

Spyke Enterprises Limited

Bluebird Care Sefton

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?

Good



Is the service well-led?

Requires Improvement



Overall summary

The inspection was carried out on 5 and 12 February 2015. We gave the provider 48 hours notice of the inspection in order to ensure people we needed to speak with were available. This is in line with our current methodology for this type of service.

Bluebird Care Sefton is a registered with the Care Quality Commission to provide personal care. The service

supports people who live in their own homes. At the time of our inspection the service was supporting approximately 37 people who required support with personal care across the borough of Sefton.

The office base is located in Formby, Merseyside. The office is on the first floor of a building and is not accessible for people who use wheelchairs. The provider told us they can have the use of a room on the ground floor which is accessible. The office premises provide the facilities required for the running of the business.

Summary of findings

We found that people who used the service were protected from avoidable harm and potential abuse because the provider had systems in place to minimise the risk of abuse. Procedures for preventing abuse and for responding to allegations of abuse were in place. Support staff were confident about recognising and reporting suspected abuse. The manager was aware of their responsibilities to report abuse to relevant agencies, however they were not aware of the limitations of their role in investigating safeguarding concerns.

People were provided with good care and support that was tailored to meet their individual needs. Each of the people who used the service had a support plan and these were sufficiently detailed to provide guidance to care staff on how to meet people's needs. Risks to people's safety and welfare had been assessed and information about how to manage risks was included in people's support plans.

Staff worked alongside health and social care professionals to make sure people received the care and support they needed. The manager was able to provide recent examples of how they had referred to outside professionals for advice and support.

People's care plans included guidance about how to support them with their medicines. The agency was only supporting a small number of people with their medicines as most people managed their own medicines or were supported by relatives.

The manager had some knowledge and understanding of the Mental Capacity Act 2005 and their roles and responsibilities linked to this. They were able to tell us how they would ensure a decision was made in a person's best interests if this was required. This included referring to multi-disciplinary professionals as appropriate.

Staff told us there was an open culture throughout the service. They told us they would be confident raising any concerns and felt that any concerns they did raise would be dealt with appropriately.

Pre-employment checks were carried out on new staff before they started working for the agency. Staff told us they felt well supported in their roles and responsibilities and they felt they had the training and experience they needed to carry out their work effectively. However, we found that systems in place to support staff such as appraisal, supervision and training were not consistent across the service. You can see what action we told the provider to take at the end of the report.

There was no registered manager at the service at the time of our inspection. 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. It is a condition of the provider's registration to have a registered manager in post. At the time of our inspection the manager had submitted an application for registration to CQC.

Systems were in place to check on the quality of the service and ensure improvements were made. These included audits on areas of practice and seeking people's views about the quality of the service. We found there was room for improvement in this area as some checks were not being carried out consistently or on a regular basis.

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?

The service was safe.

Procedures were in place to protect people who used the service from avoidable harm and potential abuse.

People who used the service told us they felt safe. Risks to people's safety had been assessed and were managed.

Staff underwent pre-employment checks to ensure they were suitable to carry out their roles and responsibilities.

There were sufficient numbers of staff employed to protect people's safety.

Good



Is the service effective?

The service required improvement in this area.

Staff told us they felt suitably trained and supported in their role. However, we found that some of the systems in place to support staff required improvement.

The manager had sufficient knowledge and understanding of the Mental Capacity Act 2005 (MCA) and the importance of working alongside family members and relevant professionals in making decisions in people's best interests. However, staff and the manager had not been provided with training in the MCA.

Staff referred to health and social care professionals to make sure people received the care and support they needed.

Requires Improvement



Is the service caring?

The service was caring.

People who used the service told us staff were caring.

Staff had a good knowledge of people's needs and preferences. People's support plans included information about people's need, wishes and choices and support was provided in line with these.

Good



Is the service responsive?

The service was responsive.

People's individual needs were reflected in a plan of care. People told us they felt the service was flexible and they felt that any changes they required would be accommodated.

People were supported with their health care needs and staff referred for specialist support in response to people's changing needs.

Good



Summary of findings

Is the service well-led?

The service required improvement in this area. Systems were in place to check on the quality of the service and ensure improvements were made. However, these were not being carried out consistently.

Staff were clear as to their roles and responsibilities and the lines of accountability across the service.

Staff told us there was an open culture and that they felt they would be listened to if they had any concerns.

Requires Improvement



Bluebird Care Sefton

Detailed findings

Background to this inspection

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

The inspection was carried out on 5 and 12 February 2015. We gave the provider 48 hours notice of the inspection in line with our current methodology for this type of service.

The inspection was carried out by an adult social care 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 care services.

We reviewed information we held about the service before we carried out the visit. This usually includes a review of the Provider Information Return (PIR). However, we had not

requested the provider submit a PIR. The PIR 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 looked at the notifications the Care Quality Commission had received about the service.

We contacted 14 people by telephone who were supported by the agency to seek their views about the service. We also met an additional two people who were supported by the agency during a visit to their homes. We spoke with three care workers, a co-ordinator, the manager and the registered provider. We usually contact commissioners of the service to gain their feedback about the quality of the service. However, the provider did not have a contract with any commissioners and each of the people who used the service were paying for the service themselves.

We viewed a range of records including: the care records for three people who used the service, four staff personnel files, records relating the running of the service and a number of the provider's policies and procedures.

Is the service safe?

Our findings

We looked at how the agency supported people who required support with their medicines. We found the majority of people who used the service were either able to self-administer their medication or a relative supported them with it. We found that people had a medication care and support plan as part of their care plan. We saw one example whereby this included a good level of detail about the person's needs. However, we also saw a care plan that included minimal information. Staff training records showed that staff had been provided with training in administering medication during their induction and they were required to undergo a competency assessment during their probation period. We looked at a medication administration record (MAR) for one person who required support with their medicines. We found this required more detail about the medication which staff were administering. We discussed this with the manager during the inspection.

People who used the service had a care/support plan which highlighted risks to their safety and provided staff with guidance on how to support them to manage these. We asked people who used the service if they felt safe when they were receiving support. Every person we spoke with told us they did feel safe. People's comments included: "Absolutely", "Yes of course" and "Yes, I've felt safe with anybody they've sent."

Systems were in place to prevent abuse from occurring. An adult safeguarding policy and procedure was in place. This included information about: how the provider prevented abuse from occurring, the different types of abuse, indicators of abuse and the actions staff needed to take if they suspected or witnessed abuse. The policy did not however detail the need to report safeguarding to the police if this was appropriate to the circumstances. We spoke to support workers about safeguarding and the steps they would take if they witnessed abuse. Staff gave us appropriate responses and told us that they would not hesitate to report any incidents. Staff told us they had been provided with brief training on safeguarding during their induction. The manager told us she had attended

safeguarding training with the host local authority. We asked the manager to tell us what action they would take if staff reported an allegation of abuse. The manager's response showed that they had an understanding of the need to refer safeguarding concerns to relevant agencies, however they were not clear on the limitations of their role in investigating without the instruction of the local safeguarding authority.

The service employed sufficient numbers of staff to meet people's needs appropriately and safely. People who used the service were generally supported by small consistent staff teams. This meant staff had the opportunity to develop a good level of knowledge about the needs of the people they supported and any risks to their safety and wellbeing.

We asked people if the carers had enough time to carry out the care without rushing, they told us: "Yes, I'm not rushed", "That depends on what they do, sometimes you could do with a little more when they are preparing a meal", "They always have time to do what I ask", "They seem to be alright for time" and "They seem to have enough time." Staff told us they had travel time factored into their schedules and this meant that they spent the full length of time with people and were not rushed. The provider told us the staff schedules were put into a computer programme and the co-ordinator would receive an alert if they had not allowed sufficient travel time between calls.

We looked at staff recruitment records. We found that checks had been undertaken before staff began working at the service. We found application forms had been completed and applicants had been required to provide confirmation of their identity and references. Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff starting work. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list of people who are barred from working with vulnerable adults.

Procedures were in place for responding to emergencies and there were 'on call' managers to ensure staff could seek guidance, advice and support up until 10pm.

Is the service effective?

Our findings

The service required improvements. Staff told us they felt sufficiently trained and experienced to meet people's needs and to carry out their roles and responsibilities. We viewed the personnel files for four care workers. We found that staff had undergone an induction when they commenced their employment and they underwent a period of shadowing more experienced members of staff prior to working on their own. Staff training records showed us that staff had undergone training in medicines management and moving and handling as part of one days 'Induction training' during the period of their induction. Longer term members of staff had been provided with updated training in these topics. A staff training matrix indicated there was little training outside of this. For example the training matrix showed no recorded staff training in topics such as adult safeguarding, mental capacity, food hygiene and infection control. We were told that these topics were covered during the induction training. However, the induction training was only one day and staff told us their training on some topics, for example safeguarding, had been brief.

We found that staff were provided with supervision but this was on a sporadic basis for some staff rather than on a regular scheduled basis.

Failing to ensure staff are appropriately supported to carry out their roles and responsibilities is a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found the provider was in the process of restructuring some of the staff team. This was to increase the number of care coordinators to two and to employ a second care supervisor whose role was to support staff out in the field and carry out staff supervision.

The manager was able to demonstrate a level of understanding about the Mental Capacity Act (2005). The Mental Capacity Act (2005) provides a legislative framework to protect people who are assessed as not able to make their own decisions, particularly about their health care,

welfare or finances. We found that the manager and care staff had not been provided with training in the Mental Capacity Act. The manager told us they would work alongside family members and health and social care professionals in deciding if a decision needed to be made in a person's best interests. People's support plans included a section which assessed their mental capacity and a section entitled 'Support to make my own decisions'.

We asked people if they felt involved in choices and decisions about their care, their replies included; "Yes, it was all new to me", "I chose the time of my visits" and "Yes very much so I've told them exactly what I need and that's what they do. Some days I may need more help than others but I just let them know what I need."

People told us they received the care and support they required to meet their needs. We asked people who used the service if they felt the carers had the skills and knowledge to support them. Their replies included: "Very much so", "Well, I've no complaints at all", "Yes, I do", "They have basic knowledge they're very accessible to my telling them" and "Yes they do, except when they change over and new ones start."

We asked people if they had had experience of the carers supporting them to access health or social care professionals such as their GP. A lot of people we spoke with did not rely on the carers to support them with their health needs as they could do this independently or with the support of their relatives. People replies included; "Yes, my doctor", "I've not asked them to do that but I'm sure they would" and "Yes I would say so."

The manager was able to provide examples of how staff had referred to health and social care professionals recently for advice and support to ensure people's needs were met effectively. Where people required support with their meals and diet this was documented in their support plan, along with information about the person's likes, dislikes and preferences.

We saw in staff files that they had signed statements to confirm they had received a copy of the staff handbook. This provided staff with information about their roles and responsibilities and with information on key policies and procedures.

Is the service caring?

Our findings

The service was caring. We asked people who used the service to tell us if they felt staff were caring and if they respected their privacy and dignity. People's comments included "Goodness me yes", "Very much so", "They're very good", "On the whole yes" and "Yes, they are very nice."

We asked people if the carers listened to what they wanted, their replies included; "Yes, I've no problem there", "Yes, they listen", "Very much so", "Most of the time", "They do", "Oh yes, very much so, I think it is a marvellous service, I'd recommend it to anyone" and "They listen to all my troubles and help as much as they can."

We asked people who used the service if they felt the carers understood what care they needed, they replied; "Absolutely, I wouldn't be like I am now if it wasn't for them, she's so tactful", "Yes, I think so", "As time goes on, more so", "I would think so" and "Yes, I don't have to tell her anything."

Staff spoke about the people they supported in a caring way and they told us they cared about people's wellbeing. Staff used terms such as 'support' and 'choice' when

describing how they supported people. The provider told us they were 'very careful' who they employed. They told us they only employed 'natural carers' who wanted a career in care.

The provider told us they had a person centred approach whereby everyone who used the service was treated as an individual who had specific needs and the care was tailored for them, with their and their family's input. People's support plans had been written in a way that indicated that their individual needs and choices were at the centre of the care provided. We saw that people who used the service had been asked to sign their support plans as having been included in developing them and being in agreement with the care provided.

People who used the service were referred to as 'customers'. The provider told us this means that they centre everything they do around the customer and are focused on providing the best customer service as well as high quality care.

The provider told us they provided an additional service referred to as a 'Friendship Group' to support people in combating loneliness in old age. They told us they had been shortlisted for an award by the British Care Awards for this.

Is the service responsive?

Our findings

The service was responsive. People were provided with personalised care that was responsive to their needs. People we spoke with said the service was flexible, some had not needed to ask for any changes but felt sure the service would accommodate them if necessary. People's comments included; "Yes, I have a lot of hospital visits and my carer fits in", "I think they would if I asked", "I'm sure they would" and "I had to call them out yesterday and even though they were very busy, they came and were very good."

We viewed the support plans for three people who used the service. We found these were individualised and they provided information about people's needs and provided guidance for staff on how to meet people's needs. The support plans included information about people's likes, dislikes and preferences. They also included information about how people were supported to make their own decisions about their care and support. People had signed a front sheet to their support plan to confirm they had been involved in drawing up the plan and to give their consent for the care to be provided as prescribed in the support plan.

People who used the service were supported by small staff teams. In discussion with staff they were knowledgeable about the needs of the people they supported. They were able to describe what people needed and how they preferred to be supported. People told us that they had changes to their carers at times. During discussion with people who used the service they told us they would appreciate was better communication from the agency

when there were changes to their carers. When we asked people if they usually had the same carer, their replies included; "Yes I do, actually it's good for me you're very vulnerable and when you get on so well with them, this is what Bluebird do", "No, it varies, I don't mind they are all very nice and they all do the job well" and "No it's different ones, but I don't mind as long as they do the job."

We asked people if the service was reliable. People's replies included: "Very much so, I couldn't fault it, it's on time and they do everything I want", "Not always, half terms and school holidays, they don't miss me out but they are not as regular", "They are always on time" and "They have never ever missed a visit."

The manager was able to provide us with examples of how the service had worked with other agencies to make sure people received the care and support they needed. Where required the agency worked alongside family members, or relevant health and social care professionals, such as district nurses and therapists to ensure people's needs were met.

The provider had a complaints procedure and information about how to make a complaint was provided to people when they started using the service. The information included contact details for other agencies should people wish to raise concerns with others outside of the company. We viewed the complaints log and saw that any complaints received had been investigated and responded to appropriately. People who used the service told us if they had any concerns they would feel confident to raise them and they felt their concerns would be addressed. Information on advocacy services was also provided to people.

Is the service well-led?

Our findings

Improvements were required to the way in which the quality of the service was assessed and monitored.

The provider had systems in place for assessing and monitoring the quality of the service. These included 'spot checks' being carried out by care supervisors. 'Spot checks' were a means by which the provider could check on areas of practice such as medicines management, staff conduct and could seek people's feedback about the quality of the service. However, we found there was clear inconsistency in how the system of spot checks was applied. For some people we saw no evidence that any spot checks had been carried out. The provider told us that changes to the management of the service and a reconfiguration of staff roles had led to a lapse in some practices such as spot checks being carried out. We asked people if they were contacted by people from the agency to ask if they were happy with the service or to review their care and support. People's replies indicated a lack of consistency in how the agency gained people's feedback and this was confirmed in the records we looked at. People's responses included; "Somebody comes from the office every now and again", "No, but I'm sure they will", "Yes, more than once", "The office staff have visited me", "Yes 3 months ago", "Yes they have", "No, I haven't had it reviewed for 18 months", "No", "I think they do" and "Possibly they have, but not for ages."

We found inconsistencies in how the service was managed in relation to supporting care workers in their role. Staff supervision and appraisal had not been carried out consistently across the service.

The provider had a system in place for auditing the service. However, we found the last audit had been carried out 18 months ago. The provider told us an audit was scheduled to take place within a few weeks of our visit and we could see that some preparation was underway for this visit.

We saw that a satisfaction survey had been carried out in March 2014 to attain people's views about the quality of the service. We saw that people's feedback was positive. The surveys had asked people to score a range of indicators about the agency's performance. These included question about people's satisfaction with; the information they had been provided with (including how to complain), staff arriving on time, being informed if staff were late or if there was a change to their key worker, staff attitude, tasks being completed appropriately and if they were satisfied with the service overall. The provider had carried out an analysis of the responses with a view to making improvements to the service.

Staff told us they felt there was an open culture. The agency had a whistleblowing policy, which was available to staff. Staff we spoke with were aware of the policy and told us they would feel able to raise any concerns they had and would not hesitate to do so. Staff felt that if they did raise any concerns then they would be taken seriously and actioned appropriately. Staff comments included; "Every time I've had an issue they sort it and tell me what they've done to rectify it" and

"They listen to clients and staff and do their utmost to make sure it's resolved."

Records we required were available to us and appropriately maintained and detailed. We saw evidence that records such as staff files had been audited to ensure they contained all required information.

The agency had policies and procedures in place for responding to emergencies. Staff had access to these and to an 'on call' manager for advice and support up to 10pm.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The registered person had not made suitable arrangements to ensure staff were appropriately supported in their roles and responsibilities. Regulation 18 (2)(a).