Kore Associates Limited

Bluebird Care - Purbeck

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on the 17 and 18 May 2018 and was announced.

The service is registered to provide personal care to people living in their own homes. At the time of our inspection the service was providing personal care to 33 people.

This service is a domiciliary care agency. It provides personal care to people living in their own apartments in the community. It provides a service to older adults, younger adults, people with dementia, physical disability or sensory impairment, mental health, learning disabilities or autistic spectrum disorder. Not everyone using Bluebird care Purbeck receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

Bluebird Care Purbeck office is situated in Wareham. It provides support to people living in Swanage, Wareham and surrounding areas.

There was a registered manager in post. 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.

People were protected from the risk of harm by staff who understood the possible signs of abuse and how to recognise these and report any concerns. Staff were also aware of the risks that people faced and understood their role in managing these to ensure people received safe care.

People were supported by enough staff to provide effective, person centred support. Staff were recruited safely with appropriate pre-employment checks and received training and support to ensure that they had the necessary skills and knowledge to meet people's needs.

People received their medicines as prescribed and staff worked with healthcare professionals to ensure that people received joined up, consistent care.

People were supported from the spread of infection by staff who understood their role in infection control and used appropriate Personal Protective Equipment (PPE).

People were supported to make choices about all areas of their support and staff understood the principles of the Mental Capacity Act 2005.

People were supported to have enough to eat and drink. People's preferences for meals were well known and staff offered people choices about what they ate and drank.

Where people had medical decisions in place around their end of life care, these were sometimes recorded. The registered manager told us that they would make sure that these were consistently recorded if people had decisions in place.

People and those important to them were involved in planning the support they would receive and were asked for their views about the support and any changes to people's needs. Reviews identified where people's needs had changed and reflected changes to the support provided in response to this.

People were supported by staff who respected their individuality and protected their privacy. Staff understood how to advocate and support people to ensure that their views were heard and told us that they would ensure that people's religious or other beliefs were supported and protected. Staff had undertaken training in equality and diversity and understood how to use this learning in practice.

Interactions with people were kind and caring and we observed that people chatted with staff and were comfortable with them in their homes.

People were supported to access healthcare professionals when required and the service worked with external agencies to ensure that people received joined up, consistent care.

Staff were confident in their roles and felt supported by the office team. Feedback indicated that the office were approachable, listened and took actions where necessary.

Quality assurance measures were regular and used to identify any areas for improvements. Action plans were in place to record these.

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.

People were protected from the risks of abuse by staff who understood the potential signs and were confident to report.

Risks people faced were understood and managed by staff.

Appropriate pre-employment checks were carried out for new staff.

Sufficient numbers of staff were deployed to meet people's needs.

People were protected from the spread of infection by staff who understood the principles of infection control.

People received their medicines as prescribed.

Lessons were learnt and improvements were made when things went wrong.

Is the service effective?

Good

The service was effective.

People were asked to consent to their support and staff understood the principles of the Mental Capacity Act 2005.

Staff received training and supervision to give them the skills they needed to carry out their roles.

The service worked with other healthcare services to deliver effective care.

People were supported to receive enough to eat and drink.

People's needs and choices were assessed and effective systems were in place to deliver good care and treatment.

Is the service caring?

Good

The service was caring.

People were supported by staff who were compassionate and kind.

Staff knew how people liked to be supported and offered them appropriate choices.

People were supported by staff that respected and promoted their independence, privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People had individual care records which were person centred and gave details about people's history, what was important to them and identified support they required from staff

People were listened to and felt involved in making decisions about their care. Where changes were required, these were acted on and reflected in care plans.

People and relatives knew how to raise any concerns and told us that they would feel confident to raise issues if they needed to.

Is the service well-led?

Good

The service was well led.

People, relatives and staff spoke positively about the management of the service and told us that they were able to speak with the office when they needed to.

Staff felt supported and were confident and clear about their roles and responsibilities.

Feedback was used to plan actions and make improvements.

Quality assurance measures were used to identify patterns or trends. The registered manager was working with the provider to ensure that systems to provide oversight were proportionate and consistent.

Bluebird Care - Purbeck

Detailed findings

Background to this inspection

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

The inspection took place on 17 and 18 May 2018 and was announced. The provider was given 48 hours notice because the location provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be at the office and able to assist us to arrange home visits.

The inspection was carried out by one inspector on the first and second day. Phone calls to people were completed on the second day by an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. They had experience in dementia care and care at home services. We visited the office location on the first day to see the registered manager and provider; and to review care records and policies and procedures. On the second day we visited people in their own homes.

Before the inspection we reviewed all the information we held about the service. This included notifications the service had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We contacted the local authority to obtain their views about the service.

We had not requested 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 gathered this information during the inspection.

During the inspection we visited four people who used the service and spoke with one relative. We telephoned a further nine people to gather their views. We also spoke with five members of staff, the registered manager and nominated individual. We received feedback from one professional who had knowledge of the service.

We looked at a range of records during the inspection, these included four care records. We also looked at information relating to the management of the service including quality assurance audits, health and safety records, policies, risk assessments, meeting minutes and staff training records. We looked at three staff files, the recruitment process, complaints, training and supervision records.

Following our inspection visit, we requested further documentation from the service. This included contact details of relatives who had given consent for us to possibly contact them and feedback survey responses. This information was provided.

Good

Is the service safe?

Our findings

People were supported by staff who understood how to use equipment to assist people to move safely. For example, one person needed assistance to move from their bed to their shower and to their chair. They told us "I feel safe with them (staff) supporting me when they assist me to move". Another person told us that staff were confident about how to support them and this made them feel safe. Another person used a pendant alarm and staff always checked that they had this on them at each visit so that they could call for emergency assistance if needed when staff weren't there.

People were protected from the risks of abuse by staff who understood the potential signs to be aware of and how to report these. One staff member explained that they would look for any signs of "bruising or feeling down and not their normal self, if they are wary to talk when they are normally chatty". Staff regularly visited people which meant that they knew them well and would be able to identify changes in behaviour or personality.

People had individual risk assessments which outlined what actions staff needed to take to keep them safe. For example, one person had a catheter. District Nurses provided support with this but there were details in the persons care plan about potential signs of infection to be aware of and how to report these if they had any concerns. Another person had equipment in place to assist them to move safely. Their care plan gave details about how staff should support the person safely to use this.

People received their medicines as prescribed and these were recorded accurately. An online system was used to monitor medicines and staff used this to identify when they had administered medicines for people. If any medicines were not given as prescribed, this generated an alert in the office and was then followed up with staff. This system meant that any potential administration or recording errors were identified and promptly managed. The registered manager explained that if any staff came across a medicine which was not on the electronic system, they took a photograph of the prescription label and let the office know immediately. Again, this reduced the risk of any potential medicines errors.

People were supported by staff who had been recruited safely, with appropriate pre-employment checks. Staff files included identification checks, application forms and interview records. Checks with the Disclosure and Barring Service (DBS) were in place before staff started in their role to identify whether staff had any criminal records which might pose a threat to people. Interviews were value based and the Director explained that they placed an emphasis on ensuring that they chose applicants who shared the core values of Bluebird Care.

People were protected from the risks of infection because staff followed infection control procedures. Staff had access to appropriate Personal Protective Equipment (PPE) and told us how they used this to prevent the spread of infection. We observed staff using this with people in their homes and people told us that staff always wore gloves and aprons when supporting them with personal care.

Bluebird Care Purbeck had contingency plans in place which were used in emergency situations such as

severe weather conditions. These were reviewed and updated every three months to ensure that the information remained correct. It included names of drivers who had access to vehicles which could be used in adverse weather conditions to ensure that staff could access people's homes.

Staff understood their responsibilities to raise concerns or report incidents and these were used to learn and drive improvements. A staff member told us how they would record and report if someone had a fall but was not sure whether people's records in their homes included this paperwork. One person's home that we visited had accident/incident forms and body maps for staff but these were not consistent in all homes. The registered manager told us that they would ensure that these forms were made available in each person's home.

Good

Is the service effective?

Our findings

People were involved in pre-assessments about their needs before they received a service from Bluebird Care Purbeck. One person explained that they had been asked lots of questions about what they needed before the service started. Assessments included information about those important to people, involved professionals, cultural or religious needs and peoples wishes and preferences, including whether they had a preference for a male or female member of staff.

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. We checked whether the service was working within the principles of the MCA.

The registered manager told us that nobody receiving a service at the time of inspection lacked capacity. There were capacity assessment and best interests decision paperwork available and staff had received training in MCA. One person's capacity had been deteriorating and Bluebird were working with the local mental health team and social worker to support this person and consider their capacity in relation to where they lived.

People told us that their religious and cultural wishes were understood and respected by staff. One person went out to church regularly and staff visited at an appropriate time to enable them to get washed, dressed and ready to go out. Other people's religious views were understood. For example, the registered manager told us about a discussion with a different person about their beliefs and what support they might want from staff to ensure that staff were respectful of these.

People told us that staff had the correct skills and knowledge to support them effectively. We observed that staff knew people's individual needs and how to meet these. For example, one person had a catheter and staff were able to explain how they supported them to manage this. Staff received relevant training for their role and were required to complete updates in certain subjects the service considered essential. These included moving and assisting, medication, infection control, food hygiene and first aid. Other topics were available including fluids and nutrition and dementia. Staff were encouraged to undertake further development opportunities and several staff were completing or had completed national health and social care qualifications.

Staff were supported through regular supervision and annual appraisals. They told us that they were able to discuss any practice issues and identify areas for development. There were schedules in place for formal supervision meetings but the registered manager explained that they encouraged staff to pop in whenever they wished to discuss any issues or updates.

New staff were supported through an induction and probation period and completed the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not

already had relevant training. Staff completed shadowing as part of their induction and this could be extended if staff felt they needed longer to shadow before lone working in the community. The provider explained that staff received weekly supervision during their probation period which enabled them to receive regular support and discuss any concerns or issues.

People were supported to have enough to eat and drink if they required assistance with this. We observed staff offering people choices about what they ate and drank. For example, one staff visiting a person said "I'll make you a cup of tea, what would you like for lunch…would you like to choose?". Another person explained "yes, they(staff) prepare me snacks e.g. scrambled eggs just how I like them".

People were supported to receive person centred, consistent support when they went to hospital or transferred between services. Bluebird Care were in the process of introducing 'hospital passports' for people which would provide essential information about people's needs and wishes to medical staff if the person needed to go to hospital. The area manager explained that this documentation had been introduced in another Bluebird Care office and would be in place in the Purbeck office within two weeks.

People were supported to receive prompt access to healthcare services when required. People's records showed contact with GP's and district nurses was made promptly by staff. For example, staff had been concerned that someone was unsteady on their feet which was not usual for them. The GP was called the same day. Another person had fallen and been found by staff when they arrived at their home. The person had complained of pain and staff had immediately called the paramedics and stayed until they arrived.

Good

Is the service caring?

Our findings

People and relatives told us that staff were kind and compassionate. Comments included, "they (staff) seem to take a real interest", "we get on very well" and "I'm getting to know them and they [staff] are getting to know how I like things done". We observed staff interacting with people and heard general chatter and moments of laughter and shared jokes. This indicated that people felt comfortable with staff in their homes. Care records indicated how people wished to be supported. For example, one person's record stated 'I like to be greeted with all my visits as if I am an old friend'. These details ensured that staff were able to consistently support people in the way they preferred.

Staff understood how to communicate with people in ways which were meaningful for them. People's records included information about whether people had any particular communication needs and we observed staff communicating effectively with people. For example, one person had some difficulties with verbal communication. Their record indicated that this could be a source of frustration for them and that staff needed to speak clearly and ensure the person had time to respond. We observed that staff communicated with the person in the way described and were able to understand what the person was communicating to ensure that they provided appropriate care.

People were actively involved in making choices about all aspects of their care and treatment. Staff understood how to offer people choices about their support. One staff member explained about people's meals and said "If someone [service user] can't get up, I'll take some choices through from the freezer to choose what they want".

The provider and registered manager gave examples of when staff had gone the extra mile for the people they visited. Incidences included a staff member who bought all the people she visited chocolate advent calenders because one person told them they had never received one. Another person had called the office because a parcel was being delivered at their home and they could not get to the front door to take the delivery. A staff member popped to the person's home in between visits to assist.

Staff were respectful of people's homes and privacy. We observed that staff entered people's homes in the way they wished and people's preferences around this were reflected in care plans. Staff explained how they protected people's privacy when assisting with person care. One explained "we always put a towel over the bottom half when assisting with the top half". Another told us "we talk to them about what they would like and how they would prefer things done".

People's confidential information was stored securely. Staff each had a hand held smart phone which they could access with individual pass codes to access people's information. The office also had pass codes and staff files were securely locked away. Families were able to logon to people's care records where consent was given to using the electronic care planning system and had individual codes to be able to view their loved ones information.

Good

Is the service responsive?

Our findings

People were involved in reviews about their care and treatment and care plans showed when there were changes to the support people received. For example, the review for one person had included an involved professional who had been concerned about whether the person was sleeping in their chair overnight. The person's care plan had been updated with an action for staff to monitor and report if they found that the person had not been going to bed. Another person's review had considered whether the equipment they used to move safely had been serviced. When it was identified that it required servicing, this information was discussed with the person and their loved one.

Care plans reflected people's physical, mental, emotional and social needs and ensured that people were treated equally and as individuals. The registered manager told us that at the time of inspection they were not supporting anyone from black and ethnic minority background or anyone who was lesbian, gay, bisexual or transgender. They explained that they would ensure that there was no prejudice from staff and ensure that there was the correct mix of staff to meet the person's needs. They explained that all staff undertook training in equality and diversity.

The service met the Accessible Information Standard for people. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. Communication needs were recorded and understood by staff and the registered manager told us that information was available in "braille or large font if needed" for people.

People told us that they would be confident to raise any concerns if they needed to do so. Comments included, "I get on the phone to the manager", "I would phone the office" and "My daughter would do this for me". People told us that where they had raised concerns, these had been listened and responded to. For example, one person told us about a staff member who they had not been happy with and told us that this had been handled well by the office. Bluebird Care had a complaints policy in place which included timescales for acknowledgement and investigations into complaints, and external contacts including CQC and the Local Government and Social Care Ombudsmen.

Some people's records gave details about advance medical decisions around end of life care. The registered manager told us that when they supported people with end of life care, they would ensure that their preferences were discussed, recorded and respected. They also advised us that they would ensure that they discussed any advance medical decisions with people to ensure that they consistently recorded these if people had them in place.

Good

Is the service well-led?

Our findings

People, relatives and staff spoke positively about the management of the Bluebird Care Purbeck office. We were told that the office was easy to contact and the registered manager and co-ordinator were friendly and helpful. Where people or staff had needed to contact someone outside office hours we were told that the on call worked well and that management called back quickly if they were not immediately available. Comments from people included "since the new manager came…..carers are happier" and "they [management] often phone me to check if all is ok." Staff comments included "if I've got any problems they are at the end of the phone" and "the office are helpful and easy to contact out of hours".

Bluebird Care Purbeck 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.

Staff understood their roles and responsibilities and felt supported. They received regular spot checks which were unannounced and enabled oversight of practice including use of PPE and how they communicated with people. The registered manager explained that they encouraged staff to pop in to the office whenever they wished and told us that staff often did so. Staff were responsive to people's changing needs and the registered manager gave examples where staff had agreed to change their availability to meet times and extended support for people when this was required.

The registered manager received regular support from the provider and was able to discuss and share practice with registered managers of other Bluebird care locations. They spoke with pride about their staff and told us "It takes a really special person to be a Bluebird [staff member]….we care about our customers, I'm very proud of my team, they do a great job". We saw that the registered manager had regular meetings with the provider to discuss audit information and plan actions to drive improvements where needed. Bluebird Care Purbeck were also members of several national organisations and received updates and information about best practice guidance and changes which were shared with staff through supervisions and emails.

Bluebird Care used annual surveys to gather feedback from people, relatives and staff. The most recent survey had been sent out earlier in 2018 and responses had been positive when asked questions including; whether staff were polite and treated people respectfully and whether tasks were carried out properly and professionally. Where people had indicated the improvements were needed, actions were in place to improve these. For example, some people had fed back that they were not always told about changes to their visits. The registered manager showed us a log book which had been put into place in the office. This was used to record every time people were updated about changes to ensure that this area improved.

The staff survey was also positive with all staff responses indicating that they felt they received enough support and supervision form the office, enjoyed their role and would recommend Bluebird care to a friend. Some staff indicated that travel time was an issue and actions were in place to review this. Staff we spoke

with told us that they had enough time to travel between people and were able to be at their visits at the planned times.

Communication between the office and staff was effective and information was shared using a combination of updates on the electronic system, phone calls and emails. Staff meetings were planned but the registered manager explained that it was often difficult to find appropriate times to enable all staff to attend. Staff told us that communication was good and they were kept updated by the office.

Quality assurance measures were regular and used to drive improvements. The provider explained that they monitored the number of staff hours to ensure that staff were not working above their desired capacity. Other audits covered areas including medicines, accidents and incidents and care plans. The electronic system enabled oversight of people's planned visits and medicines administration. Staff logged in when they arrived at a person's house and out again when they left. This reduced the risk of anyone missing a visit. Medicines were also monitored and the electronic system would alert the office if any prescribed medicine was not recorded as being administered. This enabled the office to have responsive monitoring about the support people received.