

The Little Wren Ltd

Bluebird Care (Lancaster and South Lakeland)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was carried out on the 06 and 11 April 2017. Bluebird Care (Lancaster and South Lakeland) registered as a domiciliary care agency with the Care Quality Commission in February 2015. We inspected this service in October 2015. However, the service changed location in December 2015 and has not been inspected since being registered at this location. As the agency is small we gave 24 hours' notice of our inspection. This was because the registered provider is actively involved in the day to day running of the agency and we needed to ensure they were available. The office is based in Lancaster with parking available at the office.

At the time of the inspection Bluebird Care (Lancaster and South Lakeland) supported 28 people with care and support needs. An out of hours contact number is provided for use in the event of an emergency.

At the time of inspection there was no manager who was registered with the Care Quality Commission. 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.

The registered provider told us they had recently appointed a new manager who was in the process of becoming registered with the Care Quality Commission (CQC).

There were systems to ensure people who used the service were protected from the risk of harm and abuse. Staff we spoke with were knowledgeable of the action to take if they had concerns in this area. They told us the registered provider encouraged concerns to be raised.

There were procedures to ensure medicines were managed safely. The manager carried out checks of medicines to ensure any errors were identified. Staff received training in the administration of medicines and observations of staff competencies were being planned. We have made a recommendation regarding this.

People were invited to give feedback on the service provided. A quality survey was provided to people to enable them to voice their views. This was analysed and areas of improvement were addressed. Checks on care records and accidents were carried out but were not formally documented. We have made a recommendation regarding this.

Staff were knowledgeable of peoples' assessed needs and delivered care in accordance with these. Staff spoke respectfully of people they supported. People who received care and support and their relatives told us they were happy with the care provision from Bluebird Care (Lancaster and South Lakeland).

Sufficient recruitment checks were carried out prior to a staff member starting to work with the agency and

staff received training to enable them to give care which met peoples' needs. Staffing was arranged to ensure people received care and support at the time they wanted.

People's nutritional needs were considered as part of the assessment process and preferences were reflected within care documentation. Care records reflected the care and support people required and people told us they were involved in the development of their care plans.

Care records contained assessments of risk and information on how risks could be managed. Staff we spoke with were knowledgeable of the action to take to minimise risk.

There was a complaints policy which was understood by staff and was available to people who used the service. Staff were aware of the reporting procedures to ensure complaints were addressed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Medicines were managed appropriately.

Staff were suitably recruited, and staffing levels were sufficient to respond to peoples' individual preferences.

Assessments of risk were carried out and care documentation contained information on how risks were managed.

Staff were aware of the policies and processes to raise safeguarding concerns if the need arose.

Is the service effective?

Good ●

The service was effective

Peoples nutritional needs were considered as part of the assessment process and documentation reflected peoples preferences.

There was a training programme to ensure people were supported by suitably qualified staff.

Referrals were made to other health professionals to ensure care and treatment met people's individual needs.

The management demonstrated their understanding of the Mental Capacity Act 2005 (MCA.)

Is the service caring?

Good ●

The service was caring.

People were treated with care and respect and their dignity was maintained.

People were involved in the development of their care plans.

Staff spoke professionally and respectfully of people they supported and demonstrated a person centred approach.

Is the service responsive?

Good ●

The service was responsive.

Care records outlined peoples care and support needs and staff were knowledgeable of people's needs and wishes.

Staff responded to peoples' requests and direction as instructed by people who used the service.

There was a complaints policy to address complaints made regarding the service the agency provided.

Is the service well-led?

Good ●

The service was well-led.

Quality assurance systems were in place to ensure areas of improvement were identified and actioned.

The registered provider consulted with people they supported and relatives for their input on how the service could continually improve.

People, relatives and staff told us the registered provider was approachable and supportive.

Bluebird Care (Lancaster and South Lakeland)

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 was carried out on the 6 and 11 of April 2017.

As the agency was small we announced our inspection. This was to ensure the registered provider was available. At the time of the inspection Bluebird Care (Lancaster and South Lakeland) provided care and support to 39 people. The first day of the inspection was carried out by two adult social care inspectors. The second day of the inspection was carried out by one adult social care inspector.

Prior to the inspection we reviewed information the Care Quality Commission (CQC) holds about Bluebird Care (Lancaster and South Lakeland). This included any statutory notifications, adult safeguarding information and external health professionals who had knowledge of the service. This helped us plan the inspection effectively.

During the inspection we spoke with four people who received care and support from Bluebird Care (Lancaster and South Lakeland). With consent, we visited one person in their own home. We also contacted three relatives by phone. We did this to ascertain their views on the support provided. We spoke with the registered provider, the business development co-ordinator, the care co-ordinator and the manager. In addition we spoke with five care staff. As part of the inspection we received feedback from two external health professionals.

We looked at a range of documentation which was stored on an electronic system. This included three care records and four staff files. We also looked at computerised training records, a medicines audit, and a sample of medicine and administration records.

Is the service safe?

Our findings

We asked people if they felt safe. People told us, "I trust them all." And, "I feel very safe." Relatives we spoke with raised no concerns regarding the safety of their family member. One relative told us, "[Family member] is well looked after and yes, [family member] is safe." A further relative told us, "Yes."

During this inspection we checked to see if medicines were managed safely. We asked people if they received their medicines on time and in the way they had agreed. We were told, "I don't worry about my medicines. I get them when I'm supposed to." We viewed a sample of medicine records (MAR). We found these were signed by staff to indicate medicines had been administered. Care records recorded the support people required to take their medicines. Staff we spoke with told us they received training to enable them to administer medicines and we saw evidence this took place. We asked the manager if staff received ongoing practical assessments of their competence. We were told this had not previously taken place, but this was planned.

We recommend the service seeks and implements best practice guidance in relation to the training of staff in medicines administration.

We reviewed care records and saw risk assessments were carried out to ensure risks were identified. Care records contained information to instruct staff on how to manage these risks. For example, we saw one person needed specific equipment to maintain their safety while they received personal care. Documentation recorded the support the person required to maintain their safety. Staff we spoke with were able to explain the person's needs and the reasons for the support the person required. This demonstrated staff were knowledgeable of the risks identified and how to suitably address these.

We spoke with staff about safeguarding. They told us they had received training to deal with safeguarding matters. We asked staff to give examples of abuse and they were able to describe the types of abuse that may occur. Staff also demonstrated an understanding of signs and symptoms of abuse and explained how they would report these. They said they would immediately report any concerns they had to the registered provider, the manager or to the local safeguarding authorities if this was required. One staff member told us, "If I reported anything [manager] or [registered provider] would act straight away." A further staff member said, "Reporting is non-negotiable. We were told on induction to always report." Staff told us there was an on call system to report concerns to the registered provider or manager and this was answered promptly. This demonstrated there was a system to enable staff to report concerns if the need arose.

We discussed safeguarding referrals with the registered provider. They confirmed they would make safeguarding referrals to the Lancashire Safeguarding Authority if this was required. Documentation we reviewed demonstrated a safeguarding referral had been made to the Lancashire Safeguarding Authority. We saw no evidence this referral had been notified to the Care Quality Commission by the registered provider, as required by regulation. We reviewed the information we hold about the service on our system and saw other notifications had been appropriately provided to us. We discussed this with the registered provider and manager. They informed us they had not notified us of the safeguarding referral and this was

an oversight. We received the required notification prior to the inspection concluding.

We looked at staff files to check suitable recruitment processes were carried out. We reviewed documentation which showed appropriate recruitment checks were carried out before a person started to work at the service. Staff we spoke with told us they had completed a disclosure and barring service (DBS) check prior to being employed. This is a check which helped ensure suitable people were employed to provide care and support. We saw records of the checks were kept and references were sought for each new employee.

We discussed staffing with people who received care and support. People told us they were happy with the staffing arrangements. We were told, "I get regular carers." And, "They always come on time." Also, "I'm never hurried along or put under pressure."

Staff we spoke with told us they felt they had sufficient time to support people. They told us they were able to spend time with people and did not have to rush them. Comments we received included, "I have plenty of time to help people." And, "Time isn't an issue. I can focus on the person I'm helping without worrying about being late for the next customer."

We asked relatives their opinions on the staffing arrangements. We received positive comments. We were told, "Because it's regular carers they know [family member] and [family member] benefits from that." Also, "Never an issue with the reliability and knowledge of staff."

We discussed the staffing with the registered provider. They told us they considered the distance staff had to travel when arranging support for people who lived in their own homes. They explained they reviewed the distance staff had to travel. They told us they were aware the distance travelled could negatively impact on the timekeeping of staff and they wished to avoid this.

We reviewed the computer system for the allocation of staff. We found staff were given their rotas in advance and supported the same people on a regular basis. This helped ensure people received care and support from staff who were known to them and who knew their needs and preferences.

Is the service effective?

Our findings

The feedback we received from people who received care and support was positive. One person told us, "My care is extremely good." A further person described the care and support they received as "Excellent." One person told us the service had worked with them to ensure they were able to receive the personal care they wished. They explained the service had supported them in accessing a health professionals' advice and as a result of this, suitable equipment was in the process of being obtained. They said, "They helped me every step of the way, I can't thank them enough."

As part of the inspection we received feedback from two external health professionals. They raised no concerns with the service provided by Bluebird Care (Lancaster and South Lakeland.)

We viewed computer based care records to ascertain the care and support people required. The care files we viewed contained sufficient information to enable staff to deliver support in the way people wished. We also saw if other health professionals were involved in peoples' care, relevant information was contained within the care records. Staff told us they used the information to discuss people's needs with them. People who received care and support told us, "I'm in control of the whole process of my care." And, "They review my care plan with me."

Care records we viewed considered the nutritional needs of people who used the service. We saw allergies could be recorded if this was required and staff we spoke with confirmed this information was available to them prior to support being provided. Staff also told us they had received training in food hygiene skills so if people requested support with food preparation, this could be provided. Care records contained the likes and dislikes of people who received care and support.

We asked the registered provider and the manager to explain the training provided to staff. The registered provider told us staff were expected to complete an induction prior to supporting people who received care and support. This was confirmed by speaking with staff. Staff told us they were happy with the induction programme and felt this enabled them to work competently with people.

Staff also gave positive feedback regarding other training provided. They told us they had attended a staff meeting where a person who used the service had spoken to staff about their health condition. One staff member commented, "It made me think about what I do and how that affects customers. It was really helpful." Staff also told us they were supported to complete their training if this was required. One staff member explained they had faced difficulties completing some e-learning training. They told us a member of the management team had supported them throughout the process. They said, "[Member of the management team] arranged to meet with me and I did it all. They helped me with the computer part." This demonstrated staff were supported to complete required training.

We reviewed the computerised training records provided by Bluebird Care (Lancaster and South Lakeland.) We noted where staff required further training to update their skills, this was being arranged. This was confirmed by speaking with staff. All the staff we spoke with told us they were aware of further training being

organised.

We asked staff if they received supervisions. Supervision is a meeting where staff performance is discussed and learning needs identified. All the staff we spoke with confirmed they had the opportunity to discuss their performance with their line manager. Staff explained this took place either by phone, at the office of Bluebird Care (Lancaster and South Lakeland,) or they were observed delivering care at peoples' homes. Staff explained that following observations of care delivery, they received one to one feedback on their performance.

Staff also told us they could request further training if they wished to do so. We viewed a supervision record and saw the staff member had requested additional training. We discussed this with the staff member who confirmed they had received a date for this. This evidenced there was a to support the development of staff skills and competence.

The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We discussed the Mental Capacity Act (MCA) 2005. They told us they were aware of the legislation and the importance of ensuring the correct processes were followed. Staff we spoke with demonstrated an awareness of the importance of gaining people's consent and confirmed they had received training in these areas. They told us they would report any concerns immediately to the registered manager to ensure peoples' rights were protected. They told us they would report any concerns immediately to the registered provider and manager to ensure peoples' rights were upheld.

Is the service caring?

Our findings

People who received care and support were complimentary of staff. Feedback included, "They're lovely. Really gentle." And, "All the staff are sensitive to my needs." A relative we spoke with commented, "The staff are caring. Very caring." A further relative told us, "Without a doubt, staff care."

The care records we viewed showed people were involved in the development of their care plans and people we spoke with confirmed they were involved in this process. One person described how they were supported to plan their care. They told us they had met with staff from the service to discuss their requirements and preferences. They were complimentary of the way in which their care was arranged with them. They told us they felt consulted and respected and commented, "I was in control of the whole process of planning my care."

Relatives we spoke with also confirmed their involvement in the planning of care. One relative explained they had been consulted and their views had been taken into consideration. They told us, "They made the whole experience easier than I expected and it was very much about what my [family member] wanted." Another relative commented, "I've been involved in drawing up care plans." We were informed by a further relative, "They wrote a proper care plan which we approved as a family." This demonstrated people, and those who were important to them were involved in care planning.

We asked the registered provider what arrangements were in place if people wanted support from an advocate. An advocate is an independent person who supports people in expressing their views. The registered provider told us people were supported to access advocacy service if this was required or requested. We viewed documentation which evidenced advocacy support had been accessed for a person who used the service. This demonstrated people were able to access external support if the need arose.

We spoke with staff who demonstrated a caring and professional approach towards people they supported. One staff member told us, "We want to build relationships with customers and their relatives." They went on to explain the pride they felt in supporting people to remain in their own homes where they wished to be. They said, "I see benefits, tangible benefits of the work we do. I'm honoured to help people. It's very rewarding." Another staff member told us, "I worry about people if they're poorly. I'm always glad to see them again to make sure they're ok." This demonstrated staff were caring.

People who used the service told us they felt valued. People told us they considered the staff to be thoughtful and respectful. People gave examples of the way staff maintained their dignity and ensured their comfort. One person described their experience of receiving personal care. They told us, "I have never, ever felt embarrassed or ashamed when staff help me." A further person said, "They always shut the curtains, I don't have to say anything." This demonstrated staff respected peoples' rights to privacy and upheld their dignity.

Is the service responsive?

Our findings

People told us they considered staff were responsive to changes in their needs. One person described the support they had received when they became unwell. They explained staff had noted this and had supported them with the guidance of other health professionals. They said, "If it hadn't been for the staff, I would have been in hospital." A further person explained they had suffered an accident while at home. They told us staff had responded to their needs and arranged for them to obtain further medical advice. They described the staff support as, "Professional and calm." In addition, a further person explained how staff had noted a change in their physical condition. They told us staff had consulted with them and arranged a consultation with a health professional and as a result they received the medical expertise they required. Relatives we spoke with also told us they considered the service to be responsive to people's needs. Comments we received included, "They've been quick to address any health issues with my [family member] and passed on any concerns." Also, "They responded to my [family members] health changing."

The registered provider told us they sought to engage with people and relatives when considering staff provision. They explained people were asked if they had preferences or specific needs and these were accommodated whenever possible. The registered provider explained they had asked a relative to support the interview process for a new member of staff. They told us this was so the relative could consider their loved one's wishes and preferences when identifying who may be suitable to support their family member. We discussed this with a relative who was involved in the recruitment process. They told us, "It was useful. It was reassuring to [my family member.]"

People we spoke with told us they were asked to identify preferences in regard to staff. For example, if they preferred male or female staff to support them. One person told us they preferred to receive support from female staff and this was provided. In addition we viewed records which indicated one person had requested support at a specific time. We reviewed the staff rotas and saw support was arranged in accordance with the person's wishes. This demonstrated Bluebird Care (Lancaster and South Lakeland) sought peoples' preferences and responded to these.

The care records we viewed contained assessments which informed individual care plans. We noted the care plans contained information on how and when people wished to be supported. For example, one care record described the daily routine of the person. This documentation we viewed was sufficiently detailed to enable staff to respond according to peoples' wishes and preferences.

The registered provider told us they provided information to people on activities to increase their community engagement. We viewed records which demonstrated people were supported to spend time participating in their chosen areas of interest if this was important to them. Staff we spoke with also confirmed this took place. This demonstrated the registered provider sought to reduce the risk of social isolation and supported people with their chosen interests.

One relative described the support their family member had received from the service. They told us Bluebird Care (Lancaster and South Lakeland) had developed a reminiscence aid. They explained this was to help the

person recall memories and to support engagement with staff. They told us, "They engaged her and [family member] benefited." They explained the reminiscence aid had helped their family member to form positive relationships with staff and in addition they had enjoyed recalling their memories. This demonstrated Bluebird Care (Lancaster and South Lakeland) responded to people's individual needs.

We saw there was a complaints procedure which described the response people could expect if they made a complaint. We viewed the complaints file at Bluebird Care (Lancaster and South Lakeland.) We saw evidence if a complaint was made, this was addressed and the outcome communicated to the person who had complained. This demonstrated there was a procedure in place, which was followed to respond to any complaints made.

The staff we spoke with explained they would refer any complaints to members of the management team. One staff member told us, "I'd tell the management so it could be investigated." This demonstrated staff were aware of the process to enable complaints to be addressed.

People we spoke with told us they had no complaints at the time of the inspection. Comments we received included, "I've got no complaints." And, "No, I have no complaints to raise." Also, "I'm very satisfied. I can't fault them."

Is the service well-led?

Our findings

People told us they considered Bluebird Care (Lancaster and South Lakeland) to be well-led. Comments we received included, "Bluebird is excellent. [registered provider] manages it well. It's very efficient." And, "It's very well run. Very efficient." One relative told us, "I think they communicate well with people organising their care and the people themselves." Relatives also told us they could approach the registered provider or any staff member if they needed to discuss anything with them. We were told, "I find everyone approachable and respectful." A further relative said, "Their whole ethos was one of professionalism."

We asked the registered provider to describe the management structure at Bluebird Care (Lancaster and South Lakeland). They told us they employed a variety of disciplines to ensure the smooth running of the service. This included a business development co-ordinator and a care co-ordinator. The registered provider told us they had recently appointed a new manager who was in the process of becoming registered with CQC. In addition the registered provider told us they were recruiting two senior care staff to strengthen the staff team at Bluebird Care (Lancaster and South Lakeland). The registered provider told us they considered the focus on quality was paramount. They told us they had recently completed an audit of the service provided and had developed an action plan to address any areas of improvement.

We reviewed the action plan and saw improvements had been identified. For example, we saw training in risk assessments and first aid had been booked. In addition we saw the regularity of staff supervisions was to be increased and the quality of documentation within care records was to be improved. We saw some actions had been completed and other actions had a completion date identified.

We asked the registered provider what other checks were carried out to ensure a high quality of care was achieved. The manager told us they had recently completed a medicine audit and we saw documentation which evidenced this. The manager told us they intended to expand this area to ensure a robust audit tool was in place. In addition we were informed checks were carried out on accidents and incidents and care records, however these were not formally documented.

We recommend the service seeks and implements best practice guidance in relation to the documentation of audit processes.

Staff we spoke with told us they were informed if improvements were required. One staff member told us they had been reminded to update a care record. A further staff member told us they had been reminded to attend required training. We saw documentation which demonstrated staff meetings were held. Staff we spoke with told us they found these to be useful. They told us this allowed them to remain up to date with any changes and also gave them the opportunity to seek feedback if they had any queries.

We saw people were offered the opportunity to give feedback on the quality of the service provided. During the inspection visit we viewed the last completed survey. We saw as a result of feedback a change had been made to a person's care provision. This demonstrated action was taken in response to feedback.

Staff told us they considered there to be a positive culture at Bluebird Care (Lancaster and South Lakeland). Staff told us they felt the staff and the management team worked together. Comments we received included, "We all want the same for the customers, to give the best care. [Management team] work with us so we can deliver that." And, "[Registered provider] is really supportive. She wants us all to work as a team and we do." Also, "You can rely on [registered provider] and the manager to give advice and guide us."

Staff also told us their achievements were celebrated. They told us the registered provider gave staff an award if they had made achievements. Staff told us they considered this was positive as it demonstrated the registered provider recognised their efforts. One staff member said, "I strive to achieve it." We spoke with the registered provider who told us they wanted staff to succeed. They explained the award was to recognise the accomplishments of staff and the contribution they made to the service. This demonstrated the registered provider recognised staff achievements and provided visible leadership.

We discussed the computerised care records with the registered provider. They told us they were committed to improving the service and had introduced the system at the service. They told us the computerised system could be updated quickly and minimised the risk of out of date information being accessed by staff. In addition they explained individual care records could be securely accessed by people who used the service and their relatives. We discussed this with a relative who told us they were pleased with the system. They explained they felt it enhanced the service as they were able to access information regarding their family member when they were out of the area. They told us they found this helpful and reassuring.