

When the Flag Drops Limited Bluebird Care (Cheshire West and Chester)

Inspection report

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13 November 2019

14 November 2019

15 November 2019

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Bluebird Care is a domiciliary care agency. The service provides personal care to people living in their own homes. Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. There were 20 people receiving personal care at the time of the inspection.

People's experience of using this service and what we found

People were supported by staff in a way which was exceptionally caring, compassionate and dignified. People had nothing but praise and admiration for the staff who supported them, and said they felt truly involved in their care and treated with respect and dignity.

Staff took time to get to know people, understand them, and tailor support to meet their specified needs and outcomes. Staff spoke fondly and respectfully about the people they supported, and people told us staff were motivated, hardworking, and friendly. Relatives were equally as pleased with the level of care from Bluebird Care and discussed how the support had made positive differences to their family member.

The positive culture of the organisation was apparent, not only from the managers in the office, but from the care staff. Staff felt empowered, well led, and valued by the organisation and told us this made a difference to their work. The manager was creative and passionate about the service, and the lives of people using not just Bluebird Care but accessing care services in general.

The manager was a leader and a spokesperson for various networking groups and volunteering projects, and promoted a culture of shared learning, staff development and improvement of service provision which was greatly received and acknowledged by the staff teams.

Medicines were used safely. There were systems in place for reporting accidents and incidents and learning from them. There were processes in place to protect people from the risk of abuse. Risks people faced were identified and control measures were in place to keep people safe. The recruitment of staff was safe, and people were supported by the right amount of suitably skilled staff.

People were supported in line with the principles which underpin the Mental Capacity act 2005. Preferences for eating, drinking and meal preparation were clearly recorded in care plans in line with people's assessed need. Staff were trained, inducted and supervised to ensure they were skilled and competent in their roles.

People's life histories and routines were discussed and recorded in care plans, and people told us they were involved and included in their reviews and care plans. Complaints were documented and responded to, and people told us they knew how to complain. There was no one receiving end of life care, however staff were trained and skilled in end of life.

Rating at last inspection

This was the first inspection of the service since it moved addresses in August 2018. The service was rated 'good' at the previous registered address.

Why we inspected

This was a planned inspection as the service had yet to be rated since it moved addresses in August 2018.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was good.

Details are in our good findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring section below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our responsive domain below.

Good ●

Is the service well-led?

The service was exceptionally well - led.

Details our in our well-led domain below.

Outstanding ☆

Bluebird Care (Cheshire West and Chester)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager. Due to a re organisation of roles in the office the previous manager who was registered had de-registered and the deputy manager was in the process of becoming registered. This meant that the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the provider or manager would be in the office to support the inspection and we wanted to be sure there would be people available to speak with us.

Inspection activity started on 13 November and ended on 15 November 2019. We visited the office location on 14 November 2019.

What we did before the inspection

Before the inspection, we looked at the information we held about the service. This information included

statutory notifications the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We visited the registered office and spoke with the previous registered manager who was now a director, the deputy manager who was in the process of registering to become the registered manager, five care staff, one face to face in the office and four we contacted by telephone.

We spent two days speaking to people and staff over the telephone. In total we spoke at length to seven people, and one relative. We emailed one relative for feedback at their request.

We looked at three people's care records and a selection of medication and medication administration records (MARs). We looked at other records including quality monitoring records, recruitment and training records for three staff and other records relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection since the location changed address. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- All staff clearly described the process they would follow if they felt someone was being harmed or abused. People were provided with information which explained the safeguarded process and how concerns were reported.
- Training in safeguarding was provided for staff, and discussed at team meetings and supervisions. Information for people was available in the service user guide.

Assessing risk, safety monitoring and management

- Absolutely everyone without exception said they felt safe being supported and cared for by Bluebird Care. Risks which effected people's health, safety and wellbeing were assessed. Clear risk assessment tools were used and included the process staff were required to follow to help prevent reoccurring harm.
- Comments included, "I know I'm well thought of and taken care off." Another person said, "They [staff] go around and check my windows are closed before they leave, and it makes me feel at ease."
- Risk assessments were reviewed as and when people's needs changed. For one person, there was information around how to support them to safely mobilise in their home, which included a risk assessment of the environment to ensure it was safe and free from any potential tripping hazards.
- There was a risk assessment review process where people and their families had signed in acknowledgment.

Staffing and recruitment

- Staff were recruited and selected safely. There was enough staff to support people safely. Staff attended their calls on time.
- Extra precautions were taken by the manager which ensured staff did not complete any shadowing until their Disclosure and Barring Service (DBS) check had been returned to the service and was assessed. When appropriate checks had been undertaken, staff were requested to complete an induction process.
- Rotas evidenced and staff said their workload was manageable and they often visited the same people.
- People told us staff always came to visit them on time, and they knew who was coming because they had a copy of their rota. One person said, "It makes a difference that I know who to expect. They [the office staff] always phone ahead and tell me if there are any changes, which sometimes can't be helped."

Using medicines safely

- People were supported with their medication needs. Independence regarding medication was encouraged and considered.
- Staff had undergone training and a series of competency assessments, including an observation of their

practice.

- Some people had chosen to remain independent with their medications and were supported either by their family or they completed the task independently. One person told us, "I can take my own medications, but it is helpful that the staff might just remind me, just to be sure."

Preventing and controlling infection

- All staff had completed infection control training. Staff were provided with gloves, hand gel and tunics. One staff member told us how the manager ordered their gloves from a special supplier due to their allergies.

Learning lessons when things go wrong

- There was a practical approach to lessons learned. The manager was always open to feedback and suggestions to improve practice. We saw an example of where a more robust and organised storage system for staff recruitment was introduced to enable all documentation to be in the one place.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection since the location changed address. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were clearly and respectfully assessed. People received outcome focused support and were often signposted to other services if needed.
- Before care packages began, people were assessed by the manager or a senior member of staff to ensure their care and support needs could be met.
- An assessment process was used to identify desired outcomes for the person and how they wanted to be supported. This formed the basis of their care plan.
- Some people had been supported to find cleaners or advocates if this was identified as a need.

Staff support: induction, training, skills and experience

- Staff were very well supported in their roles. Staff felt very well supported and skilled. The induction and ongoing support for staff was robust.
- As soon as they started working at Bluebird Care the staff commenced a robust and bespoke training programme. One staff member said, "This is the best training I have ever known. Very thorough." One person we spoke with described the staff team as being 'highly professional.'
- One staff member explained their induction process to us, which included weekly spot checks and supervisions for the first few months. The staff member said, "We are supported through a shadowing processes, and we have extra shadowing if we feel we need it."

Supporting people to eat and drink enough to maintain a balanced diet

- Where support with eating and drinking was identified on people's care plans we saw special consideration was given to this. People's preferences for eating and drinking were recorded.
- One person told us their preference for ready meals from a certain shop, which we saw clearly documented in their care plan. People also told us staff left them with access to tea, water or juice, and always made sure they had milk in the fridge and fresh bread.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked alongside other health care professionals to ensure care was delivered safely. Staff worked flexibly to ensure they could support people to attend appointments.
- People told us that, where appropriate, staff would make health care appointments for them and support them to attend. One person said, "I cannot always hear the phone, so the staff will speak with my permission on my behalf, and I won't miss anything then."

- Scheduled visits were sometimes rearranged for people or times changed in order to accommodate these appointments.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (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 they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Our conversation with the manager confirmed they understood the process to follow if they felt someone required a DoLS authorised by the Court of Protection.
- People were supported to make decisions and any taken on their behalf had been made following a best interest process involving people who were legally allowed to make them.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection since the location changed address. The key question has been rated outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were exceedingly passionate when they discussed their roles and the culture of the organisation in general. People told us staff cared for them in ways which went above and beyond what they expected. People's diverse needs were prioritised and celebrated. Relationships were built on trust, compassion, and understanding. Staff took time to genuinely get to know people and cared for them with empathy and respect. Staff spent time making sure people had what they needed, whether it was part of their assessed call or not.
- People described staff as "They are the only people I see, and they are truly exceptional", "The service stands alone; those staff are amazing human beings" and "The way they make me feel is everything. I feel important and like we are friends."
- One person described how staff took the time to get to know their dog, who did not like strangers but who was important to them. They said, "They were awfully good around this, I know it isn't usual, but it meant so much to me, and now they help me look after and feed my dog and make sure everything is okay."
- One family member shared their experiences of the service and staff who provided support to their family member. "They never interrupt the care or stop to talk to me before they have finished [relative]. I hear them talking to [relative] and it is like they are old friends. I know the staff treat [relative] so kindly, and it gives me great peace of mind."
- A family member told us about how staff had paid great attention to their relative's ways and preferences. They said, "It's just amazing that they [staff] have taken so much time to get to know [person] as they can be so particular. We have no complaints and nothing but praise." The family member told us how their relative had changed their opinion of receiving care and now looked forward to the carers visiting.
- One person who was staying in hospital had lost weight due to not liking the food. Staff arranged to visit the person each day and take packages of their favourite foods to prevent them losing weight. The result was this person was discharged from hospital sooner.

Supporting people to express their views and be involved in making decisions about their care

- The manager and staff ensured people were communicated with in a way which was both meaningful and demonstrated true control of their own care and support. People were provided with information in a format they understood and were comfortable with. Staff used a 'tried and tested' approach to supporting people continue doing the things they loved. People's backgrounds and interests were creatively used to help match them to staff they would have things in common with.
- One person with limited sight required information to be read to them by staff. Time was put aside to enable staff to read information to this person to make sure they were able to make an informed choice. We

spoke with this person who told us this made a massive difference to them as it allows them to still be 'in charge' and not 'left behind'.

- Documented conversations took place which explored with empathy and sensitivity how staff could ensure one person was safe, while still engaging in an activity which they loved. Due to the person's diagnosis, options had been considered amongst the staff team, centred wholly around making sure this person engaged in their activity safely, and this was discussed with the manager and the person's family, who was completely involved.
- Staff were requested to complete profiles about themselves, which were shared with people to help them choose their staff team. Additionally, people were invited to interview their own staff. In cases where people chose not to interview staff, the manager had a separate discussion with people and asked them what questions they would like to ask proposed new staff members. We saw one person had written down questions they wanted the manager to ask.

Respecting and promoting people's privacy, dignity and independence

- Staff not only encouraged people's diverse needs, but they went out of their way to ensure these needs were part of their support. People's independence was always respected. 'Trust' and 'familiarity' were used by people to describe the staff at Bluebird Care. People's dignity was always upheld and supported.
- One person discussed how staff would encourage them to complete their physiotherapy, even though this was not part of the care package, and they would spend time with them ensuring they completed suggested exercises. The person told us this meant they could do this safely with staff as they were afraid of falling when the staff were not there. They said, "They take such an interest, it's wonderful."
- Another person described how surprised and completely 'elated' they were following a recent stay in hospital. This person told us how they were discharged home and they were collected from hospital, by surprise, by the manager and deputy manager. When we explored this further we found this was done because the person did not like traveling with people they did not know and required 'verbal directions' to be spoken aloud in the car due to them being blind. We asked the person what this meant for them and they said it meant they could truly 'enjoy the moment [returning home] and relax with people they trusted.'
- People told us they trusted staff would look after their homes and possessions and relatives described the impact of having familiar faces in their family members homes had on them, one relative said, "I know I never have to panic. They will always call me and discuss any concerns if they are worried." Another person described how staff maintained their privacy when making phone calls on their behalf and not sharing information they had not previously consented to.
- Actions of caring staff averted risk. This was because staff had picked up that information about the person was not recorded accurately and this could have put them in a potentially unsafe situation. Due to the staffs quick thinking and communication between the staff and the manager this person was removed from harm's way.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection since the location moved address. The key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person had a care plan which was highly detailed and personalised to meet their needs. Care plans were regularly reviewed and amended. Care plans were written in a respectful way.
- Information about people's routines, such as call times, preferences for support, and whether they preferred a male or female carer were recorded.
- Reviews took place every few weeks or when there was a change in a person's needs. The review was done in consultation with the person and their family.
- Language such as 'Ask me what I would like' and 'Please sit down and have a chat with me' was recorded in care plans. People told us this made them feel involved as it was 'something they would say.'

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Consideration was given to people's communication preferences. One person told us how they could not read small print and so the office staff sent them an enlarged copy of their rota to ensure they knew who was coming to visit them.
- Communication preferences were discussed as part of the initial assessment process, and it was clearly recorded if people preferred telephone, face to face or written communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they were supported by staff where needed, to access the community. People were invited to the office for meetings and to meet each other in the hope of forming new relationships.
- One person said "I sometimes go shopping with the staff." The management produced regular newsletters such as the 'Codgers Quarterly' as a way of encouraging people to become involved in what was going on in the community and the organisation.

Improving care quality in response to complaints or concerns

- Complaints were well documented and responded to in line with the organisations policy and procedure. People told us they knew how to complain and would call the office and speak to the manager.
- There had been two official complaints at the service within the last 12 months. Both had been addressed.

End of life care and support

- Staff were trained in end of life care. There was currently no one being supported with their end of life wishes. There were processes in place to confirm this would be sensitively discussed with people and their families if there needs changed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection since the location moved address. The key question has been rated outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Since our last inspection the registered manager has been promoted to a director and still has oversight of the service. The deputy manager who has worked at the service for some time has been promoted to registered manager and has applied for registration. This has enabled the service to continue to embed excellent practice.
- Everyone we spoke with said they would not hesitate to recommend Bluebird Care to others. Staff told us they felt proud working for Bluebird Care and that they were well informed of any organisational changes. Wellbeing of staff was an important part of the organisations vision and values.
- One person said, "Well they came recommended to me, and I sincerely hope I can do the same for someone else one day." Another person said, "They are a cut above everyone else. It is clearly managed very, very well."
- A member of staff reflected on their decision to work at Bluebird Care and said, "I'm really proud to work here because you feel exceptionally valued. I know that providing amazing care is really important to the manager, we are so well supported."
- The manager had invested in a system called 'Bluebird Care Assist'. During supervisions each month staff could request a 'wellbeing' check' using the assist, which checked their blood pressure and vital signs and kept a 'profile' for them they could log into and manage. The staff felt this was a positive implementation, one staff member said, "It can be a stressful job, and the fact that we have this monthly intense meeting and check helps, and means we are less likely to go off sick."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager clearly led by example and had invested time and effort into ensuring all of the other managers in the service had the same passion and drive. The manager created a culture of empowerment within the staff team.
- Senior staff had dedicated areas to 'champion' such as medication, catheter care, safeguarding, and training. This meant each manager had specialised knowledge in their chosen champion area which was shared amongst the staff team and they were a contact point for additional support. One staff member told us this made a massive difference, as "We know exactly who to go to for support and guidance." An example we were given by staff was when they called the office to ask for advice around catheter care as they were unsure. The manager whose area of specialism this was left the office and attended the call to help the staff

support this person.

- Staff felt comfortable challenging the manager and giving their views when they felt something would not work or needed improving. We spoke to a member of staff who described how they had openly given their opinion and were made to feel valued. They said, "I felt it was a positive contribution and I had the confidence to put myself out there because I knew I would be listened to."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff and people were invited to contribute using feedback, suggestions and questionnaires. All staff told us they were supported to develop within the organisation.
- The manager listened to feedback and made changes in response. For example, involving people in staff recruitment, helping people choose familiar staff via 'skill matching' process, and promoting effective communication of any changes to rotas.
- The manager acted as a mentor for the upcoming registered manager and adopted a 'coaching' style approach to training them in their new management role.

Working in partnership with others; Continuous learning and improving care

- The organisations approach to partnership working was exceptional. The manager was truly passionate about people receiving 'good' care. It was highly evident the culture of the organisation was focused around 'empowering people with knowledge and information to ensure they have access to good care, even if that means not choosing Bluebird Care.' A 'signposting' approach was adopted to help people plan their next steps and contact advocacy support if needed. The managers were passionate about volunteering and giving something back to the community.
- Not only had the registered manager forged relationships with other social care providers and professionals, they had encouraged the staff team to be a part of it. One of the relationships which had positively impacted on care delivery was a steering group called 'Epic' which means 'Empower Partners in Care' which focused on improvements for people using services. This group also provided opportunity for good practice and ideas to be shared, which has made contributed positively with regards to providing a holistic approach to care and support.
- The manager had attended different colleges, and charitable support groups, to share knowledge of care services and what people had a right to expect. Staff were a part of this and went along to share 'a day in the life a care worker' with the aim of giving people new to care an insight into what it was like.
- Staff we spoke with all shared the ethos of people should be entitled to 'good and person-centred care' and said the manager was an 'excellent and inspirational leader.'
- We saw how the staff had arranged last year and this year to serve Christmas dinner in a local hall for people who were alone as a way of getting people together and encouraging relationships.