

Taylor-Bourne Limited

Bluebird Care (Stoke-on-Trent)

Inspection report

86 Victoria Road
Fenton
Stoke On Trent
Staffordshire
ST4 2JX

Tel: 01782417718

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20 May 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?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Bluebird Care (Stoke-on-Trent) is a domiciliary care agency. It provides personal care to people living in their own houses in the community. At the time of the inspection, 25 people were being supported by the service.

People's experience of using this service: People and their relatives told us they were happy with the care and support they received from the service. One person told us, "The carers are all very good whoever comes. Very caring all of them."

People received care and support from a regular team of staff. The service ensured staff had the right training, skills and experience to support people safely. A robust recruitment process was in place.

The provider had systems in place to ensure people were protected from abuse and harm. Staff had completed safeguarding training and were aware of the provider's whistleblowing process. Individual and environmental risks were identified and mitigated. Systems were in place to ensure people would continue to receive support in the event of an emergency.

The registered manager constantly reflected on the service provided. Information was reviewed with lessons learnt cascaded to staff.

People were treated with respect and dignity. Staff had extensive knowledge about people, their preferences and interests. People were involved in reviews of their care and support. Staff knew people's preferred methods of communication.

Care plans were person centred and provided staff with clear information on how to support people in line with their preferences. Staff were responsive to changes in people's needs. People and relatives had no complaints about the service but were aware of the complaints procedure.

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

The provider had an effective quality assurance process to monitor the quality and safety of the service provided. The registered manager was passionate about ensuring people received the best care possible. Staff told us they felt supported by the management team. People, relatives and staff were encouraged to offer feedback. The service had an open culture and shared lessons learnt in their yearly newsletter.

Rating at last inspection: Good (Last report published 30 September 2016).

Why we inspected: We inspected the service as part of our inspection schedule for 'Good' rated services.

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

For more details, please read 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 responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Good ●

Bluebird Care (Stoke-on-Trent)

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was completed by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type: Bluebird Care (Stoke on Trent) is a domiciliary care agency. It provides care to people living in their own homes. Not everyone using a domiciliary care agency receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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 to ensure the registered manager and office staff would be available for our visit.

Inspection activity started on 15 May 2019 and ended on 20 May 2019. We visited the office on 15 May 2019 and the expert by experience spoke with people on the telephone on 20 May 2019.

What we did: We asked the provider to complete a Provider Information Return (PIR). This is key information providers are required to send about their service, what they do well, and improvements they plan to make. We also sought feedback from commissioners of the service and local safeguarding teams.

We spoke with one person who used the service and seven relatives. We looked at records relating to the management of the service. These included accident and incidents, safeguarding, recruitment and quality assurance records. We looked at three people's care and support files and five medicine administration records. We spoke with the registered manager and four members of staff. We asked a number of staff to answer some questions about the service via email which three staff completed.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; staffing and recruitment

- People and relatives felt safe with the service provided. One person said, "Yes quite safe. I am partially sighted so they leave things where I know where to find them. I really feel safe with them doing this for me as it makes things so much easier."
- The registered manager ensured effective safeguarding procedures were in place. Staff understood their responsibilities for keeping people safe and knew how to report any concerns they had.
- The provider followed effective recruitment procedures to ensure new staff were suitable to work independently in people's homes. This included obtaining satisfactory references and checks with the Disclosure and Barring Service (DBS).
- People received care and support from suitably skilled and experienced staff. The service's computer system did not allow staff to be allocated to support people without the appropriate training to meet the person's needs.
- The service made efforts to ensure people had a team of familiar staff. New staff were introduced to people prior to supporting them. One relative told us, "If we have a new one [staff member] they are always introduced to her. I think this is not a bad thing as she gets a change and they can talk about different things."

Assessing risk, safety monitoring and management

- Environmental and individual risks were identified with clear risk assessments put in place with control measures to reduce the risk.
- The provider reviewed visit logs to ensure staff were punctual and that visits were not missed. No missed visits were recorded. A relative told us, "They are good on time, always within ½ hr of schedule. No missed calls and never rush her care and always stay the full time."
- The provider had contingency plans in place to support people in emergency situations for example, adverse weather conditions or electrical failures in the team office.

Using medicines safely

- People and relatives were happy with how their medicines were managed. One relative said, "They give her tablets with water and stand over her as she takes them making sure she has swallowed them safely and controlled."
- Staff had completed safe handling of medicines training and the provider conducted regular checks to confirm staff remained competent to support people with their medicines.

Learning lessons when things go wrong

- The service had systems in place to learn when things went wrong. The management constantly reflected on the performance of the service and lessons learnt were cascaded to staff.
- Accidents and incidents were recorded and investigated.

Preventing and controlling infection.

- Staff followed safe practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections. Relatives and people told us staff always used PPE to support people.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Before people started to use the service a full pre-assessment was conducted to ensure the service could meet the person's needs. The pre-assessments did not ask questions to support all the protected characteristics of the Equality Act. The registered manager advised they would address the matter.
- Information gathered was used to create people's care and support plans. These clearly set out people's needs and how they wished to be supported.

Staff support: induction, training, skills and experience.

- People and relatives thought staff were well trained. Comments included, "Very well skilled and trained all of them. I have full trust in them," and "They are excellent, I simply cannot fault them with anything. Exceptionally well trained and skilled in all they do."
- Training was up to date. The majority of the training was via eLearning with additional face to face training delivered by the registered manager. Staff also had access to information via a Bluebird App on their mobile phones.
- New staff completed an induction programme when they began work and had a period of shadowing an experienced staff member.
- Staff were well supported in their roles and had regular supervisions and observations. This gave staff the opportunity to discuss work practices and raise issues. The registered manager told us, "It is an open door, staff can come anytime with their concerns."

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The majority of people could make decisions for themselves.
- The service confirmed if people had a lasting power of attorney (LPA) in place. (LPA) is a way of giving someone you trust the legal authority to make decisions on your behalf if you lack mental capacity at some time in the future. The registered manager was proactive in obtaining this information and identified a process of gaining information from the Office of the Public Guardian ensuring people were supported by

the appropriate authorised people.

- Staff had completed MCA training.

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

- People were supported in line with their preferences.
- Care plans included guidance from external health professionals to help staff support people safely. One relative told us, "[Family member] does have a swallow problem at times so they will ensure she is eating safely."
- Staff assisted people with their meals by preparing food for them or by helping them with food shopping. Between visits staff ensured people have everything they needed such as drinks and snacks. One relative told us, "If I need anything they will bring it in if I call them. For instance, I was too unwell to cook for him a while ago and told them and they bought us fish and chips in."
- Staff had completed food safety training.

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

- The service worked in partnership with healthcare professionals to ensure people received joined up care and support.
- Relatives we spoke with told us their family member did not receive help from the service to attend or arrange medical appointments. All felt sure that the service would support them if they asked.
- Where appropriate, reviews of people's care included external healthcare professionals involved in the delivery of their care and support.

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.

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 and relatives were extremely complimentary about the care and support provided by Bluebird (Stoke on Trent). Comments included, "They are such friendly people and take time to talk to me which means a lot. Very caring too," "Very caring all of them. They will do anything for me and always ask if I want anything else doing before they leave," and "They are brilliant. All very, very good. Exceptionally caring."
- Staff understood the importance of treating people as individuals. The service recognised that each person was unique with their own lifestyle and needs. It offered information about support within the LGBTQ+ community.
- Relatives told us how staff went that extra mile. One relative told us, "[Family member] recently had a fall and the carer waited with her until the ambulance arrived as I live a bit away." Another relative said, "When we had bad snow the carer walked here from her home over 1/2hr away as she couldn't get her car out. She said no way was she going to leave us without any care."

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

- People and relatives were regularly involved in reviews of care and support. People had been consulted with about how and when they wanted support.
- The service conducted an annual 'customer review' and feedback was positive. Comments included, "The improvement in Dad's mood was amazing and he looks forward to seeing the girls so much." One relative expressed their thanks as they knew their family member was receiving a good meal and drink and great company on a daily basis. This meant they didn't worry so much about them.
- The registered manager was proactive in supporting people in using the local advocacy services when required. An advocate is an independent person who can assist people to make decisions about their health and well-being.

Respecting and promoting people's privacy, dignity and independence.

- People and relatives told us staff treated them with dignity and respect. One person told us, "Most respectful when washing or showering me. They let me do the bits I want to do and always make sure a towel is at hand to cover me."
- Staff could clearly explain how they respected people's right to have privacy and dignity.
- People were promoted to be as independent as they were able and wished to be. One relative told us how staff encouraged their family member to be as independent as possible.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Care plans were personalised and contained a good level of detail outlining people's routines and preferences.
- People told us staff knew them well. Staff knew people's likes, dislikes and preferences.
- Staff were responsive when people's needs changed and alerted the management team immediately.
- The registered manager had created a handy concise one sheet document with clear guidance for staff to follow.
- Information from external healthcare professionals was adopted into care plans ensuring staff had up to date accurate information.
- The service identified people's information and communication needs during pre-assessment and complied with the Accessible Information Standard.

Improving care quality in response to complaints or concerns.

- Relatives and people we spoke with told us that they had never had a cause to complain but had information how to raise a complaint and felt confident that it would be acted on quickly.
- The service had processes in place to respond to complaints and to learn from the information received. No complaints had been received.

End of life care and support.

- At the time of the inspection there was no one receiving end of life care.
- Staff had received additional end of life training from the local hospice staff. A supervisor told us how a staff member was contacted in the early hours of the morning and at the request of a relative attended to their family member following their death.

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The service had a clear aim of providing personalised care and support, ensuring people remained in control of their lives. It recognised that each person was unique with their own lifestyle and needs.
- Staff were respected, valued and supported by a knowledgeable management team.
- The registered manager understood their responsibilities under the duty of candour and was open and honest.
- The service produced an annual report which included analysis of people's feedback plus a summary of complaints and compliments and an outline of how it intended to improve the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The Management team were clear about their roles and responsibilities and led the service well. The registered manager had submitted the required statutory notifications to CQC.
- The registered manager completed robust checks including observational visits to monitor individual staff performance and ensure people received good, safe care and support.
- The provider had a quality assurance system to review areas of the service and to drive improvement.
- Staff told us the management team were supportive.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care.

- People, relatives and staff were asked to provide yearly feedback about the service. This information was used to drive improvement.
- Staff also had opportunities to discuss the service during their supervisions and team meetings.
- The registered manager was passionate about learning and delivered additional training to staff.

Working in partnership with others.

- The service had developed good links with healthcare professionals and the local community.
- People were provided with information about other useful services available in the local area, such as fire alarm checks by the Fire Service and a local centre providing support for people living with a dementia.