

A.C Sika Limited

Bluebird Care (Thurrock & Castle Point)

Inspection report

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Date of inspection visit:

04 September 2017

08 November 2017

09 November 2017

Date of publication:

06 December 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Bluebird Care (Thurrock and Castlepoint) provides personal care and support to people in their own homes. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. It provides a service to older people and younger disabled adults.

The inspection was carried out on 4 September, 8 and 9 November 2017. At the time of the inspection there were 29 people who used the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had a good understanding and knowledge of safeguarding procedures and were clear about the actions they would take to protect the people they supported. Risks to people's health and wellbeing were appropriately assessed and managed to ensure their safety.

There were sufficient numbers of staff available to meet people's needs. Appropriate recruitment checks were in place which helped to protect people and ensure staff were suitable to work at the service. Staff told us they felt well supported in their role and were supervised at regular intervals.

Support plans were sufficiently detailed and provided an accurate description of people's care and support needs. People were supported to maintain good healthcare and had access to a range of healthcare services. People were supported to be able to eat and drink satisfactory amounts to meet their nutritional and hydration needs.

Staff understood the requirements of the Mental Capacity Act 2005. Staff demonstrated how to apply the principles of this legislation to their everyday practice and to help ensure that people's rights were protected.

People were treated with kindness and respect by staff. Staff understood people's needs and provided care and support accordingly. Staff had a good relationship and rapport with the people they supported. People told us they were treated with respect and dignity.

An effective system was available to respond to complaints and concerns. The provider's quality assurance arrangements ensured they provided a good quality service and to meet regulatory requirements.

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 provider had systems in place to safeguard people using the service and to ensure that people were protected from abuse.

Appropriate arrangements were in place for managing risk and risk assessments were proportionate and centred around the needs of the individual person.

There was enough staff available to meet people's needs safely.

Medicines management was safe for people using the service.

Good ●

Is the service effective?

The service was effective.

People were well cared for and supported by staff that were well trained and had the right knowledge and skills to carry out their roles effectively.

Staff had a knowledge and understanding of the Mental Capacity Act 2005 and understood the key requirements.

People's nutritional care needs were well supported by staff, so as to ensure that they received sufficient nutrition and hydration.

Good ●

Is the service caring?

The service was caring.

People were provided with care and support that was personalised to their individual needs.

Staff understood people's care and support needs and responded appropriately so as to ensure that these were met.

The provider had arrangements in place to promote people's dignity and to treat them with respect.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Staff were responsive to people's care and support needs.

People's support plans were detailed to enable staff to deliver care and support that met people's individual needs.

People were confident to raise any concerns and were assured that these would be taken seriously, explored and responded to in good time if the need arose.

Is the service well-led?

The service was well-led.

The management team were clear about their roles, responsibility and accountability and staff felt supported by the manager.

There was a positive culture that was open and inclusive. The provider had effective systems in place to monitor and assess the quality of the service provided.

Good ●

Bluebird Care (Thurrock & Castle Point)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection to the domiciliary care agency office took place on 4 September 2017 and telephone calls were made to people who use the service and those acting on their behalf and staff on 8 and 9 November 2017. The inspection was announced and the provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one inspector.

Before our inspection we reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and registered manager are required to notify us about by law.

We spoke with six people who used the service, two people's relatives, the registered manager and the registered provider. We spoke with four members of staff in relation to their employment at the service.

We reviewed five people's support plans and support records. We looked at the service's staff support records for five members of staff. We also looked at the service's arrangements for the management of medicines, complaints, compliments, safeguarding information and the provider's quality monitoring and audit information.

Is the service safe?

Our findings

At our last inspection of the service in July 2016 and August 2016, improvements were required in relation to medicines management as people had not always received their medication as prescribed. The provider shared with us their action plan in September 2016 and this provided detail of actions they planned to take to meet the required improvements. At this inspection we found that the required improvements in relation to medicines management had been made.

People's feedback about the safety of the service was confident and they told us they felt safe. One person told us when asked if they were safe? "Definitely, I am safe. I have no concerns at all." Another person told us, "I am safe and have no concerns about the girls who visit me." Relatives told us they were confident that their member of family was kept safe at all times. Some people told us they had signed up to have a dedicated 'Careline' service and this made them feel safer and better protected in their own home. Careline is run by an external organisation and provides a responsive service to people living in their own homes where they require medical attention or emergency assistance.

People were protected from the risk of abuse. Staff had received safeguarding training and this was up-to-date. Staff were able to demonstrate a good understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety. Staff told us they would not hesitate to raise a safeguarding alert if they suspected abuse and demonstrated an awareness of whistleblowing procedures. This showed that staff were confident and knew what to do if safeguarding concerns were raised and followed the provider's policies and procedures.

Risk assessments were in place and information recorded within people's support plans identified risks associated with individual's care and support needs. These related to people's manual handling needs, where people were at risk of falls, environmental risks to ensure people's and staff's safety and wellbeing and medication. Staff were aware of people's individual risks and how to help keep them safe. This showed that people's individual risks were assessed and staff knew how to keep people as safe as possible.

Suitable arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records for five members of staff showed that the provider had operated a thorough recruitment procedure in line with their policy and procedure. Relevant checks were carried out before a new member of staff started working at the service. These included the attainment of references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service [DBS], processing applications and conducting employment interviews. This showed that staff employed had had the appropriate checks to ensure they were suitable to work with people using the service.

People told us there were always sufficient numbers of staff available to provide the care and support as detailed within their support plan. People told us that staff stayed for the full amount of time allocated so as to ensure care tasks had been completed and to meet the person's comfort needs. People and those acting on their behalf confirmed there had not been any missed calls. People told us that where staff were running

late, on most occasions this was no more than 15 to 20 minutes and this did not impact on the quality of the care and support provided.

People told us they received their medication as prescribed. Information within people's individual care plans was apparent and specified which people required their medication to be administered, who required their medication to be prompted and who had their medication administered by family members. We looked at the records for four people as part of the inspection process. Records showed that people had received their medication as they should and these were kept in good order.

Is the service effective?

Our findings

Staff told us that the provider had a positive attitude towards training. Appropriate arrangements were in place to ensure that staff received suitable training at regular intervals so that they could meet the needs and preferences of the people they cared for and supported. Staff training records viewed showed that staff had received mandatory training in line with the provider's expectations in key areas and the majority of training was up-to-date.

Staff received an induction comprising of training in key areas appropriate to the needs of the people they supported and an introduction to the 'Bluebird' franchise and organisation. In addition to this staff were given the opportunity to shadow a more experienced member of staff depending on their level of experience and competence. Furthermore, staff were required to undertake and complete the Skills for Care 'Care Certificate' or an equivalent robust induction programme. This was confirmed as accurate from our discussions with staff.

Supervisions had been completed on a regular basis allowing staff the time to express their views and reflect on their practice. These comprised of face-to-face meetings and 'spot check visits.' The latter is where the provider's representative calls at a person's home just before or during a visit by a member of care staff. This is so that they can observe the member of staff as they go about their duties and ensure that they are meeting their standards and expectations.

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. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff employed at the service had received Mental Capacity Act 2005 (MCA) training. Staff were able to demonstrate an understanding of the requirements of the Mental Capacity Act 2005 and what this meant for people using the service.

Where staff were involved in people's nutritional support they did so as required to meet people's needs. People told us that staff supported them as needed with meal preparation and the provision of drinks and snacks throughout the day. This was confirmed by staff spoken with.

Where appropriate people had access to health professionals as required. People told us that if there were concerns about their healthcare needs they would initially discuss these with their family member or a member of staff. The management team told us that if staff were concerned about a person's health and wellbeing they would be relay any concern to their supervisor or the manager for escalation and action.

Is the service caring?

Our findings

People told us that they were treated with care, kindness and compassion. One person told us, "The girls are absolutely brilliant, can't say more than that." Another person told us, "The staff are really good and the support I receive meets my needs very well." When asked if they would recommend the service to others, all but one person confirmed they would not hesitate. People and those acting on their behalf told us they had a good rapport and relationship with the staff who supported them. Relatives confirmed that they were happy with the care and support provided for their member of family.

Staff understood people's care needs and the things that were important to them in their lives, for example, members of their family and their individual personal preferences. People were encouraged to make day-to-day choices and their independence was promoted and encouraged where appropriate and according to their abilities and strengths. For example, where appropriate people were encouraged to maintain their independence with eating and drinking and with aspects of their personal care. This showed that people were empowered to retain their independence where appropriate according to their needs and abilities.

People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support to be provided. People had been given the opportunity to provide feedback about the service through their involvement in the assessment process and where appropriate had signed to state that they agreed with the content of the support plan.

People told us that their personal care and support was provided in a way which maintained their privacy and dignity. They told us that the care and support was provided in the least intrusive way and that they were always treated with courtesy and respect. Staff were able to demonstrate a good understanding and awareness of what respect and dignity meant to them in their everyday practice. People told us that although staff used the 'key safe' to gain entry to people's homes, staff always shouted out to them to let them know they were entering. People told us that staff used the term of address favoured by the individual when communicating with them. In addition, people told us that they were supported to maintain their personal appearance, so as to ensure their self-esteem and sense of self-worth.

Is the service responsive?

Our findings

People told us that they received good personalised care that was responsive to their needs.

The registered manager told us that recommendations and referrals to the service were made by the Local Authority or Clinical Commissioning Group [CCG]. An initial assessment was completed by the Local Authority and CCG and this was used to inform the person's support plan. People told us and records confirmed that as much as possible, they or those acting on their behalf had been involved in the assessment process. Referrals and enquiries were also received by the service from people wishing to contract privately through direct payments with the organisation.

Support plans covered all aspects of a person's individual circumstances and needs. This included the level of support required, the number of staff required to provide support each visit, the length of time for each visit, call time preferences and additional duties and tasks to be undertaken. Records also showed that key assessments relating to health and safety, medication, moving and handling and the environment were completed. There was evidence to show that the content of the support plans had been agreed with the person who used the service or those acting on their behalf. We found that staff employed at the service were knowledgeable and had a good understanding about the needs of the people they supported. Staff confirmed that information about a person was readily available for them to access both digitally and in a written format.

Suitable arrangements were in place to ensure people using the service and those acting on their behalf were aware of the complaints system. We found that suitable arrangements were in place for people if they had a concern or were not happy with the service provided to them. Guidance on how to make a complaint was given to people when they first started using the service. This included the stages and timescales for the process. People spoken with confirmed they knew who to approach if they had any concerns or complaints and were confident these would be acted upon. One person told us, "I have not had the need to make a complaint." Another person told us, "I am confident that they [the service] would listen to what I had to say and do something about it."

Is the service well-led?

Our findings

Staff told us that they felt valued and supported by the management team. They told us that the registered manager was approachable and there was an 'open and inclusive culture' at the service. Staff confirmed they enjoyed working at the service, that communication was good and that they felt listened to.

We found that arrangements were in place to assess and monitor the quality of the service provided. The registered manager told us that information was collected and recorded in a variety of ways. The registered manager confirmed and records showed that people's support plans were reviewed at regular intervals so as to ensure the information contained within these remained appropriate. Additionally, people's Medication Administration Records [MAR] and daily record sheets were also audited and analysed at periodic intervals so as to ensure that information recorded was appropriate and any gaps or concerns could be dealt with and addressed at the earliest opportunity. The registered manager told us this helped them to drive improvement and to ensure that the service delivered a good level of care. In addition to this, monitoring arrangements were also completed in relation to missed and late calls, medication errors and accidents and incidents.

The monitoring of staff was completed through the provider's formal supervision and 'spot visit' arrangements. Records were maintained in relation to the topics discussed and the outcomes of the 'spot visits' undertaken. The registered manager confirmed that people using the service and those acting on their behalf were given the opportunity to provide feedback to the provider about the quality of the service delivered. Information viewed in relation to the latter was positive and suggested that people were happy with the care and support they received.

In addition to the above, in June 2017, people using the service, those acting on their behalf and staff were sent a questionnaire to complete so as to be given the opportunity to provide feedback to the provider about the quality of the service delivered and what it was like to work for the organisation. The majority of comments were positive and where comments relating to improvements had been recorded, the registered manager confirmed that these were being addressed.

The provider had initiatives to reward staff for their hard work and loyalty. For example, there was 'carer of the month' and if a member of staff recommended a friend and they were successfully appointed and completed their probation, they received a small financial award.