BC Sheffield Ltd

Bluebird Care (Sheffield)

Inspection report

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Date of inspection visit:
13 October 2016
17 October 2016

Date of publication:
09 November 2016

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

There was a manager at the service who was registered with CQC. 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 and associated Regulations about how the service is run.

Our inspection was discussed and arranged with the registered provider three days in advance. This was to ensure we had time to visit and contact people who used the service and speak with the registered provider, registered manager and staff.
We received lots of positive feedback about the service. The majority of people spoken with told us they were satisfied with the service they were provided with.

People who used the service and their relatives spoke highly about the staff, particularly the care workers. We found people had developed positive and caring relationships with their regular care workers.

Comments from people who used the service and their relatives included, "They [care workers] are all lovely. There are no bad ones. They are marvellous" and "Lovely people. I look forward to seeing them."

The care workers were described as, "Fantastic" and "Angels." One person told us, "They do listen and respond, they do their best."

The main issues for some people who used the service and their relatives was the lack of continuity with regular staff, and the timing of visits varying.

Some people who used the service felt communication between the office staff and themselves needed improvement. Although care workers said they felt there was a very good system and network of communication between themselves and the office staff.

Missed visits were not an issue and people told us they had never had any missed visits. However people who used the service wanted to be contacted if care workers were going to be late as this did not always happen.

People who used the service told us they felt safe and staff had received training in safeguarding people from abuse. They understood how to protect people from avoidable harm and how to report their concerns.

People's care plans contained consistent up to date information about their care and support including risk assessments and action plans. These were regularly reviewed and updated in line with the person's changing needs.

We found policies and procedures for the safe handling of medicines. People were supported to take their

medicines as prescribed. There were systems in place to ensure care workers were competent in the administering of medicines.

Staff had received training in the Mental Capacity Act 2005, and we saw the registered provider and registered manager followed and worked within the principles of the Act.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

People who used the service and their relatives knew how to raise a concern or to make a complaint. The complaints procedure was available and people said they were encouraged to raise concerns. Where people had expressed concerns, appropriate action had been taken.

The registered provider and registered manager used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys, spot checks and care reviews. We found the majority of people were satisfied with the service they received.

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 was safe.

Staff were trained in medicines administration. Action was taken to ensure staff retained their competency when administering medicines.

People said they felt safe. The provider had procedures in place to help to protect people from abuse and unsafe care.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective.

Staff received relevant training and completed courses to keep their knowledge and skills up to date.

Care workers and management understood the requirements of and worked within the guidelines of the Mental Capacity Act 2005.

The registered provider had taken prompt action to ensure the scheduling and delivery of care calls met the needs of people who used the service.

Is the service caring?

Good

The service was caring.

People who used the service told us they were treated with kindness and compassion in their day to day care.

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

Is the service responsive?

Good

The service was responsive.

Care and support was planned and reviewed as required.

Staff were aware of people's changing needs and responded to this.

There was an effective complaints procedure in place which people were aware of.

Is the service well-led?

Good

The service was well led.

People spoke positively about management and their involvement and support with the service.

Quality assurance processes monitored the service provided to make positive improvements for the benefit of people who used the service.

A range of audits were in place to monitor the health, safety and welfare of people.

Bluebird Care (Sheffield)

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 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.

We undertook an announced inspection of Bluebird Care (Sheffield) on 13 and 17 October 2016. We told the provider three days before our visit that we would be coming because the location provides a domiciliary care service and we wanted to ensure the registered provider and registered manager was available.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR) which the provider completed before the inspection. The PIR 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 also reviewed information we received since the last inspection including notifications of incidents that the provider had sent us and a monitoring report from the local authority.

At our last inspection in January 2014 the service was meeting the regulations inspected at that time.

At the time of this inspection the agency was supporting approximately 141 people who wished to retain their independence and continue living in their own home. Some people had their care purchased by a local authority, some were funding their own care through direct payments and others were paying privately for the service.
The inspection team consisted of one adult care 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.

On 13 October 2016 we visited five people who used the service at their home to ask their opinions of the service and to check their care files. Whilst on visits we also met with five relatives and six members of staff who were living with or visiting people who used the service.

On 14 October 2016 we spoke with 11 people who received a service from Bluebird Care (Sheffield), five

relatives and one personal assistant by telephone.

On 17 October 2016 we visited the agency office and spoke with the registered provider, registered manager, deputy care manager and training and recruitment manager. We also spoke with seven members of staff including, care coordinators, a staff supervisor and care workers.
We also reviewed a range of records about people's care and how the domiciliary care agency was managed. These included care records for five people, including their medicine administration record (MAR's) and other records relating to the management of the domiciliary care agency. These included five staff training, support and employment records, quality assurance audits and findings from questionnaires that the provider had sent to people.

Good

Is the service safe?

Our findings

People told us they felt safe when care workers were supporting them in their homes. One person we spoke with said, "I feel very safe with the carers and I would say if I didn't." There were examples given of how the care workers kept them safe. These included, "They [care workers] support me out in the wheelchair and I'm safely positioned in and out of the car," "The carers use the bath lift, everything is fine" and "Yes, I've never felt worried about hoisting, they know my husband well."

People who used the service that had been assessed as needing the support of two care workers per visit told us this was always provided. When asked how the care workers kept them safe one person said, "They [care workers] ask for guidance, they're usually quite good and do what needs to be done." One relative told us, "I would trust my grandchildren with those girls. They go further than they need to."

People who used the service were protected against the risks of potential abuse and bullying. All staff had received training in safeguarding and understood how to recognise signs of abuse and report their concerns. There was a policy and procedure about safeguarding adults from abuse and we saw it was written in conjunction with the local authority procedures for safeguarding adults. All managers understood the requirement to report safeguarding concerns to the local authority and to the Care Quality Commission (CQC).

The service had a whistleblowing procedure. Whistleblowing is one way in which a person can report concerns, by telling someone they trust. Staff spoken with told us they were aware of the procedure. They said they wouldn't hesitate to use this if they had any concerns about their colleagues care practice or conduct.

Care and support plans seen had risk assessments completed to identify the potential risk of accidents and harm to people who used the service and staff. The risk assessments we saw provided instructions for staff members when delivering their support. We also saw assessments of the environment and any equipment staff used when supporting people had been undertaken. Where potential risks had been identified the action taken to eliminate or reduce the risk was recorded.

During our visits and telephone calls to people we found two separate practices carried out by staff that were not in line with the service's policy and procedure. This was the use of hot water bottles and shoe covers. Staff were not clear about what was expected of them, which meant staff were working differently. For example, some staff provided hot water bottles to people and some staff used shoe covers in people's homes, both of which the registered manager said were not permitted. Following the inspection the registered manager and registered provider reviewed the related policy and procedures and informed the staff about their responsibilities in working as per the policy and procedure.

We looked at the procedures the service had in place for assisting people with their medicines. Staff employed by the service received medicines training during their induction. Following on from this staff were assessed administering medicines, by their line manager whilst out on visits. When the line manager

was confident the member of staff was fully competent to administer medicines they were 'signed off' and allowed to administer to people.

Discussion with staff confirmed they had been trained and assessed as competent to support people to take their medicines. We spoke with people about the management of their medicines. They told us they were happy with the medicine arrangements and received their medicines when they needed them. Their comments included, "The staff are competent in caring for me and making sure I get my medicines as prescribed" and "One carer told me they couldn't give me my medicines because they had not fully completed their medicine training. I thought this was very good. It didn't matter because the other carer gave them to me."

Whilst looking at care plans we found some gaps on Medication Administration records (MAR) where staff should have recorded a code to explain why the medicine had not been administered. This had been picked up by the managers from their audits and staff had been sent a reminder about this via text. We saw two staff members had also been provided with refresher medicine training because it had been identified they had left gaps on MAR charts on more than one occasion. The PIR stated, "We also ensure care workers are monitored using the Medication Quality Assurance tool on a regular basis" and staff spoken with confirmed this.

During the inspection a family member spoke with us about the management of medicines. The person was frustrated because there was excess stock in the home and the staff were taking tablets from various boxes rather than following a systematic approach. We passed this information to the registered manager who quickly arranged for the staff supervisor to visit the person, check their medicines and put them in order. The registered manager also arranged for the staff supervisor to carry out two weekly visits to the person to carry out a check of their medicines.

We looked at how the service was staffed. We did this to make sure there was enough staff on duty at all times to support people in their care. In total there were 113 staff of which 102 were care workers. Staffing levels were determined by the number of people supported and their individual needs. One person told us, "I appreciate that due to circumstances outside their control there may be occasions when it isn't possible to stick to the agreed visit times. I believe the company aims for a 15 minute window either side of the agreed time. However, on several occasions there has been up to an hour difference in the visit times. I have discussed this with the company."

Staff members spoken with said they were allocated sufficient time to be able to provide the support people required. One staff member said, "Usually the rota is well planned to make sure we get the time we need with people." Another staff member said, "Schedules and rosters are planned carefully to allow us to get to customers on time and stay the agreed time with them. There are times though when we face unforeseen difficulties that prevent us from getting on time to customers. These include rush hour traffic congestion or delays in previous customer houses as they sometimes need more support. Every day is different and we can't predict situations that may delay us but can't leave people unattended. We strive at all times to do our best and when we have one of these moments we know that we can count on our coordinators."

We checked the recruitment records for five care workers. We saw an application form had been completed and three references had been obtained, one from the person's last employer. We saw a check with the Disclosure and Barring Service (DBS) was completed for all staff before they were allowed to work with people. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults.

During our visits, we observed staff using personal protective equipment (PPE) such as gloves and aprons that reduced the risk of cross contamination. One person felt office staff who provided direct support in staff shortage should "lead by example" by wearing PPE when working with people.

Good

Is the service effective?

Our findings

In the main people spoken with said the staff were good at their job and well trained. Their comments included, "I think the staff are really caring and well trained," "Yes they know what they're doing" and "The staff are trained in what matters." One family member told us, "The staffs moving and handling training isn't good enough." This was because of an incident which happened when a new care worker provided care to their relative. We spoke to the registered manager who said additional training had been completed by the staff member concerned following the incident. The family told us, "Things are better now, I just hope they stay that way. "

The provider had a recruitment and training manager who was responsible for ensuring all staff were safely recruited and effectively trained to carry out their role. We saw there was a comprehensive training programme in place. Staff were expected to complete a classroom based four day induction course which covered all mandatory training such as moving and handling, first aid, medicines and safeguarding.

The PIR stated, "After the 12 week induction period (in which they are supervised weekly) care workers were supervised in the field on a monthly basis and a supervision meeting is held in the office quarterly with their supervisor and/or care manager." Staff spoken with confirmed this and told us they found the training useful and beneficial. Their comments included, "We are provided with excellent training and encouraged to improve our skills" and "I provide care to a person with very complex needs. The managers have made sure I've had all the training possible to enable me to care for the person well. I've completed specialised training in PEG feeding and nebuliser. I've also been encouraged to complete NVQ's in health and social care."

Records seen and staff spoken with confirmed regular supervision and annual appraisals were in place. These are one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. They told us they were also given feedback about their performance. They said they felt supported by the management team who encouraged them to discuss their professional development.

Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) is part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. Where someone is living in their own home, applications must be made to the Court of Protection. We saw staff were provided with training in MCA and DoLS and had a good understanding of this legislation.

People who used the service told us they were encouraged to makes choices and decisions. We saw people had contributed to compiling their care plans and their wishes had been listened to and acted upon. Managers had also been involved in 'Best interest' meetings for people, where their knowledge of the person's specific needs had assisted the appropriate decisions being made for people who did not have capacity.

The care files seen at the agency office and in people's homes showed people had consented to such things as care being provided as detailed in their care plan and information being shared with other interested parties. One healthcare professional told us, "We find Bluebird Care to be a progressive and proactive company that look ahead. A recent example of this is how they are viewing and ensuring safeguards are in place in terms of DOL's."

The majority of feedback we received from people and their relatives and the review of people's records told us the scheduling and delivery of care calls was good. Their comments included, "We have our own regular carers and they're all great" and "We have our own group of carers that come all the time. They're all great and [name] loves them all."

Just prior to our inspection Bluebird Care (Sheffield) had taken over additional care packages from the local authority due to another care provider collapsing. The provider had quickly put in place contingency plans so that this would have as little effect on the services existing customers and staff as possible. However some people spoken with did say they felt this had resulted in the times of their visits not taking place when they should have. Less positive comments included, "The timings of the visits vary which causes medicines to be given at differing times" and "In my opinion there are too many different carers. It would be better if we could have the same carer (within reason)."

The registered provider and registered manager were aware that for some people, their preferences of time of visit and having the same regular care workers was not being fully met. In response to this two additional care co-ordinators had been employed whose responsibility was to assess this and make improvements.

A healthcare professional told us, "Bluebird Care (Sheffield) recently stepped in when a provider was failing in Sheffield and went above and beyond their own duty of care, in terms of arranging for their own staff to attend uncovered calls from the other agency, without which people would have gone without care. Bluebird have proved themselves to be a highly reliable, effective and quality care provider and are highly valued for the work they do for the Clinical Commissioning Group (CCG) which is often very complex in nature."

Care plans seen confirmed people's dietary needs had been assessed and any support they required with their meals documented. Food preparation was completed by staff members with the assistance of people they supported where appropriate. Staff told us people decided each day the meals they wanted. Staff spoken with during our inspection confirmed they had received training in food safety and were aware of safe food handling practices. Whilst out on visits we observed one person being helped to eat their favourite fruit. The person's relative commented, "They [care workers] are so kind and patient, [name] enjoys it [food] better when they help her."

Most people who used the service, their relatives and staff said there was good communication between the office staff and the care workers. In most cases people said they would receive a call from the office if their care worker was running late. One person said the agency should use the technology they had to improve the communication between people who used the service, office staff and the care workers.

Good

Is the service caring?

Our findings

There were numerous positive comments from people who used the service and their family members regarding the care workers. Their comments included, "They are very nicely mannered and respectful," "There are no bad staff. They are all marvellous," "The staff have got such a good attitude," "I have no concerns what so ever about the carers. They are all great," "Staff use their common sense and have a sensible approach to things," "Staff are all very positive, all announce themselves and speak politely, never patronising, which is lovely. We have no grumbles," "Twice when I was upset with a family problem the carer stayed with me and made me something to eat until I was ok," "We talk, we have tea together, it's a bit of company and happiness" and "When the carers visit [relative] is always happy, I appreciate someone visiting every day."

Our observation of staff in people's home showed they were caring and compassionate. They looked after people, taking into consideration the person's dignity and privacy. Staff were friendly but respectful. Two people told us, "I'm not embarrassed when they're providing care to me. They respect my dignity" and "We are so glad we've changed to Bluebird Care from the other company. All the staff are kind, caring and preserve [relatives] dignity."

Most people said the carers knew their care routine well and "Always ask if you need anything else doing before they go." One person said the care worker was, "Like my own daughter." Another person said, "I would sing their praises as they bring new staff to observe as I have a PEG, they are very good."

We asked staff how they knew people, their needs and preferences. One care worker told us, "We have regular people that we see and get to know really well." Another care worker told us, "If we are asked to visit someone we haven't seen before the office staff ring us and tell us about them. They also send us information on our phones. They make sure there is a care plan at the person's house which is a very good starting point; they contain up to date general information and information about a person's history."

There were eight care workers employed by the service to care for people at the end of their life. A healthcare professional told us, "Bluebird Care (Sheffield) hold a contract with the CCG and deliver care within the city. They also provide all care for patients on fast track funding at the end of their lives. Bluebird carers are on the whole are excellent. Patients and relatives feed this back verbally often as to the quality of care received. The district nursing service also inform us the same. St Luke's Hospice has worked with Bluebird and their carers on a number of very complex cases that required careful integration to discharge and have stated that they were excellent each time this has been done."

Staff we spoke with had been provided with training and information on end of life care. The training manager told us they were actively seeking further more in depth training for staff in end of life care. We saw seven members of staff were due to complete training in bereavement during October 2016. The training manager said these staff would then disseminate their learning to other staff until they were provided with the training at a later date.

Staff we spoke with told us that people, their families and advocates were involved with their care and support planning. We saw from care files there was documented communication between the staff involved with their care package, people, their families and other health professionals. People told us their views were listened to and that they were involved with developing their own care and that it met with their needs.

We saw no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this.

Good

Is the service responsive?

Our findings

The majority of people we spoke with told us the service was responsive to their individual needs. Their comments included, "I've recently asked them to change the time they visit on one day and they've sorted this. They will do this," "Sometimes they stay longer than they should. They always stay until they've done everything," "If they are running late, we always get a call to let us know, which we appreciate" and "The staff have visited when the nurses have been so they could look together about the best way of moving and handling [relative] This helped a great deal and now they all do it the same way."

One family member said when their relative needed eye drops administering they rang the office and the office staff arranged for the care workers to do this. The person was pleased with the service their relative had received. One person said the agency accommodated their hospital appointments and were flexible when they needed to change their visit timetable. Another family member said the agency had been helpful with a funding issue in the past and said, "I can't fault them."

Other examples were given about the caring nature of the care workers and how they had worked flexibly to help them out. One person said the agency, "Employ well-chosen nice women with decent manners and a good level of education." Another person said, "We only need to ask and they always try to change our visit time so we can go out or attend appointments."

Less positive comments from family members were, "They don't seem to have a 'bank' of staff available to cover visits at short notice when someone calls in sick" and "I don't like it, my [spouse] doesn't like having different people in the house and I log who comes every day. They [care coordinators] have visited to talk about it but nothing changes. It upsets me and is slower because I have to show them how to do it."

We found assessments had been undertaken to identify people's support needs prior to the service commencing. A person centred care plan had then been developed outlining how these needs were to be met. We saw staff had supported and encouraged people to express their views and wishes. This enabled people to make informed choices and decisions about their care and support.

We looked at care records of five people. These were informative and enabled us to identify how staff supported people with their daily routines and personal care needs. Care plans were reviewed every six months or changed sooner in recognition of the changing needs of the person. Personal care tasks had been recorded along with fluid and nutritional intake where required.

Care plans seen confirmed people had expressed when, how and by whom they wanted their support provided. For example people had been asked to specify the preferred gender of staff they wanted to support them. We also saw people had expressed their choices and preferences about visit times and the level of support they required. One person told us, They [care workers] know when I'm not well. I'd recommend them to anyone." Some people who used the service also told us they had asked for specific visiting times and these had not been achieved even after repeated calls to the agency.

Staff told us there was always support available for them even outside of usual office hours. We saw people had the telephone numbers of the office and the on call out of office number so they were able to contact someone from the office at all times.

The registered provider had a complaints policy. People we spoke with told us they knew how to complain and had a copy of the complaint procedure in their care files. One family member said, "I tried to tell the managers about my concerns but they didn't respond until I involved CQC and put my complaint in writing. I don't think I was initially listened to. Although things have now improved I'm worried they will deteriorate again." Another family member said the agency would respond to any concern they had and try to resolve it. One person told us, I've complained lots of times and they always listen and sort things out. They must get fed up of me but they don't say."

We looked at the complaints log at the agency office. We saw in the last 12 months there had been seven complaints received. We saw each complaint had been investigated and responded to. Action had been taken to resolve the complaint for example, weekly visits made to the person by the staff supervisor and change of care worker.

The registered provider also maintained a log of all informal concerns raised, that people said they did not want to formally complain about. Action to resolve these concerns was taken by the registered manager and staff in agreement with people who used the service.

Good

Is the service well-led?

Our findings

The service had a registered manager who understood their responsibilities and was supported by the registered provider to deliver what was required. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met. Comments received from people, their relatives, staff and healthcare professionals were positive about the service and how it was managed. Their comments included, "If ever I ring the office there's always someone to talk to and sort things out" and "We have experience of other care company's so we know the difference and this is definitely one of the best."

We asked people who used the service and their family members what the agency did well and what they could do better? The following are a selection of their responses, "They are very good at training, especially specialist training such as PEG feeding," "Out of the services that provide specialist carers this agency is the best," "They are reliable people," "They do as they are asked," "They clean the house well for me. In fact they do everything well" and "They don't do much wrong at all."

One family member felt that care workers should have previous healthcare experience if they were to provide a specialist service. But the person said the agency was, "Pretty good at weeding out poor carers."

One person's suggestions for improvement included; more realistic travelling time, they said the care workers were given five minutes travelling time for a 20 minute journey. They also felt the agency could do more to include the care workers as part of the team.

Most people could not identify any improvements they thought the service should make. One person told us, "They have a good staff team and they need to keep them."
A healthcare professional told us, "Dealing with Bluebird we find them to be honest, reliable and offer an excellent service to people. We have a good working relationship with all levels in the company from care workers, office staff and directors."

There was a clear management structure in place and staff had a good understanding of their roles and responsibilities. A care worker told us, "Directors and the registered manager are known by their first names, they are involved in the service, it is a nice job and a nice place to work." Another care worker said, "They [management] are very friendly and easy to talk to."

We found there were systems and procedures in place to monitor and assess the quality of the service. These included seeking views of people they supported through satisfaction surveys. People were asked a number of questions. These included asking if the care workers arrived at the specified time, if tasks were carried out properly and professionally and had they received an information guide. People were also asked if they would like a member of the management team to telephone them or visit them at home to discuss the comments made on the survey. We noted the responses received were generally positive. Where concerns been raised these had been followed up by the service. This showed the service listened and responded to the views of the people they supported and their family members. People told us, "The

managers come and see me and ask if everything's alright. I've also recently had a survey to complete asking my opinions" and "I've just sent back the survey about the service and what I think about it. I like doing paperwork."

The registered provider and registered manager kept staff up to date with information and best practice via text messages, e-mails, newsletters, training and supervisions. We also saw there was a suggestions box in the office where staff could put forward their suggestions for improving the service. The registered manager told us regular staff meetings had not been held but they planned to commence this at the beginning of 2017. Staff spoken with said they felt they were kept well informed, but said they would like regular staff meetings where they could get together and discuss work related matters.

We found regular audits had been completed by the managers at the service. These included medication, safeguarding incidents, training, staff supervision, and care plan records. Any issues found on audits were quickly acted upon and any lessons learnt to improve the service going forward were identified.

The registered provider had a quality improvement plan which captured any risks identified at the service and the remedial action to be taken. Each month a risk management meeting was held by the registered provider and attended by the registered manager, deputy manager and other senior staff. The agenda showed the areas discussed at each meeting for example, MCA and DoLS, staff/customers injuries and accidents, safeguarding and complaints. This showed the service had procedures in place to protect the people they supported.