Holistic Health and Support Ltd

Bluebird Care (Cambridge and South Cambs)

Inspection report

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Date of inspection visit: 15 January 2016
Date of publication: 23/02/2016

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

Overall summary

Bluebird Care (Cambridge and South Cambs) provides personal care to people who live in their own homes. There were 65 people using the service when we visited.

This announced inspection took place on 15 January 2016.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Summary of findings

Before the inspection we looked at all of the information that we held about the service. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law.

People's health and personal needs were effectively met. Systems were in place to support people with the management of their medicines. People received their prescribed medicines appropriately.

Staff received training to protect people from harm and they were knowledgeable about reporting any suspected harm. There were a sufficient number of staff available and recruitment procedures ensured that only suitable staff were employed. Risk assessments were in place for people's assessed risks and actions were taken to reduce these risks.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. People's rights to make decisions about their care were respected. Staff were acting in accordance with the Mental Capacity Act 2005 so that people's rights were being promoted.

The provider had procedures in place in relation to the application of the MCA. The registered manager and the staff were knowledgeable about these. They were aware of the circumstances they needed to be aware of if people's mental capacity to make certain decisions about their care changed. Staff we spoke with confirmed they had received training regarding MCA and DoLS.

Staff were supported and received ongoing trained to do their job. The staff were in contact with a range of health care professionals to ensure that care and support was well coordinated. Health professionals we spoke with were complimentary and positive about the service. Risk assessments were in place to ensure that care and support could be safely provided.

People's privacy and dignity were respected and their care and support was provided in a caring and a patient way.

A complaints procedure was in place and complaints had been responded to the satisfaction of the complainant. People felt able to raise concerns with the staff at any time.

The provider had quality assurance processes and procedures in place to monitor the quality and safety of people's care. People and their relatives were able to make suggestions in relation to the support and care provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff were aware of their roles and responsibilities in reducing people's risk of harm.

Recruitment procedures and staffing levels ensured care was provided to meet people's needs.

People were supported with their medicines.

Good

Is the service effective?
The service was effective.

The provider had procedures and training for staff in place regarding the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) so that people were not at risk of unlawful restrictions being placed on them.

Staff felt they were supported by the provider to carry out the expected care and support for people.

People's health and nutritional needs were met.

Good

Is the service caring?
The service was caring.

Care was provided in a caring and respectful way.

People's rights to privacy, dignity and independence were valued.

People were involved in reviewing their care needs and were able to express their views about their needs.

Good

Is the service responsive?
The service was responsive.

People were actively involved in reviewing their care needs and this was carried out on a regular basis.

People were supported to attend medical appointments where appropriate.

People were aware of the complaints procedure and felt confident that their complaint would be dealt with thoroughly.

Good

Is the service well-led?
The service was well-led.

Effective procedures were in place to monitor and review the safety and quality of people's care and support.

Staff were supported and felt able to raise concerns and issues with the registered manager and provider.

Good

Summary of findings

People and staff were involved in the development of the agency, with arrangements in place to listen to what they had to say.

Bluebird Care (Cambridge and South Cambs)

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 took place on 15 January 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and the manager is sometimes out of the office supporting staff or visiting people who use the service and we needed to be sure that they would be in.

The inspection was carried out by 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.

Before the inspection we looked at all of the information that we had about the agency. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law. Before the inspection the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what it does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made judgements in this report.

During the inspection we visited the agency's office and looked at five people's care records, spoke with nine people by telephone and visited three people in their homes. We also spoke with the registered manager, two coordinators and the provider and six care staff. We saw records in relation to the management of the service; care planning, medication, staff recruitment and training. We also spoke with two care managers from the local authority, a community matron, a physiotherapist and an occupational therapist that had regular contact with the agency.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "The care staff look after me very well and I feel safe when they are here." Another person said, "The care is absolutely great – my carer is good and I get on well with her – the care is fantastic and I am happy with Bluebird – the people are so nice – they let me know by phone if they are going to be late."

Staff were aware of their roles and responsibilities in relation to protecting people from harm. They were aware of the procedures to follow and would not hesitate in raising any incidents or concerns with the registered manager. We saw that the contact details for reporting safeguarding incidents to the local authority were displayed in the agency's office. A member of staff we spoke with displayed a good knowledge of the safeguarding reporting procedures and said, "I would always report any incident of harm without hesitation." The registered manager was aware of the notifications they needed to send in to CQC in the event of people being placed at the risk of harm.

Risk assessments were in place and staff were aware of their roles and responsibilities in keeping people safe when they were providing care. Samples of risk assessments included manual handling assessments, assessments of environmental risks and the administration of medicines. We saw that there was a document in the care plans which detailed the level of support required and also whether the person or their family would be responsible for the administration of medicines. People told us that the staff always made sure that they administered or prompted them with their medication as outlined in their care plan. One person said, "They help me with my tablets and they stay with me whilst I take them."

Medication training sessions were provided at induction and refresher training was given annually and staff we spoke with confirmed this. It was noted that staff had to successfully complete training to the required standard before they were able to administer medication to people using the service. Evidence of training was seen in a sample of care staff's training records held in the agency's office. The manager also regularly audited the Medication Administration Recording sheets (MAR) to ensure accurate records were maintained. However, we did note in one person's MAR sheets that some medicines had not been signed for. The registered manager said that this would be followed up and that staff would be reminded of the importance of maintaining accurate records regarding medication to ensure people's safety.

Medication administration competency tests were undertaken with staff and we saw a sample of these in staff personnel files. Additional training would be given to staff whose competency needed to be improved before continuing to administer medication.

People we spoke with said that there were always enough staff to safely provide care and support. Where two care workers were needed this had been recorded in the person's care plan documents to ensure that safe care could be provided.

People we spoke with told us that staff were usually on time for their care visit. However, one person told us that, "The staff are usually on time but that there have been some occasions when staff have been late and I have not always been contacted by the office." Staff told us that they had contacted the office based staff if they were running late to inform the person of any lateness. People that we spoke with said that the agency had not missed any of their care calls.

People we spoke with told us that they usually knew which staff would be visiting but two people said that they were not always told in advance which staff would be providing their care. One person said, "I am very satisfied, they are likeable, but not always on time and I told (office based staff) that I would like to have them earlier at 10:00 instead of 10:30 and (staff) is going to try and get it fixed."

We saw that effective recruitment procedures were in place to ensure that only staff who were suitable to work with vulnerable people were employed. We saw the personnel records of four members of care staff. The staff records we saw showed that there were satisfactory recruitment procedures in place. Recruitment checks included evidence of completed application forms, satisfactory references, proof of identity, and criminal record checks. The registered manager told us that any gaps in employment were pursued during the person's interview. The registered manager also confirmed that all recruitment checks were completed before care staff commenced working with people and provided them with care.

New care staff told us they received an induction and training prior to commencing work. New staff shadowed

Good

Is the service safe?

more experienced staff before working confidently on their own to ensure people's safety. The manager told us that feedback was sought from the experienced staff member following the shift with the new member of staff to ensure that they were confident and competent

Good

Is the service effective?

Our findings

People spoke positively about the care workers and were satisfied with the care and support they received. One person told us, "The carers are good to me and help me with whatever I need." Another person told us that, "The carers are cheerful and they make sure everything has been done before they leave." A third person said, "Usually it is one carer and sometimes they bring along someone who is doing their training – they watch and that is OK with me."

We saw that a programme was in place to monitor overall training that had been achieved including dates of sessions. The manager coordinated and monitored training on an ongoing basis to ensure that the care staff were booked on courses throughout the year.

Training records showed, and staff confirmed that they received training on an ongoing basis. Examples included; safeguarding, manual handling, infection control, health and safety, dementia awareness and administration of medication.

Staff told us they had received regular supervision and an annual appraisal. This showed that there was an effective system of training and support for staff.

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 registered manager, staff and people using the service, confirmed that no one receiving the service was subject to any restrictions on their liberty.

The provider had procedures in place in relation to the application of the MCA. The registered manager and the staff were knowledgeable about these. They were aware of the circumstances they needed to be aware of if people's mental capacity to make certain decisions about their care changed.

Staff we spoke with confirmed that they had received MCA/DoLS training. The manager and staff were knowledgeable about the situations where an assessment of people's mental capacity could be required. At the time of our inspection all of the people who were using the service had the mental capacity to make informed decisions for themselves either with, or without, support from staff. The manager was also aware of the relevant contact details and reporting procedures regarding this area.

We found that assessments of people's nutrition , any dietary needs and food preferences had been completed as part of their assessment of their care needs. People told us that where meals were provided, the staff had always asked them about their individual preferences and choices. We saw that one person was particularly happy with the teatime meal that staff had provided and said, "I like the same things for my tea and they prepare it very well for me."

We spoke with two care managers with the local authority who had contact with the agency and they said that they found the service was responsive to requests and they had received positive feedback from people and their relatives about the care that was being provided. A community matron and a physiotherapist we contacted also spoke positively about the care and support being provided by the service.

Good

Is the service caring?

Our findings

People who used the service and relatives we spoke with on the phone confirmed that the staff were very kind and caring. For example, one person said, “They are respectful and very kind and amusing and make me laugh. Having personal care is not very nice but they are very respectful and are extremely nice girls and they do seem to care. I cannot speak too highly of them.” Another person said, “They look after me very well and never rush me.”

All of the people we spoke with told us that care staff respected people’s privacy and dignity. People also told us that new staff were introduced to them so that they knew who would be providing care. People told us that they usually had the same care workers providing care and support and usually knew which staff would be visiting them. However, some people did say that they did not always know when new carers would be coming to provide care instead of their usual care staff which they found confusing at times.

We saw that the registered manager had taken steps to ensure, as much as possible; people’s individual preferences were being met regarding whether they wished to be supported by male or female staff. We also noted that people’s preferred names were recorded. This showed us that people’s equality and diversity was considered and acted upon. One person said, “They are always cheerful when they come in and get my breakfast and make a cup of tea and we sit and have a cup together.” We observed phone calls being made by staff (office based) with people using the service and they demonstrated a cheerful, positive and caring attitude towards people.

People told us that staff had taken time in talking with them about things which were important to them in a respectful way. We observed the interaction between staff and people and it was evident that there was a warm and comfortable rapport between staff and the person receiving care.

Records showed that staff received training about how to promote and maintain respect and dignity for people. Staff received specific training to meet people’s needs and an example included caring for people living with dementia. Care and support plans reflected people’s wishes and preferences and how staff should support them. We saw that the registered manager had taken steps to ensure, as much as possible, people’s individual preferences regarding whether they wished to be supported by male or female staff. This showed us that people’s equality and diversity was considered and acted upon.

The staff we spoke with were passionate about their work and the care they provided for people. One member of staff said, “I love my job and I try hard to provide the best possible care.” One person told us that, “They [the staff] are lovely people and I can’t fault them.”

The registered manager told us that no one currently had a formal advocate in place but that local services were available as and when required. A relative that we spoke with said that they had regular contact with the agency and felt involved in the planning and reviewing of their family members care and support.

Good

Is the service responsive?

Our findings

All of the people we spoke with told us they were provided with information about their care and also if any changes were made. For example, one person said, "My care is reviewed and any changes to calls are made as necessary." Another person said, "They provide me with the care I need and I am very happy with it."

People said they were able to choose the care workers they preferred, their preferred time of care and what was important to them, including their preference for a male or female staff to be provided. People told us that on the majority of occasions their requests were met. One person said, "The staff are very good and are usually on time and they let me know if they are running late." The registered manager told us that they provided care only where the staff could do this reliably and effectively to ensure people's needs were met. This was confirmed by healthcare professionals who commissioned care from the agency.

People's care needs were assessed prior to them receiving care. This helped to ensure that staff could effectively meet people's needs. These assessments were then used to develop care plans and guidance for staff to follow. Assessments and care plans included information about people's health, physical and social support needs. They also included information about what was important to the person and how the person preferred their care needs to be met.

We looked at five care plans during our inspection. There were visit times recorded and guidelines in place for each visit so that care staff were clear about the care and support that was to be provided. We saw details in place regarding the person's background, family contacts and personal preferences as to how care and support should be delivered. Individual preferences were recorded and were written in a 'person centred' style. This recorded in detail what was important to the person and how they wished their care to be provided. People told us that where meals were provided the staff had always asked them about their individual preferences.

Examples of care and support that people received included assistance with personal care, preparation of meals and drinks, assistance with medication, household chores and social and welfare calls. We saw that there were agreements in place, signed either by the person or their representative, regarding the care and support to be provided. Staff we spoke with were able to give examples about the varying types of care that they provided to people such as personal care, preparing meals and assisting people with their medicines.

One person said, "Care apart from (care issue) is good – they are very friendly and very prompt and could not be more helpful – not complaining but improvements could be made." We discussed the care issue, with the person's permission, with the registered manager and they agreed to take action and meet with the person to deal with their concerns.

Daily notes were completed by care staff detailing the care and support that they had provided during each care visit. We saw samples of detailed notes which were held in the agency's office.

We saw that there had been reviews completed regarding the care and support that was being provided and additional information was included in care plans such as additional care visits where the person's needs had changed. This included when a person had recently been discharged from hospital or where there was a healthcare change. People told us that staff had been responsive when their needs had changed. People confirmed that they had been involved in reviews of the care provided.

People that we spoke with and met were clear about who to speak with if they were unhappy or wished to raise a concern. One person said, "If I have any concerns the staff in the office are good at sorting it out for me." People that we visited told us that their concerns and complaints were dealt with in a timely and professional manner. People said that they felt able to raise and discuss their concerns with care workers and members of the management team at any time.A copy of the agency's complaints procedure was included in people's care folder. The registered manager told us that all complaints were acknowledged and resolved to the person's satisfaction as much as possible. All complaints were recorded and we saw samples of recent correspondence which were now resolved. One person said, "I feel confident that when I raise any concerns or a problem it will be dealt with properly." Another person said, "I phone the office and they are very pleasing and obliging and they talk me to me and sort out any worries."

Good

Is the service well-led?

Our findings

People we spoke with and their relatives told us that they had regular contact with members of the service's management team and knew who to contact about the care and support being provided. One person said, "I can speak to the managers and staff about any concerns I may have." Another person said "They [office staff] contact me to see if things are alright." Another person said, "They are excellent and give a good service and I would recommend them to others and I have done so"

We saw that there was regular contact with people to gauge satisfaction with the services being provided. Surveys were sent to people who used the agency to gain their opinions regarding the care provided. People we spoke with confirmed that they had completed surveys and received courtesy calls from members of the agency's management team. One person said, "They [office based staff] have telephoned me to see if I am happy with my care."

We saw the returned 2015 surveys received from people using the agency. Comments received were mostly positive about the care and support that was being provided. There were some areas for improvement that had been identified by the provider. Examples included more handover time for live in carers, changes to expected carers being better communicated to people, and actions to be taken regarding lateness of some care calls.

The registered manager and office based management staff we spoke with demonstrated that they understood their roles and responsibilities well. They said they felt supported and that they were able to raise issues and concerns at any time. They said they felt supported also during out of business hours via the on call arrangements in place. One member of staff told us, "The care staff work well together and I feel that I am supported." Another staff member told us that, "The staff members in the office are helpful and very supportive." We saw minutes of staff meetings where a range of care and support issues had been discussed.

There was an open culture within the service. Staff we spoke with were aware of the whistle-blowing policy and said that they would not hesitate in reporting any incidents of poor care practice when this arose. One member of staff said, "I feel that I would be confident in reporting any concerns and that I would be protected if I did." This showed us that people were kept safe as much as possible.

The provider regularly considered the quality of care it provided and took appropriate action where required. This was by speaking with people, at reviews of their care, speaking with their relatives, staff and with healthcare professionals. We saw records of unannounced checks of staff's competence that were undertaken by management staff to ensure that the quality of care was monitored. This was confirmed by staff that we spoke with.

Audits were completed by members of the management team. These audits included observations of support being provided, care records, reviews of care, discussions with people who used the service and their relatives, staffing allocations, training, complaints and compliments monitoring and health and safety arrangements.

The office based staff and care staff worked in partnership with other organisations and this was confirmed by comments from healthcare professionals we spoke with. Comments were positive and they felt that any concerns and issues were dealt with and that communication with the service was responsive and promptly dealt with.