calls to people and their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The experts by experience's expertise was in the care of older people.

Before the inspection we reviewed all the information we held about the service. This included notifications the provider had sent us. A notification is how providers tell us important information that affects the running of the service and the care people receive. We also reviewed responses to the CQC inspection survey. These included responses from 16 people who used the service, 10 staff, two community professionals and two friends/relatives

We had requested and received a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this information during the inspection.

During the inspection we visited 19 people who used the service and spoke with two relatives. We spoke with 12 people and six relatives on the telephone. We also spoke with 11 members of staff, as well as the registered manager and the provider.

We looked at a range of records during the inspection, these included 19 people's care records. We looked at

information relating to the management of the service including quality assurance audits and meeting minutes. We also looked at three staff files, the recruitment process, complaints, and staff training and supervision records.

Good

Is the service safe?

Our findings

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

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

People told us they felt safe when care workers visited them. One person said, "I feel safe, they [staff] make me safe. Leave me some tea and lunch if it's lunch and then come back to check I'm ok." Another person said, "I feel really safe with all of the carers, I have never felt worried at all about my safety"

Systems and processes to safeguard people from the risk of abuse.
•The registered manager and staff understood their responsibilities to safeguard people from abuse. Concerns and allegations were acted on to make sure people were protected from harm.

•All staff received training in safeguarding vulnerable people and could discuss what to observe for and who to talk to.

•Staff in satellite locations had access to the providers policies and had a good understanding of what to do to make sure people were protected from harm or abuse.

Assessing risk, safety monitoring and management.
•Risk assessments were carried out at an initial assessment of needs, including risks to people and staff. However, there had been three incidents when staff had been bitten by client's dogs. We discussed this with the manager who agreed they would ensure staff were more aware of when there were risk assessments for pets.

•Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe. Risk assessments in place helped ensure that people were cared for safely.

Staffing and recruitment.
•Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work with vulnerable people.

•The provider was actively recruiting staff. The number of care workers employed depended upon the number of hours commissioned from the local authority and private customers. The manager said they would only take on a new package if they had enough staff to meet the person's needs.

Using medicines safely.
•Medicines were managed safely and there were systems in place to ensure time crucial visits were highlighted.

•People were responsible for ordering and storing their own medicines. Staff prompted people where necessary.

•One person told us, "Staff always ask me in the morning if I need any painkillers."

Preventing and controlling infection.
•Personal protective equipment such as gloves and aprons were provided, and staff usually used them appropriately. However, some customer surveys said staff did not always wear gloves. The manager said they had followed this up and addressed with staff through training.

Learning lessons when things go wrong.
•Staff told us they reviewed risk assessments and care plans following incidents to reduce the likelihood of recurrence.

•Learning was shared with staff during staff meetings, or one to one meetings with locality managers.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

People told us, "I feel well cared for they [staff] seem to know what they are doing." A relative said, "The care they give is very good, I do not have any problems with the carers at all, they can all do their jobs well"

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.
•People's needs were assessed. Where appropriate, families were involved in assessing and agreeing the care people needed.

•Staff worked with other agencies to ensure people's needs could be met.

Staff support: induction, training, skills and experience.
•All staff said they received an induction which was linked to the care certificate. Training for all mandatory subjects was reviewed and up dated as necessary. The service supported staff to take career related courses and become dementia friends. The service had links with local colleges to support staff in attaining various qualifications.

•One person told us, "Staff have been forgetting bits and pieces but they're always apologetic; they don't do it again. Could be lack of training." Another person told us, "Some are trained, some aren't. Some can't make a bed." However, another person said, "The girls [staff] who come to me know everything they need to. They all seem well trained."

Supporting people to eat and drink enough to maintain a balanced diet.
•Most people managed their own nutritional needs. Where necessary, staff helped people prepare their meals.

•People told us staff always made sure they had a drink and snack to hand before they left.

•People said, "They [staff] always make sure there's water in the kettle and it's as easy as possible for me to make a cup of tea" and, "They're very good, they always leave me with a drink and biscuits."

•Where necessary, staff recorded how much people had eaten and drunk in electronic records. This meant the information was available for other staff who visited the person. The system identified if people had not had enough to drink and prompted staff to encourage people to drink more.

Staff working with other agencies to provide consistent, effective, timely care.
•Staff referred people to other health care professionals when necessary. One staff member explained how

they had supported one person to receive an evening care package from another agency to meet their night time needs.

•One person told us they had developed problems swallowing. This had been reported to the office, who contacted the person's family. The person was being referred through the GP for assessment.

Adapting service, design, decoration to meet people's needs.
•Risks in relation to people's homes, such as access and equipment, were identified, assessed and well-managed.

Supporting people to live healthier lives, access healthcare services and support.
•Most people managed their own appointments with healthcare professionals. However, staff told us they would highlight any concerns to senior staff and would telephone for professional support if they were concerned.

Ensuring consent to care and treatment in line with law and guidance.
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Community Service:
•No-one receiving care and support at the time of the inspection was subject to a Court of Protection order.

•Where people did not have capacity to make decisions, staff told us how they ensured people were involved in decisions about their care.

•Staff we spoke with understood the MCA and how it affected their practice regarding gaining people's consent.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.
•Staff used people's preferred names and greeted them warmly. One person told us, "Nobody comes here miserable. They're very kind and more like my friends; we have a laugh and a joke."

•People told us they received good care from their care workers and said, "If I had a daughter, [name of carer] would be the one, she stands out" and, "The girls are lovely, we have a good chat."

•People told us they did not always have consistency of carers and said, "There's hardly any of them left, we don't get the same carers, I don't know who's coming in" and, "You don't know who you're going to get. I had someone from Taunton once." We discussed this with the manager who had identified shortfalls in ensuring people in one geographical area did not have a consistent staff team. They were looking at ways to improve consistency of care workers visiting people to address this issue. This included a recruitment program and input from senior staff and locality managers in the area.

•Some people said the timings of visits were not consistent and staff were often late. One staff member explained how they had been given five minutes travel time to cover a distance which would take 30 mins. This meant they had been late for every other call that day. The manager said they had also identified this shortfall and planners were now including enough travel time between visits to ensure this did not happen again. The manager told us they would continue to monitor the travel times staff were allocated.

Supporting people to express their views and be involved in making decisions about their care
•Staff enabled people to make decisions about their care and knew when people wanted help and support. One person told us, "They ask me if I want my care plan changing." Another person said, "I know all about my care plans and they look at it regularly with me and I agree or not as the case may be, if I don't agree they change it."

Respecting and promoting people's privacy, dignity and independence.
•People spoken to said they were treated with dignity and respect with staff remembering to close doors and curtains before providing personal care. However, one person said, "One member of staff didn't wash my back, even though I asked her to. She doesn't talk to me, which makes me feel uncomfortable." A senior member of staff said they would take this back to the manager and discuss with staff.

•Where people expressed a preference for the gender of their carer, this was not always respected. Consequently, people sometimes refused personal care. One person told us, "I don't want personal care with a male. If they send a male I don't have a shower." A member of staff confirmed this and said, "They

refuse care if they don't know their care worker, and that's bad for them." Another person said, "A male carer turned up once I soon put a stop to that I had already said I didn't want one. I can speak up for myself on that score." We discussed this with the provider who agreed to ensure people's wishes were made clearer and planners were made aware of people's preferences on the electronic planning system.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.
•People received support from staff who understood their needs, preferences and interests. Staff gave people choice and control. People told us, "[Name] is like gold; she walks in and knows what I want", "They ask if I want anything else and will do different things if I ask" and, "They come in, say hello and ask what I want. If I ask them to put a duster round, they do it."

•Peoples information and communication needs were identified and recorded in their care records. If people needed support with information in any alternative formats this could be arranged.

•People's needs were assessed before they began to use the service and reviewed regularly thereafter.

•Where staff regularly visited the same people, staff knew their likes, dislikes and preferences. They used this detail to care for people in the way they wanted.

•All the care plans reviewed were written in a person-centred way. They contained very clear guidance and instruction for staff about how to meet the needs of the person. Staff were able to review people's care plans before they entered their property through an electronic care planning system on their phones. One staff member said, "It is good to do this outside as people think you are on the phone and not caring."

•Instructions for staff included personal statements from the person such as 'please make me a cup of tea as soon as you arrive'. Another care plan was very clear about how they should leave the person with a drink and ensure their piper lifeline was turned on and being worn.

Improving care quality in response to complaints or concerns.
•The provider had a complaints policy which was available to people in their care plans.

•People said they were happy to raise concerns or complaints but told us they did not need to. One person said, "I can talk to them and raise concerns." However, one person said, "Communication with the office can sometimes go astray, they say they will pass it on but the don't and you don't hear back." This had also been raised in the providers customer survey and was part of the managers action plan to improve the service provided.

•Complaints and concerns had been reviewed and action taken. The manager/provider had responded to people's complaints and learning had been put in place. However there continued to be an issue with the times of visits and late attendance by some care workers.

End of life care and support.
•End of life support could be provided, and staff were supported by the community nursing team and local hospices. The service offered staff training in end of life care to ensure people's wishes were respected and they could have a pain free and comfortable death.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of well-planned and consistent care.

There was not a registered manager in post. The last registered manager had left in January 2018. The provider had made efforts to employ a suitably qualified person to fill the role. The new manager had started the process to register with CQC. We discussed with the provider their responsibility and the importance of ensuring the service had a registered manager.

The provider showed us a timeline which evidenced the delays they had experienced in obtaining a DBS check. This showed that without the delays they would have completed the registered manager process with CQC sooner. During this time the prospective managers were being supported by an experienced manager who had previously been registered with CQC and the provider.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.
•Staff in one geographical area covered by the service told us about poor management in the past and how the repercussions of this were still being felt. Staff said, "The company isn't bad, they're a good company, just going through a bad time", "We have no continuity, office staff help us out massively, they're very friendly and it's nice to have the help, but they do not know our area" and, "Staff and customers are not happy. There's no continuity. Customers like to know their carer; they trust us."

•Staff in the area closer to the office had a different experience and said they felt well supported and that communication was, "OK most of the time."

•We discussed this with the manager and provider. They were very open about the issues they had experienced within the last 12 months. They felt they had 'rounded a corner' and were more positive about the future service provision. However, there were still issues about the lack of knowledge some planning staff had about the times it took staff to travel between calls. This resulted in people experiencing late calls and staff felt pressurised to get to all the calls on their round on time, this meant that on occasions staff did not stay the full time specified on the visit plan.

•The manager and provider told us they had experienced difficulties with staffing in one area. Some staff had acted outside of their role without consulting the provider. Senior staff in the area had left and this meant staff had felt a lack of leadership. The provider told us that they were looking at ways of supporting staff in the area to feel part of a wider team and more involved.

•One initiative introduced to improve communication was the introduction of the, "Bluebird Care support

bus." The bus goes around the areas staff work in so staff can meet with locality managers for refreshments and to talk about the work and their experiences.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.
•Service providers are required to forward notifications to CQC if people they provide care and support for are affected by abuse or alleged abuse. The service provider/manager had not informed the CQC about cases of alleged abuse they had referred to the local authority and the actions they had taken. The manager explained this had been an oversight and the notifications were completed retrospectively before the end of the inspection.

•Most staff were clear about their roles and responsibility within the service. However, some staff had acted outside of their role which had impacted on the planning and running of the service in one geographical area they provided support.

We recommend the provider looks at ways of ensuring all staff are fully aware of their role and responsibilities and how they review them with staff.

•Regular checks were completed by senior staff to make sure people were safe and were happy with the service they received. People said, "They do spot checks on the staff" and, "I'm asked what I think of the service."

•Staff were clear about the values of the service. They gave us examples of how they put these into practice, such as how they ensured they gave people choice and respect.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.
•Customer/relative and staff Surveys were carried out. Comments varied but people were mainly happy with the care and support they received from the care workers. Communication with office staff and late visits were identified as areas for development and audits of the surveys showed that comments had been followed up and discussed with people to agree any improvement the service could make.

•There was a strong emphasis on ensuring the service improved and learnt from mistakes. However, there was still a feeling from some care workers that they were not being involved in improvements and decision making.

Continuous learning and improving care.
•There were quality assurance systems in place to monitor care and plans for on-going improvements. There were audits and checks in place to monitor safety and quality of care. If specific shortfalls were found these were discussed with staff at the time and further training was arranged.

•The manger told us about the plans they had put in place to meet the shortfalls they had already identified. However, these needed to show they were consistently used to drive improvement

•The provider used a tool to measure the consistency of care workers visiting people. However, this failed to identify there was a lack of consistency for some people. The system used looked at the average for all people in an area. This meant outliers outside of the norm might be missed. The provider told us they did measure individual's consistency each time they completed an annual review but would be doing this monthly in future.

•The manager demonstrated an open and positive approach to learning and development. The management team kept their skills and knowledge up to date, through research and training. For example, they had attended a conference on Innovations in Care.

Working in partnership with others.
•The service continued to build strong connections with the local community and other health care agencies. They were ambassadors for promoting Dementia awareness in the community for example they had arranged training in a local restaurant for staff advising them on how they could adapt their environment to improve the outcomes for people with memory issues. This would have a positive impact on the people they provided care for when they were in the community.

•Care workers also helped staff a local day centre, where they supported people they also provided care for in their homes. This meant people met their staff other than in a care setting and could build relationships.