

Better Lives (Uk) Ltd

Bluebird Care - Bury St. Edmunds

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 

Overall summary

The inspection took place on the 14 July 2015 and was announced, twenty four hours notice of the inspection was given to ensure that the people we needed to speak to were available in the office. We later talked to some of the people who use the service and some of their family members over the telephone so that they could tell us about their experiences of using the service.

Bluebird Care Bury St Edmunds has recently opened and is currently a small size domiciliary care service which provides personal care and support services for a range of people living in their own homes. These included older people, people living with dementia and people with a physical disability. They also offer a live in service.

The service had a registered manager. A registered manager is a person who has registered with the Care

Summary of findings

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 experiences of people were positive. People told us they felt safe, that staff were kind and the care they received was good.

There were good systems and processes in place to keep people safe. Assessments of risk had been undertaken and there were clear instructions for staff on what action to take in order to mitigate them. Staff knew how to recognise the potential signs of abuse and what action to take to keep people safe. The manager made sure there was enough staff to meet people's needs. When the provider employed new staff at the service they followed safe recruitment practices.

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. We found that care plans were detailed which enabled staff to provide the individual care people needed. People told us they were involved in the care plans and were consulted about their wishes and preferences which ensured that they were met. Staff worked with other healthcare professionals to obtain specialist advice about people's care and treatment.

The provider had arrangements in place for the safe administration of medicines. People were supported to receive their medicine when they needed it. People were also supported to maintain good health and had assistance to access to health care services when needed.

The service considered people's capacity using the Mental Capacity Act 2005 (MCA) as guidance. Staff observed the key principles in their day to day work checking with people that they were happy for them to undertake care tasks before they proceeded.

People were supported at mealtimes to access food and drink of their choice where needed. The service had good leadership and direction from the manager. Staff felt fully supported by management to undertake their roles. Staff were given training updates, supervision and development opportunities.

Feedback was sought by the manager via surveys which were sent to people and their relatives. Survey results were positive and any issues identified acted upon. People and relatives we spoke with were aware of how to make a complaint and felt they would have no problem raising any issues. The provider responded to complaints in a timely manner with details of any action taken.

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.

There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures.

Assessments were undertaken of risks to people who used the service and staff.

We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

People were supported to receive their medicines safely.

There were appropriate staffing levels to meet the needs of people who used the service.

Good



Is the service effective?

The service was effective.

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities.

Staff had an understanding of and acted in line with the principles of the Mental Capacity Act 2005. This ensured that people's rights were protected in relation to making decisions about their care and treatment.

People were supported at mealtimes to access food and drink of their choice in their homes.

Good



Is the service caring?

The service was caring.

People who used the service told us the care staff were caring and friendly.

People were involved in making decisions about their care and the support they received.

People's privacy and dignity were respected and their independence was promoted.

Good



Is the service responsive?

The service was responsive.

Assessments were undertaken and care plans developed to identify people's health and support needs.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that complaints would be listened to and acted on.

Staff were aware of people's preferences and how best to meet those needs.

Good



Is the service well-led?

The service was well-led

Good



Summary of findings

Staff were supported by the manager. There was communication within the staff team and staff felt comfortable discussing any concerns with the management team.

People told us the manager and the office team were approachable and helpful.

The manager carried out regular audits to monitor the quality of the service and make improvements.

Bluebird Care - Bury St. Edmunds

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 took place on the 14 July 2015 and was announced. The provider was given notice because the location provides a domiciliary care service and we wanted to be sure that someone would be in the office to speak with us.

The inspection team consisted of one inspector.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered

manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with four people who use the service and two people's relatives over the telephone after our visit to the office. We also spoke with three care staff, the manager, senior staff and office staff. We observed staff working in the office dealing with issues and speaking with people who used the service over the telephone.

We reviewed a range of records about people's care and how the service was managed. These included the care records for five people, medicine administration record (MAR) sheets, four staff training records, support and employment records, quality assurance audits, incident reports and records relating to the management of the service.

Is the service safe?

Our findings

People we spoke with told us they felt safe using the service.

People were protected from the risk of abuse because staff understood how to identify and report concerns. Staff had access to guidance to help them identify abuse and respond in line with the policy and procedures if it occurred. They told us they had received training in keeping people safe from abuse and this was confirmed in the staff training records.

Staff described the sequence of actions they would follow if they suspected abuse was taking place. They said they would have no hesitation in reporting abuse and were confident that management would act on their concerns. One staff member told us, "I know how I'd feel if it was me or my mother who was abused, I will go straight to the manager." Another said, "I did the training, there are so many ways that people could be harmed." Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. Staff could therefore protect people by identifying and acting on safeguarding concerns quickly.

We saw the service had skilled and experienced staff to ensure people were safe and cared for on visits. We looked at the visit plans and saw there were sufficient numbers of staff employed to ensure visits were covered and to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service and we were told that the number of staff supporting a person could be increased if required. Recruitment procedures were in place to ensure that only suitable staff were employed. Records showed staff had

completed an application form and attended an interview. The provider had obtained written references from previous employers. Checks had been made with the Disclosure and Barring Service (DBS) before employing any new member of staff.

Risk assessments identified the level of risk and the measures taken to minimise risk. These covered a range of possible risks such as nutrition, skin integrity, falls and mobility. For example, where there was a risk to a person, such as falling in their own home, clear measures were in place on how to ensure risks were minimised. For example, staff were told to ensure that pathways were left clear around the home and to ensure that rooms the person used were tidy and cleaned up at the end of each visit. Individual risk assessments were reviewed and updated to give guidance and support for care staff to provide safe care in people's homes.

Staff were able to tell us the measures required to maintain safety for people in their homes. One member of staff told us, "One person gets worried when they are alone and likes me to check that all the doors are locked, I'm happy to do that." Staff were aware of the appropriate action to take following accidents and incidents to ensure people's safety and this was recorded in the accident and incident records.

People were supported to receive their medicines safely. We saw policies and procedures had been drawn up by the provider to ensure medicines were managed and administered safely. We saw that staff had completed the medicine administration records (MAR) to record that medicines had been taken. Staff received a detailed medicine competency assessment on a regular basis which evidenced that the provider was overseeing their training and the arrangements for administering and prompting medication.

Is the service effective?

Our findings

People felt that staff were sufficiently skilled to meet the needs of people and spoke positively about the care and support they received. Comments we received included, "They're alright, [the staff] they do what needs to be done." Another person said, "It was a big pill to swallow having to get people in to help me, but they are sensitive to how I feel and I am grateful for that."

People were supported at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes was minimal, with family members preparing the food in advance or providing frozen meals. Staff were mainly required to reheat and ensure meals were accessible to people. One person told us that, "It's not hard, they [the staff] only have to heat my meals and they do that OK." Staff told us that they encouraged people to eat and drink and left drinks and snacks out for people if they needed them. If they had any concerns about people not eating or drinking enough, they report back to the office or let their family know so that action could be taken to ensure people get enough nutrition to stay healthy.

People's nutritional preferences were detailed in their care plans. One person told us, "I don't eat much these days, but I get enough of what I like."

People were supported by staff who had the knowledge and skills required to meet their needs. Staff records showed staff were up to date with their essential training in topics such as moving and handling and medication. The training plan documented when training had been completed and when it would expire. Staff completed competency checks after they had undertaken any training. On speaking with staff we found them to be knowledgeable and skilled in their role. We were told the service offers qualifications in care to its staff, such as National Vocational Qualifications in social care. This meant people were cared for by skilled staff trained to meet their care needs.

Staff had regular supervisions and a planned annual appraisal. These meetings gave them an opportunity to discuss how they felt they were getting on and any development needs required. Staff told us they had regular contact with their manager and received support and guidance about their work and their training needs. Staff also received spot checks when working in a person's home. This was to ensure that the quality of care being delivered was in line with best practice and reflected the person's care plan. This also helped staff if they wanted to discuss any concerns or ideas they had. Staff said they found these to be beneficial.

Care staff had knowledge and basic understanding of the Mental Capacity Act (MCA) because they had received training in this area. People were given choices in the way they wanted to be cared for. If it was apparent that people did not have the capacity to make specific decisions around their care, the staff involved their family or other healthcare professionals as required to make a decision in their 'best interest' as required by the Mental Capacity Act 2005. A best interest meeting considers both the current and future interests of the person who lacks capacity, and decides which course of action will best meet their needs and keep them safe. Staff told us how people had choices on how they would like to be cared for and assured us that they would always ask permission before starting a task. A staff member told us, "I don't just go in and start doing things to people, I ask if they want me to help them and offer them choices about what they wear and everything."

We were told by people using the service that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed. Where people's needs changed staff liaised with health and social care professionals as appropriate. One person told us, "I got slower so they [the agency] saw about getting me more time."

Is the service caring?

Our findings

People told us the staff were caring and listened to their opinions and choices. One person said, “They [the Staff] do what I want without a fuss.” A person’s relative told us, “We get a very satisfactory service, they [the agency] have been with us two years, I don’t want to change.”

Another person’s relative told us, “They [the staff] know their job, it would be good if they knew a bit more about the things that affect me medically.”

Staff said they felt they had enough time to carry out people’s care needs on each visit. One staff member told us “I try not to rush people.”

People were involved in decisions about their care and support at care plan reviews and meetings with care staff. People were telephoned regularly by the office staff to check that they were happy with the service they received and their care staff, which gave them an opportunity to express their opinions and ideas regarding the service. The service send out an annual survey form to the people who used their service, their relatives and staff. We saw that the

outcome of the last survey was positive, the questions in the survey covered all the aspects of the service people received and gave people the opportunity to voice their views and concerns.

Staff were respectful of people’s privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person’s safety. Staff all spoke on how they promoted people’s independence. Care plans had prompts to staff to give people an opportunity to make choices and make decisions about the care they received. Staff told us how they assisted people to remain independent and said if people wanted to do things for themselves, then their job was to ensure that happened.

We observed staff in the office speaking to people on the telephone in a warm and caring manner. Staff were patient and took time to let the person speak and discuss any issues they may have. The office staff were as familiar with people’s needs as the staff who delivered care. All the staff we spoke with including the management, office and care staff, referred to people in a respectful and caring way.

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

Comments from people included “No one makes a fuss if I ask for a favour.” One person’s relative told us, “I am delighted with the care my [relative] gets, It suites them.”

Assessments were undertaken to identify people’s support needs and care plans outlined how these needs were to be met. The care records were easy to access, clear and gave descriptions of people’s needs and the actions that care staff should take to meet them. Care plans detailed people’s health needs and how staff should support people. People’s activities were detailed in their care plans. Staff completed daily records of the care and support that had been given to people. Those we looked at detailed task based activities such as assistance with personal care and moving and handling.

Care plans were sufficiently detailed for a carer to understand how to deliver care to the satisfaction of the people they supported. The outcomes for people included supporting and encouraging independence thereby enabling them to remain in their own homes for as long as possible. Staff we spoke with told us how they promoted independence.

The manager told us that as far as possible people received support from the same regular staff or small group of staff, which gave continuity of care. It also meant that people got to know their carers and did not have to keep telling staff what they wanted and how it should be done. People told us that this was important to them. One person said, “One thing I like about them [the agency] is that we always get the same carers.”

The manager told us that if it was thought that someone was struggling to maintain their health or needed advice and support they would contact their doctor or social worker on the person’s behalf.

The manager was aware that if people needed extra support during a visit, this could cause staff to be late for their next call. They encouraged staff to call into the office if they were running late so the office could warn the next person. They told us that they tried to ensure staff had sufficient time to travel in between calls and also regularly received feedback from care staff on what travel times they required. They told us that they reminded staff to make sure they work the whole allotted time with each person and that they plan the rounds to minimise travel where possible. One person told us that, “I get a phone call more often than not if they [the staff] are running late.”

People and relatives we spoke with were aware of how to make a complaint and all felt they would have no problem raising any issues. One person said, “I know what to do if I’m unhappy, but have never needed to complain.” Another person told us, “No, I haven’t needed to make a complaint.” People told us that they were given a copy of the complaints procedure when they started using the service and it was explained to them. This meant that the complaints procedure and policy were accessible for people. We saw that complaints made were recorded and addressed in line with the services policy. Complaints had been recorded with details of action taken and the outcome. We saw that a complaint that had been brought to our attention before our inspection was investigated and appropriate action had been taken to minimise the situation happening again.

Is the service well-led?

Our findings

People and relatives all said how happy they were with the management of the service. One person's relative told us, "They [the staff] are good people, it's difficult at times like this. They understand and try to make things easier for me."

People told us that they found the manager and senior staff extremely knowledgeable and professional. They told us that the office staff always had time to talk to them, made sure people understood what they had said and always tried to give them the help they wanted in the way they wanted it.

Feedback from people and relatives had been sought by telephone just after the beginning of their service and regularly afterwards. The recorded comments showed that people were satisfied with the service they received and if they needed things to change action had been taken to accommodate them.

The atmosphere was friendly and professional in the office. Staff told us they were able to speak to the manager and senior staff when needed and that they were supportive. The manager said that they tried to create an open and inclusive culture at the service. Staff we spoke with told us that they got on with the manager and senior staff and spoke well of them.

Staff felt they had regular communication with their manager and office staff through supervisions, phone calls and dropping into the office, which was encouraged when needed.

The manager assured themselves they were delivering a quality service by the use of checks and internal quality audits on the service monthly. The audits covered areas such as complaints, medicine records and care records and highlighted areas needed for improvement. The manager told us that they carried out checks on the quality of the service, observed performance and continued to look for ways to drive improvement.

The manager and senior staff also carried out a combination of announced and unannounced spot checks on staff to review the quality of the service provided. Staff were commended in writing if they performed well during these checks.

The manager told us that they maintained an on-call rota. The manager or a senior staff member was on call via a mobile phone when the office was closed. This ensured that someone was available for people and staff to contact at all times with any concerns or issues. Staff and people we spoke with told us that they could always get hold of someone if they needed to.

During our discussions with the manager, they told us about their plans to develop a customer forum to give the people who use the service and their relatives an opportunity to be involved further with the running of the service. It is planned to provide transport for people who need help to attend the meetings.