

Holly Rise Consultants Ltd







Bluebird Care (Eastbourne & Wealden)

Inspection report

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Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Requires improvement	
Is the service caring?		Good	
Is the service responsive?		Good	
Is the service well-led?		Good	

Overall summary

This inspection took place on 12 June 2015 and was announced. We gave the provider 48 hours' notice. Bluebird care (Eastbourne & Wealden) is a domiciliary care agency that provides personal care to people in their own homes. At the time of inspection there were 29 people using the service.

The service 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.

Summary of findings

People were asked for their consent appropriately. The registered manager and staff had a basic understanding of the Mental Capacity Act 2005 (MCA). This legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. The registered manager had taken action to ensure they developed their own and staff members knowledge of the MCA.

There were enough staff to meet people's care needs and staff had regular training, supervision and appraisal to support them. Staff said: "I'm really impressed with the level of training" and "the training is brilliant". All of the appropriate pre-employment checks had been completed before staff began working for the provider.

People who used the service told us they felt safe. One person told us: "I feel very safe with my carers. They always turn up on time and stay for the full time." Staff knew how to recognise the signs of abuse and what to do if they thought someone was at risk. Risk assessments had been completed and plans to manage identified risks were in place. People were supported to take their medicines safely when needed.

Incidents and accidents were thoroughly investigated and action taken to reduce the risk of them being repeated. The registered manager and staff understood the importance of learning from incidents so they could make improvements to the service.

People were supported to eat and drink enough and staff knew what to do if they thought someone was at risk of malnutrition or dehydration. People's day to day health care needs were met.

People gave us very positive feedback about the care they received. Comments included: "They are very caring and I am very fond of two of them because they treat me like a member of their family" and: "The care is excellent". People were able to express their views and preferences about their care and these were acted on. People were treated with respect and their privacy was protected.

People's care needs were regularly assessed and people and those important to them were involved in making decisions about their care. People knew how to make a complaint or raise concerns with the registered manager and told us these were acted on when they did so. There was an appropriate complaints system in place and any complaints had been thoroughly investigated.

The provider carried out regular audits to ensure they were meeting the requirements of the regulations. People were asked for their feedback about the quality of the service, and where areas for improvement were identified appropriate action was taken.

The registered manager knew the people who use the service well and was aware of the attitudes and behaviours of staff. People said there was good communication with the service and it was well managed. All of the registrations requirements were met and records were good.

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 told us they felt safe and staff knew what to do if they thought someone's safety was at risk.

There were enough staff to meet people's needs and all of the required recruitment checks were completed before staff began work.

People were supported to take their medicines safely when needed.

Good



Is the service effective?

The service was mostly effective. People were asked for their consent. The registered manager and staff had a basic understanding of the Mental Capacity Act 2005. Action had been taken to ensure this was addressed.

Staff had completed relevant training, supervision and appraisal to help support them in their role.

People were supported with their nutritional and hydration needs, and their day to day health needs were met.

Requires improvement



Is the service caring?

The service was caring. People gave very positive feedback about the care and support they received.

Staff knew about people's care needs and made sure they respected people's privacy and dignity.

People were involved in making decisions about their care and were well supported to make their preferences known.

Good



Is the service responsive?

The service was responsive. Care plans were up to date and regularly reviewed. People were able to express their views about their choices and preferences.

People knew how to make a complaint and said they would feel confident to do so if they needed to. The service managed complaints well.

Good



Is the service well-led?

The service was well led. The provider had an appropriate system in place to monitor the quality of service and make sure they were meeting the requirements of the regulations.

People and staff told us the service was well managed, There was a positive culture at the service and the registered manager was well regarded.

Good



Bluebird Care (Eastbourne & Wealden)

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 12 June 2015 and was announced. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available for the inspection.

The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Prior to our

inspection we looked at and reviewed all the current information we held about the service. This included notifications that we received. Notifications are events that the provider is required by law to inform us of. Before the inspection, the provider completed 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 spoke with five people who use the service, six relatives and two members of staff by telephone. On the day of the visit we spoke with four members of staff, the registered manager and nominated individual. We reviewed the care records and risk assessments for five people who use the service, recruitment records for four staff, training records for all staff and supervision and appraisal records for three staff. We reviewed quality monitoring records, policies and other documentation relating to the management of the service.

Is the service safe?

Our findings

All of the people and relatives we spoke with described feeling safe with care workers. A relative said: “I feel very safe with those that care for my (family member)”. People were protected from potential abuse. Staff were knowledgeable about safeguarding people from abuse and knew what action to take if they were concerned a person was at risk. Staff knew how to raise concerns with the registered manager and they were confident that any issues they raised would be dealt with appropriately. Staff had access to an on call emergency telephone number which they said was answered at all times, and managers would come to a person’s home immediately if required to. The provider had appropriate safeguarding policies in place for staff to refer to if they needed to.

Risks to individuals were identified and well managed. There were risk management plans in place which allowed people to stay safe while minimising risks to their freedom. For example, one person who was at risks of falls had a plan in place to enable staff to help the person stay mobile while minimising the risk of falling as much as possible. Other risk management plans included supporting people to use a hoist safely and monitoring the risk of developing a pressure ulcer.

Incidents and accidents were reported and the registered manager conducted a thorough investigation of each incident. One relative told us of an incident when a medicines dose was not administered. If an incident like this occurred the registered manager reviewed the possible causes and took action to make sure the mistake did not happen again. The relative said: “They missed some medication some time ago but now everything is fine”. Trends were monitored to ensure any themes were

identified and action was taken to prevent any recurrence. The registered manager and staff understood the importance of learning from incidents so they could make improvements.

People had their needs met and were kept safe because there were enough suitable staff. People who use the service told us staff were always punctual and stayed for the allocated amount of time. One person said: “I feel very safe with my carers. They always turn up on time and stay for the full time.” The provider ensured that people received consistent care from regular staff.

The provider had good recruitment procedures in place. The staff recruitment records we reviewed showed all of the relevant checks had been completed before staff began work.

These included disclosure and barring service (DBS) checks, evidence of conduct in previous employment and proof of identity. A DBS check is completed before staff begin work to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. Staff were not allowed to start work until these checks had been completed. This helped to ensure that staff employed by the service were safe to work with the people they cared for. Staff confirmed there was a robust interview process in place and that they had been required to provide all the relevant documentation before they started working for the provider.

People’s medicines were managed so they received them safely. One person told us: “I have a long list of tablets to take and they make sure that I am taking them and write it up in the book”. Medicines administration records (MAR) showed people received their medicines as prescribed. Staff could not administer medicines unless they had been trained and there was a policy in place to support staff to safely administer medicines.

Is the service effective?

Our findings

Staff and the registered manager had a basic understanding of the Mental Capacity Act 2005 (MCA). This legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. There was a small risk that staff would obtain consent from a person who was not legally able to give it. The registered manager acknowledged this was an area for improvement and told us they would attend the local authority training in MCA. A new staff trainer had also started working for the provider and the MCA would be included in a new induction programme, and refresher training arranged for current staff.

People who use the service said staff always asked for consent before providing any care. Staff described how they would ask for people's permission before giving support, and what they would do if someone declined the support offered. Staff offered alternatives and re-phrased questions to give people the best opportunity to give their informed consent. If the person still declined, staff respected the person's decision and sought advice from the registered manager.

People received effective care from staff who had the knowledge and skills to meet their needs. People and their relatives said the care workers were well trained for their duties. Comments included: "They are well trained and know what they are doing with my relative" and "They most certainly know how to do things."

Staff gave very positive feedback about the training they received including "I'm really impressed with the level of training" and "the training is brilliant". Staff said they felt well supported by management and they received regular one to one support during supervision sessions with senior staff. Staff were encouraged to discuss any issues they may have, including meeting people's care needs and any

training requirements. Staff were regularly observed providing care for people in their home and appropriate feedback was given to enable staff to make improvements if it were needed. Staff were not able to work alone unsupervised until they had all the required training and felt confident to do so. Supervision and appraisals were all completed.

The provider was trialling a new induction for care workers using the Care Certificate Standards. The Care Certificate sets out the learning outcomes, competences and standards of care that are expected from care workers to ensure they are caring, compassionate and provide quality care. Staff described how the training was a good mix of practical and academic work and they were encouraged to ask questions about anything they did not understand.

Some people who use the service were supported with their nutritional and hydration needs. People who required this support said their needs were well met. One person said: "They make my breakfast and leave a flask of tea for me in the morning" and another "They prepare sandwiches for me and know what I like". People's food and fluid intake was appropriately monitored if this was needed. Staff knew what to do if people were not getting enough to eat or drink.

Most of the people we spoke with arranged their own medical support. Where people were not able to do this, they said were supported by staff to make appointments and where necessary arrange transport. One person said: "They prompt me if they think I need to see the doctor" and another "They always ring my family if they have a concern". Staff knew about people's day to day health needs and how to meet them. Staff knew how to identify changes in people's health and what they should do to support them. This included contacting the GP and reporting their concerns to the registered manager. When concerns were identified appropriate action was taken.

Is the service caring?

Our findings

All of the people and relatives we spoke with described the care they received as being very good to excellent. They all said they were treated with respect and that care workers encouraged them to maintain their independence. One person said: “The care they give my husband is excellent. They also treat him with respect. When he is showered they take great care to make him feel comfortable and also try to get him to do as much as possible for himself”. Staff were described as caring, professional and courteous. A relative told us: “The care is excellent and I feel very comfortable leaving (my relative) with them”.

The registered manager and staff knew the people they cared for well and spoke about them in a kind and caring way. They understood people’s life histories, likes and preferences and were able to describe in detail how they would meet people’s preferred care needs. Staff described how they would support people in a person centered way and to make day to day choices. Staff understood the importance of supporting people to make their own decisions and described in an appropriate way how they would protect people’s privacy when providing personal care.

Staff were given time to spend with people who were new to the service, to ensure they understood people’s care needs. Staff were introduced to people who were new to the service prior to providing care so they could get to

know the person. People had choice over which staff supported them with personal care and the provider respected people’s decisions if they wanted to change care workers.

The registered manager ensured staff knew people’s care preferences before they were able to provide care independently. If staff felt a person’s care needs had changed, the registered manager ensured they discussed this with the person and made any changes that were necessary. The registered manager spoke with people regularly to make sure their care needs were met and choices and preferences respected.

People were supported to express their views about their care and they and those important to them were involved in making decisions about their care. People we spoke with said they were involved in their care plans. People were very clear that they were the ones who decided what care they were going to have. One person said: “We were directly involved in the planning”.

The registered manager ensured continuity of staff for people who use the service, and staff were encouraged to get to know people’s preferred routines. This is important for building trusting relationships between people who use services and the staff who provide their care. Everyone we spoke with said they had very positive relationship with staff. The registered manager told us the ethos of the service was to provide the best quality of care they could, and to provide people with the support they wanted and needed.

Is the service responsive?

Our findings

People who use the service and their relatives told us how they were involved in devising their care plans when they initially started receiving care from the service. They were well supported to make their preferences and choices known. One person said: “We had a meeting with the manager and the main carer to sort out the plan”. After the first week of the service being provided, a ‘customer first week review’ was completed. This enabled people to discuss with the provider if any changes to their care plan were required to ensure their needs were met as they preferred. People and their relatives described how the care workers understood their needs and how these changed over time. They also said staff had a good understanding of their likes and dislikes.

The registered manager and senior staff reviewed people’s care plans every six months to ensure people were happy with the support they received. People told us if they had any concerns at any other time they could contact the service and action would be taken. One person told us they had three visits since January 2015 to monitor progress on their care plan, and another said: “The office are very responsive to both phone and email. Within a couple of days they can change the rota to take account of my requests. They are very flexible”.

Care plans reflected people’s choices and preferences which enabled staff to provide care in the way people wanted it. Staff said they had the time they needed to

provide care for people in a way that centred on the individual. One person said: “They make every effort to make sure I always get what I want” and another “They talk with me about the care I get and if I need anything else”.

The registered manager sought regular feedback about the quality of the service from people, those important to them and staff. An annual quality assurance survey was sent to people and staff, the last one being completed in July 2014. The feedback from both was overwhelmingly positive. Where small areas for improvement had been identified these had been actioned. For example, some people mentioned they were not informed if staff were going to be late. The provider arranged a staff meeting and reminded staff they needed to telephone people to let them know if they were running late. Staff also commented about training they would find helpful to support them in their role, and this was organised. The provider was in the process of starting the quality assurance survey for 2015.

The provider had an appropriate complaints procedure in place. Complaints that had been made were taken seriously and thoroughly investigated and responded to in good time. Appropriate action was taken to address issues raised and resolve the complaint where possible. The provider used complaints and concerns raised as an opportunity for learning and made changes to the support provided if this was appropriate. People and staff’s feedback was valued by the provider, and people who had raised a concern said they were properly dealt with. One person said: “When we first started there was a problem. It was quickly resolved within two days”. Staff knew what to do if a person or relative raised any concerns with them.

Is the service well-led?

Our findings

All of the people we spoke with gave positive feedback about the management of the service. People spoke highly of the office staff and their response to questions, queries or changes. Comments included: “(name) is very good. He is very positive and wonderful” and “They are very good”.

Staff said the registered manager was accessible, helpful and supportive. They were able to discuss good and poor practice during regular meetings. One care worker said “she goes out of her way to help people” and “everything is done properly, there are no shortcuts”. There was an open culture which encouraged staff to make suggestions as to how the service could be improved. Staff told us when they gave feedback it was acknowledged and acted on. All of the staff gave complimentary feedback about the registered manager. Staff said when the manager provided feedback about their performance, it was constructive, and helped them to improve their skills.

The registered manager knew the people who used the service very well, and was able to discuss individual’s care needs in detail. They ensured care was person centred and met individual’s needs. The registered manager was aware

of the culture of the service and the attitudes and values of staff. The registered manager had an excellent understanding of their role and responsibilities and ensured that staff understood what was expected of them. They dealt with any concerns in an open and objective way and were keen to participate fully in the inspection process. Staff were very motivated to provide good care and gave very positive feedback about the way the service was run.

There were quality monitoring processes in place. The service carried out regular audits to monitor the quality of the service and to help inform and plan improvements. These included regular audits such as the content of people’s care plans, and medicines administration. The provider also monitored the quality of service and a senior manager visited the service regularly. Where concerns were identified, action plans were put in place.

All of the registration requirements were met and the registered manager ensured that notifications were sent to us when required. Notifications are events that the provider is required by law to inform us of. Records were up to date, fully completed and kept confidential where required and the service had a robust data management system in place.