

Rampion Limited

# Bluebird Care (Lewes)

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

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 took place on 1 September 2016 and was announced. We gave the provider 48 hours' notice. Bluebird Care (Lewes) is a domiciliary care agency that provides personal care to older people in their own homes. People had a variety of needs including an early diagnosis of dementia or frailty. At the time of inspection there were 76 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.

People who used the service said they were safe. Staff knew how to recognise the signs of abuse and what to do if they thought someone was at risk. However, some risk assessments that had been completed were not always detailed enough, and appropriate management plans could not be put in place. Where risks to an individual had been identified, these were effectively managed. People were supported to take their medicines safely when needed, but there was a risk medicines records would not be accurate at all times.

People gave us very positive feedback about the care they received. Comments included; "Bluebird carers are very good indeed. I have no worries at all with them, they are very polite very caring very affectionate and they show it" and "they're all very good without exception". 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. One person said; "they do treat me with the greatest respect and have always preserved my dignity".

People's care needs were regularly assessed and people and those important to them were involved in making decisions about their care. People's support needs were assessed and care plans were developed to details how these needs should be met. Care plans were detailed which helped staff provide the individual care people needed. 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.

People were asked for their consent appropriately and staff and the registered manager had a good 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. Care workers knew that any decisions made on someone else behalf must be in their best interests.

There were enough staff to meet people's care needs and staff had regular training, supervision and appraisal to support them. Staff gave positive feedback about the quality of the training and people who use the service said staff were well trained. Comments included; "the staff from Bluebird are certainly correctly trained" and "carers are all adequately trained as far as I'm concerned". Appropriate pre-employment

checks had been completed before staff began working for the provider.

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 who needed it 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.

The service was well led by a dedicated registered manager and management team. There was a commitment to provide high quality care which was tailored to people's individual choices and preferences. Feedback from people who use the service, relatives and staff was positive, and staff felt well motivated and supported in their role.

The provider carried out regular audits to ensure people experienced safe and good quality care. People were asked for their feedback about the quality of the service, and where areas for improvement were identified appropriate action was taken.

## 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. People were protected from the risk of abuse and staff were aware of safeguarding procedures.

Risk assessments were completed to ensure people were looked after safely and accidents or incidents were properly reported and investigated.

People were protected from being looked after by unsuitable staff because safe recruitment procedures were followed. There were enough staff to meet people's needs.

People were supported to take their medicines safely when needed but there was a risk medicines records would not be accurate at all times.

**Requires Improvement** 

### Is the service effective?

The service was effective. People received effective care and support because staff had the skills and knowledge to meet people's needs. Staff had been properly supported with training and supervision.

People were asked for their consent before staff provided them with care. The registered manager and staff had a good understanding of the Mental Capacity Act 2005. Action had been taken to ensure this was addressed.

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

**Good** 

### Is the service caring?

The service was caring. People gave very positive feedback about the care and support they received. People experienced care from staff who were kind and compassionate.

People's privacy and dignity was respected and their

**Good** 

independence promoted.

People were involved in making decisions about the care and the support they received.

### **Is the service responsive?**

**Good** ●

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

Staff knew what people's preferences were and how best to meet them.

People knew how to make a complaint and those that had done so said they were happy with how their complaint was dealt with.

### **Is the service well-led?**

**Good** ●

The service was well led. Feedback from people and staff about the quality of the leadership was positive.

There was an open culture, and people and quality care were at the heart of the service.

Staff were well motivated, worked as a team and wanted to make sure they supported people in a caring and person centred way.

There were systems in place to monitor the quality of the service and any areas for improvement identified were dealt with quickly.

# Bluebird Care (Lewes)

## 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 1 September 2016 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. Before the 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 six people who use the service and two relatives by telephone. On the day of the visit we spoke with five members of staff, the registered manager, nominated individual and a director of the provider's limited company. We reviewed the care records and risk assessments for five people who use the service, recruitment records for three 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

Everyone we spoke to, including people who use the service and their relatives, described feeling safe with the staff. Comments included; "I do feel safe with the carers as I know that they would not harm me", "I certainly feel safe with the Bluebird staff. I know that they will treat me well, not hurt me at all" and "I do feel very safe with Bluebird". People were protected from harm because staff were knowledgeable about safeguarding people from abuse and knew what action to take if they were concerned a person was at risk.

People used the pharmacy of their choice to supply their medicines. This meant the provider used their own medicines administrations charts (MAR) which were completed by staff in the person's home. Staff looked at the medicines in each person's blister pack and then hand wrote a MAR. The MAR was then taken to the office and typed out by another member of staff. Although no errors with copying the MAR in this way had been found, there was a risk this might happen.

This risk had been identified by the provider who was currently in the process of introducing a new electronic care recording system which would eliminate this risk. Each person's MAR would be downloaded from their pharmacy straight to the electronic system. As the medicine is administered by staff they record it onto the electronic system. This would also ensure that if any medicines were not administered, this was highlighted to senior staff quickly, so they could administer the medicines as soon as possible. People's MAR were regularly reviewed by senior staff to ensure they had received their medicines and that the records had been completed accurately.

People gave us positive feedback about how they were supported to take their medicines safely. Comments included; "I'm on quite a few medications. The carers do remind me and check with me to make sure that I've taken everything", "I am on medication. I have blister packs where I take my medications from. They check to see that I've done it correctly and then write it up in their records". A relative told us how their family member was supported with their medicines and that staff "leave nothing to chance".

Risks to individual's safety was not always consistently managed. Although risk assessments had been completed for most appropriate areas, such as a person's risk of falls, not all of the relevant risk assessments had been completed. For example, one person's care plan had noted they might be at risk of developing a pressure area. However, a full risk assessment had not been completed, such as a waterlow score, and there were no written plans in place for staff to refer to, to ensure they minimised the risk to the individual.

Other risks for people, such as falls, were well assessed and people's care plans gave staff clear information on what they should do to reduce the risks to people's safety as much as possible. One relative told us how staff supported their family member to be as mobile as possible and "to be independent if she can do it. They'll just check to make sure that she's safe whilst she's doing it".

Staff understood how to recognise the signs that might show someone was being abused. Staff knew how to raise concerns with the registered manager and they were confident that any issues they raised would be dealt with appropriately. One care worker said; "there is always someone you can go to if you're worried".

The provider had appropriate safeguarding policies in place for staff to refer to if they needed to.

Incidents and accidents were well reported and the registered manager or senior staff investigated each incident. Action was taken to prevent the incident from recurring. If a person's care needs changed and their care plan needed updating this was done. The registered manager and staff understood the importance of learning from incidents so they could make improvements.

The provider had recruitment procedures in place to ensure that only suitable staff were employed to provide care for people who use the service. 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. One staff member's file, who had been recently been recruited, did not contain a full employment history, but the nominated individual ensured this information was recorded by the end of the inspection.

People had their needs met and were kept safe because there were enough suitable staff. People said staff usually arrived on time and if they were ever late, it was usually due to unforeseen circumstances such as bad traffic. All of the people we spoke to described how staff always stayed for the agreed time, and if specific care tasks were completed in time, staff would sit and chat with people. One person said; "If they finish early they will stay on and chat with me. They don't rush me at all, they're quite happy to go over their time to make sure that all is ok with me. They always finish what they have to do and then ask me if there's anything I want done before they leave". A relative said staff; "stay for the full time and often go over, they're never in a hurry".

Feedback from people about staffing rotas was mixed. Some people said the rotas were changed quite frequently and they were not kept up to date quickly enough, while other people said they were perfectly happy with how the staff rotas were done. One person said; "they change the roster quite often actually so I never know who's coming. It can all be a little unsettling" while a relative said; "We are always informed of changes to the schedule and If they're not going to be on time they will let us know".



## Is the service effective?

### Our findings

People received effective care and support from staff who were supported with thorough training. People said the staff were well trained and knew their needs well. One person said; "the staff I see are very well trained indeed. The new ones tend to shadow (staff member name) who trains them up to a high standard, then they can carry on without any problem". Another person told us; "to me they appear to be quite well trained so they know what they're doing. I'm confident enough in them that they do what they should and then leave having done everything correctly".

Staff said the training was good, and all of the relevant subjects were up to date, including areas such as moving and handling and dementia awareness. Staff had a thorough induction, with one care worker commenting; "it definitely prepared me to go out" and "it was very professional". Staff were also supported to complete additional further training such as NVQ level 2. The induction programme followed the Care Certificate which is a nationally recognised training programme. New staff worked alongside an experienced member of staff until they were able to provide care for people on their own. One relative confirmed; "any new staff are introduced by the management and then they're shadowed for a period of time until deemed competent".

Staff said they felt well supported by managers and they received regular one to one support during supervision sessions with senior staff. Staff were encouraged to discuss any issues they had, including meeting people's care needs and any training requirements. Staff said supervision meetings were open and friendly, and they felt comfortable discussing their work. Staff were also observed providing care for people in their home and appropriate feedback was given to enable staff to make improvements if it were needed.

Staff and the registered manager had a clear understanding of the Mental Capacity Act 2005 (MCA). They knew what they should do to protect people who did not have the mental capacity to make some decisions for themselves. The MCA provides a legal framework for acting and making particular decisions on behalf of adults who lack the capacity to make decisions 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 decisions made on their behalf must be in their best interests and the least restrictive as possible.

The registered manager knew which people had given another person valid and active lasting powers of attorney (LPA). An LPA is a legal tool that allows people to appoint someone to make financial or health and social care decisions on their behalf. The registered manager understood what an LPA was and made sure they seen a copy of any LPA and recorded it in people's care plans. The registered manager and staff knew that any decisions made on someone else's behalf should always be in their best interests.

People were asked for their consent before staff provided any care. One person said; "yes they do ask for consent before they do anything and they make sure I'm happy before they start". Staff explained how they would ask for people's permission before giving support, and what they would do if someone declined the support offered.

Some people who use the service were supported with their nutritional and hydration needs. People who required this support said their needs were met. One person said: "They do get breakfast for me and come early to prepare food for me for later as well". People's food and fluid intake was appropriately monitored if needed and staff knew what to do if they thought people were not getting enough to eat or drink. This included discussing their concerns with senior staff or the person's GP.

Most of the people we spoke with arranged their own medical support either on their own or with the support of their relatives. Staff knew about people's day-to-day health needs and 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.

## Is the service caring?

### Our findings

All of the people and relatives we spoke with gave very positive feedback about the care they experienced and staff were described as friendly and caring without being over familiar. One person said; "(name) is absolutely excellent. She cares and that is important. She's not just doing a job for me she will stay and go the extra mile, and it shows." Another said; "I think the carers from Bluebird are very good to excellent, one of them is called (name) and they're absolutely brilliant". A relative commented; "as far as I'm concerned, the agency carers, they're absolutely, stupendously brilliant. If we ever lost Bluebird that would worry me I have to say, I would be beside myself."

People's privacy and dignity was respected and maintained by staff. When talking about staff, one person said; "they do show the greatest respect to me yes so I'm very pleased with that. They do preserve my dignity at all times as well as they can". Another person said; "They do respect me in every way and they show it. And certainly as far as my dignity is concerned it is sacrosanct." Care workers told us how they made sure they gave people privacy while supporting them with aspects of their personal care. Examples included making sure curtains were drawn, and keeping people covered when they liked to be. One care worker explained how the best part of their job was the people who use the service and "they're lovely people".

People were supported to express their views and remain involved in decisions about the care they received. They were involved in their care planning and were encouraged to make their preferences known. One person said; "They are very good, bordering on the brilliant. They do things my way quite happily". Another said; "I tell them what I want and they do it my way". A relative told us staff knew how their family member; "likes things done and they do it that way, they make sure that they do" and their family member's "morale is absolutely superb and that is caused by the Bluebird people; I love them."

People were supported to remain as independent as possible. One person told us; "They (staff) do encourage me to do my own thing. They want me to do my own thing because they want me to stay independent and active" and "the care is good, very good". Another person told us how staff supported them with their care needs and they "will allow me to do it myself, to be independent".

The registered manager and staff knew the people they cared for well and spoke about them in a kind and caring way. The registered manager told us how they were "passionate about making a difference to people's lives" and the care they provided was "all about quality and not quantity". They knew staff understood "the importance of what they're doing and their role and responsibilities" when supporting people with care. Staff knew what to do to make sure people's preferred care needs were met. They described how they would support people in a person centred way, and help people to make their own day-to-day decisions. The registered manager or other senior staff spoke with people regularly to make sure their care needs were being met and their choices and preferences respected.

The provider had received many compliments and thank you cards from people who use the service, relatives and staff. Comments included, "I would like to thank your careers for the care and kindness shown (name)". A member of staff had taken time to write and thank managers for the "kindness and support" they

had been shown while working at the service.

## Is the service responsive?

### Our findings

People's care needs preferences were assessed in their own home, where possible, before the service began providing care for the person. If a person was in hospital senior staff would visit the person there, and also at home when they were discharged. This was to ensure people were able to express their choices and preferences to the provider, so the provider could be sure they were able to meet the individual's care needs properly. If the provider could not meet the persons' needs, they would suggest care provider who might be more appropriate for them.

People who use the service and their relatives, where appropriate, were involved in developing their care plans and were well supported to make their preferences and choices known. One person said: "I was involved with the setting up of my care plan. I make sure it's all correct." Another said; "my care plan was done with me, my son and my daughter in law." Another comment was; "in my first couple of days with them which was only a few weeks ago, I was most impressed as they did everything right. The registered manager and senior staff reviewed people's care plans every six months to ensure people were happy with the support they received. Comments about this included; "the care plan was established with me and is constantly updated as they go along." One relative told us their family member had; "just had a full reassessment, they do that every six months." They explained how the re-assessment had led to their family member's care plan being changed to meet the person's needs more appropriately.

People's care plans gave clear information about the support they needed and had information about what was important to the person. The plans were person centred and included what people liked and disliked. There was also a section on social and leisure interests, so staff would know what sort of things the person might like to talk about when they were supporting the person with their care needs.

The provider was in the process of moving to an electronic based care recording system. The aim of this change was to help improve the service provided to people because records would become 'real-time'. Staff had instant access to people's most up to date care plans and medicines requirements via a mobile telephone. Care plans and records would be instantly updated by the care worker either speaking into the system or typing. This information was immediately available for other care workers and the staff in the office so they could respond quickly to any changes in a person's care requirements.

People were able to have a preference for the care workers who supported them. Several people we spoke with told us this was important to them. A relative told us they had arranged with the provider for their family member to only have female care workers; "as male carers would make her uneasy."

People said they felt they could complain if they needed to and the provider responded to their concerns properly and in good time. One person said, "I complained properly once. I did have a word with them about something and the attitude I got over the phone was quite curt, I was not happy so I did mention it to management at the time, it's never happened again". A relative told us; "I spoke to the two owners recently and the problem, whatever it was, at the time was sorted within one hour."

When the provider investigated a complaint or concern they took appropriate action to make sure it did not happen again. One person told us; "Twice, we have rung Bluebird with problems, that's in the past. Bluebird's response was to retrain their staff member, telling us that they've got them back to an acceptable standard and then they asked if it's ok to send them out again but this time with a shadow. The provider had an appropriate complaints procedure in place and staff knew what they should do if anyone raised a concern with them. The provider used complaints and concerns raised as an opportunity for learning and made changes to the support provided for people if this was appropriate.

## Is the service well-led?

### Our findings

Feedback about the leadership of the service was positive. Comments from people and relatives included; "I believe the agency are well managed from the front and well led as well" and "I think the agency is well managed and the staff are certainly well led yes. I have recommended them to others and would do so again quite happily." Several of the people we spoke with said they would recommend the service to other people.

Staff were happy working at the service and were well motivated by managers. Comments from staff included; "I absolutely love the company. They do everything they can to keep it fantastic". One person told us; "The staff seem to be very happy, they're never stressed or rushed. They are busy busy, but not given targets that they cannot meet". When we spoke with staff, they were professional, open and enthusiastic about their role and working for the provider.

The culture of the service was described as open, honest and friendly by people and staff. The registered manager said their door was always open if staff wanted to have a chat with them. One member of staff said; "you're not going to get any better bosses". Staff were happy to challenge poor practice if they saw it and would contact the registered manager or other senior staff immediately if they had any concerns. Staff were valued by the provider, who had introduced a 'carer of the month' award and a sealed suggestion box so staff could put forward any ideas about improving the service they might have.

The registered manager described staff as being "the hub of the service" and "we value them", and that they wanted to make sure the service was; "all about quality". They kept themselves up to date with current practice and were currently working towards their Level 5 Diploma in Leadership for Health and Social Care. This diploma gives learners the opportunity to develop and demonstrate their knowledge and competence in leadership roles, such as managing a domiciliary care service. The registered manager said they were well supported by the provider with this, both financially and with the extra time required for studying.

The registered manager and provider had a good understanding of the challenges the service faced, such as ensuring enough staff make sure all calls were made during holiday season. They knew what their strengths were and described one of these as being; "our care. We're a great team". The staff, registered manager and provider were committed to providing high quality, person centred care. They put people first and worked together to make sure each person was at the centre of their own care.

The provider had arranged special training in moving and handling techniques for relatives of people who use the service. This helped relatives stay safe while supporting their family member to move, for example, when getting up out of chair or using specialist mobility equipment like a hoist.

The provider participated in a scheme run by the local fire service. When staff visited people in their home, they made an assessment to see if the person would benefit from a visit by the fire service. With the person's permission, the provider then made a referral to the fire service who provide vulnerable adults and people living with dementia free fire safety information. The provider also made similar referrals to an optician's

service if they thought it would be helpful for a person.

The service was an accredited member of the local authority's 'Support With Confidence' scheme. This scheme is only open to providers who have reached and maintained set standards of quality, safety, and training. Providers must follow the local authority's code of conduct to remain a member, the code of conduct aims to protect people's rights, safety and independence.

The provider and registered manager made sure they monitored the quality of the service they provided. These included regular audits such as the quality of people's care plans, and staff member's competency. A senior manager from another area of the business also visited the service annually to complete quality monitoring activities. Where areas for improvement were identified, an action plan was put in place. The registered manager then made sure actions were taken as appropriate.

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. The service had a robust data management system in place.