RCH Futures Limited

Bluebird Care (Cherwell)

Inspection report

40 Murdock Road
Bicester
Oxfordshire
OX26 4PP

Tel: 01869324293
Website: www.bluebirdcare.co.uk/cherwell

Date of inspection visit:
09 May 2016
10 May 2016
11 May 2016
13 May 2016

Date of publication:
16 June 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

Bluebird Care (Cherwell) provides care and support to people in their own homes. At the time of our inspection 91 people were using the service. 58 of these people were in receipt of the regulated activity of personal care.

There was a registered manager in post. 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.

We received positive feedback about the staff, the culture of the service and its leadership. The provider and registered manager promoted strong organisational values which resulted in a caring culture that centred on people using the service.

People described staff as respectful, caring and kind. People and their relatives experienced kindness and consideration during care visits. People were given choices about how and when they wanted their care delivered. People were supported to make choices and decisions about their care.

Staff knew people well and told us about people's health and personal care needs. Staff spoke about people in a very caring and respectful way, referring to them by their preferred name. Staff understood people's preferences and what was important to them.

People were supported to maintain their health and were referred for specialist advice as required. People were encouraged to remain as independent as possible. Staff understood the importance of promoting independence.

People had a range of risk assessments in place. Associated care plans were personalised and contained detailed information to enable staff to understand people's needs and how those needs should be met. People were involved in their care and felt listened to.

People felt safe when being supported by staff. Staff told us there was an open culture at the service and were clear about the action they would take to keep people safe. People and their relatives knew how to raise concerns and felt their concerns would be addressed promptly and to their satisfaction.

Staff enjoyed working at the service and felt supported and valued. Staff were encouraged to attend training and the registered manager and other senior staff carried out checks to ensure staff were competent in their roles.

There were enough staff to meet people's needs. People received their prescribed medicines when they needed them.

There were effective quality assurance processes in place to monitor the quality of the service. The registered manager looked for ways to continually improve the quality of the service.

People were asked for their consent before care was carried out. The manager and staff were clear on their responsibilities under the Mental Capacity Act 2005 if it was thought a person may lack the capacity to make certain decisions.

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.

People who used the service felt safe when receiving care.

Staff were clear in their responsibilities to identify and report any concerns relating to abuse of vulnerable people.

There were sufficient staff to meet people's needs safely. There were systems in place to ensure people received their medicines safety.

Care plans contained risk assessments and where risks were identified management plans were in place.

Is the service effective?

Good

The service was effective.

People were supported in line with the Mental Capacity Act 2005.

People were supported by skilled, knowledgeable staff.

People were supported to have sufficient food and drink to meet their needs.

Is the service caring?

Good

The service was caring.

People felt cared for and were complimentary about the staff.

People were treated in a kind, caring and respectful way.

People were supported in an individualised person centred way. Their choices and preferences were respected.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and personalised care plans were

written to identify how people's needs would be met.

People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated.

People knew how to make a complaint and were confident complaints would be dealt with promptly and effectively.

Is the service well-led?

Good

The service was well led.

People and relatives gave us positive feedback about the culture and leadership of the service.

Staff felt valued and supported and the registered manager and other senior staff were open and approachable.

The quality of the service was regularly reviewed. The registered manager and provider continually strived to improve the quality of service offered.

Bluebird Care (Cherwell)

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 between the 9 and 13 May 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and the provider is often out of the office either visiting people. We wanted to make sure the manager, or someone who could act on their behalf would be available to support our inspection. We visited the services offices on 9 May 2016 and contacted people who used the service to seek their views on the service provided on the 11, 12 and 13 May 2016.

The inspection was carried out by two adult social care inspectors.

Before this inspection we reviewed all the information we held about the service. The manager 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 looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

We also sent questionnaires to people, their relatives and health and social care professionals to seek their views on the service provided. Of the 44 surveys we sent, we received 22 responses. During the inspection we spoke with 12 people who used the service and three people's relatives.

During the inspection we also spoke with the provider, registered manager and five staff. We looked at five people's care records. We reviewed five staff files, recruitment procedures and training records. We also looked at further records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe when receiving care from the service. Comments included: "I feel safe when they come round", "They are brilliant and make me feel very safe" and "I feel safe with the care I get". Relatives felt their family members were safe when receiving care. One relative told us "On starting the care package the supervisor came with the carer on each visit of the day to check that everything was clear and would work well and that the carer would manage transfers safely".

People also felt safe because they knew staff would not miss their visit and were rarely late. Comments included: "The girls come on time and have not missed any of my calls", ''They are always here on time. The office rings if they are running late" and "They normally come in on time. Last week one carer came five minutes late and was very apologetic". The service used an electronic system to monitor support visits. The system raised an alert with office staff if a person's visit was late or they had not had a planned visit. This enabled the service to contact the person so they did not worry, contact staff to make sure all was well and if necessary make alternative arrangements to cover the call.

Contingency plans were in place to ensure when events, such as unexpected staff absences or if bad weather occurred, the needs of people who used the service would continue to be met safely.

There were enough staff to meet people's needs. People told us they always knew which staff member would be visiting them. The manager told us that consistency of care was important for the people the service supported in order to build trusting relationships where people felt safe and comfortable. One person said, "I always know who is coming. I get a weekly rota. If it changes like when someone is sick, they call". Daily rotas confirmed that people experienced continuity of care from regular staff. Staff rotas also showed there was enough staff to meet people's individual needs, such as where two staff were required to deliver specific care tasks. For example, one person required two members of staff to support them to move using a hoist. Records showed two staff always visited this person.

People were supported by staff who were knowledgeable about how to keep them safe. One staff member said, "Keeping people safe is about following the health and safety procedures". People's care plans contained risk assessments. Where risks were identified care plans contained information in relation to how risks would be managed. Staff told us they used the care plans and risk assessments to inform them how to assist people in a safe way. For example, one staff member said, "If someone needs a double up call (two staff), we always make sure there is two of us, we would never do it by our self".

People were protected from the risk of abuse because staff were familiar with the procedures in place to keep people safe from abuse. For example, staff had attended training in safeguarding vulnerable people and had good knowledge of the services whistleblowing and safeguarding policy and procedures. Staff were aware of types and signs of possible abuse and their responsibility to report any concerns promptly. One staff member said, "I would contact the office". Another staff member told us, "I would raise concerns with the office but would also report and get advice from the local authority (safeguarding team) if I needed to". Records showed the registered manager took all concerns seriously, raised concerns appropriately with the

local authority safeguarding team and notified the Care Quality Commission (CQC).

People were supported by staff who knew how to respond, report and record safety incidents and accidents in line with the service's policy. Records showed staff had alerted the office when people had accidents. For example, a fall, and we saw appropriate action had been taken including, calling the emergency services. Actions taken had also been recorded as an alert in people's electronic care record so that all staff visiting the person were kept informed of any incidents. This ensured staff were aware of any changes that needed to be made to people's care. The manager investigated any incidents and accidents and reviewed people's needs, care plans and risk assessments to reduce the risk of future harm occurring.

People received their medicines from staff trained in the administration of medicines. Staff told us they had their competency assessed during their induction to ensure they were safe to administer medicines to people. Staff had completed records to show they had supported people to take their medicine. The electronic care record alerted office staff if a medicine had not been given and a reason for this had not been recorded. The office was then able to contact the staff member to establish if this had been an oversight or if the persons GP needed to be informed. Some authorised health care professionals were able to directly monitor people's medicines on the electronic system. We saw communication between the service and one health professional that showed the system had been used to review the effectiveness of one person's pain relieving medicine. Staff were immediately made aware of any changes to this medicine which meant actions were taken to ensure the person's pain was managed in a timely way.

The provider had followed safe recruitment procedures. Employment checks had been completed before new staff began working for the service. These included a health declaration, proof of the staff member's identity and right to work in the UK. A DBS (Disclosure and Barring Service) check had also been sought. The Disclosure and Barring Service carry out a criminal record check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions.

Good

Is the service effective?

Our findings

People told us the staff had the right skills and experience to meet their needs. Comments included: "They (staff) are very well trained", "They seem to know what they are doing", "The carers are very competent" and "They have all the necessary training and know what they need to do".

Staff felt supported and told us they enjoyed working at the service. One staff member said, "I love looking after people". Another said, "I'm very lucky to work here".

Staff were able to explain to us about people's needs and how they supported them. Staff told us they were provided with the appropriate training to support people effectively. The service sought training and support from specialist professionals to ensure people's needs were met. For example, from the Specialist Parkinsons Nurse or the Speech and Language Therapist. The provider maintained training records for each member of staff and had a system which highlighted when refresher training was due. Training was delivered in both an online and face to face way. Senior staff checked and monitored staff competencies to ensure staff were appropriately skilled to perform their duties.

Newly appointed staff went through an induction period. This included training for their role and shadowing an experienced member of staff. The induction plan followed a nationally recognised program and was designed to help ensure staff were sufficiently skilled to carry out their roles before working independently. One staff member told us they had their competencies checked and had undertaken a lot of training when they had started. They said, "The induction was intense. The training was the best I've ever had". Another staff member said, "The manager made sure I understood what was being taught". Training included areas such as manual handling, first aid and safeguarding, infection control and nutrition. Staff also told us one of the management team accompanied them on their visits to introduce them to people and show them how people preferred their care to be delivered. One person told us, "If a new girl comes, they introduce them to me first". Another person said, "When they (staff) are new they shadow somebody. They make sure it's all alright and how I want it (care delivered)".

Staff were supported to improve the quality of care they delivered to people through the supervision and appraisal process. Staff received an annual appraisal and had regular one to one supervision where they could discuss the needs of people they supported and any training and development they might wish to follow. Staff were regularly observed by the management team whilst carrying out their roles to ensure they provided care to a high standard.

The service was working within the principles of the MCA. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The service had policies and procedures in relation to the Mental Capacity Act (2005). Staff training records indicated that they had received Mental Capacity Act (2005) training and staff demonstrated an in-depth understanding about how people's capacity to make decisions

and choices might affect the way care was delivered. One staff member told us, "People's capacity can fluctuate, you need to find the right time for them to make a choice". Another staff member told us, "Just because someone doesn't have capacity doesn't mean they can't make choices. It's about what is right for the person and what they want". Staff were clear about the action they would take if a person lacked capacity. This included arranging for best interest meetings to be held with the person, their family and other health and social care professionals.

The MCA also covers people who lack capacity and may be being deprived of their liberty for their safety. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The provider and registered manager understood their responsibility to ensure any applications to deprive someone of their liberty for this type of service must be made through the court of protection. At the time of the inspection no one using this service was being deprived of their liberty.

People were supported to attend healthcare appointments if required. "One of the carers came to hospital with me". People told us they received support with all aspects of their health care when they needed it. One person said, "They called the doctor last month when I had a chest infection". Another person said, "They rang the ambulance for me. The carer told the office and they rang my daughter to tell her what was happening. In half an hour I was in hospital. My daughter was really impressed by their service". Staff had involved other health agencies as they were needed in response to people's needs. For example, a community nurse had been contacted when there were concerns about a person's skin. The district nurse had visited the person then arranged for a GP to review the person. The person was prescribed antibiotics which staff from the service supported the person to take.

People told us where it was part of their care package they were provided with the food and drink they enjoyed and staff tried to encourage them to eat healthily. "They don't help me with meals, I can do that myself but they always offer to make me drinks and snacks". Another person said, "They help me with meals and they are very good". All of the staff we spoke with knew the importance of good nutrition and hydration. Staff told us if they were concerned about someone's nutrition or hydration, they would inform the office. People's food and fluid intake was recorded in their electronic system and the service was proactive in alerting other healthcare professionals where there were concerns about a person not eating or drinking enough.

Good

Is the service caring?

Our findings

People were very complimentary about the support they received from the service and told us the staff were kind and caring. Comments included: "They care for me dearly", "The carers are lovely, prompt and very caring", "They are very caring", "I think they are extremely nice, the girls are wonderful. Nice helpful, kind and caring, I couldn't ask for anything more" and "I can't speak highly enough of them. If I had a thousand pound to buy my own care I would have these carers". Relatives were also complimentary about the approach taken by staff. One relative said, "I can't fault them the attention and care they give my mother".

People told us staff knew what their needs were and respected their choices and preferences. For example, one person told us, "They do exactly what I want". Another person said, "I am encouraged to make choices". Staff were knowledgeable about how people preferred to be supported. One member of staff told us, "It's what they (people) like". Another staff member said, "We give people the confidence to choose. We don't tell people this is how it is. People make their own mind up what they want". People's preferences about how they wanted to be addressed, bathing arrangements, and other choices about how they wanted their care delivered were documented in their care records.

Staff understood their role in providing people with person centred care and support. For example, one person's care record stated they liked their clothes to be colour coordinated. Staff who supported this person understood why this was important for this person to be colour coordinated and described how they helped them to choose what they wanted to wear. We spoke with this person who said, "I like my colour schemes, they (staff) respect that and we talk about it".

People told us staff treated them with in a respectful and dignified way. One person spoke with us about how staff treated them when assisting with their personal care. They said, "Absolutely treated with respect, cover me in bathroom". Another person said, "My dignity is not compromised, very respectful not patronising in any way". A relative told us, "My wife is always treated with dignity. She is made comfortable and is well cared for". Staff described how they ensured people's modesty was protected when undertaking personal care tasks. For example, closing curtains and doors and making sure people were kept covered.

People told us staff were respectful of their privacy. For example one person told us, "I have never heard them talk about other people in front of me. Never". Another person said, "They (staff) are so respectful. They even go out of room if I get a phone call".

People told us they were supported to be independent and do as much for themselves as possible. One person told us, "They allow me room to be independent. I like doing what I can when I still can". Another person said, "I want to be independent, some days I'm more independent than others. Carers see what I'm like first and try to encourage me which is good". Care records reflected what people were able to do themselves and the areas where they might need support. Staff gave us examples of how they promoted people's independence. One staff member told us about a person they supported who sometimes found it difficult to do things themselves. They said, "It would be very easy to take over but it's important to keep people as independent as possible".

People benefited from a service that respected the importance of equality and diversity. People's cultural and religious needs were identified at their initial assessment and this information was clearly recorded in their support plans. People were offered support to meet these needs if required. For example, one person was accompanied to church.

People with diverse communication needs were supported to make their wishes known. For example, one person was not able to communicate verbally. Staff understood how this person communicated by using body language and sounds to express their wishes and remain involved in decisions about their care.

Staff told us they were always given the time to ensure people felt cared for. If staff felt they needed more time to meet people's needs they contacted the office and the registered manager would support them in staying with the person over their allotted visit time. One staff member said, "We have time to deliver care. When someone's needs changed I stayed to make sure the person was alright. My next call was covered".

Good

Is the service responsive?

Our findings

People told us staff responded well to their current and changing needs.

People told us they made their own decisions about their care and felt part of the care planning process. Comments included: "Last week I had the manager come to review my care package and was given the opportunity to add things", "The carers talk to me about my care plan. The office rings as well", "They talk to me about my care. They are good at explaining things" and "The office girls talk to me about my care plan".

People had an assessment of their needs before starting to use the service. People met with the manager to discuss their package of care. This ensured the service was able to provide the level of care the person needed and had staff with the appropriate skills and knowledge available to deliver the care. People confirmed they were asked how they wished their care to be delivered. They told us their views were listened to and staff took into account their preferences, likes, dislikes and wishes. Where appropriate, information was also gained from relatives and relevant health care professionals. Following the initial meeting, a care plan was developed with the full involvement of people using the service.

People's care plans identified people's needs and provided guidance for staff on how to respond to them. The care plans were supported by risk assessments. Staff told us although they knew people really well they used the care plans and risk assessments to help them understand people's needs. Care plans had been explained to people and whenever possible people had signed to indicate their agreement to the plan.

Staff told us people's care records contained accurate and up to date information. The service used an electronic care record system. All staff were issued with smart phones linked to the system. This enabled staff to view any changes to a person's care and to update records immediately following the visit. This meant issues, concerns or changes to people's support needs were instantly updated and available to all staff and management.

Staff were responsive to people's changing needs. For example, one person had been identified as at risk of developing pressure ulcers. Their care plan instructed staff to check the persons skin when delivering personal care. When a concern was noted about the person's skin a district nurse was contacted straight away. One person told us, "They (staff) are very meticulous. They check my skin all over for marks. There was one little spot and the next girl wanted to check to see if it was still there or had got any worse".

People received their care visits at the time they wanted and needed them. People told us they had agreed the times of their visits with the registered manager and they received their care at the times agreed. The service was flexible and adjusted people's care times when requested.

People told us they were provided with the time they required to complete their care routines, without being rushed. One person said, "They (staff) never rush me". A relative said, "The carer never seems in a rush and enjoys having a chat with [name of person]". Staff confirmed there was enough time allocated to visits to deliver care in the way people wanted. People and their relatives told us staff remained for the full duration

of the agreed visit time. One person said, "They will always do extra if there's time".

People's care was provided in a way that took account of their social needs. For example, people told us that staff spent time speaking with them at each visit and they looked forward to staff visiting because care visits felt like a sociable event. People told us, "I get to chat with them (staff) a lot. They are quite a giggle", "Always find time to sit and have a natter, its lovely" and "I get on very well with them".

Care records recorded what activities people enjoyed and how staff could assist them to continue to enjoy them. For example, it had been recorded in one person's care record they had stated, "I am very sociable and love a good chat". Staff regularly recorded in the person's daily record how they spent time with this person. This person told us, "I feel really uplifted when they have been". People were encouraged and supported to maintain links with the community to help ensure they were not socially isolated. For example, staff had moved one person's visit time so they could help a person to get ready in time to attend a regular lunchtime social event. One staff member told us, "We take people out for a cup of tea or for a walk, depends what people want to do".

People and their relatives knew how to make a complaint and told us they would speak with the manager or call the office if they were unhappy about any aspect of the service. One person said, "If I had any cause for concern I would call the office". Another person said, "I have no reason to make a complaint but if I need to, I would ring the office". One person told us they had made a complaint and the registered manager came out to speak with them straight away. They told us the matter was resolved very promptly and to their satisfaction. The service had received two written complaints in the last year and 36 written compliments about the care people had received.

Good

Is the service well-led?

Our findings

People we spoke with felt the service was very well led. A person told us, "It must managed properly otherwise how could it be so good". A relative told us they thought the service was, "Extremely well led and managed".

The service had a registered manager. They were being supported by the provider and a team of care supervisors. The management team knew all of the people who used the service and their relatives well. They were able to tell us about each individual and what their needs were. People and their Relatives referred to the management team as being open, approachable and friendly.

Staff felt the service was well led. One staff member said, "It's well led. We are like one big family". Another staff member said, "Great manager, she cares about everybody".

Staff felt supported and valued. One staff member said, "The support is really good". Another said, "It's a lovely team. You can speak to anyone in the office at any time and ask anything, even silly little things". We saw many examples of the personal and professional support offered to staff throughout the day.

There was an open culture within the service. Staff told us they were supported to raise any concerns and were confident these would be dealt with promptly and appropriately. Staff were confident the registered manager and provider would support them if they used the whistleblowing policy.

The registered manager ensured staff were aware of their responsibilities and accountability through regular supervision and meetings with staff. Staff meetings were detailed and important information relating to people's care or the running of the service was discussed. Staff felt listened to, were encouraged to share good practice and make suggestions to improve the service or the care people received.

Staff understood the values and ethos of the organisation and worked to the services vision of supporting people to meet their physical needs, whilst keeping them safe and providing personalised care to ensure people led a fulfilling life. The management team kept the service values and behaviour of staff under review and undertook spot checks to observe whether staff were delivering these objectives.

People were encouraged to provide feedback about the service through regular phone calls and meetings with the registered manager, during staff spot checks, care reviews and via a satisfaction questionnaire. One person told us, "The manager asked me what's going well, any changes and what could go better".

The management team completed regular checks to ensure the quality of care. For example, checks on the completion of care plans and risk assessments and medicine administration records. The management team had identified where improvements were necessary and ensured these improvements were completed in a timely way. For example, the service had contacted the developers of the new electronic care record system to request body maps be added to help improve how people's topical medicines were applied and managed.

There was a procedure for recording incidents and accidents. Any accidents or incidents relating to people were documented and any actions taken as a result of the incident were recorded. Incident forms were checked and audited by the registered manager and provider to identify any risks or what changes might be required to make improvements for people.