Maxtoke Ltd

Bluebird Care (South Gloucestershire)

Inspection report

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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

The inspection started on 13 January 2016 and was announced. We gave the provider 48 hours notice of the inspection to ensure that the people we needed to meet with were available. The service was last inspected in June 2014 and at that time there was no breaches of regulations.

At the time of this inspection the service was providing support to 69 people who lived in their own homes. Fifty-eight people were receiving a personal care service and the others received domestic assistance or companionship. The service was provided to people who lived in Thornbury and surrounding villages and Yate/Chipping Sodbury. The provider had plans in place to increase service provision and be able to deliver a service to people in the Kingswood area. All these areas are within South Gloucestershire. The service employed 36 care workers.

There was not a registered manager in post at the service however a care manager had been recruited who will apply to the Care Quality Commission to be registered. They had already commenced the process. A registered manager is a person who has registered with the CQC to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The aim of the service was that people were looked after by the minimum number of care workers. This would ensure they received a consistent service. Due to expansion of the service and changes in where people being supported lived, this was not being achieved at the time of the inspection. Feedback from two people we spoke with during the inspection indicated this required improvement but this contradicted what others has said in the survey forms. The provider, manager and coordinator were already aware of some improvements and had a plan in place to review all care workers work schedules.

People were safe with the care staff who supported them. Care workers received training to ensure they were aware of safeguarding issues and were recruited following thorough recruitment procedures. Staff knew to report any concerns they had about a person's welfare to the registered manager or directly to the local authority, CQC or the Police. Where risks were identified management plans were put in place to manage the risk with the aim of reducing or eliminating the risk. Where people were supported with their medicines this was safely managed.

People received the service they had agreed to receive when the service was set up. Care workers talked about the people they supported in a respectful manner and received the appropriate training to enable them to undertake their roles effectively. People received a service based on their individually assessed care and support needs. Where identified in the assessment process, people were provided with support to have sufficient food and drink. People were supported to access health care services if needed. Where appropriate care workers worked in conjunction with other health and social care providers.

People were treated with kindness and respect. Their preferences and choices were respected. They were encouraged to provide feedback about the service they received and to have a say about how their service

was delivered. They were provided with a copy of their care plan and were told on a weekly basis which care workers were going to support them.

People and care workers said the service was well-led and well managed. There were no missed calls and people were not 'let down' by the service. Any feedback that was provided by people using the service, their families or the care workers was acted upon. Information received was used to drive forward improvements to service provision.

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.

Care workers had a good understanding of safeguarding issues and knew to report concerns they had about people's welfare and safety. They knew they had a responsibility to protect people from harm. Staff were recruited following safe recruitment procedures. This ensured unsuitable staff were not employed.

Any risks to the person being supported or the care workers supporting them were assessed and measures put in place to reduce or eliminate the risk. This ensured people were looked after safely and staff knew how to keep people safe.

There were sufficient care workers to meet the needs of people and new people were not offered a service unless there was the capacity to meet their requirements.

Where people needed assistance with their medicines this was recorded in the care plan. Care workers were trained to ensure they were competent to administer medicines safely.

Is the service effective?

Good

The service was effective.

People received the service they expected and met their specific care and support needs. Care workers were competent to carry out their jobs because they were well trained and well supported to carry out their jobs.

Staff knew of the importance of gaining people's consent before providing a service. They had an understanding of the Mental Capacity Act (2005).

Where needed people were provided with support to eat and drink and maintain a balanced diet. The support people required was detailed in their care and support plan.

People were supported where necessary, to access the health care services they needed.

Is the service caring?

Good

The service was caring.

People were supported by care workers who were kind and caring to them. The staff were respectful and spoke well about the people they supported. Care workers supported people in the way they wanted.

People were listened to and their views and opinions were seen as important. The support people were provided with was adjusted as required.

Is the service responsive?

Good

The service was responsive.

People received a service that met their specific needs. Staff responded appropriately when people's needs changed and regularly reviewed the support provided. People were encouraged to have a say about the service they received and they were listened to.

People were given a copy of the complaints procedure should they need to raise concerns.

Is the service well-led?

Good

The service was well-led.

There was a staffing structure in place to ensure that the service ran smoothly and people received the service as planned. People and staff said the service was well managed and the management team were all approachable.

There were procedures in place to gather feedback from people using the service. The information was used to monitor and improve the service where necessary. Learning took place following any accidents, incidents or complaints.

People and the staff team said the service was well managed and the management team were all approachable. There was a clear expectation that all staff provided the very best care.

Bluebird Care (South Gloucestershire)

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

The inspection team consisted of one inspector. We had previously sent survey forms to people who used the service, relatives and friends, care workers and community professionals. The feedback we received was used to inform our inspection plan and has been referred to in the body of the report.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

We contacted two social care professionals before the inspection and asked them to tell us about their experience of working with the staff from Bluebird Care (South Gloucestershire). They provided us with feedback which we have included in the main report.

During the inspection we spoke with the registered provider, the care manager, the coordinator and supervisor and five care workers. We visited six people who received a service in their own home and spoke with one relative. We looked at six people's care records, four staff recruitment files and training records, key policies and procedures and other records relating to the management of the service.

Good

Is the service safe?

Our findings

People said, "I feel perfectly safe with the staff in my house and when they are helping me to move about", "Everyone is kind and gentle with me", "I have never had any concerns about my safety" and "All the staff are very polite and courteous". Those people who returned survey forms to CQC prior to our inspection all said they felt safe from abuse or harm from the care staff. Relatives or friends who completed survey forms also all reported that the person who used the service was safe.

Care workers completed safeguarding adults training as part of their initial induction training programme and on-going training. They knew what was meant by safeguarding people and would report any concerns they had about a person's safety to the care manager or the provider. Care workers knew they could report concerns directly to the local authority, the police and the Care Quality Commission. They were each provided with a prompt card and this detailed the contact information for these organisations. The care manager planned to do safeguarding training with South Gloucestershire Council as soon as possible and had completed in-house safeguarding training. Care workers were familiar with the safeguarding adults and whistle blowing policy. Our findings confirmed that the staff team were fully aware of their responsibilities to act if safeguarding issues were raised.

Risk assessments of people's homes were completed, kept under reviewed and amended where necessary. There was an expectation that care workers would report any health and safety concerns they had to the office. This ensured the person and the staff supporting them were not placed at risk. Action was taken to prevent any accidents, incidences or near-misses. Moving and handling risk assessments were completed where people needed to be assisted by the staff and a 'support with moving and handling' plan. Care workers were provided with information in the assessments and care plans to ensure they carried out moving and handling tasks safely.

The provider told us prior to the inspection they had a positive approach to risk assessment and encouraged people to be as independent as possible. They told us about one person with significant moving and handling needs who requested only one care worker not two and how they had worked with the occupational therapist and new equipment to achieve this safely for the person.

The registered provider had an emergency crisis plan in place. This set out the arrangements to be followed in order for the service to continue. The plan covered an IT systems failure, the loss of utility services, outbreaks of illness and staff unavailability and other examples that would disrupt the safe delivery of the service.

Staff personal files evidenced that safe recruitment procedures were followed at all times. Appropriate pre-employment checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people.

New packages of care were not taken on unless the service had the right care workers with the right skills

and competencies to meet the needs of the person. The provider told us they had recently had a period of staff shortages but had managed to cover all calls and were actively recruiting new care workers. People told us they had not experienced missed calls but there had been a period of time where calls were provided at times they did not prefer. They said this had settled. The plan was for care workers to work within one of two geographic areas so that people were supported by the least number of care staff. However due to changes in the people being supported and the care workers, there was a need for the care manager and coordinator to relook at care workers work schedules. This area of improvement had already been identified and work had begun to address this.

People were responsible for their own medicines where possible. Where people needed support with their medicines the procedures in place were safe. Their particular needs in respects of medicines were assessed and they were asked to give written consent to be supported. Of the care documentation we looked, the written consent had not been obtained in one case and this was discussed with the care manager.

Where people needed support with their medicines this was recorded in their care plan. The care plan stated whether the person was to be prompted to take their medicines or the care workers were to administer. Care workers completed a medicine administration record after medicines had been given or creams had been applied. Care workers were provided with detailed instructions on the administration process and had each been provided with a prompt card to remind them of the procedure.

Care workers had to complete safe medicine administration training before they were able to support people with their medicines and this was confirmed by those staff members we spoke with. Competency checks were carried out by the supervisor on all care workers to ensure medicines were administered safely and records of these checks were kept in staff files.

Good

Is the service effective?

Our findings

People said, "I was involved and had a say in the service I needed to be able to live in my own home", "My daughter was present for the meeting at the start but I felt very much that what I wanted was taken account of" and "I get the help we agreed upon".

People who completed the CQC survey forms said they received care and support from familiar and consistent care staff and would recommend the service to other people. All relatives who responded thought care staff supported their family member to be as independent as possible and completed all the tasks on the care plan. Some relatives did not think the care staff stayed the agreed length of time but 93% of the people being supported who responded via the survey said they did.

Staff were knowledgeable about the people they were supporting and told us about those they looked after on a regular basis. Staff were given sufficient information about people they visited and would read the care plan and speak to senior care staff if they were to support a person they had never visited before.

New staff had an induction training programme to complete when they first started working for the service. The programme consisted of 15 modules to be completed within three months and was in line with the new Care Certificate that was introduced for all care providers on 1st April 2015. The care manager was the lead on staff training and had completed train the trainer courses for both safe administration of medicines and moving and handling. New members of staff 'shadowed' an experienced member of staff for a period of time – one care worker told us they had not felt fully confident to 'go out alone' at the end of this period and had therefore shadowed for longer. Another care worker also confirmed the arrangements for induction training.

Staff received the appropriate training to do their job. There was a programme of training for all staff to complete and this was delivered by computer based training programmes, workbooks and practical training sessions. A training record was kept for each care worker and evidenced the training they had received. There was an expectation that all staff would undertake a diploma in health and social care at level two or three (formerly called a National Vocational Qualification) after their probationary period. The external training assessor told us, "I am very impressed by the staff attitude to training and with the standard of care delivered to people".

Care workers could call in to the office at any time and had access to an on-call senior member of staff out of hours. Face to face meetings with individuals were completed to identify training needs and check work performance. All care workers had received a supervision session in October or November 2015. In addition there had been a staff meeting in December 2015. There were good communication procedures in place to allow for two-way transfer of information.

Care workers received Mental Capacity Act 2005 and consent training. The Mental Capacity Act 2005 (MCA) was included in the Care Certificate and mandatory training programme. The MCA sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are

protected. Care workers told us they would always ask a person to give verbal consent before starting to provide any assistance and asked them what they wanted done during that visit. People we visited told us they were always asked if they agreed to be supported. The service had a document to record any best interest decisions that needed to be made but did not have any examples they could share with us.

The provider and care manager said that none of the people being supported at the time of our inspection lacked capacity to make day to day decisions for themselves. We discussed with them both how improvements could be made to the assessment documentation to record outcomes of capacity assessments.

People were provided with support to eat and drink where this had been identified as a care and support need during the assessment process. The exact level of support a person needed was recorded in the care plan. Care workers were expected to report any concerns they had about a person's food and drink intake to the care manager. One member of staff told us they prepared a person's breakfast and monitored how much they ate because if left unsupervised they were likely to not eat.

People were supported to contact their doctor to make appointments or request a home visit if they were unwell. Where people needed support to get ready earlier to attend a hospital appointment, adjustments were made to their visit schedules where possible. Care workers worked in conjunction with the district nursing services where they were also involved in the person's community support. They worked alongside health and social care professionals, for example an occupational therapist, their input was required to enable the person to remain living in their own home. A social care professional told us, "We are contacted in a timely manner and any instructions we leave are followed".

Good

Is the service caring?

Our findings

People said, "I cannot fault the staff at all, they are so kind and friendly", "All the staff I have met have the right attitude to caring", "If I am not happy about anything at all they do their very best to cheer me up" and "I consider the staff that come to me on a very regular basis to be my friends". One person said, "When I am not well the girls call in to see me extra to check I am alright, in between their other calls. They really care about me". People who completed the CQC survey forms said they were happy with the care and support they received from the service and were treated with respect and dignity. Relatives or friends were also happy with the service provided and felt the care staff were caring and kind.

When the service is set up people were asked by what name they preferred to be called. People were asked about any other choices and preferences that were important to them. One person told us, "If I have not met the member of staff before I prefer to be called Mrs X. I invite them to call me by my first name if they are regular carers".

Care workers spoke about the importance of developing good working relationships with the people they supported. They said it made their job much nicer if they could attend the same people and "get to know them" and make a difference to their day. Care workers spoke about the importance of treating people well – "as if they were a loved member of my own family". Each care worker we spoke with said they would recommend Bluebird care to any family member who needed home care support. The ethos of the service is to deliver care that we would expect ourselves or loved ones to receive.

Bluebird Care (South Gloucestershire) aim to look after people in their own homes who are at the end of their lives. The service will be part of an inter professional approach in achieving this. Care workers will work alongside families, palliative care teams, the person's GP and district nurses to deliver a caring service. Health professional support was vital in enabling the service to do this for people.

In order to demonstrate that the care and support provided is caring the service asks questions (where appropriate) at the initial assessment about advance directives, decisions regarding resuscitation and other relevant preferences. This ensures people have a say right up until the end of their lives. Details that the care workers write in the daily visit notes were monitored to ensure the recordings were respectful and kind. The service ensured records were factual and accurate but made in a dignified way (aware that relatives and friends may read the notes).

Good

Is the service responsive?

Our findings

People said, "I was very much involved in setting up the service I needed to be able to stay in my home", "We agreed on what help Bluebird would provide me with and that is exactly what I get" and "As things have gone along I have needed more and more help. Initially I was only having help three times a week and now I need help every day in the morning and evening. They came from the office to make the arrangements". One relative told us, "I cannot fault the service, but if they could sort out the carer consistency in the evenings and at weekends, it would be brilliant".

All the people who completed the CQC survey forms said they were involved in decision making about their care and support needs with 89% of them knowing how to raise any concerns or complaints they may have. Staff who completed CQC survey forms all felt the manager was accessible, approachable and dealt with any concerns they had.

Copies of people's care records were kept at both the service and in people's homes. The care plans clearly set out in detail the tasks to be completed and how the planned care was to be provided. The plans showed how many visits per day or per week the care workers were scheduled to take place. The care plans reflected people's individual care needs and provided a clear picture of the person and what support was to be provided. Where people funded their own care they had signed an individual service contract.

New packages of care and support were reviewed by the supervisor after a six week period unless needed beforehand and then on a yearly basis. These measures ensured the service being provided remained appropriate and met the person's needs. Where identified the level of service provided would be changed to reflect the person's exact needs. This change could be an increase in service provision or a reduction if the person's support needs had decreased. Staff were expected to report any changes in people's care, support and health needs to the office so that reviews could be brought forward.

People were provided with a copy of the service user guide and this was kept in the care files in their homes. The guide provided key information about the service, contact telephone numbers, out of office hours arrangements and the complaints procedure.

The service had received no formal complaints in the last 12 months but the registered provider told us they recorded any issues of concern or "grumbles" that were raised. The records evidenced that the feedback about the service they received was taken seriously and actions were taken where improvements could be made. For each of the grumbles the appropriate actions had been taken. The registered provider looked for any common themes in the concerns and had action plans drawn up to ensure the quality of the service and care was resumed. The Care Quality Commission have received no complaints about this service. The service had received the following complimentary comments from people who used the service: "Staff have been bright and cheerful as well as being very helpful", "Very kind and thoughtful" and "The carers always help to relieve any anxieties I may have".

Good

Is the service well-led?

Our findings

People felt the service was well led, they received the service they expected, had never been let down and had always been treated well. Comments included, "This is the best agency I have used. They have never let me down", "Every thing runs smoothly" and "If the care staff are going to be late to me, someone from the office telephones me and explains what is happening. This stops me worrying what is happening".

There was a staffing structure in place. Staff said the registered provider, the care manager and the office staff were approachable. One of the registered providers was in daily attendance in the office and was supported in the running of the business by the care manager, a coordinator and a customer assessment supervisor. The day to day work for the care workers was organised by the coordinator and the supervisor was responsible for doing the assessments and reviews of people used the service. There were plans in place to recruit two part-time field supervisors who would have a care worker role plus do spot checks on staff and look after new recruits. At the weekends there was an additional on-call supervisor who provided support and advice to those care workers working at the weekends.

Those people who returned survey forms to CQC prior to our inspection all said they knew who to contact in the service if they needed to. Each respondent also said information received from the service was clear and easy to understand. Relatives and friends who responded said the same.

All care workers who completed our survey forms would be confident about reporting concerns or poor practice to the care manager and were asked what they think about the service. They said their views were taken in to account. One staff member told us they had suggested that the care workers be provided small 'prompt cards' regarding medicines, safeguarding and record keeping and this had been actioned.

The service is a franchise of a large care provider who has offices throughout the UK. The vision for all Bluebird Care branches is to provide a quality service. The measures they have in place to achieve this were ensuring they select the right staff, training the staff to provide a safe, efficient and friendly service, and checking on 'customer satisfaction'.

The quality assurance policy sated they would use audit, observation, supervision and review as measures to ensure the service did what it said it would and learnt from any events in order to improve. The service each person received was reviewed on at least an annual basis and more often if needed. Care documentation was checked on a monthly basis to ensure that medicine administration records and daily visit notes were completed appropriately and professionally.

The annual quality and compliance audit by the Bluebird Care auditor was last completed on 12 March 2015. This audit used the old essential standards and outcomes but on-going audits will be in line with the five key questions (Is the service safe, effective, caring, responsive and well led) and the CQC key lines of enquiry. The last audit had identified that improvements were needed with staff training because not all staff were in date with their mandatory training. Following the audit an action plan had been put in place to address the shortfall. The registered provider had implemented a training plan and electronic staff training

records which alerted when training was due to be repeated.

Any accident, incidents or complaints received were logged. The details leading up to the events were analysed in order to identify any themes. This meant the service had the opportunity to prevent reoccurrences and to make improvements where possible.

The registered provider and care manager were both aware when notifications had to be sent in to CQC. These notifications would tell us about any events that had happened in the service. We use this information to monitor the service and to check how any events had been handled. In the previous year two notifications had been submitted and to CQC and both events had been handled appropriately.

The service undertook regular satisfaction surveys but found that people tended to only tick the boxes and not provide additional comments. As a result of this the service now used a complaints and compliments card. These cards enabled people to tell the service what was going well and what people were not happy with. In July 2015, 20 people had returned completed cards. Where suggestions had been made on these cards actions had been taken.

All policies and procedures were kept under review to ensure they remained up to date and appropriate. All care workers were provided with a copy of the staff handbook on a memory stick. This held key policies such as safeguarding, medicine administration, infection control and health & safety, and moving and handling. We were told all care workers had recently been issued with a copy of the professional boundaries policy. Staff we spoke with confirmed this.

Staff meetings were held regularly and care workers were able to call in to the office at any time. Care workers felt these meetings were important so they could meet up with their colleagues and the office staff. The registered provider, care manager, coordinator and supervisor had a weekly meeting in order to discuss how things were going.