

Sage Home Care Limited

Sage Home Care Limited t/a Bluebird Care (Wirral)

Inspection report

1st Floor, 3 Cleveland Street
Birkenhead
Merseyside
CH41 6ND

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Bluebird Care (Wirral) is a domiciliary care agency providing personal care to 34 people across Wirral. Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Governance systems were in place, although some areas required improvements. The newly registered manager was aware that quality assurance processes needed to be strengthened as a way of monitoring the quality and safety of care people received.

People's support needs and areas of risk were established from the outset; staff were familiar with the care needs of the people they supported and their likes, wishes and preferences.

Safe medication administration systems were in place. Staff received appropriate medication training and people told us that they felt 'safe' when receiving medication support from the care staff who supported them.

Staff were familiar with safeguarding procedures and knew how to report their concerns as a way of keeping people safe. There was also an up to date safeguarding policy in place; this contained relevant guidance for staff to consult.

People continued to receive support by staff who had been safely recruited. Safe recruitment procedures ensured that people received personal care by staff who had undergone the appropriate recruitment checks.

The registered manager disclosed that staffing levels had been a recent area of concern. However, she explained how this was being managed to ensure people continued to receive the care they needed.

Staff were supported with training, learning and development opportunities. Staff were very complimentary about the new registered manager and told us they found her approachable and supportive.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives told us that the staff team were 'brilliant', 'kind' and 'lovely'. People we spoke with confirmed that the staff team delivered person-centred care that was tailored around their support needs.

The registered provider had an up to date complaints policy in place. People were provided with the complaint procedure from the outset and told us they knew how to make a complaint if they needed to.

People were encouraged to share their thoughts, views and suggestions in relation to the quality of care they received. Quality questionnaires were circulated and used as a measure to improve the provision of care people received.

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

Rating at last inspection and update

The last rating for this service was 'good'. (published 07 April 2017). At this inspection the service remains 'good' although improvements are required in the 'well-led' area.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

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 ●

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an 'Expert by Experience'. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider and manager would be in the office to support the inspection.

Inspection activity started on 10 October and ended on 11 October 2019. We visited the office location on 10 October 2019 and made telephone calls to people and relatives on 11 October 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. The provider was also asked to complete a provider information return prior to this inspection. This gives some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and five relatives about their experience of the care provided. We spoke with four members of staff as well as the registered manager and managing director.

We reviewed a range of records during the inspection. We checked four care records of people who were receiving personal care, medication administration records (MARs), three staff personnel files and other records relating to the management of the service including policies and procedures and quality assurance processes.

Is the service safe?

Our findings

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

At the last inspection this key question was rated 'good'. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People's support needs and areas of risk were assessed from the outset. Although it was noted that these needed to be reviewed more frequently as a way of monitoring the quality of care people received. For example, one care record did not contain relevant catheter care information and some information was missing from another care record we checked. This was discussed with the registered manager who immediately responded to our findings.
- Most care plans outlined the level of personal care each person needed and how to keep people safe.
- Staff told us they were provided with up to date information in relation to people's care needs and were aware of risks and how to manage these safely.
- People told us they felt safe when they were receiving personal care and their care needs and areas of risk were managed well.

Staffing and recruitment

- Staffing levels were a recent concern for the registered manager, but we were informed that this had been well managed with the support of the whole staff team. Staff told us, "[Manager] has been helping out with calls [support visits]" and "She's been brilliant, not frightened to help out."
- People told us, "They [staff] are always on time and very helpful", "There are plenty of staff to support me" and "The carers are excellent, there is good continuity of care."
- Safe recruitment procedures were in place. Pre-employment checks were carried out on all staff to ensure their suitability for the role.

Using medicines safely

- Safe medication practices were in place. People received the correct level of support in relation to their medication care needs.
- People received support with their medication by staff who had been appropriately trained.
- The registered provider had an up to date medication policy in place; this contained relevant information and guidance for staff to follow.
- Care records contained relevant information and guidance in relation to the tailored medication support people required.
- The registered manager was aware that more frequent medication audits needed to be carried out.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse and people confirmed that they felt safe in their own homes.

- Staff received safeguarding training and told us the processes they would follow if they suspected a person was being abused.
- People told us, "I feel safe and secure in my own home and they [staff] are kind" and "Yes I'm safe, they listen to me." One relative said, "[Relative] is safe and she trusts them."

Preventing and controlling infection

- Staff were provided with personal protective equipment (PPE); PPE helped to prevent the spread of infection.
- Care records contained information and guidance about the importance of infection prevention control and ways to keep people safe.

Learning lessons when things go wrong

- There was an accident and incident reporting procedure in place.
- Staff told us how they would record, report and manage any incidents and accidents safely.
- There was a system in place to regularly monitor and review accidents and incidents that occurred. This helped the registered manager to identify if any trends were emerging.

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.

At the last inspection this key question was rated 'good.' At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- Where possible, people were encouraged to make choices around the day to day support they needed. People told us that staff regularly involved them in decisions that needed to be made.
- Consent to care and treatment was sought and people told us they were actively involved in the provision of care they received. One person told us, "They ask if I need help yet, leave me to my independence when I want it."
- People were not unlawfully deprived of their liberty although we noted that some care record documentation needed to be reviewed and updated. This was an area that the registered manager was concentrating on.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's support needs were assessed before they received support from Bluebird Care (Wirral).
- Assessment's determined the level of support people required and areas of risk that needed to be effectively managed.
- Assessment information helped to develop people's care plans and relevant risk assessments.

Staff support: induction, training, skills and experience

- Training records indicated that staff received the necessary induction and mandatory training they needed to do their job; staff confirmed that the level of training equipped them to deliver the care and support people needed.
- People told us, "They [staff] are brilliant, they are excellent, they are very good at what they do" and "They are very good, well trained, it's wonderful care, couldn't ask for better."
- Staff told us they felt supported on a daily basis and could seek support and guidance as and when

required.

- Staff received an appropriate level of support although supervisions were not happening as regularly as they should have been.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutrition and hydration support needs were established from the outset.
- Care records contained relevant information in relation to the dietary support people required.
- Relevant dietician referrals and support measures were put in place as a way of managing and monitoring nutritional risk. For example, food charts were being completed as a way of supporting one person who was receiving care.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other agencies and arranged specialist health referrals when required.
- Any advice or guidance was incorporated in people's care plans; staff were informed of the changes that had occurred and the support that needed to be followed.
- People's overall health and well-being was continuously monitored, and people received effective, timely care.

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.

At the last inspection this key question was rated 'good.' At this inspection this key question has remained the same. This meant 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

- People told us they were well cared for and staff provided compassionate, kind and friendly care. People told us, "They are just lovely, kind people" and "They are so kind, and they smile." One relative said, "I can't fault them, they are lovely."
- Equality and diversity support needs were established from the outset. People were treated fairly and were not discriminated against. One person said, "Yes they respect my religion they are respectful to me always."
- People told us they received care and support that was tailored around their needs. People felt respected and told us they looked forward to receiving support from Bluebird Care (Wirral) staff.

Supporting people to express their views and be involved in making decisions about their care

- Care plans indicated that people were involved in decisions that needed to be made about their care. We also saw that families had been involved when appropriate.
- People and relatives confirmed that they were involved in care plan reviews and discussions regularly took place about the quality of care that was being delivered.
- People were encouraged to express their views and they told us they felt listened to. People told us, "If my care plan is not working, I can make changes, I get choices" and "When they do my [care] plan they ask me everything first, it's my choices."

Respecting and promoting people's privacy, dignity and independence

- People told us they were consistently treated with dignity and respect. One person told us, "They are so kind, they have the human touch,"
- Staff told us how they respected people's privacy and dignity by asking permission before providing care and involving people as much as possible. One staff member told us, "Make sure people are making choices, it's about them, respecting their views."
- Staff encouraged people to do as much for themselves as possible; people were supported to maintain their independence.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated 'good'. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records contained a good amount of person-centred information; the level of detail enabled staff to provide a tailored level of care that was centred around people's likes, wishes and preferences. For instance, care records contained information such as, 'I like plain food and don't like spicy food' and 'please make sure you face the spout towards me, I use my left hand to drink.'
- Care records contained information such as 'What's important to me', 'Me at a glance' and specific day time routines that needed to be followed by the staff team. All this information enabled staff to develop a good understanding of the people they were supporting.
- People and relatives told us they helped to create the variety of care plans that were in place and confirmed that the staff team delivered care and support that was centred around people's needs and preferences.
- People were encouraged to have choice and control over the care they needed; people told us they were involved in regular reviews and helped to adapt and make the necessary care plan changes as and when they were needed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed from the outset.
- Care plans detailed the level of support people needed. For instance, one person's care record stated, 'I sometimes have difficulty hearing, please make sure you make eye contact with me when talking and speak loud.'

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to remain independent as way of avoiding social isolation. During the inspection one person told us they were accessing the local community to do their weekly shop.
- Bluebird Care (Wirral) encouraged people to make choices about what they wanted to do. Social and cultural support was provided as and when it was requested.

Improving care quality in response to complaints or concerns

- The registered provider had an up to date complaints policy in place.

- People were provided with the complaint procedure from the outset and told us they would confidently complain if they needed to.
- At the time of the inspection, no complaints had been submitted. The registered manager confirmed how she would respond to any complaints and the process she would follow.
- One person told us, "If I had a problem they [staff] would sort it."

End of life care and support

- At the time of the inspection, nobody was receiving 'end of life' care. However, Bluebird Care (Wirral) staff had access to end of life training as and when they needed it.
- Staff understood the importance of providing dignified end of life care that was centred around people's wishes and preferences.

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.

At the last inspection this key question was rated 'good'. At this inspection this key question has deteriorated to 'requires improvement.' This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care.

- Although quality assurance measures were in place, it was discussed during the inspection that some areas of 'governance' needed to be further reviewed and strengthened to improve the quality and safety of care people received.
- Audits and checks were not being completed as routinely as they should have been. For instance, care record audits and medication audits were not routinely taking place and therefore were not identifying some of the areas we identified during the inspection.
- We identified that some care record documentation needed to be reviewed and updated as a way of ensuring people were receiving the most up to date and consistent level of care.
- The registered manager was aware of their regulatory responsibilities and submitted the relevant statutory notification to CQC.
- Staff were clear about their roles and understood the importance of providing good quality, person-centred care. Staff told us, "Risk is managed, staff are trained and supported", "It's brilliant care, we do what we can [for people]" and "Definitely good quality care, making sure [people] come first."
- Following the first day of the inspection, the registered manager responded to all areas we discussed as a way of improving the provision of care; there was also a quality improvement plan in place; this was regularly reviewed and updated.
- Accidents and incidents were routinely reviewed, trends were established, and lessons were learnt were possible.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- Although we identified that some care record information was missing, it was clear from the feedback we received that staff knew people they supported well.
- People told us they received person-centred care and felt involved and included in the decisions that needed to be made in relation to their day to day care needs. One person said, "My care is very personal, you need to be able to lighten the mood and have a laugh."
- Other feedback we received included, "I couldn't be any happier with the care, they [staff] are my friends, I look forward to them coming" and "The managers are always there to listen, they get in touch if there is new staff [providing support]."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the importance of investigating incidents/events and being as open and transparent as possible.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Systems were in place to gather the feedback of people receiving care and their relatives.
- People and relatives confirmed that quality assurance questionnaires were circulated, and their suggestions and feedback were responded to.
- Staff felt included and engaged in the provision of care being delivered and spoke positively about the culture and leadership of the management team. Staff told us, "Everyone respects her", "[Manager is amazing," and "She'll support you with anything."
- People, relatives and staff told us they felt valued, respected and listened to.
- The registered manager worked closely with external professionals to ensure consistently good outcomes were achieved for people.