Mezo Burton Limited

Bluebird Care (South Oxfordshire)

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

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.

The provider was given 48 hours notice of our intention to inspect the service. This is in line with our current methodology for inspecting domiciliary care agencies.

Bluebird Care provides domiciliary care services to people who live in their own home. At the time of our inspection there were 47 people with a variety of care needs, including people with physical disabilities and mental health needs, 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

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Everyone we spoke with was complimentary about the service. People praised the care staff and valued having regular care staff that enabled them to build caring relationships. People spoke positively about the management of the service.

There was a positive caring culture, promoted by the management team. Staff were passionate about providing high quality care and clearly enjoyed their work. Staff felt supported by the management team, describing them as open and approachable.

Staff were knowledgeable about the people they supported and had access to development opportunities to improve their skills. Staff received specific training where it was required to support individual needs.

People's needs were assessed and where any risks were identified, management plans were in place. People were supported in a way that recognised their rights to take risks.

There were systems in place to enable the service to gather feedback from people. Quality assurance systems were in place to enable the service to identify areas for improvement.

We have made a recommendation about the Mental Capacity Act.

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.

Staff had a clear understanding of their responsibilities to report concerns both within and outside the service.

There were systems in place to monitor visits to ensure they were not missed and to notify people if visits would be late.

Risks to people were assessed and plans to manage risks were in place.

Good

Is the service effective?
The service was not always effective.

Staff did not always have an understanding of the Mental Capacity Act and codes of practice.

Staff were supported and had access to training and development opportunities to improve their skills and knowledge.

People were supported to access health professionals when needed. The registered manager liaised with health professionals to ensure people received support in a timely manner.

Requires improvement

Is the service caring?
The service was caring.

People were complimentary about the care staff and felt they were treated with dignity and respect.

There was a caring culture. Staff spoke about people in a kind and a caring manner.

People felt involved in decisions about their care. People felt listened to and that their decisions were respected.

Good

Is the service responsive?
The service was responsive.

Care plans were personalised and included information about what was important to people.

People's independence was promoted and respected. Where possible people were supported to regain skills.

People knew how to raise concerns and felt confident they would be dealt with in a timely manner.

Good

Summary of findings

Is the service well-led?

Good

The service was well-led.

The registered manager was approachable and supportive.

People were at the heart of the service. Staff and management were passionate about providing a high quality service.

Systems to monitor the quality of the service was effective and led to improvements.

Bluebird Care (South Oxfordshire)

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 checked whether the provider was 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 the 13 August 2015 it was announced. The inspection team consisted of one inspector and an expert by experience (ExE). An ExE is somebody who has experience of using this type of service.

At the time of the inspection there were 47 people being supported by the service. We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law.

We spoke with seven people who were using the service and two people's relatives. We spoke with five care staff, the provider and the registered manager. We reviewed five people's care files, five staff records and records relating to the general management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe when care staff visited. Comments included: "They [care staff] are very nice and polite and I feel safe with them"; "Never had any worries about safety. Very kind people[care staff]" and "I have four visits. I feel safe, sound and secure". Relatives also told us people were safe. One relative said, "Nice to know [relative] is safe".

Staff had a clear understanding of their responsibilities to identify and report concerns relating to safeguarding people. Staff were aware of the organisations policy and procedures and knew who to report concerns to. Staff were clear they would report safeguarding concerns to the local authority safeguarding team or CQC if they felt issues had not been dealt with appropriately by the management of the service.

Contact details for the local authority safeguarding team were displayed throughout the office. Staff received a monthly news letter which regularly included information relating to safeguarding people and the contact numbers for the local authority safeguarding team. Staff told us these numbers were stored in their work phones to ensure they always had the numbers to hand.

The registered manager responded in a timely manner to any events that impacted on the safety of people. For example, during our visit concerns were raised about the safety of one person. The registered manager took immediate action to ensure the service was doing all it could to keep this person safe. This included increasing the support for the person and liaising with professionals outside of the organisation to ensure their on-going safety.

People told us staff were punctual and always stayed for the required length of time. No one we spoke with had experienced missed visits. People told us that if staff were going to be late the office would contact them and let them know. However people told us late visits were rare. One person said, "Always on time. If there was a problem they would let you know".

There was a clear process for reporting and responding to missed visits, however there were no reported missed visits. A senior member of staff was on duty at all times and they monitored the electronic system. The senior member of staff was able to identify if calls were late and responded immediately to check where the care worker was and how long they would be. The person was then contacted to advise them the call would be late.

Staff told us they had sufficient time to meet people's needs and to travel between visits. One care worker said, "There's no rushing. We have enough time to complete our work". The service had an electronic monitoring system for scheduling visits that enabled the registered manager to ensure visits were scheduled at the correct time and for the required length of time.

People's care plans contained assessments of all aspects of their support needs. Assessments included environment, moving and handling, epilepsy, nutrition and hydration and medicines. Where assessments identified risks there were management plans in place. The management plans recognised people were living in their own home and that people had a right to take risks if they chose to. For example one person's care plan identified they smoked. The care plan contained steps care workers should take to minimise the risks associated with the person smoking and recognised the rights of the person.

People who were supported with their medicines had clear care plans in place, detailing the medicines they were taking, the dose and time of administration. All medicine administration was recorded on a medicines administration record (MAR). Staff we spoke with knew their responsibilities relating to the administration of medicines and worked to the providers medicines policy. The provider worked to the Oxfordshire shared care protocols which required all care staff completing delegated health tasks to be trained and signed as competent by a health professional. This included the administration of some medicines.

Records relating to recruitment of new staff contained relevant checks that had been completed before staff worked unsupervised in people's homes to ensure they were of good character. These included employment references and disclosure and barring checks (DBS). DBS checks enable employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Requires improvement

Is the service effective?

Our findings

People told us care staff were well trained and knew them well. One person said, "I think that staff are very kind and well trained". Relatives felt staff had the required skills to meet people's needs.

New staff completed an induction programme before working on their own to support people. One new care worker told us, "I completed lots of training and workbooks with [registered manager] and then I shadowed other staff for two weeks". The care worker felt confident to work alone once the induction programme was complete and was now working towards their level two diploma in health and social care.

Care staff felt well supported. Comments included: "It's really good the support you get"; They're really supportive. There's always someone on call" and "There is brilliant support from [registered manager]".

Development plans were agreed with care staff through an appraisal system which identified training or qualifications to be completed. Care staff had received training which included; safeguarding adults and children, moving and handling, dementia, medicines and fire safety. All staff we spoke with were working towards qualifications appropriate to their role. For example, one care worker had been promoted into a supervisory role and was working towards a level three leadership qualification.

Care staff received supervisions in line with the providers supervision policy. Care staff competence was assessed through regular 'spot checks'. Spot checks were carried out by senior staff and included obtaining feedback from people about the member of care staff supporting them.

People were able to chose what they wanted to eat and drink. People who were able to complete some food preparation were encouraged to do so by care staff. Care plans contained details of people's nutrition and hydration needs and the support they required. For example, one person had some difficulty swallowing. Staff knew how to support this person and were aware of the involvement of the speech and language therapist (SALT).

One person was supported to follow a healthy eating plan due to a medical condition. The care plan contained details of the food types the person should be encouraged to eat and records of what food the person had been supported to prepare.

People were supported to access health professionals when required. The registered manager frequently contacted health professionals on behalf of the person. This included G.P's, occupational therapists, physiotherapists, district nurses and mental health teams. We heard several interactions where the registered manager contacted health professionals. These interactions showed a good working relationship.

Staff were not always knowledgeable about the Mental Capacity Act 2005 (MCA) and associated codes of practice. MCA protects and empowers individuals who may lack the mental capacity to make their own decisions. Not all staff had received training in MCA. However staff were able to explain how they involved people in decisions about their care and how they supported people who may lack capacity to make some decisions.

Care plans did not always contain capacity assessments where there was information indicating the person may lack capacity. However, care plans detailed how people should be supported and involved when their condition fluctuated. For example one person's care plan identified the person's ability to be aware of danger changed due to fluctuating capacity. The care plan stated care workers should assess the person's capacity at each visit to ensure the person was supported in their best interests.

People's care plans contained details where a lasting power of attorney was in place and included details of the powers. For example one person's power of attorney had been involved in the development of the person's care plan and it was signed by the power of attorney agreeing the plan was in the person's best interest.

We recommend the service consults the Mental Capacity Act codes of practice to ensure they are working to the principles of the Act.

Good

Is the service caring?

Our findings

People were extremely positive about the care they received and the care staff supporting them. Comments included: "They're fantastic. They've built me up using love and care"; They'll do anything for me"; "My carer does so much for me, she is very nice and not lazy"; "The care is very good. I have lovely carers who know how to look after me well" and "Wonderful carer. She will so some housework for me. She helps me with anything I want". Relatives were complimentary about the care. One relative told us, "The care [relative] receives is very good and professional".

The registered manager and provider promoted a caring culture and were enthusiastic about the caring nature of the care team.

Care staff spoke with kindness and respect when speaking about people. Care staff clearly knew people well, including people's histories and what was important to them. Care staff enjoyed their job and were enthusiastic about providing good quality care. Comments included: "This is the best job I've ever had" and "I love my job".

There was a strong culture around promoting people's independence. One care worker told us, "I love promoting independence". People's quality of life had improved as a result of the care they had experienced. We saw feedback from one person who said, "It's been absolutely great. Life is so much better now".

People were treated with dignity and respect. People's choices were respected and care staff supported people to make informed decisions. For example, one person was reluctant to accept support with personal care. Care staff had worked with the person over time, involving them and making them feel valued. The person now accepted support with personal care every day. Care staff were clearly pleased with the progress this person had made.

People were involved in their care. People told us care workers talked with them about their care. One person told us, "They [care workers] ask me about my care plans. They keep them in a big book and talk to me about them. I know what they are".

People told us they had regular carers who knew them well. Caring relationships had been formed and people felt this improved their quality of life. Care workers understood the importance of building relationships of trust and respect to enable people to feel confident and comfortable about care staff coming into their home.

Good

Is the service responsive?

Our findings

People told us the provider, registered manager and care staff were responsive to any changes in people's needs. One person told us they had called the office to request a change to the time of their morning visit as they did not enjoy getting up early. The person had agreed a later time with the provider. The person said "Now I get up later. I am pleased with their support".

The provider was responsive to people's needs and looked at ways to improve people's lives. For example, one person had been reluctant to let anyone into their home. The registered manager had visited regularly to build trust with the person. The person had then been supported by regular care workers with all aspects of their daily living. Over time the person was supported to go shopping, to chose their own food, enjoyed wearing make up and jewellery and had regular contact with friends in the community. The person told us, "They've sorted out all my problems. They help me chose my earrings and make up. It doesn't matter what I want, they do it".

The service supported people to regain their independence. During the inspection the registered manager was supporting a person to be independent in relation to taking their medicines. The registered manager spoke to the person and to their GP to arrange a staged approach to support the person to become independent. This was clearly a significant event for the person and the registered manager was focused on what the person wanted and how it could be achieved.

People were involved in all decisions about their care. Thorough assessments were carried out with people when they started using the service. Assessments included; communication, mobility, social care needs and medicines. For example, one person's assessment showed they needed support to understand what they should eat to support good health as the person had diabetes. The care plan contained a booklet of pictures showing healthy options.

Assessments were used to develop detailed care plans that identified people's needs and the support required to ensure their needs were met. For example one person required support with the use of a hoist to transfer. The care plan contained written details and pictures to ensure safe transfer for the person.

People's care plans contained information relating to specific conditions and how conditions should be supported. This included people living with dementia, people who had epilepsy and people with Parkinson's disease. Care plans contained fact sheets about individual conditions to provide useful information for the person and care staff.

Care plans were personalised and included details of people's life history and what was important to them. For example one person's care plan stated the person enjoyed cooking. The care plan included a regular visit to support the person to cook.

Care plans included regular reviews and people told us they were involved in reviews. One person told us, "They arrange meetings with me to talk about my care". Reviews included relatives and others where people required support with the review process.

People were involved in social activities organised by the staff. For example, staff had organised a 'wear pink day' for charity. People were interested when staff spoke about it and many chose to wear pink and participate in the day.

People had opportunity to give feedback about the service. People told us they had regular contact with the registered manager, who visited or telephoned to make sure people were happy with the service. The provider had recently sent out a quality assurance questionnaire. The responses received so far were all positive.

There was a clear complaints procedure. People knew how to make a complaint, but no-one we spoke with had needed to use the complaints procedure. People were confident that any concerns raised would be dealt with promptly.

There were no complaints recorded in the complaints file. The registered manager told us they dealt with any concerns immediately and these were recorded on the person's electronic file. However the providers complaints policy and procedures stated that all concerns would be documented in the complaints and concerns file. We spoke to the registered manager and provider about this and they took immediate action to rectify the situation.

Good

Is the service well-led?

Our findings

Everyone we spoke with was complimentary about the management of the service. People told us communication was good and they had positive relationships with the management and office staff.

People had regular contact with the registered manager and told us she was very approachable and friendly. We spoke with one relative who was arranging a care package for a person. They were positive about the contact they had with the registered manager and felt the were already building a good relationship.

The registered manager promoted a culture that put people at the centre of everything. Staff were committed to the service and were positive about the management. Comments included: "There is good morale and a really strong team"; "They [management] are firm but fair. They will sit with you and explain something until you get it"; "[Registered manager] is a fantastic boss. I love the team"; "The best manager so far"; "I've had brilliant support from [registered manager]".

Staff meetings were held, which included senior staff meetings. Staff found it useful to have face to face meetings to discuss any issues. For example, at one senior meeting staff discussed how they could simplify the medicine administration record (MAR). Staff had felt valued and listened to as a result and the MAR had been changed.

Monthly newsletters were sent out to all staff. Staff told us they found the newsletter useful. For example, the July newsletter included information and welcome for new staff, information about the regulation relating to duty of candour and a workbook about safeguarding for staff to complete.

The registered manager was developing an induction programme based on the Care Certificate. The Care Certificate sets out the skills, knowledge and behaviours to enable care workers to provide compassionate, safe and high quality care and support. Included in the development of the induction programme the registered manager was identifying workbooks that would be valuable in developing existing staff skills and these were being sent out monthly to staff. Staff were supported to complete the workbooks and invited in to discussion groups to support their learning. Staff were positive about the development opportunity.

The provider had implemented an electronic monitoring system that enabled the service to monitor whether visits were made on time and at the time requested by the person. The system was also used to schedule visits and ensured staff with appropriate skills attended each visit. For example where staff required specific training to support a person, the system would only allow staff who had completed training to be scheduled for the visit. The system was based on the use of a mobile phone which was issued to all staff. The phone was used to notify staff of their work schedules and to update them with any information. Staff were positive about the system and how it enabled them to stay in touch with the office and keep up to date with any changes.

Regular audits were completed to monitor the quality of the service. Daily records and MARs were audited monthly. Audits identified issues and how they were addressed. For example, the daily records audit had identified signatures missing from one person's record. This was addressed through supervision with the member of staff and a reminder sent out to all staff via the electronic system.

An audit of the service had been carried out by a quality assurance consultant. An action plan had been developed as a result of the audit and actions had been taken. For example, the audit showed that audits of MAR were not being completed. At the inspection we saw that MAR audits were being completed monthly.

All accidents and incidents were recorded on the electronic system. Records showed that all accidents and incidents had been dealt with appropriately and responded to in a timely manner. However there was no system in place to monitor trends and patterns to enable learning and improvement. We spoke to the registered manager and provider who were going to address this issue.