Westborough Projects Ltd

Bluebird Care (Teignbridge)

Inspection report

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12 July 2019
15 July 2019
18 July 2019

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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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Bluebird Care (Teignbridge) is a domiciliary care agency that was providing personal care to people in their own homes in Newton Abbot and the surrounding areas. At the time of our inspection 106 people were receiving support with personal care. Not everyone who used the service received personal care. 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

Staff were highly motivated and the provider continually looked for new and innovative training methods. People were involved in delivering training. This meant staff understood people's needs, what was important to them and what they looked for in care staff. Staff had opportunities for regular supervision and told us they were very well supported and valued in their role.

Staff supported people to access healthcare, when needed. Some staff were trained as champions to carry out health checks. If any concerns were identified, these could be raised with healthcare professionals without delay.

The provider looked for ways to continuously improve people's lives and avoid social isolation. They employed a wellbeing ambassador who worked with staff and people to identify social opportunities, so people could live as full a life as possible. The provider paid for people and staff to go on outings to develop relationships with others.

People felt safe and comfortable when staff visited them in their home. People were kept safe as potential risks had been assessed and managed. There were enough staff to complete planned visits. Where staff assisted people with their medicines, this was done safely.

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 told us they had developed positive, caring relationships with their regular staff. They said, "They're all so kind and happy and nothing is too much trouble" and "Carers are happy go lucky, I have a laugh with them."
Several people felt staff continuity could be improved. The provider monitored continuity and worked to improve this. The provider told us staff sickness and changes to availability could have a short term impact on continuity.

People were involved in making decisions about their care and supported to maintain their independence.

Care plans were very personalised and contained up-to-date information about each person's needs and preferences.

There were effective quality assurance and governance systems in place to assess, monitor and improve the quality and safety of the service. Two professionals told us they were happy with the care provided but felt communication could be better at times. As a result of this, the provider introduced a new quality tool. The provider had introduced a number of ideas and initiatives since our previous inspection and planned to further develop these.

We received some concerns before the inspection relating to training and communication. We found no evidence during this inspection that people were at risk of harm from these concerns.

Rating at last inspection
The last rating for this service was good (published 11 January 2017).

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.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was exceptionally responsive. Details are in our responsive findings below.	**Outstanding** ☆
Is the service well-led? The service was well-led. Details are in our well-led findings below.	**Good**

Bluebird Care (Teignbridge)

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
This inspection was carried out by two inspectors and one 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 was providing some live-in packages of care where care staff move in to a person's home to provide care and support.

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 48 hours' notice of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 11 July 2019 and ended on 18 July 2019. We visited the office location on 11 and 18 July 2019. We carried out phone calls to people and their relatives on 11, 12 and 15 July 2019. We carried out home visits on 18 July 2019.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan

to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with 15 people who used the service and 12 relatives about their experience of the care provided. We spoke with 10 members of staff including the director, registered manager, senior care workers, and care workers. We received feedback from another three staff.

We reviewed a range of records. This included six people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We contacted 12 professionals and received feedback from two.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We followed up some information with people and a professional. We received feedback from three additional professionals.

Good

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 as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risk assessments had been completed for each person which considered personal care, risk of falls and the environment in which care was to be provided. Records gave staff guidance on how to reduce risks and were up to date.
- The service was working in partnership with the fire service to keep people safe. Detailed fire risk assessments were carried out for each person and any risks were identified and managed. Staff had arranged for the fire safety officer to visit people in their homes. This had resulted in smoke detectors and other equipment, such as a vibrating bed monitor being fitted.
- Relatives of people living with dementia had been offered the 'Herbert Protocol' form. This form records important information about the person. If they should go missing this can then be shared with professionals including the police to help find them as quickly as possible.
- The service had contingency plans in place to ensure people's care would continue in the event of an emergency. When it snowed, staff walked to people's homes and the director used their 4 x 4 vehicle to get staff to visits. The director collected and delivered medicine for one person, as the pharmacy driver couldn't get to them.
- The provider had assessed risks to staff who were lone working and had introduced procedures to keep them safe. For example, risk assessments and training had been carried out. All staff were contacted at the end of their visits to make sure they were safe.

Staffing and recruitment

- Staff told us they usually had enough time at visits and travel time between visits.
- There were enough staff to complete the planned visits. Staff logged in and out of people's homes electronically. This meant office staff were alerted to any late or missed visits. People said they were usually contacted if staff were going to be late. There had been no missed visits and people told us staff were usually on time.
- The service was responsive to people and relatives changing their visits at short notice, where possible. Calls could be cancelled on request.
- Staff recruitment practices were safe. Checks such as a disclosure and barring (police) check had been carried out before staff were employed. This made sure they were suitable to work with people.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and comfortable when staff visited them in their home. One relative said, "I know when I'm not here… he is in good hands."

● Staff had completed safeguarding adults training. They knew how to report concerns about people's safety.
● Staff told us they felt confident the registered manager would respond and take appropriate action if they raised any concerns.
● A professional gave very positive feedback about the communication and care between the service and one person's relative.

Using medicines safely
● Most people managed their own medicines. When supervisors carried out assessments they identified if a person may benefit from medication aids to support their independence. For example, an alert to remind the person to take their medicines. The provider told us they provided these aids free of charge.
● Where staff assisted people with their medicines, this was done safely.
● The use of electronic medication administration sheets had reduced the risk of missed medicines. An alert was sent to the office if staff did not confirm they had administered medicines.
● People received their calls at the right time to ensure medicines were given at the correct intervals.
● Senior staff carried out observations of staff administering medicines to ensure safe practice.

Preventing and controlling infection
● Systems were in place to prevent and control the risk of infection. Staff had completed infection control training.
● Staff used personal protective equipment to prevent cross infection when assisting people with personal care, for example, gloves and aprons.

Learning lessons when things go wrong
● The management team responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity. Accidents and incidents were regularly reviewed to consider possible trends or themes.

Good

Is the service effective?

Our findings

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

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

Staff support: induction, training, skills and experience

- People told us staff knew how to meet their needs and understood their medical conditions. Comments included "They seem well trained" and "I've got faith in them." One relative who had given feedback to the service said, "I have found the vast majority of your carers to be exceptionally skilled and a credit to your organisation."
- Several people felt some staff needed further training in relation to putting medical stockings on. Supervisors went out with new staff members to show them how to support a person with stockings. The provider already provided practical training on how to put on stockings. They told us they would purchase another type of stocking so staff could complete additional practical training. This showed the provider was proactive in ensuring training met people's needs.
- Staff were highly motivated and encouraged to develop their skills. New staff undertook six full days of face to face training. A range of training methods were used to meet each staff member's learning needs. Staff took part in role play and delivered care in different scenarios. They completed quizzes to check their knowledge. One staff member who had completed the training told us it was 'amazing'.
- Recently introduced champions roles enabled experienced staff to gain more responsibility and knowledge. For example, one staff member had a lead role in dementia. All staff members had become 'dementia friends' and the founder of the 'Purple Angel' dementia awareness campaign had delivered training. Some staff had attended the 'dementia virtual tour bus'. Two staff members told us this sensory training helped them to understand how a person living with dementia might feel. Staff had given advice to relatives on how to make the home environment more dementia friendly. Staff had reflected on their practice and made sure they didn't rush the person but went at a pace they were comfortable with. During our home visit, the staff member was patient and spent time reassuring the person.
- The provider told us staff training was delivered to meet people's specific needs. People were involved in delivering training. Some people had taken part in a video to tell staff about their lives, what is important to them and what they look for in care staff. One person invited staff into their home to take part in moving and handling training. They talked about their medical condition and used a model to explain it. This increased staff's understanding and ensured the person received care the way they liked and needed it. Staff told us this person looked forward to the training sessions.
- New staff shadowed more experienced staff to learn about people's needs. The provider had introduced a 'buddy' system. An experienced staff member provided support and guidance to a new staff member through their first few months. Staff had opportunities for regular supervision and appraisal. Staff told us they were very well supported in their role. The registered manager and a staff member had completed a two day mental health first aid training course. This gave them a better understanding of the needs of people and staff, and enabled them to support them. Staff said the management team were always there to

give help and support if needed.

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

● The service had taken part in a 'Health and Wellbeing Check' pilot scheme. Some staff were trained as champions to check people's vital signs such as blood pressure, temperature, breathing and general wellbeing. If any concerns were identified, these could be raised with healthcare professionals without delay. One person's GP wanted checks twice a day, for five days. This took pressure off the local community nursing team as they didn't need to visit. Another person thought it was a wonderful idea. Several relatives said it reassured them everything was alright. Following the success of the pilot, the scheme had been rolled out to other branches nationally.

● The provider had offered free moving and handling training to people's relatives. Several relatives had completed the training. This increased their knowledge and enabled them to support the person safely.

● People were supported to maintain good health and had access to external healthcare support as necessary.

● Staff completed detailed records at care visits to ensure care remained consistent.

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

● A dedicated staff member carried out detailed care assessments before people began to use the service. This included information about how people's health and medical conditions may affect them. Staff received information on how best to meet each person's needs in line with best practice guidance and people's preferences.

● When people's needs changed, care reviews were carried out.

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

● Where required, people were supported to eat and drink enough to maintain a balanced diet.

● Staff listened to people's requests and prepared what they would like to eat or drink. Staff knew people's food and drink preferences.

● The electronic care plan system would alert office staff if a person refused their food. Staff knew to contact the office if they had any concerns in relation to eating and drinking.

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

● Staff were aware of the MCA and knew to always ask for people's consent.

● Some people who used the service did not have capacity to make decisions. Mental capacity assessments had been carried out and best interest decisions had been made and recorded.

Good

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. 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 were treated with kindness, respect and compassion by care staff. People told us they had developed positive, caring relationships with their regular staff. They said, "They're all so kind and happy and nothing is too much trouble" and "Carers are happy go lucky, I have a laugh with them."
- Staff carried out acts of kindness for people. For example, a staff member walked a different route after work to collect some medicine and took it to the person. Another person asked a staff member to bring them back some coloured sand from their holiday. The staff member bought a cat filled with sand. The person was delighted with the cat and proudly told us they had named them 'Sandy'.
- Staff supported people and their relatives at times when they needed support. One relative had thanked the service for a staff member staying an extra half an hour. They said, "If it wasn't for (carer's name) going above and beyond I honestly don't think I would have coped."
- People usually had continuity in the staff who visited them and staff knew people well. At home visits, the staff member knew each person's preferences, chatted to them and brought laughter to their day. Several people commented on the number of different staff who visited them. They said, "I get used to them and then they have gone" and "only trouble is there is too many carers." The provider produced a continuity report to check how many staff were visiting people. Where this was identified as being high, the office staff worked to reduce this. The provider told us the number of staff was only high when staff left the service, changed their work plans, or were on leave.
- People's cultural and spiritual needs were respected. The provider told us "Fairness, respect, equality, dignity and autonomy are the heart of our practices." Staff had completed training in equality and diversity. People were able to express their gender preference for staff and told us this was respected.

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

- People were encouraged to express their views. People and their relatives told us they had met with staff at the start of the service to arrange their care plan and routine.
- People were involved in regular care plan reviews.
- People were given choices during their visits. For example, what they wanted to wear and what they wanted to eat.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was considered and upheld by staff. Staff closed people's curtains and doors before providing personal care.
- Staff were aware of each person's ability to carry out daily living activities and encouraged people to do as

much as they could for themselves. People told us staff respected their independence. One person said when they were feeling unwell and couldn't do everything themselves, staff recognised this and provided extra support.

Outstanding ☆

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 as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The provider looked for ways to continuously improve people's lives and avoid social isolation. They employed a wellbeing ambassador who visited people and identified possible improvements. Staff were passionate about their work and keen to make suggestions. For example, one person was being cared for in bed. Staff found out they used to like the birds and garden. The service bought a bird feeder and a starter pack of food so the person could watch the birds. We observed staff chatting with the person about the types of birds seen at the table. Staff told us this made the person happy and made them smile.
- Staff found out another person liked to listen to the radio. The staff member contacted the office and the provider purchased a radio for them. The staff member took the radio to the person; they told us it had been quite an emotional day as it made the world of difference for them.
- The wellbeing ambassador was working with staff and people to identify social opportunities, so people could live as full a life as possible. They said, "I like knowing more about people, what they used to do, what would they like to do, and how to do it." The provider said the role of the ambassador was "to source local events and organisations to involve our customers in." The service signposted people to 'The Silver Line', a free helpline which provides information, friendship and advice.
- The service was involved in the local community and was actively building links. For example, the registered manager and a staff member went to a local Multiple Sclerosis (MS) Society coffee morning. The provider then signposted people to this. They paid for staff to take a person who was living with MS to a coffee morning. This enabled them to share their experience with other people who understood.
- The provider arranged outings so people could get together. They paid for care staff to pick one person up to take them to a local community centre for lunch on Christmas Day, so they weren't alone. They paid for some people and staff to go for afternoon teas, and a lunch and choir. Staff told us how much people had enjoyed planning for and attending these events. During our inspection, some people and staff went out to the local theatre café. Two people got on really well and planned to go out together again. The provider told us there were plans to increase the number of social activities.
- Several people had been matched with a staff member to support them to follow their specific interests. For example, one person went out for breakfast and to go fishing. The staff member told us how they had a developed a friendship. They felt the person had really benefited from their time together and were pleased their medical condition had stabilised. Another person had showed an interest in photography. A staff member gave the person advice about taking good photos and showed them how to edit them on their electronic tablet. A professional told us how much the person had enjoyed this and how it had given them more confidence.

End of life care and support

● People were supported at the end of their life to have a comfortable, dignified and pain free death. People's wishes were discussed with them, and their families where appropriate.

● Staff members had specific skills and knowledge to support people and their families. For example, the service had an end of life lead who had attended workshops at the local hospice. Some staff had attended a workshop with a local funeral director. Staff told us they had found this useful and felt better prepared to support people's families.

● The service had arranged cover for one staff member so they could attend the funeral of a person they had regularly visited. The family sent a thank you card to the service saying, "Thank you and your amazing team for everything you did to help."

● When one person's condition deteriorated quickly during the night, a supervisor went out to support the care staff. The supervisor stayed on with the person after the nurses arrived, until they passed away, holding their hand. They said "It meant a lot to me that she wasn't on her own and had people that cared around her."

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.

● The registered manager was aware of the Accessible Information Standard (AIS). People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.

● The service had taken innovative steps to meet people's information and communication needs. For example, one person was unable to read their rota. The provider purchased a voice recorder for them. Staff recorded the rota every week so the person could check who was coming and when, at any time.

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

● People received care and support that was flexible and responsive to their needs. For example, during a visit one person's relative had a medical emergency. The staff member drove the person and their relative to the hospital. The person was living with dementia, so the staff member explained where they were going at each stage of the journey and reassured them. Another person rang the office as they needed urgent assistance with their personal care. They asked for a female staff member. This was arranged immediately.

● Each care plan was highly personalised with people's preferences and detailed daily routines. Staff were able to tell us about people's preferences.

● The wellbeing ambassador visited and met with people at their first review. They discussed with the person what more could be done to support them and what they might like to do.

● Care plans contained information about people's life history. Staff used this to understand each person as an individual.

● Staff could read people's care records on the electronic system before they visited people. This meant staff knew what care they needed to provide for each person. Staff recorded what happened at each visit. One staff member said, "I can read how the person is, so I know what I'm going into."

Improving care quality in response to complaints or concerns

● People knew how to make a complaint. Each person had a copy of the complaints procedure in their home. People told us they hadn't needed to complain.

● Where complaints had been received, these had been investigated and responded to appropriately.

- People felt confident the registered manager would act to address any concerns.

Good

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 as good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives were asked for their views about the service via visits, phone calls and surveys. Each person had a feedback form in their home with a pre-paid envelope. Six relatives' questionnaires had recently been received and they were all 'very satisfied'.
- Staff felt able to contribute their thoughts and experiences. Meetings were held at different times so as many staff as possible could attend. Newsletters were used to communicate updates in best practice. Staff were asked to complete surveys to give their views on the service. Experienced staff were asked to complete feedback forms when they had been out with new staff.
- The director and registered manager were developing working relationships with a range of other services in the local community. They had recently met with a local charity and offered a care worker, free of charge, to provide companionship. During our inspection, they visited a local hotel for people with a visual impairment. They offered a care worker, again free of charge to support people to go out.
- The director wrote a column in the local newspaper to share useful information in the community. Recent articles had covered mental health, sleep, and hydration.
- The service offered local organisations a community grant to support their work. They had chosen a local memory café to receive £250.
- Staff worked with other healthcare professionals such as occupational therapists and district nurses. Two professionals told us they were happy with the care being provided but felt communication could be better at times. As a result, the provider introduced a new quality tool to record feedback from other professionals. They told us they would use this to identify any issues to enable them to take action quickly.

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

- Most people told us the service was well managed. Comments included "Very efficient", "Delighted with Bluebird" and "The best agency I've had." A professional said "They were very informative and helpful and the manager was very professional."
- Staff told us they enjoyed working at the service. Comments from staff included, "I have never worked for anyone like (the director's name), she goes above and beyond for her customers and staff" and "They make staff feel valued."
- There were a range of staff incentive schemes to encourage staff to achieve good outcomes for people. For example, staff received vouchers for covering shifts, being available on call, and the 'celebrate a carer' monthly award.

● The service was a 'Mindful Employer'. This meant they had access to professional mental health training, information and advice to support staff wellbeing.
● The service was committed to providing high quality care for people. They had introduced a number of ideas and initiatives since our previous inspection and planned to further develop these.

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 was aware of their responsibilities to provide CQC with important information and had done so in a timely way.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
● Effective quality assurance and governance systems were in place to assess, monitor and improve the quality and safety of the service. This included checks and observations to assess staff competency and audits. The service had scored 94% level of satisfaction for the most recent Bluebird Care audit. The director told us they had completed work on the issues identified.
● The registered manager was supported by senior care staff, care staff and office staff. Each staff member knew their responsibilities and there were clear lines of accountability. The service had recently allocated a supervisor to each geographical area covered to improve knowledge and management.
● A variety of regular meetings were held between the provider, registered manager, supervisors, and office staff to ensure the ongoing effectiveness and quality of the service. These meetings covered improvement, monitoring, auditing and supervision to support staff.

Continuous learning and improving care
● The registered manager and director were committed to improving care where possible. They kept up-to-date with national developments in the care sector. The registered manager told us they used National Institute for Health Care and Excellence (NICE) guidelines to monitor and improve practice.
● The director regularly met with other Bluebird Care franchisees and local care providers to improve information sharing and knowledge.