

WA & S Associates Ltd

# Bluebird Care (Northumberland South)

## Inspection report

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Date of inspection visit:  
05 December 2017  
06 December 2017  
11 December 2017

Date of publication:  
05 January 2018

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 5, 6 and 11 December 2017 and was announced. A previous inspection, undertaken in November 2015, found there were no breaches of legal requirements and rated the service as 'Good' overall.

Bluebird care (South Northumberland) is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults (including people who may be living with dementia), younger and disabled adults and people with a learning disability. At the time of the inspection the service was supporting 57 people with a range of needs, 22 of whom were receiving support with personal care.

The service had a registered manager who had been registered since December 2013. 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 told us they were safe when being supported by staff and we found the service had in place safeguarding adults procedures. The registered manager was able to describe lessons learned from a recent minor information breach. Risk assessments had been undertaken with regard to staff working in people's own homes. Accidents and incidents were monitored and reviewed.

Suitable recruitment procedures and checks were in place, to ensure staff had the right skills. People told us staff arrived on time and always stayed the full allocated period. Medicines were managed and recorded appropriately. People said staff always used personal protective equipment when delivering personal care.

The provider had a policy regarding equality and diversity and staff understood issues related to this area, and what it meant for people using the service. Staff told us they had access to a range of training and updating and records confirmed this. They confirmed they had access to regular supervision and an annual appraisal. The registered manager described how technology was being used to enhance care delivery, especially the introduction of electronic care and medicine records which could be updated in real time.

CQC monitors the operation of the Mental Capacity Act 2005 (MCA). No one using the service was subject to any restrictions imposed by the Court of Protection. People were asked for their consent on a day to day basis or had signed consent forms. Where this was not possible there was evidence of best interest decisions being made. People were supported with food and drinks in their own home. Special monitoring of people with a higher risk of weight loss was undertaken.

People told us they were happy with the care provided and the approach of staff. Staff demonstrated a good understanding of people's individual needs and preferences. People and relatives said they were always

treated with respect and dignity. They told us they were regularly involved in care decisions. People were supported to maintain good health and wellbeing and access general practitioners and other health staff.

Care plans related appropriately to the individual needs of the person, although this was sometimes difficult to find amongst a range of more generalised information. People were supported to access activities or attend events in the community. Formal complaints in the last 12 months had been addressed appropriately.

The registered manager demonstrated that regular checks on people's care and the running of the service were undertaken. People told us senior staff carried out spot checks and quality monitoring calls. Staff felt well supported by the registered manager, who they said was approachable and responsive. Records were up to date and well maintained. The service was meeting legal requirement related to its registration through the display of its current quality rating and ensuring the CQC was notified of significant events.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service continued to be Good.

### Is the service effective?

Good ●

The service continued to be Good.

### Is the service caring?

Good ●

The service continued to be Good.

### Is the service responsive?

Good ●

The service continued to be Good.

### Is the service well-led?

Good ●

The service continued to be Good.

# Bluebird Care (Northumberland South)

## **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 5, 6 and 11 December 2017. The inspection was announced. This was because the service is a domiciliary care service and we needed to be sure there would be someone in the office when we called.

The inspection team consisted of one inspector and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who used this type of service. The ExE did not visit the service but made telephone calls to people who used the service, to gather their views.

The provider completed a Provider Information return. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

The service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults (including people who may be living with dementia), younger and disabled adults and people with a learning disability. Not everyone using Bluebird Care (South Northumberland) 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.

Before the inspection we reviewed the information we held about the service, in particular notifications

about incidents, accidents, safeguarding matters and any deaths. We contacted the local Healthwatch group, the local authority contracts team, the local authority safeguarding adults team and the local clinical commissioning group. We used their comments to support our planning of the inspection.

We spoke with 11 people who used the service to obtain their views on the care and support they received. We also spoke with two relatives and visited four people in their homes. Additionally, we spoke with the registered manager, the registered provider's nominated individual, a service co-ordinator, a team leader and a care worker.

We reviewed a range of documents and records including; three care records for people who used the service, three medicine administration records (MARs), three records of staff employed by the service, complaints records, accidents and incident records, minutes of meetings and a range of other quality audits and management records.

# Is the service safe?

## Our findings

At our inspection in November 2015 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

People told us they felt safe when being supported by care staff. Comments included, "All the staff are welcome to come and care for me they are all nice people to have in your home" and "I've never felt uncomfortable and never had a voice raised." The provider had in place a safeguarding policy and staff were aware of this. There had been one minor issue relating to information inadvertently sent out. The provider had responded appropriately to the matter.

Risk assessments were in place related to each individual location staff delivered care. The registered manager told us, even though the service did not provide equipment, such as hoists, all staff were trained to check equipment before commencing care. The service's own training hoist was Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) checked. People we spoke with told us they did not require equipment to assist them, although one person told us, "My special equipment is my carer!" The service also had a lone worker policy and an appropriate procedure for dealing with adverse weather and ensuring people with highest needs were attended first. Accidents and incidents were recorded and monitored and action taken where necessary. For example, one person was referred to the occupational therapy service after having a number of falls. Staff were required to electronically log in and out of visits. This had the dual aspects of identifying that calls had been carried out, but also ensuring the office staff knew staff were safe and had left a call.

People told us they received support from either the same care worker or a small number of care workers, whom they all knew. They told us there had never been a missed call and staff were rarely late, except in unavoidable situations. Comments from people included, "We have two staff helping us and they always turn up on time – never had any problems"; "I have one carer and she is great – does everything I need"; "I have one carer who comes in and that's just right for now"; "One, who is great and does such a great job for me" and "My carer stays as long as needed; I am very lucky."

The service co-ordinator demonstrated how, in the event of staff absence, people were always supported by an alternative care worker who they knew or were familiar with. They also demonstrated how care rounds were organised to ensure staff had sufficient travelling time between appointments. One person told us, "I have the same person, which is brilliant. I like having one person and get on well with (care worker's name)." Another person told us, "They always turn up on time and if there is a problem I get a call" and "I have a lady carer who always comes and it is unusual to have someone different. They tell me before the visit if she is unavailable." At the previous inspection we found that appropriate procedures were in place for the effective recruitment of new staff. At this inspection we found this continued to be the case.

The registered manager spoke about lessons learned in the organisation. In particular, she spoke about an administrative error that had resulted in information being sent out wrongly. She described the actions they

had taken and the changes in procedure implemented to prevent it happening again.

People told us they were supported appropriately with their medicines. Since the inspection in November 2015 the provider had introduced an electronic care and recording system. The registered manager demonstrated how staff electronically recorded they had administered people's medications and how it was recorded in the care records. She told us that if any medicines were not given, including those supported on an 'as required' basis, then an electronic alert was sent directly to her, or the on call staff member, and the situation would be investigated. 'As required' medicines are those given only when needed, such as for pain relief. We saw records that these investigations had been carried out where such alerts had been generated. Staff had received training in relation to the safe handling of medicines.

People we spoke with confirmed that staff used personal protective equipment (PPE), such as gloves and aprons, when supporting personal care. One person told us, "When they are doing showers or preparing food, yes they wear gloves and aprons, it's never been a problem."



## Is the service effective?

### Our findings

At our inspection in November 2015 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

The provider had in place a policy relating to equality and diversity. The registered manager told us that additional training and a new screening process for this issue was being introduced in the New Year. Staff we spoke with had an understanding of the issues regarding equality and people with protected characteristics. People we spoke with told us they had never been subject to any form of discrimination.

Since the previous inspection the provider had introduced a new electronic care records system. The registered manager demonstrated how this was a live system which could be updated at any time. She showed us how staff accessed the system through secure mobile phones and could immediately be alerted to any changes in care or cancelled or altered appointments. The system also allowed staff to input daily records directly onto care documentation, so staff attending later in the day had immediate access to current information. The system was also immediately accessible by the registered manager, allowing her to review delivered care and ensure that all needs had been met. Staff told us they found the new system extremely helpful and accessible. The registered manager and staff confirmed that all systems linked to the electronic system were password protected and regularly backed-up for security purposes. Some people had also opted for staff to record a written note in their file. People told us, "Yes, they are very good at writing each time in the file"; "My family look at the file and keep up to date with my care that way" and "It is good to know that the notes are there in case anything happens to me and I cannot tell people."

Care records we examined showed that people's needs had been fully assessed when they first started using the service. People we spoke with told us that all their needs were met by staff and they could ask for additional help or support if required. Comments included, "Yes, we as a family are involved in the care decisions and think that if changes needed to be made, they would be" and "To be honest I leave that to others, but if I need anything extra I tell my carer and she sorts it out."

At the previous inspection we found staff were being supported to maintain their knowledge and skills through regular training. At this inspection staff told us, and records showed this continued to be the case, with a range of online and face to face training sessions completed. Staff also told us they received regular supervision sessions and an annual appraisal. People told us about the staff and said, "I think they have all the right skills needed to be able to deal with me and my needs yes" and "They are trained professionals and deliver a service that is efficient and tailored to my needs."

People told us staff always checked with them before carrying out a task. Comments included, "Yes, they always ask before they do things, even though they have been doing the same things for a while"; "They always check that I am happy first and would stop if I was not" and "Always ask permission 100%. They are so polite it's a pleasure to know them."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The registered manager told us no one being supported by the service had any restrictions placed on them by the Court of Protection (CoP). The Court of Protection is a court established under the MCA and makes decisions on financial or welfare matters for people who can't make decisions at the time they need to be made, because they may lack capacity to do so. We saw, where appropriate, people had signed consent forms with regard to the delivery of care. We also noted that where staff were unsure about people's capacity, such as if they were confused due to an infection, then a best interests decision had been taken for actions such as contacting their GP for advice or treatment. The registered manager told us no family members currently had valid Lasting Power of attorney (LPA), but copies of these documents would be kept on file if this situation changed.

People were supported to access a range of health services and staff spoke with us about contacting general practitioners or other health professionals if they were concerned, or if the individual requested them to. People told us, "They have never needed to (contact a health professional) but I know they would if needed to" and "If I asked for an appointment I am sure they would sort it out."

People were also supported with eating and drinking and the registered manager showed us how she personally monitored people's well-being in relation to weight and food intake, where there was any concern.

# Is the service caring?

## Our findings

At our inspection in November 2015 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

People we spoke with told us they were happy with the care they received and were well treated by the care staff who visited them. One person told us, "They are always on time and know what to do. I've no complaints. I'm really surprised about how nice (care staff member) is." Other comments included, "They are lovely and all of them are nice" and "I am happy; extremely happy. I feel at ease. They are very friendly and very good"; "Yes, I get help with showers; it's the best part of my day. They are so good and professional"; "I am assisted with a shower and they are brilliant I never feel uncomfortable at all"; "They always know what they are doing – they're great" "Best carers I have ever had"; "Cannot praise them highly enough; the best ever" and "Oh yes, they know what they are doing and they do it so well. Respectful and polite and always telling me what is happening."

They told us that staff were compassionate, kind and always listened to what they had to say. Comments included, "Oh yes, even if they aren't interested, they always listen and comment on what I say – it's great. I look forward to them coming in"; "I look forward to the chat as much as my shower" and "They do listen and get to know my family as well. They are good friends as well as carers." One relative told us a care worker, who did not normally work weekend shifts, had taken on additional work to cover additional weekend support they had requested for their relation, so as they continued to have a familiar face supporting them.

People and relatives told us they were actively involved in determining their care needs and care delivery. They said they were also asked for their views on the service through the use of questionnaires. We viewed questionnaires completed by people who used the service in April 2017. 25 people had returned completed forms and all but one person indicated staff arrived on time and they were informed of any changes. The registered manager had addressed the issue the individual had raised. All other questions were answered in a positive manner and comments included with the returned questionnaire were highly complementary about the service.

At the previous inspection we found the service dealt appropriately with personal information and kept it confidential. At this inspection we found the service had identified a minor breach of such information, through an administrative error. The provider had responded appropriately and informed the Information Commissioner, who was not taking any action.

People told us the service continued to treat them with respect and ensured their dignity. One person described their care worker as, "The type of person who gets you over the embarrassment." Another person talked about how the majority of care staff were 'older' than other services they had used. They said they found this better and felt this helped with limiting any embarrassment felt. Other comments included, "I have not had a male carer but it would not matter as I am sure they would respect me at all times"; "I would expect to have my choice respected. If it bothered me I am sure they would listen" and "My privacy and

dignity is always respected and it helps when I am receiving personal care not to feel awkward."

## Is the service responsive?

### Our findings

At our inspection in November 2015 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

At the previous inspection we found care plans contained sufficient detail for staff to effectively support people's needs. At this inspection the registered manager described how the service had recently changed to an electronic care system. She said the system had a range of advantages as it could be updated in real time and all care staff could immediately access centralised records, ensuring the most up to date information was available. We found there was evidence of an assessment of people's needs and information for staff to follow with regard to the care delivery. However, the system also had a range of additional information, meaning important information about people's immediate care needs was not always easily accessible. We spoke with the registered manager about this and how the system could work better. On the third day of the inspection we saw the registered manager had started to change the layout of care information, with clear instructions and information that care staff could readily access. Copies of people's care plans were kept in paper form, in the care records maintained at their home. People we spoke with told us staff reviewed their care needs, as and when required, and that they could ask for a change in care at any time. They told us the service was extremely flexible and would accommodate even short notice or temporary changes to care.

People we spoke with told us they were able to maintain as active a lifestyle as possible, with the support of care staff. One person told us how staff supported them on a weekly basis to go shopping or have a social outing. The registered manager told us how, through special arrangements, they had also previously supported people on trips to the opera and had accompanied one person on holiday.

At the inspection in November 2015 we found people were supported to make choices. At this inspection we found this continued to be the same, people spoke about being able to change the time of visits. We saw evidence that people had requested either male or female care staff only. We saw in one file a person had told staff that a care worker was 'too quiet', although they were delivering appropriate care and had requested someone they could chat to more easily. We saw this matter had been dealt with sensitively by the registered manager. Other comments included, "I always get asked what I want and how I want things done which is great. And they always respect my decision"; "I once said I didn't want a shower and they were fine with that, which was great. I was expecting an argument but they were happy to let me make the decision"; "After my wash/shower I like to get dressed in day clothes and I choose what to wear" and "I have all the choice and freedom I want."

At the previous inspection the provider was dealing appropriately with concerns and complaints. At this inspection we found this continued to be the situation. There had been six concerns or complaints within the past 12 months, mainly minor in nature. We saw the service had responded appropriately to the issue raised. People we spoke with told us they had no need to raise any concerns about the service. Comments included, "Never needed to but I know how to"; "We were told how to complain and the process" and "I

would not hesitate to contact the supervisor but hope it never happens."

A number of people we spoke with had been supported by other services prior to moving the Bluebird Care (South Northumberland). They told us they were impressed by how smoothly the changeover had taken place and that the Bluebird Care staff had attended immediately the old care package had ended.

The registered manager told us no one currently supported by the service was requiring end of life care.

# Is the service well-led?

## Our findings

At our inspection in November 2015 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

The service had a registered manager who had been registered with the Commission since December 2013. The service provider has an office at the service's registered address.

The registered manager and the provider demonstrated they had a clear vision for the service and that delivering highly personal and quality care was the most important aspect of what they wished to achieve.

People we spoke with were extremely positive about the service overall and said they rated the service as 'Good' or 'Outstanding.' Comments included, "Outstanding – I get everything I need from them and never had any issues, so couldn't give them anything else"; "Outstanding across the board"; "General attitude is positive and they follow through on the promises and care agreements"; "Great – there is always room to improve (I don't know what they are), nothing is perfect"; "Outstanding –no reason to say otherwise" and "Great carers and service and I know I am very lucky having them to care for me." When asked what the service did well one person told us, "Care, kindness and attention to detail. I am a person not a number."

At the previous inspection we found the registered manager had in place a range of checks and audits systems in place to ensure effective care delivery. At this inspection we found this continued to be the situation. The registered manager demonstrated how she reviewed medicines, any issues raised during the 'on call' period (weekends and overnight), staff files and policies and procedures. She and service staff demonstrated how they monitored the number of different care staff people had as part of their package. If the number of different staff became too high then the package was reviewed to ensure that an effective core team of staff were in place. Office staff also reviewed care staff hours and travel time to ensure the service did not breach rules on paying the minimum wage. The registered manager also reviewed information regarding 'customer' turnover and the reason people stopped using the service. In the majority of cases this was because of increased care needs. There was also a rolling programme for reviewing care plans, to ensure they were complete and up to date. The registered manager also carried out exit interviews for staff and looked at staff turnover.

People we spoke with confirmed that team leader staff regularly attended care appointments with care workers, to carry out spot checks on the standard of the care delivery. They also told us office staff contacted them by telephone to carry out a brief survey on the quality of care and whether they had any concerns. Records from these telephone checks indicated people were positive about the standard of care and the approach of staff.

Staff we spoke with told us they were well supported by the registered manager and all the office and senior staff within the organisation. They said they could speak with the registered manager about anything and she was always available. They said she would even respond to calls when it was her day off. They told us

the registered manager stayed late at least one night a week to allow staff to drop in and speak to her if they wished. We saw minutes of regular staff meetings and noted a range of topics and issues were discussed. Staff said they were able to raise issues in these meetings. A staff survey had been undertaken in April 2017 with 25 questionnaires returned. All the responses received were extremely positive about the service and the support offered to staff.

The registered manager told us they worked in partnership with a range of other services. She was particularly proud of the fact that the service was an active member of the Aging Well in Northumberland group. This was a multi-agency group that promoted all aspects of health and well-being for older people in the county. A number of the service staff were designated as Aging Well champions.

The service was meeting its legal obligations with regard to registration. The service had its most up to date quality rating displayed in the main office area and on its website. The registered manager had also notified the CQC of incidents, as they are legally required to do.