

Audagio Services Ltd

Bluebird Care (Southampton)

Inspection report

10 College Place
Southampton
Tel: 023 80018221
Website: www.bluebirdcare.co.uk

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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 

Overall summary

This inspection took place on 04 & 10 December 2015 & 05 January 2016 and was announced. The provider was given 48 hours because the location provides a domiciliary care service; we need to be sure that someone would be available in the office.

Bluebird Care provides personal care and support to people in their own homes. At the time of this inspection the agency was providing a service to 56 people with a variety of care needs, including people living with physical frailty or memory loss due to progression of age. The agency was managed from a centrally located office base in Southampton.

The agency 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.

We received positive feedback from people about the service. Those people who used the service expressed great satisfaction and spoke very highly of the staff.

People told us they felt safe and secure when receiving care. Staff received training in safeguarding adults and

Summary of findings

child protection for when they came into contact with children. Staff knew how to recognise and respond to abuse and understood their responsibility to report any concerns.

People's risk assessments and those relating to their homes' environment were detailed and helped reduce risks to people while maintaining their independence.

Safe recruitment practices were followed and appropriate checks were undertaken, which helped make sure only suitable staff were employed to care for people in their own homes. There were sufficient numbers of care workers to maintain the schedule of care visits. Staff told us they felt supported and received regular supervision and support. Staff meetings were held once a quarter and the times were flexible so as many staff as possible could attend.

People were cared for with kindness and compassion. People who used the service felt they were treated with kindness and said their privacy and dignity were

respected. People were supported to eat and drink when needed and staff contacted healthcare professionals when required. Staff had an understanding of the Mental capacity Act (MCA) and were clear that people had the right to make their own choices.

Staff were responsive to people's needs which were detailed in care plans. People told us they had been involved in care planning and care plans reflected people's individual needs and choices.

People felt listened to and a complaints procedure was in place. The provider sought feedback from people through the use of a questionnaire. The results from the latest survey were predominately positive. Regular audits of the service were carried out to assess and monitor the quality of the service. The manager demonstrated strong values and a desire to learn about and implement best practice throughout the service.

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.

People felt safe and secure when receiving support from staff members. Staff received training in safeguarding adults and knew how to report concerns.

Staff were trained and assessed as competent to support people with medicines. Risk assessments were carried out and plans were in place to reduce the risks to people.

Staffing levels were sufficient to take account of people's needs and recruiting practices were safe.

Good



Is the service effective?

The service was effective.

Staff received appropriate training, supervision and appraisal. People were supported to access health professionals and treatments, and were supported with eating and drinking.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

Good



Is the service caring?

The service was caring.

People and their families felt staff treated them with kindness and compassion.

People were encouraged to remain independent as possible. Their dignity and privacy was protected at all times.

Good



Is the service responsive?

The service was responsive.

People told us the support they received was personalised and their needs were reviewed every three months.

The manager sought feedback from people and made changes as a result. An effective complaints procedure was in place.

Good



Is the service well-led?

The service was well led.

People and staff spoke highly of the service and the manager, who was approachable and supportive.

There were systems in place to monitor the quality and safety of the service provided.

All policies were appropriate for the service and continually updated in line with current practice.

Good



Bluebird Care (Southampton)

Detailed findings

Background to this inspection

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

This inspection took place on 04 & 10 December 2015 & 05 January 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure someone would be in.

The inspection was carried out by one inspector and an expert by experience who had experience of caring for older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR before the inspection. We also checked other information we held about the service and the service provider, including previous inspection reports and notifications about important events which the provider is required to tell us about by law.

During the inspection we spoke to 13 people who used the service, or their relatives, by telephone. We spoke with the provider, the registered manager and five staff members. We looked at care records for six people. We also reviewed records about how the service was managed, including staff training and recruitment records. Following the inspection, we spoke with two health care professionals who had regular contact with the service, to obtain their views about the care provided.

Is the service safe?

Our findings

People told us they felt safe and felt the company provided staff who kept people safe whilst providing them with personal care. One person said, “I feel very safe with my regular carers. They always call out when they arrive so I know it’s them.” Another person said, “I get one carer once a week to shower me. I feel absolutely safe with her and we have a good relationship.” A family member said, “My relative feels very safe with his carers and gets on well with them.” Another family member said, “My relative gets two visits a day and she and I feel very safe with them.”

People benefited from a safe service where staff understood their safeguarding responsibilities. A safeguarding policy was available and care workers were required to read this and complete safeguarding training for adults as well as children as part of their induction. Staff members were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. One staff member said, “If I had any concerns, I would contact the office immediately no doubt about it, and record it on my paper work.” Another staff member said, “I would phone the office and note it on my log sheets and follow advice given from the office.”

Staff told us they supported people to take risks in their own home without minimising their freedom. One staff member said, “If there were loose rugs or wires in the home, I would talk to the person as it’s their home, and point out the risks and hazards.” Another staff member said, “I assist an elderly lady who is very frail, but I work with her and encourage her to walk into her lounge after providing personal care so they remain independent.” Another staff member said, “I look after a person who is in a wheelchair and they like to cook for themselves, so I support them to make sure the right equipment is in place and ready for them to use.”

Assessments were undertaken to assess any risks to people who received the service and to the care workers who supported them. These included environmental risks and any risks due to the health and support needs of the person. Risk assessments were also available for moving and handling, use of equipment, control of substances hazardous to health (COSHH), people’s toiletries, medication and falls risk assessment. For example the risk assessment for the environment, provided staff with information on carrying a torch at night to be able to see

the person’s home due to poor lighting outside. For someone who had equipment provided, the risk assessments included where the equipment was kept and when the next inspection was due to make sure it was working correctly. Risk assessments were reviewed every six months.

The service had a business continuity plan in case of emergencies. This covered eventualities such as flooding and the risk of snow and ice. This contained a set of procedures to follow and emergency contact details for staff. For example in severe weather the owner had a four wheel drive vehicle which could be used to get key office staff to work. The service also had a snow plan which prioritised customers based on their needs and if the roads were not clear the four wheel drive vehicle would be used to get staff to people in more remote areas of the community.

The service followed safe recruitment practices. One staff member told us, “My interview was brilliant, they took notes and asked for references and checked my employment history with me to check for any gaps in my employment.” Another staff member told us, “My interview was quite interesting, they explained how things would work and the office were very supportive and approachable and put me at ease.” Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records seen confirmed that staff members were entitled to work in the UK. Staff records also included copies of staff’s business car insurance; this meant that staff were insured to use their vehicle to drive to people’s homes.

There were sufficient numbers of care workers available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. These could be adjusted according to the needs of the people using the service and we saw that the number of staff supporting a person was increased when required. The registered manager informed us “We are always recruiting staff and if needed would guarantee someone’s hours, even if we haven’t got the work at present, rather than be short staffed and start to build up their hours.” They also informed us, “We don’t take on too much work, so we can’t

Is the service safe?

cover the calls. Even though we get asked to take more packages on we won't over book. We also have a lot of office staff that are trained to provide care as well, who can help cover calls when required."

There were safe medication administration systems in place and people received their medicines when required. People were happy with the support they received with their medicines and told us their independence was respected and they managed their own medicines where possible. One person told us, "I do my own medication, but they keep a check on me to make sure I have done it." Another person told us, "They check that I have taken my tablets and will write it all up in my book." A further person told us, "When the carer has showered me she then creams my legs and back and does a very thorough job. She always writes everything up in my record book." A family member told us, "They check my mother's tablets to make sure she has taken them and check her oxygen and nebulizer and record all the details in her book."

There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance. Training records showed staff had been suitably trained and had been assessed as competent to administer

medicines. Staff members told us If they could only support people with medicines that were on the medicine administration chart (MAR) and if they had any concerns would contact the office immediately.

The registered manager informed us that staff were checked administering medicines every three months; but new staff were checked after one week, one month then every three months to check they were competent to administer medicines. Staff were issued with a mobile phone and used this to access the care plans and MAR charts electronically on a computerised system which meant any changes to medicines were updated immediately and staff had all the latest information. The registered manager told us, "The reason we use the system is that it is very safe as if a medicine call was missed it would flag up on our central system, after a short time, to say it has not been completed then we can speak to the carer to find out why and make sure the persons medicines are then provided when they due." A staff member told us, "This is a new system to us at the moment we are using paper and electronic copies at the moment until we are completely sure and reviewed it practice." Mar charts were checked weekly by senior staff and any remedial actions were completed promptly.

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. One person said, “The girls I get certainly know what they are doing and are very efficient. They always ask me if it’s okay to do things for me, particularly when it involves personal care.” Another person said, “The carers who come to me are certainly well trained. They are always polite and make sure I am happy with what they are doing.” A family member told us, “The girls that come to my husband are certainly well trained and manage him very well.” Another family member told us, “The carers are certainly well trained. When working with my mother they are very polite and always ask her if it’s alright to do things for her before they start.”

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people’s needs. Most training was provided online and using workbooks as well as practical training on moving and handling and first aid. A staff member told us, “Training is very good; they are very hot on training which is what I like. If I need any more training I can ask and it will be arranged.” In addition staff were completing training linked to the Qualification and Credit Framework (QCF) in health and social care to further increase their skills and knowledge in how to support people with their care needs. These included dementia, common health conditions, safeguarding and equality.

New staff were supported to complete an induction programme before working on their own. The registered manager told us, “New staff come in the office for three days as part of their induction where they complete the Care Certificate and have training online; staff have to achieve 100% before they pass and are able to go out shadowing.” The Care Certificate is awarded to new staff who complete a learning programme designed to enable them to provide safe and compassionate care. New staff then shadowed an experienced care worker before going out on their own, when they felt confident to do so. The registered manager told us, “Once staff have completed their probation after three months they are able to complete the diploma in health and social care.”

People were supported by staff who had supervisions (one to one meetings) with their line manager. Staff told us supervisions were carried out regularly and enabled them

to discuss any training needs or concerns they had. One member of staff told us, “I find my supervisions good; I have them once a month, and if I have any problems there is always someone to listen to.” Another staff member said, “I have supervisions every month, a mixture of direct observations, face to face in the office and on the telephone.” Another staff member said, “My supervisions are monthly and I am able to get my views across and feel listened to.” The registered manager told us, “Supervisions are once a week for twelve weeks for all new staff. Then monthly by spot checks, face to face, telephone and observations. Training needs are discussed after probation and appraisal carried out yearly.”

People were supported at mealtimes to access food and drink of their choice. One person said, “They prepare all my meals for me and always ask what I would like. They always leave me with a hot drink.” The support people received varied depending on people’s individual circumstances. Some people lived with family members who prepared meals. In other cases, staff members reheated meals and ensured they were accessible to people who received a service from the agency. Where people were identified as being at risk of malnutrition or dehydration staff recorded and monitored their food and fluid intake. This was now being completed electronically for people who required this and staff had to answer some questions before leaving the persons home. For example, “Did you observe and fluid consumed during your visit? Yes or no.” “Was a jug of water left on visit or a mug of tea? Yes or no.” When staff had ticked what they had observed they would have to click if outcomes were achieved and could add notes.

Staff had received training in the Mental Capacity Act, 2005 (MCA). The MCA provides a legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. Staff showed an understanding of the legislation in relation to people with mental health needs. Before providing care, they sought verbal consent care from people and gave them time to respond. Where people had capacity to make certain decisions, these were recorded and signed by the person. The manager informed us that if they had any concerns regarding a person’s ability to make a decision they worked with the local authority to ensure appropriate capacity assessments were undertaken.

Is the service effective?

People were supported to access healthcare services. Staff told us they would always inform the office to keep them updated about what any changes in people's health. If any health professional had visited staff told us they would call the office to let them know, so the next staff member was aware of the persons current health needs and any action needed. A staff member told us, "I had never had stoma training before; the stoma nurse came in to show me,

which was really good, as I was nervous, but I now feel confident. You do notice changes and if I do I call the GP, the stoma nurse and the office." A health professional told us, "The agency has always been very professional in all aspects of their work. I would have no concerns of poor practice if they were to offer their services for any of our packages."

Is the service caring?

Our findings

Without exception people felt staff treated them with care, compassion and kindness. One person said, “The care I get is excellent. My carers are meticulous over everything and I cannot fault them. They always treat me with respect and are so polite. Another person said, “The care I get from the carers is good and they always think of me in everything they do. They always speak to me politely and nothing is too much trouble.” A family member said, “The care my husband gets is faultless and cannot be bettered. They are so respectful to him and are always so polite to him it is a joy to watch.” Another family member said, “The care my mother gets is excellent and cannot be faulted. They know exactly what to do and how to do it. They are very respectful towards my mother and always polite.”

Everyone we spoke with told us that staff were kind and caring and confirmed the staff always treated them with respect and dignity. In further discussion, people who used the service were extremely positive about the care they received and spoke highly of their care workers.

People received care and support from staff who had got to know them well. The relationships between staff and people receiving support demonstrated dignity and respect at all times. Staff explained how they respected people’s privacy and dignity, particularly when supporting them with personal care. Staff told us the information was contained in the person’s care plan, including their personal histories, their likes and dislikes. They knocked on people’s doors and identified themselves before entering. They ensured doors were closed and people were covered when they were delivering personal care. One member of staff said, “I involve people in their care by asking them

how they would like their care and how they would like to be addressed, it’s important to know what they like and don’t like.” Another staff member said, “I make sure curtains are closed, and cover them up with a towel while providing personal care.” Another staff member said, “When providing care, make sure they are covered up.”

People’s care records included information about their personal circumstances and how they wished to be supported. The agency was introducing the “five golden rules” for people which were clearly displayed at the front of the person care plan that was personal to each person. For example, for one person, one of the golden rules stated: ‘I enjoy listening to [a particular radio station] in the morning.’ This ensured staff helped people with what was important to people. One person told us, “The care I get is good, they really think of me and what I want. The girls are always polite. I had a planning meeting in the autumn with the manager which was very detailed.”

Staff told us that people were encouraged to be as independent as possible. One staff member said, “I always promote independence. I look after one lady with MS, we will undo her bra but she is then able to take it off herself.” One person told us, I like to be independent they help me stay like that.” A family member told us, “They allow my mother to make her own choices which makes her feel that she has not lost her independence.”

Information regarding confidentiality, dignity and respect formed a key part of staff’s induction training for all care staff. A staff member told us, “I love my job and everything about it; the clients are lovely and people are really friendly” Another staff member told us, “I love providing care, I was in a care home before but really enjoying being out in the community.”

Is the service responsive?

Our findings

People or their relatives were involved in developing their care, support and treatment plans. Care plans were personalised and people felt listened to and knew how to complain. One person told us, “The carers really listen to me and act upon my wishes. They are excellent. I have never had to complain at all.” Another person told us, “My carers are really good and do everything to make sure that I am happy with everything. I have never had reason to complain.” A family member told us, “The carers who come to my mother really understand how she likes things done and they work hard to make it happen. That is why I do not have a reason to complain.” Another family member told us, “The carers really understand what my husband likes and do much to make sure they fulfil his wishes. We have had no reason to complain except a long while ago when we did not gel with one carer and the matter was resolved very quickly.”

Care plans were personalised and each file contained information about the person’s likes, dislikes and people important to them. They gave detailed instructions about how they liked to receive personal care, how they liked to dress and were personalised with how people liked things done. For example one plan stated, ‘I would like you to put the radio or television on for me and before you leave I would like you to chat and ask if there is anything else I need before you leave.’ Another plan stated, ‘I like my coffee with milk and one sugar.’

Where people required support with their personal care they were able to make choices and be as independent as possible. A family member told us, “The girls who come to my father certainly know what they are doing; particularly in keeping him mobile where he has made real progress.” Care plans promoted independence one plan stated, I am able to brush my own teeth if you pass me the toothbrush and paste.’ Another plan stated ‘I would like to wash as much as possible, but might need support and would like staff to wash my back.’ A staff member told us, “With our new electronic system we can click on the person’s profile and can read the task plan before going in to the person’s home.” Staff also had to record on the system whether they had completed the task or not, which sent a notification to the office or the person on call if out of office hours.

People told us their needs were reviewed regularly. One person told us, “I had a planning meeting at the start six

months ago, when they checked the house and what I wanted and needed. I have had a couple of review meetings to make sure everything was to my liking.” A family member told us, “We started in August 2015 and had a planning meeting with the manager and since then we had a review to update the plan.”

Provider reviews were carried out by senior staff, to make sure people were happy with the service, if improvements could be made, and that care needs were being met. The registered manager told us, “Care plans are reviewed regularly, we phone up the next day after a package has started then after first week, then after first month then three monthly unless concerned or medicines changed.”

Complaints and concerns were taken seriously and used as an opportunity to improve the service. The provider had an appropriate complaints procedure in place. There had been one complaint since the agency started and this had been investigated thoroughly and the person and their relatives were satisfied with their response. One person told us, “Our carers do understand how my husband ticks and work with him. They are really brilliant. We have never had to complain, everything is fine. Another person told us, “My carers really understand my needs and always make sure everything is the way I want it. I have never had reason to complain.” The agency also kept copies of compliments; examples of these were ‘Thank you for your visits they brightened up my day’ and ‘Thank you for helping us through a difficult time you have been a real blessing to us.’

The provider sought feedback from people or their families through the use of quality assurance survey questionnaires. These were sent out to people every year seeking their views. We saw the results from the latest questionnaire, which had been completed in June 2015. The results of the survey were predominately positive had been analysed and assessed. One comment stated, ‘It would be difficult to improve on such excellent service.’ Other comments included, ‘Nothing at all, it is all perfect for me,’ and ‘Very happy with service so far. An action plan had been drawn up to address concerns about people not being informed of a change in care worker. The registered manager informed us that they had more staff employed in the office, so were able to update people if a change of care worker was to occur due to sickness or annual leave.

A healthcare professional told us, “We have never had negative feedback from clients or family members of

Is the service responsive?

theirs.” A staff member told us, “We listen to people; for example, one person was having a call at 20:00 and wanted it changed to 19:00 so I informed the office and it has now changed.”

Is the service well-led?

Our findings

People and their families told us they felt this was a well led service. One person said, “I am really happy with the service I get. It is excellent and the office is very helpful.” Another person told us, “I am very happy with the service and care I get. The office has been very helpful to me.” A family member told us, “We are happy with the service we get. The office is very helpful. If we have a problem we just pick up the phone and ring and they will solve it.” Another family member told us, “We are very happy with the service, it could be no better. The office is very helpful and nothing is too much trouble for them.”

There was a clear management structure including a registered manager who had been in place since the service began operating. People and staff had confidence the registered manager would listen to their concerns, which would be received openly and dealt with appropriately. One staff member told us, “I don’t have a problem with management; they listen to me and I can give ideas and they take them on board.” Another staff member told us, “Nice to work for a company that has structure and proper boundaries; anything wrong gets put right.”

Staff meetings were held every three months. In order for these to be assessable to all staff, these were held over a two day period, staff could then choose which meeting to attend. Minutes of a meeting in October 2015 showed that the registered manager had introduced a ‘carer of the month’ scheme, where the carer received a bottle of wine and a bunch of flowers, who had gone above and beyond in their line of duty and received positive feedback from people and their families. The registered manager valued staff feedback and acted on their suggestions. A staff member told us about how they felt listened to at a recent meeting. They informed us that management had just recently implemented the lone working policy, with a tick off chart to say when staff members are home safely. This was implemented through discussions and management listened and put in place. Minutes also showed issues were raised about people, and staff were invited to make suggestions about how to improve the service.

The registered manager also valued feedback from staff who had left the service and held exit interviews with staff

as they were keen to learn how they could improve the service. An example of this was one staff member had stated that the company should provide catheter training and this had been put in place for all staff.

The provider and registered manager used a system of audits to monitor and assess the quality of the service provided. These included medicines, care plans, staff files, training, accidents and incidents. Where issues were identified remedial action was taken. The provider had recently been audited by head office to further assess the quality of the care provided.

There were processes in place to enable the manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

Staff understood the values and vision of the service; One staff member told us, “The values and vision of the service is to promote independence and offer a good service.” Another staff member told us, “I really like the management, if I had any problems I would go straight to them”

A health professional told us, “Management are very knowledgeable and know what is going on in the service and always reports back to us straight away.”

The provider had a business improvement plan for 2015/2016. A part of their business plan was the introduction of career pathway; a key focus for 2016 to improve the retention rate within their business and to ensure that all of the office staff had a career development pathway so they understood where they wanted to be in six months, 12 months and 24 months. The business plan also stated ‘we will also reinforce this career pathway with our carers who are already being encouraged to complete further training.’

People benefited from staff who understood and were confident about using the whistleblowing procedure. There was a whistleblowing policy in place and staff were aware of it. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The provider had appropriate policies in place. These were updated by head office and staff were given copies of updates.