

SL Assist Ltd

Bluebird Care (Stafford)

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

We inspected this service on 10 March 2017. This inspection was announced. This meant the provider and staff knew we would be visiting the service's office before we arrived. There were 57 people in receipt of personal care support at the time of this inspection visit. This was the first inspection since the provider's registration on the 4 January 2016.

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.

People received their calls as agreed and in general from a consistent staff team. People were protected from abuse as staff understood what constituted abuse or poor practice and their role in reporting concerns. The provider had systems and processes in place to protect people from the risk of harm. Checks on staff were done before they started work to ensure they were suitable to support people. Medicines were managed safely and people were supported to take their medicine when needed. Checks were done on the equipment people used to ensure it was safe.

People were supported by staff that received training to develop their skills and safely support the people they worked with. Staff were provided with supervision by the management team to monitor their conduct and support their professional development. Staff supported people to make their own decisions. When people were unable to consent, assessments had been undertaken regarding those specific decisions to ensure they were made in their best interests and with the involvement of their family and friends. The delivery of care was tailored to meet people's individual needs and preferences.

People's needs were assessed and care plans were developed with them to direct staff on how to support them in their preferred way. When needed people were supported to maintain their dietary requirements and preferences and to access healthcare services.

Quality monitoring checks were completed by the registered manager and provider and when needed action was taken to make improvements. The provider sought the opinions of people and their representatives to bring about improvements. The provider understood their responsibilities around registration with us. Staff were supported in their job and had opportunities to give their views. People knew how to complain and we saw when complaints were made these were addressed.

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.

Staff understood how to keep people safe and protect them from harm. Risks to people's health and welfare were assessed and actions to minimise risks were recorded in people's care plans and implemented. People were supported to take their medicines as needed. The provider ensured there were sufficient, suitably recruited staff to support people.

Is the service effective?

Good ●

The service was effective.

People's consent was sought regarding the care they received. Where people were unable to consent assessments had been undertaken to demonstrate this and decisions were made in their best interests. People were supported by staff that received the right training and support. People were supported to eat and drink enough to maintain their health, and staff monitored people's health to ensure any changing needs were met.

Is the service caring?

Good ●

The service was caring.

People were supported by staff in a caring way and encouraged to maintain their independence. People were treated with respect and their dignity and privacy was respected.

Is the service responsive?

Good ●

The service was responsive.

The support people received was tailored to meet their needs and preferences. The provider's complaints policy and procedure was accessible to people and their representatives and they were supported to raise any concerns.

Is the service well-led?

Good 

The service was well led

People were encouraged to share their opinion about the quality of the service to drive improvements. The staff were given guidance and support by the management team and understood their roles and responsibilities. Systems were in place to monitor the quality of the service provided.

Bluebird Care (Stafford)

Detailed findings

Background to this inspection

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

This inspection visit took place on 10 March 2017 and was announced. The provider was given four days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office. We also needed to arrange to speak to people who used the service and their relatives as part of this inspection prior to the office visit. The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience did not attend the office base of the service, but spoke by telephone with people who used the service and relatives.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to formulate our inspection plan.

We spoke with eight people who used the service and five relatives. We spoke with four care staff, the registered manager and the director. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for four people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

Is the service safe?

Our findings

People told us they felt safe with the staff that supported them. One person said, "I am definitely safe with the staff." Another person said, "I always feel safe." Relatives also confirmed this. One said, "I think [Name] is very safe with the care staff." Staff knew and understood their responsibilities to keep people safe and protect them from harm. They were aware of the signs to look out for that might mean a person was at risk. Staff knew the procedure to follow if they identified any concerns or if any information was disclosed to them. One member of staff told us, "I have reported concerns to the office a few times and they have acted straightaway and reported to safeguarding." Another member of staff told us about a person living with dementia whose behaviour demonstrated they were not safe to live alone. They said, "I reported my concerns back to the manager who contacted the local authority and the person now lives in residential care as it wasn't safe for them to stay at home." Records showed that staff had undertaken training to support their knowledge and understanding of how to keep people safe. One member of staff told us, "We get safeguarding training which includes whistle blowing; it's done here at the office." Whistle blowing is the process for staff to raise concerns about poor practices. The registered manager understood what incidents needed to be shared with the local authority safeguarding adult's team. The registered manager had made referrals where needed and we had been notified accordingly.

People that used life lines confirmed that staff ensured they were accessible to them before they left, so they could summon help in an emergency situation. One person said, "I have a fob and they always remind me to wear it. I also have a key safe so I am quite safe." We saw there were a variety of risk assessments in place to direct staff on how to minimise risks to people, such as environmental risks within their home and on any equipment needed to support people to move safely. We saw that checks were carried out on equipment to ensure it was maintained and safe to use. This showed us staff had the information available to manage risks to people.

People and their relatives confirmed staff were available to support them as agreed and told us that staff arrived within the agreed time frame for their visit. One person told us, "They arrive on time and stay as long as it takes." Another person said, "The staff stay for the full time and are never late."

The provider checked staff's suitability to deliver personal care before they started work. Staff told us they were unable to start work until all of the required checks had been done. We looked at the recruitment checks in place for three staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. We saw that all the required documentation was in place. This ensured the right staff were recruited to keep people safe.

People told us they received support to take their medicines as prescribed, and in the way they preferred. One person told us, "The staff prompt my relative to take their tablets. There has never been a problem." A system was in place to support people to take their medicines where needed. Medicine care plans were in place which showed the level of support the person needed to take their medicine. This enabled the staff to support the person according to their needs. For those people who required support, a medication

administration record (MAR) was kept in their home which listed their prescribed medicines and when they should be given. We saw that staff recorded when they had supported a person to take their medicine. These records were then returned to the office by staff once completed for the management team to audit.

Is the service effective?

Our findings

Staff had the necessary skills and training to meet people's needs. People we spoke with confirmed that they were happy with the support they received from staff. One person told us, "I think they are very well trained, they're brilliant." A relative said, "The staff are well trained, they are very confident."

Staff told us and we saw that they received the training they needed to support people. One member of staff told us, "The training is very good and after we've had training we are encouraged to go away and learn more on the subject." Another member of staff told us they had completed nationally recognised qualifications in social care. They said "We are supported to develop and gain qualifications. I have a level two diploma and am near the end of completing level three."

We looked at the induction provided to new staff. The registered manager confirmed that new staff received a three month probation period or longer if needed. During probation staff received training and were supervised on a weekly basis, through one to one meetings or observations of the care they provided. The registered manager had developed an induction document called 'My career journey.' This was a pathway that covered the new employee's probation period and incorporated completion of the Care Certificate. The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours, to enable them to provide people with safe, effective, compassionate and high quality care. New staff worked with senior carers who acted as mentors. One mentor carer told us, "The new staff shadow me until they have been signed off as competent." This demonstrated that new staff received the training and support they needed to meet people's needs.

People were cared for by staff that were supported in their role. One member of staff said, "The management are great, they are very supportive. We have supervision meetings and spot checks and team meetings, we are kept informed of any changes." We saw evidence that staff received supervision on a regular basis to monitor their performance and identify their future training and development needs.

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 procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The information in people's assessments and care plans reflected their capacity when they needed support to make decisions. We saw that where people were unable to make decisions independently, they were made in their best interests in accordance with the Act. The staff had received training in MCA and one member of staff told us, "The training was good and reiterated the importance of assuming capacity unless it's clear the person needs support to make decisions. Most people can make decisions with the right

support." Another member of staff said, "When people lack capacity decisions are made in their best interests." People confirmed that staff explained what that were doing and sought their consent before they provided them with personal care. One relative told us, "The staff ask [Name] if it is ok, they are very patient and explain everything." We saw that where they were able people had signed their care package to demonstrate their consent.

Some people were supported with meals and told us they were happy with how this was done. One person told us, "The staff cook my breakfast and leave a sandwich for my lunch. I am sure they write it in the book". Relatives were happy with the support carers provided with meal preparation. One relative told us, "I know they help with meals and leave a drink too."

Where people were supported with food and drink this was recorded as part of their plan of care. People's specific preferences and diets were recorded, to ensure their needs could be met. We saw that care plans were individualised according to the person's needs. For example one person was at risk nutritionally as they would forget to eat and staff prepared their meals for them. We saw that this support had enhanced this person's well-being as they were supported by staff to choose what they wanted to eat and ate the meals prepared for them. Another person received support from staff to manage their weight and eat a healthy balanced diet. We saw that staff monitored what people ate and drank where this was needed, to enable them to alert the person's family or seek professional guidance if they had any concerns.

People's health needs were identified in their care plans and daily records demonstrated that staff monitored this to ensure that appropriate medical intervention could be sought as needed. One relative told us, "The staff have called out the doctor for [Name] when they were unwell." One member of staff said, "The protocol is that if a person appears unwell we ring the office staff and they would call the doctor or the person's family. If it was an emergency we would call 999 and then contact the office." The registered manager told us where people received support from health care professionals such as district nurses, she contacted them each week for a progress update and to identify any actions required by her staff team. This demonstrated that the staff worked with other professionals, to ensure people's needs were met.

Is the service caring?

Our findings

People told us the staff were kind and caring. Comments included, "I am very happy with them, they are like extended family." And "We like them all. They are very helpful." A relative said, "I think the staff are all caring, all lovely and very patient with [Name]."

People told us that staff supported them to main their dignity and privacy. One person said, "They help me shower and respect my privacy when they help me." A relative told us, "They are very good when they help [Name] with personal care and are very respectful of their dignity."

People were supported and encouraged to maintain their independence. One member of staff told us, "We support people to be as independent as they can be and do what they can for themselves." The staff supported one person to compile a shopping list and they were then able to shop for food independently. Another person was supported by staff to shop each day for their meals, which also provided them with some daily exercise.

The registered manager confirmed that when possible they ensured people received their preferred gender of staff. They told us that if they were unable to accommodate a person's preference they informed them before they accepted their care package. This enabled people to choose another agency if they wished to. Most people confirmed their preference in staff gender was met regarding personal care support. One person said, "They asked if I prefer male or female. I told them female and there has never been a problem." Another person told us, "I said I didn't want a male, so they send ladies." One relative told us they had initially wanted female care staff but they were not available for all the calls their family member required. They said, "I have had long discussion about this with the supervisor. They do send a male carer but I have to say he is meticulous. His attention to detail is second to none and [Name] is comfortable with him." This showed people were supported to exercise choice wherever possible.

Is the service responsive?

Our findings

People were supported with a variety of tasks such as support with washing and dressing, preparing meals and taking medicine. People told us that their carers understood their needs and were capable of delivering the service that they required in their preferred way. One person told us, "The staff make me feel very comfortable when they support me." Another person said, "I am very happy with the support I receive. The staff are like friends to me now."

Discussions with people and their care records showed they had been involved in their care and their views had been gained about what was working and any changes they felt were needed. One person told us, "I have a care plan and we are reviewing it next week." A relative told us, "[Name] had a review recently and their care plan was updated."

Staff told us they worked well as a team to ensure people were supported according to their needs and preferences. One member of staff said, "We all work well together. If we need more time on a call we let the office know and they sort it, we don't rush people." People and their relatives confirmed there was good communication from the agency. One person said, "There is always someone in the office and I feel listened to." A relative said, "They are very good they keep me up to date."

People we spoke with were aware of the procedure for making complaints. One person said, "I know how to make a complaint, but have never had any." A complaints procedure was in place and this was included in the information given to people when they started using the service. We saw that when complaints were received they were fully investigated and the actions taken and outcome recorded.

Is the service well-led?

Our findings

A registered manager was in post. People and their relatives told us that they felt the service was managed well. One person said, "From what I have seen it is well managed, they always listen to me." Another person told us, "Nothing could be improved and I would recommend them to anyone." A relative told us, "It seems to be well managed and they make life a lot easier for me."

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. People were encouraged to express their views through a range of methods. This included consultations on a regular monthly basis through individual meetings and by telephone and through annual satisfaction surveys. The results of the annual questionnaire were fed back to people. We saw that in general people were happy with the support they received. Where people had raised any issues these were addressed with them by the registered manager.

People who used the service told us they knew how to contact the office and confirmed that the contact number was in the documentation they had been given. One person told us, "They are all very helpful in the office." A relative said about the on call system, "They are always available in an emergency."

Staff had access to support. A member of staff told us "I just ring the office if there are any problems or the on call out of office hours; they are very good; we are supported really well."

We saw a carer of the month award was in place. The registered manager told us, "It is measured by reflection of work. For example one member of staff had a punctured tyre. They rang and told us they would walk to all their calls and they did. There was no expectation from us for them to do this but they did. They received a bouquet of flowers and a gift voucher." Staff questionnaires had been sent out in 2016. The registered manager told us, "We received positive feedback from the staff. We will send them out again this year to get staff views."

The provider had measures in place to monitor the quality of the service and drive improvement. This included audits of care plans, risk assessments and communication log books. Audits were undertaken of completed medicine records and complaints to enable the management team to identify any errors and make improvements where needed. We saw evidence to show that the management team undertook spot checks on staff practice that looked at staff dress, attitude, time keeping and the support they provided.

Audits of falls records were undertaken to enable the registered manager to identify any patterns or trends and take action where necessary. We saw that two people had recently been referred to health care professionals for reassessment of their mobility due to reoccurring falls. One had been reassessed by the community occupational therapist and alternative equipment provided to support them in walking.

A contingency plan was in place to manage situations such as staff shortages and extreme weather conditions. We saw that this was reviewed on a monthly basis to ensure that in these situations priority

would be given to people that were most vulnerable.

Management meetings were held every Monday for the management team to reflect on the previous week and any actions required. The registered manager confirmed that exit interviews were held with staff when they left employment and told us, "In the past the trend was about the feedback from the office staff to care staff. We have improved on this and retention is now much better." This showed the registered manager recognised the importance of supporting the staff in their role.

We saw the data management systems at the office base ensured only authorised persons had access to records. People's confidential records were kept securely so that only staff could access them. Staff records were kept securely and confidentially by the management team. The provider and registered manager understood the responsibilities of their registration with us. They had reported significant information and events in accordance with the requirements of their registration.