

TimRowlandJones Limited

Bluebird Care (Bath & North East Somerset)

Inspection report

Kingston House
Pierrepont
Bath
Somerset
BA1 1LA

Tel: 01225445225
Website: www.bluebirdcare.co.uk

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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 took place on 22 July 2016. We gave the registered manager 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be available at the office.

Bluebird Care provides personal care and support to older people who live own their own homes. At the time of our inspection there were 70 people receiving personal care with a variety of care needs, including people living with dementia

At the last inspection of the service in 28 February 2014 we found the service was meeting the regulations.

There was a no registered manager in post. However, there was and an acting manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were complimentary about the care and support they received. People spoke highly about the care staff. They valued having care workers who were consistent and with whom they had built relationships. People and their relatives spoke positively about the skills of the care workers and felt staff were efficient and well trained.

We found the service had suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse. Recruitment records demonstrated that staff had been safely and effectively recruited.

Staff had received training in subjects such as safeguarding, moving and handling, medication, dementia, nutrition and health and safety. Each member of staff we spoke with told us they were happy with the training and support available to them.

There was a positive caring culture, which was promoted by the manager. Staff were passionate about providing high quality care and enjoyed caring for people. Care workers felt supported by the manager, describing them as approachable and supportive.

People had support plans in place which captured people's histories and how people preferred their assessed needs to be met. The details in the support plans identified how people's condition would be managed and the medicine administration records (MAR) contained information for care staff on how to manage medicines safely.

Staff had developed good relationships with people and were knowledgeable about the person they

supported enabling them to provide care tailored to the person.

The manager and staff members demonstrated a good understanding of the Mental Capacity Act (MCA) and provided examples of when consideration had been given to the legislation in reaching best interest decisions.

Quality checking systems were robust. The manager had undertaken audits in regards to the practices and records at the service to ensure people were receiving safe care. We found that these were effective. The manager had also consistently developed action plans to show how issues identified in audits were being addressed and monitored. The manager demonstrated a commitment to address any issues identified in a planned and structured way.

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.

Risk assessments were completed to assess people's needs to support care being provided safely.

Medicines were managed safely.

Staff were recruited safely

Is the service effective?

Good ●

The service was effective.

Staff had received training in relation to the Mental Capacity Act 2005 (MCA) and knew their roles and responsibilities and how to support people's rights to make decisions for themselves.

Staff had regular supervision and appraisals. People received care from staff that were skilled and trained to deliver care.

People were supported to eat and drink and to maintain a balanced diet

Is the service caring?

Good ●

The service was caring.

People and their relatives were complimentary about the care provided.

People told us that staff were caring and respected their privacy and dignity.

Staff had developed positive relationships with people and had a good understanding of their needs.

Is the service responsive?

Good ●

The service was responsive

People's support plans were person centred and care staff

responded when people's needs changed to ensure they continued to receive the care they needed.

People felt involved in decisions about their care and told us they had the information they needed before receiving care.

People and relatives said they knew how to raise any concerns and were confident that these would be addressed.

Is the service well-led?

Good ●

The service was well- led.

There was a caring culture at the service and the views of people were listened to and acted on.

People and their relatives spoke highly of the manager and felt they were approachable, responsive and professional.

Staff felt supported by the manager and told us they had the information they needed.

Bluebird Care (Bath & North East Somerset)

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an inspection of Bluebird Care Bath and North East Somerset on 22 July 2016. The inspection was undertaken by one inspector.

Before the inspection, the provider 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. Our review of this information prior to our inspection enabled us to ensure that we were aware of, and could address any potential areas of concern and areas that had been done well.

We visited two people receiving support at their home and spoke to two people's relatives. This enabled us to hear what people had to say about the service.

During our inspection we spoke with the manager and six staff members.

We reviewed six people's care plans and daily records to see how their care and support was planned and delivered. We looked at various documentation including three staff personnel files. We looked at other records related to people's care and how the service operated. These included the staff "run" sheets. These showed the support people were to receive and at what times, the medication records and the processes for managing complaints. We also looked at staff recruitment records and the service's quality records which included audits, notes of staff meeting, supervision notes and the training matrix.

After the inspection we spoke with eight people who used the service and two relatives on the phone. We also contacted three health and social care professionals involved with the service.

Is the service safe?

Our findings

People told us they felt safe. One person who used the service told us "the ones that come here are very experienced to keep me safe. They know me and I know them very well". Another person said "I feel safe with staff because I get to know them very well especially those who have been caring for me for a long time".

Relatives told us they didn't have concerns for their family member's safety. One relative said, "They all look after my relative well/ I am confident they look after (person) safely. They never send two learners together; they always have someone who is experienced. All the girls that come here are very experienced." Another relative told us, "I don't have any concerns about [person] safety. We are not concerned if we are not at home. We know that mum is safe with them".

We found suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse. We looked at the service safeguarding adult's policy and saw how the service managed safeguarding concerns. We found that all the staff members had completed training in safeguarding vulnerable adults and were given a staff handbook on induction. This had information on signs of abuse and what to do in the event that they had concerns. Staff spoken with were able to identify types of abuse and provided examples of safeguarding concerns that they had raised with the manager. One staff member told us about how they were concerned about the safety of a person getting in and out of bed. They reported it to the manager and the person was provided a new bed to reduce the risk of harm. Another staff member told us "I witnessed a personal carer from another company shouting at a person. I reported it to the manager and they took action immediately".

Risks to people's health and safety were appropriately assessed and there were actions in place to reduce the risks. The manager told us that they or the care supervisor had visited each person's property prior to a care package commencing and identified the risks. The care files we looked at showed that risk assessments in each of the care files were completed. For example, two people were identified in their care plan as requiring hoists for transfers from bed to chair to and another person required a walking aid to mobilise around the home. The risks relating to people's safety were assessed. There was guidance in place for staff in people's care plan on how they should be supported to keep them safe.

Staff we spoke with told us that they felt there were enough staff employed to meet people's needs and keep people safe. They also said they had sufficient time to provide care and support safely. One staff member told us, "They make sure we have the time for travel between visits so we are not rushing from one person to the next." Another staff member told us "Sometimes it is a bit tight but we do get round it. We always let the person or their relative know if we are going to be late" One person who used the service told us "I have never missed any call. Staff are always on time". One relative told us "Generally they are on time but if there is a problem or they are going to be late they always let me know". One person told us they had missed one call but that this was when Bluebird Care first took over their care. The person told us "I called the office and they sent another staff to me as quickly as they could". The manager told us it was due to an administrative error and that it had never happened again

Staff members told us that staff absences and sickness were covered from within the staff team and they worked together to meet people's needs, changing their rounds or using other care staff in the office who have been introduced to the person to ensure consistency and continuity of care. The manager felt they had enough staff to cover the care packages they already had and would not take on new packages unless they had the staff. The manager also informed us that they would not hesitate to cap the number of people they could support to ensure they could provide personalised care based on people's needs.

The manager informed us that people's visits were monitored using a call monitoring sheet that staff signed on arrival and upon leaving people's homes to log time of arrival and time of departure for every visit. This ensured care workers maintained the correct time schedule and carried out all visits. The service had introduced a new system called the PASS system with I-connect. This would register the arrival and departure of all staff members to the person's house. We were told that it would also up-date the rota with any changes, automatically on staff member's phone, thereby ensuring they have immediate access to any changes in their rota. It is a real time system that the carer can complete the daily record on the system which will link with the office. Therefore, the office would know about any changes quickly. This would be monitored by the registered manager to ensure people had received their care package as planned.

Staff recruitment records files we viewed showed that recruitment checks were undertaken before staff began work. This included a Disclosure and Barring (DBS) check (to check for any criminal convictions), full employment history, interview notes and references. This reduced the risk of unsuitable staff being employed to support people who used the service. The manager told us that if there were concerns about staff practices, they were investigated and disciplinary processes followed if necessary.

People received their medicines as required and care workers knew how to manage medicines safely. Some people told us they managed their own medicines and some needed staff support. One person told us "I can manage my own medicine. I am happy". The manager told us staff members did not administer medicines to people unless they had received training and had been assessed as competent. A staff member told us they felt the medication training was sufficient for them to understand what they were required to do and manage medicines safely. The manager told us they monitored staff members to make sure they followed the correct procedures. Staff were then required to complete further training and competency assessments to reduce the risk of mistakes or errors. We noted the medicine administration records had been completed correctly to show where people had taken medicines or declined them.

We found that all the medication prescribed 'as required' was accompanied by information to guide staff on how and when to give them. Recording this information ensured people were given their medication safely and consistently at all times.

Is the service effective?

Our findings

People who used the service and their relatives told us they felt that staff had received good training to meet people's needs. One person who used the service told us "I feel that staff receive good training. They know exactly what they are doing. They read the care plan and anything they are not sure of, they call the office and ask me too". Another person told us "The staff are experienced. They know what they are doing. They are all very experienced. I think they are all brilliant". One relative told us "Yes I think the staff receive good training by the way they look after (person). It is a complete opposite from the previous agency we used".

Staff received training and professional development to ensure they were fully supported and qualified to undertake their roles. We found all new members of staff had undergone a comprehensive induction programme, which was designed to welcome them to the service and support them during their probationary period of three months. One care worker told us, "I had a really good induction. We spent some days in the office learning different things like manual handling, safeguarding people from abuse dementia training, food hygiene, I also shadowed a senior for two weeks and I read people's support plans and did not start until I felt comfortable before providing support on my own".

Staff told us and we saw there was a programme of training, which included mandatory training, such as dementia, safeguarding, medication, food safety and nutrition, moving and handling, infection control and fire safety. We reviewed training records, which were up to date. We found that refresher training courses were scheduled to allow staff to develop their skills and knowledge. Staff also told us they were able to access individual specific training to help them effectively support people with particular needs such as diabetes and motor neurone disease.

Staff received on-going support and professional development to assist them in their role. The manager told us that staff received monthly supervision and an annual appraisal. We saw copies of supervision records and staff we spoke with confirmed they received supervision and told us it was an opportunity to discuss their role and any concerns. One care worker told us, "We have supervision regularly, about every month month. I can also see the manager anytime so I would raise any concerns with them then."

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. The application needs to be made to the Court of Protection for people living in their own home. At the time of our visit there was nobody receiving support that was subject to a court order.

The manager had completed training in MCA and demonstrated a good understanding of the Mental Capacity Act (2005). Staff had received MCA training delivered by the training manager who had undergone train the trainer training to enable them to train the staff in a variety of topics. The staff members spoken

with demonstrated a good understanding of the Mental Capacity Act. One staff member told us, "You don't say that someone has no mental capacity to make their own decisions unless they have been assessed". This shows that staff understood MCA and its implications.

We asked staff to explain how they sought consent from people when providing support. They told us, "I talk to the person I'm supporting. I ask the person before doing anything and seek the person's or their family's agreement. The people we spoke with told us the staff always asked for their consent before doing anything. One person said "They don't do anything without asking me first". This showed that staff undertook the importance of obtaining consent before providing care and support to people who used the service.

We looked at how the service supported people to maintain a balanced diet. Support plans contained guidance on the support each person required in respect of food, drink and nutrition. People were supported to obtain their own shopping and exercise choice regarding the foods they purchased. One person told us, "They check to make sure I have all I need and they cook whatever I ask them to cook. People and their relatives did not raise any issues regarding people's nutritional needs. One staff member told us "I always make sure we cook what people likes us to cook and leave a drink for them close by before I leave the house. Another staff member told us "sometimes I cook the food from scratch depending on what they want to eat, other times I prepare the readymade meals".

Staff members we spoke with gave examples of how they had supported people with their health needs. They told us they would report concerns to the office or contacted GP surgeries to alert healthcare professionals of a change in a person's health. They also told us the action that they would had taken themselves when the concerns were more serious or life threatening. This involved calling the emergency services for assistance. Staff also told us that there was a communication system in place where they recorded information about people's health to alert family members or the next staff member of information that was important. This enabled care workers to monitor people's health effectively.

Is the service caring?

Our findings

We received comments from people who told us the continuity of care workers ensured the formation of good relationships between people and care workers. A relative said, "I am very happy with (person) care. The carers are friendly and caring. I have every confidence in them. They care for (person) as I would. It's the same carers and they know [person] well and it helps". Another relative told us "The carers are very good kind and caring". People who used the service told us they were happy with their care. One person told us "I am very happy with my carers; they are good to me and look after me well". Another person told us "I am always having different carers but they are very good and really a big help to me and we get on very well. I am very happy with the carers." Another person said "Very kind and compassionate. They will do anything you ask them to do and "They are excellent they do what they need to do". Other comments included "The carers are very good, very nice, very caring" and very pleasant, very polite and organised"

Staff told us that they would sometimes do extras for people or just sit and chat with people in their own time. This was because they enjoyed spending time with people and felt that it made a positive difference to people's lives. One person we spoke with told us, "The staff are exceptional. They go beyond what they're supposed to do to help us".

One staff member told us, "When I visit the person, I always look at the care plan before providing care. I always give them the choice to tell me what they like done as long as it is within the care plan." A relative told us, "They always give (person) choices. They ask and let (person) decide what they would like to do".

People who used the service said that staff supported them to be as independent as possible. Staff were also able to describe how they tried to encourage people to do things for themselves. One person told us, "When I'm getting ready, they ask if I'd like help. I can do some things so they just help me where needed. For example, they help me with my stockings" A care worker told us, "I always let people do what they can do for themselves before helping them. I assist if I see that they are struggling but it is important to let people do what they can do for themselves. It promotes confidence"

People told us that staff respected their privacy and dignity. One person told us "They close the door and shut the curtains when they are helping me. I can do most things for myself so they wait outside the door and I will call them when I need them. They are very respectful". Staff members we spoke with described how they respected people's privacy and dignity and acted in accordance with people's wishes. One care worker told us, "I always knock on the door before going in to support someone. I close the door and curtains before supporting someone with their personal care." One relative told us, "The agency always makes sure that a male care worker provides personal care to my relative to preserve and their assist in maintaining people's dignity." Staff members spoke positively about the support they were providing and felt they had developed good working relations with people they cared for.

Staff members were aware of the need to maintain confidentiality. They described the importance of not sharing information with anyone else without permission. One staff told us "I will never share people's information to unauthorised persons" Staff members told us their induction included customer care and

maintaining confidentiality of information.

Is the service responsive?

Our findings

The manager told us the service received referrals through social services and self-referrals from the person or their relative to request support. The process for assessment in both instances involved the manager or the care supervisor from the service visiting the prospective service user to carry out an assessment of their health and personal care needs. One relative we spoke with told us they were visited at home by the care supervisor had to carry out a pre-service assessment for their family member before receive support from the service. We saw from the care files we looked at that the local authority had provided the service with an assessment and a care plan for the individual. The information provided by the local authority and the information gained from the agency's initial assessment of the person, was then used to develop the support plan.

Support plans we viewed were detailed and person centred. The care plans we looked at contained information that was specific to the individual. For example, one care plans stated the person required assistance with their mobility. There was information recorded about the assistance that was required to support the persons to meet their needs as required.

We found in the care files that we looked at that there was detailed information about people's personal histories to inform personalised care. There was an accurate record of what people's personal choices and preferences were in the support plan. We found background information about people was completed; This meant that when staff referred to the support plans, they could be able to obtain information of how to deliver person centred care, because the specific information was available for them to refer to.

People told us that the care workers met their needs. We saw that staff had a good understanding of, and were knowledgeable about people's individual needs. They were able to tell us about people and what their care and support needs were. They were also able to tell us what was important to individual people.

People and relatives told us they were involved in making decisions about their care and were listened to by the service. They told us they had been involved in determining the care they needed and had been consulted and involved in reviews of care. Staff members we spoke with knew the meaning of providing 'person-centred care'. They told us that it was about making sure people were involved in the planning of their care and being treated as individuals, each with personalised care plans that meet their needs. Staff demonstrated they knew people who used the service well. Staff we spoke with told us "We are committed to providing high quality care and support to people".

Staff members told us that they often supported people to access the community and to pursue hobbies or interests. One person told us they were supported to go shopping and another person had been supported to go out for lunch. One staff told us "As long as it is in the care plan we do it". This helped minimise the risk of social isolation for people.

Staff members were responsive to people's changing needs. Staff members told us If a they noticed

someone's care needs had increased or they needed more help than had been allocated they told us they would report this to the manager who in turn discussed this with social workers regarding the amount of care time allocated. One care worker told us, "If we notice that that a person needs more hours, we record it and let the manager or the office know so that it could be discussed at the review."

We found that the people and their relatives had been regularly asked for their views about the service. Results of the satisfaction survey showed that 86.9% responded. The results showed that they were all satisfied with all aspects of the service and care workers. Some of the feedback obtained from relatives who completed the survey included, "Staff are caring, compassionate and experienced. They treat [person] with respect and dignity, giving them the opportunity to use their skills when appropriate, but are always there to help when needed. Staff arrive on time. We received information guide before we started receiving care."

People were given information when they started to use the service. Information about how to make a complaint was attached to the service user guide that each person who used the service was given. People we spoke with told us, "I have received the information on how to make a complaint but have no complaint" "I will let the office know if I have any concerns and I know it would be resolved quickly." "A relative told us "We are satisfied with (persons) care we have no complaints"

We saw the service had complaints policy and procedure and it was current. The service had received 12 complaints between 10 March 2015 and 22 June 2016. The complaints had been followed up and feedback given to people. This demonstrated the manager was proactive in responding to complaints about the service.

Is the service well-led?

Our findings

A registered manager was not in post at the time of inspection. 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. The current manager had assumed post on February 2016 and had commenced the application process with us to become the registered manager of Bluebird Care Bath and North East Somerset.

Both staff and people who used the service spoke positively about the manager. One member of staff told us, "They are approachable, have an open door policy and encourage feedback. Since the new manager took over us (staff) are much happier" I am very happy with my job. Another member of staff told us, "Happy to discuss any issues with the manager. Very approachable" People told us "the manager is very good. They have been around a few times. I can always ring the office if I have any concerns".

Staff members spoken with told us communication throughout the team, including with the manager was good. They felt supported to raise any concerns or discuss people's care at any time. The staff told us they had a stable team meaning continuity of care for people who received support.

The staff were aware of their roles and responsibilities and received regular feedback on their work performance through regular supervision. This ensured that management would be aware of any shortfalls in staff performance and could offer advice where necessary. Staff told us that they felt valued and were encouraged to contribute any ideas they may have for improving the service. Staff members told us that staff meetings happened regularly and they felt free to express their views and concerns. This meant that there was an open culture in which the care staff could discuss issues with management. We saw the record of the meeting in April, June and July 2016. Issues discussed included confidentiality, visit call times, dress codes, professional boundaries and medication changes.

The provider had internal quality checking processes in place. We saw that, the quality checking processes had been followed with an action plan when discrepancies had been identified. For example medication errors were followed up with extra training for the staff member involved.

The service had a continuous improvement plan from July 2016. The document described how they could communicate with staff even better through staff supervision and support, how they could coordinate the service they provide even better. It also included how they could make the systems they used even better for the benefit of the people who used the service and the staff members. This showed the manager's commitment to improving the service in a planned and structured way.

Policies and procedures were available and up to date. For example, whistleblowing policy. Staff we spoke with gave us a good account of what they would do if they learnt of or witnessed bad practice. One staff member said, "If I saw something I was concerned about I would not hesitate to report it". This showed that staff knew of processes they should follow if they had concerns or witnessed bad practice and had

confidence to report them to the registered manager.

A new call system was being introduced within the service to monitor the times care staff arrived at and left peoples' home. This system enabled the manager to monitor whether people were receiving the support they were contracted to receive.

The manager and staff we spoke with told us that the vision and values of the organisation was to provide high quality care 'The type I would want for my family'. For staff to be able to provide high quality of care with good standards. Other comments from staff included "To maintain independence, person centred care that is tailored to individual needs not one size fits all".

Health and social care professionals we spoke with told us they were satisfied with the service provides to people they were involved with. Comments we received included "They are always thorough and excellent. They give people extra especially if they are poorly. There has never been any concerns. All feedback we receive from the people using the service are positive. When we send them care plans, they always ask questions and they always do a home visit or hospital visit before they take on a package. We are really happy with the agency".

Another comment was "When they looked a very complex care they kept us informed about the care package. Their documentation was very good. The cares were very well trained. Good risk assessments and assessment undertaken before they took on a package. I was very impressed with the care they provided. I will use them again and will not hesitate to recommend them. They are brilliant". And "Neither I nor my colleagues can think of any specific problems with Bluebird Care Bath and North East Somerset and I would say that the management have always been keen to help and address any questions and to meet the needs of the patients as far as possible".

Providers are required by law to notify CQC of certain events in the service such as serious injuries, deaths and deprivation of liberty safeguard applications. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service.