

Mutual Benefit Care Limited

# Mutual Benefit Care Limited t/a Bluebird Care - Suite 4, Westgate House

## Inspection report

The Island  
Gloucester  
Gloucestershire  
GL1 2RU

Tel: 01452414952  
Website: [www.bluebirdcare.co.uk](http://www.bluebirdcare.co.uk)

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01 October 2019

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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

Mutual Benefit Care Limited t/a Bluebird Care - Suite 4, Westgate House known as Bluebird Care (the service will be referenced as Bluebird Care throughout this report) is a domiciliary care service that provides personal care and support to people living in their own homes. The service supported 66 people at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

The vision of Bluebird Care was to promote a service in which people 'have maximum control over their lives and remain at home for as long as possible.' All staff and senior management demonstrated this clear vision and a positive person-centred culture was seen throughout.

Staff worked hard to meet people's complex needs in the community and worked creatively with partner agencies to enable people to remain living at home. We heard many examples of how skilled staff supported people with complex needs at home, who would otherwise have required residential care. Staff had set high standards for themselves and this promoted an exceptionally person-centred service tailored to people's individual needs.

People and their relatives spoke of the positive support, guidance and healthcare interventions people had received. They were full of praise for the staff in terms of their kindness and compassion. People were 'very happy' with the service they received. We received positive comments about their views and experiences.

People told us they felt safe because the staff were kind, caring and compassionate, and had an excellent understanding of the needs of the people they supported. People and their families viewed the staff as experts in their knowledge and skills when supporting people with complex health needs. Risks to people's health and wellbeing had been assessed and plans had been developed to minimise risks to people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager and extended leadership team offered strong leadership and had a clear vision about the direction of the service. They were committed to improving people's lives and ensuring people could live in their own home for as long as possible. The management team were an integral part of the overall care team at Bluebird Care. The registered manager worked closely with partner agencies and services to promote best practice within the service and make a positive impact to people's lives.

There was an effective quality assurance system in place to ensure people received the best possible service. The registered managers had developed a strong leadership team within the service to ensure the high standards implemented were sustained in their absence. The service benefitted from a positive culture which challenged perceptions, improved the confidence of people and had a positive impact on the lives of the people using the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 4 March 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Mutual Benefit Care Limited t/a Bluebird Care - Suite 4, Westgate House

## **Detailed findings**

## Background to this inspection

### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

### Inspection team

This inspection was carried out by one inspector and an Expert by Experience (ExE). An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a care at home service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 25 September 2019 and ended on 1 October 2019. We visited the office location on 1 October 2019.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

### During the inspection

We spoke with the registered manager and six staff members and reviewed a range of records. This included eight people's care and medication records. We looked at seven staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We spoke with eight people and seven people's relatives about the service they received. We spoke with four health professionals who have regular contact with the service to gain their feedback about the service.

### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff from Bluebird Care. One person said, "I do feel very much that I am safe." Another person who was supported with hoisting said, "I definitely feel safe, they (care staff) know what they are doing with the hoist." One relative said, "I have no issues at all, no worries or concerns. The staff all provide safe care."
- Staff received training on safeguarding adults and were knowledgeable about the procedures to follow if concerns arose.
- Staff knew what action to take if they suspected abuse or poor practice. Staff said they felt confident to raise concerns about poor care. Staff were confident to 'whistle blow' and knew which outside agencies to involve if needed.
- The service had worked closely with Gloucestershire Police to develop the Herbert Profile for people using the service. The Herbert Protocol is a national scheme introduced by the police in partnership with other agencies which encourages carers to compile useful information which could be used in the event of a vulnerable person going missing. We found that this provided additional safeguards to support people to remain at home.

Assessing risk, safety monitoring and management

- Risk assessments provided guidance for staff on how to reduce the risk of harm to people. There were guidelines for staff on how to support people who required assistance with hoisting and these had been developed with relevant health care professionals. Staff we spoke with were knowledgeable about the guidelines provided and could explain how they would support people in a safe manner. Where people were at risk of falling, their falls risk assessment detailed the support required to minimise the risk of falling.
- Risks associated with people's eating and drinking had been identified and appropriate actions were taken to help reduce these risks. Staff ensured they supported people who had diabetes in line with the recommendations made by the health professionals involved in their care.
- Environmental risk assessments of people's homes had been completed to ensure the safety of people receiving care and the staff who supported them.

Using medicines safely

- Staff were trained to handle medicines in a safe way. They completed a competency assessment every year to evidence they had maintained their knowledge and skills.
- Medicines were administered and disposed of safely. Medication administration records (MAR) were accurately completed and showed people received their medicines as prescribed.

- Guidance was in place to support staff when giving medicines prescribed on an 'as and when required' basis (PRN).
- Where people were supported by the service and their family with their medicines, their care plan contained clear information around these arrangements and the responsibilities of each party.

#### Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. The registered manager told us staffing levels were based on people's presenting needs. People and their relatives told us they received their care calls as agreed and they did not have concerns around staffing levels.
- People were supported by a consistent team of staff that knew their needs well. People and relatives told us they received care from a consistent team of staff. However, if there were any changes to their staff rota, the office would communicate these changes to them. All of the people and relatives we spoke with told us staff mainly arrived at the scheduled time. They told us if there were any delays, they would be notified of this.
- People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment as well as identity and health checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

#### Preventing and controlling infection

- People and their relatives told us that staff maintained a high standard of hygiene while supporting people with their personal care and toileting needs. Staff confirmed that they had access to personal protective clothing such as disposable gloves and aprons.
- Staff were knowledgeable in infection control practices and had received infection control awareness training as part of their induction. The infection control practices of staff were assessed as part of the registered managers observations of staff.

#### Learning lessons when things go wrong

- Systems were in place for staff to report and record any accidents, incidents and near misses. We were told that all records of incidents were reviewed by the registered manager and prompt actions would be taken such as additional staff training and a review of people's care needs to reduce the risk of repeat incidents. Any changes to people's care and supported would be immediately implemented and shared with staff through a secure communication system.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager assessed people's needs before they started receiving support from the service. People and their representatives were involved in the assessment and decisions about their support needs. A copy of people's care plan was kept in the person's home and a duplicate copy kept in the office.

Staff support: induction, training, skills and experience

- People and their relatives told us they were confident that they were supported by staff who had been suitably trained to support them. Staff confirmed they felt skilled and trained to deliver personal care to people in their own homes.
- New staff were required to undertake an induction period which included shadowing experienced colleagues and familiarising themselves with the service's policies and people's care plans. New staff were also required to complete mandatory training and undertake the Care Certificate which is a set of national standards that health and social care workers adhere to in their daily working life. Where required, staff had received specialist support to meet the individual needs of people. This included areas such as stoma care.
- Staff told us they received regular one to one meetings with the registered manager to discuss work related issues and their development needs.

Supporting people to eat and drink enough to maintain a balanced diet

- Some people received support with their meals and fluids as part of their care package. Staff supported some people to plan, shop and prepare their meals depending on their abilities and levels of independence.
- Staff monitored the food and fluid intake of those people who were at risk of malnutrition and dehydration.
- Where people had specific dietary needs such as a diabetic diet or soft diet, these needs had been clearly recorded.
- Staff knew people's preferences and choices for their meals and were aware of people's individual needs.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Staff worked closely with relatives to monitor people's wellbeing. Relatives confirmed that staff contacted them if they had observed changes in people's health. Staff told us they would contact people's GP or ring 111 for advice if they were concerned about people's well-being. A secure communication system was used across the service to ensure staff were kept up to date about people's well-being and the support they required.
- Staff told us where possible they were flexible and supported people to attend appointments such as

attending GP or hospital appointments as required.

- The service was working with the local authority to develop a 'Fundamentals of Care' training course for staff working in the community to further enhance staff knowledge and skills in clinical areas. Once trained, staff would be able to provide a level of clinical support to people such as diabetes care, skin care and continence care. This would aim to reduce the need to call out other specialist healthcare professionals and reduce hospital admissions through medical observations in the home.

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- People were supported by staff to make day to day decisions about their care in accordance with the principles of the Mental Capacity Act (MCA). Staff asked people's permission to provide them with the care they needed. People told us they were always informed of the care being provided or given choices about the support they received.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; supporting people to express their views and be involved in making decisions about their care

- People received care from staff who were kind and who knew them well. One person when asked if staff were kind said, "Yes, they are very caring, you get used to people coming. They brighten up my day. I get on well with the carers and have known them for a long time." Another person said, "The staff are all nice caring people." Relatives also praised the staff and told us they were kind and caring and worked well with them to ensure their family member received good care. "They (carers) follow our instructions. We recently had a wedding and they followed our instructions to the full. I can only sing their praises. I can't fault them."
- Staff were respectful of people's diverse needs. People told us that they were treated with a non-judgmental approach and staff respected their wishes, views and choices. People's religious preferences and needs were recorded. One person liked to pray and preferred staff to pray with them. This was recorded in their care file and staff explained to us how they enabled the person to do this.
- The staff we spoke with told us they were aware of the importance of offering people choice to enable and empower people to make their own decisions about their care. People and their relatives confirmed that they were fully involved in decisions about their care and daily support. All of the people we spoke with told us staff would ask them how they would like things done during each care visit.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff encouraged people to retain and promote levels of independence as far as they could. Relatives told us staff supported people to carry out some of their own personal hygiene and maintain their mobility. The staff we spoke with told us how it was important to enable people to participate in their care and do as much as they could for themselves as it would allow them to maintain a level of independence.
- People and their relatives told us they or their family member were treated with dignity and respect. They also told us that the staff upheld people's privacy when they provided care. People told us how staff would ensure doors and curtains were closed when supporting people with personal care. One person told us how staff would wait outside the bathroom to give the person privacy but leave the door ajar, so they could respond quickly if their support was required.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The vision of Bluebird Care was to promote a service in which people 'have maximum control over their lives and remain at home for as long as possible.'
- Staff worked hard to meet people's complex needs in the community and worked creatively with partner agencies to enable people to remain living at home.
- The service had worked closely with the NHS to develop bespoke advanced dementia training for staff when supporting people in the community. One person experienced significant difficulties managing their blood sugar levels due to their dementia and there was doubt whether they would be able to remain living at home due to their increased health needs. However, through the support of the staff who had received this training, the person was able to gain control of their blood sugar levels and remained living in their own home.
- One person experienced high levels of anxiety when showering. Staff identified that the person's anxiety was linked to the shower being white and their reduced vision perception. As a result, staff purchased a coloured bath mat which helped to reduce the person's anxiety and enable them to shower. As the person's dementia became more advanced, staff used hand over hand techniques and singing to reassure them and minimise their anxiety. As a result of outstanding person centred care, staff had developed trust with the person, which reduced their anxieties and enabled them to remain living in their home, despite their continuing needs.
- Staff had introduced 'twiddle muffs' to provide a stimulating hand activity for people living with dementia to manage their anxiety and agitation. One person's relative told us how these had led to significant reduction in anxiety and agitation before and after health appointments.
- Following the success of this within service, the provider and staff were working with other local providers to train their staff to enable them to provide a bespoke dementia service to other people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and recorded. People's preferred language was recorded in their care plan. The registered manager told us people were given information about the service in a format that met their needs.
- People confirmed staff took their time to speak with them and gave them time to respond to their questions.

#### Improving care quality in response to complaints or concerns

- The provider valued people's feedback and used it as an opportunity to improve the service. People and their relatives were aware of how to raise a concern or complaint. Information of the provider's complaints procedure was shared with people when they started to receive a service.
- We reviewed the complaints file and identified that complaints were investigated, and action taken in line with the provider's policy. The registered manager had responded to complainants with their findings of their investigations and provided an apology and explanation. In response to one complaint, the service had introduced additional protocols to ensure people received their care call as planned in the case of staff absence.

#### End of life care and support

- At the time of our inspection, no one was receiving end of life care. The registered manager told us if people required end of life care, they would review each person individually and assess if they had the staff and skills to support people to manage their end of life care needs.
- The registered manager told us they would seek advice and support from the people's GP and palliative care specialists to ensure people's wishes were fulfilled and they remained living comfortably in their own home.
- The staff working at Bluebird Care had received training around end of life care.

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained as Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The vision of Bluebird Care was to promote a service in which people 'have maximum control over their lives and remain at home for as long as possible.' All staff and senior management demonstrated this clear vision and a highly positive person-centred culture was seen throughout. Staff had set high standards for themselves and this promoted a positive culture which challenged perceptions, improved the confidence of people and had a very positive impact on the lives of the people using the service.
- Staff told us they felt supported by the registered manager and felt able to raise issues with them.
- Staff told us that staff meetings took place on a regular basis and they felt supported by the registered manager. Staff told us the registered manager was proactive in keeping them informed of any changes. Secure systems were used to communicate and share any changes in people's care needs and the service's policies and procedures.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People using the service were fully involved in assessing the quality and performance of the service. People and relatives were consistently provided with opportunities to feedback on the service provided. This was done in the form of face to face visits and phone calls from the management team.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- Effective quality assurance checks were carried out by key staff members, the registered managers and the provider. These included checks on people's medicines, care plans, finances and monitoring of the care being delivered. Any issues identified in the audits were shared with the managers and actions were cascaded to the staff team.
- The provider conducted a 'mystery shopper' survey of the service. This included an unannounced phone call to the office to gauge the experience of people using the service who may call the office. The report from this identified that people received a highly personalised experience when contacting the office.
- The registered managers and provider continually reviewed quality assurance systems to ensure they were effective. Where additional checks were required, these were introduced. For example, the provider had fully reviewed the quality assurance systems in the service and had introduced a new system to ensure stronger monitoring of the service.
- The provider had a business contingency plan and had assessed the impact of Brexit on the service. Plans

had been developed to ensure there was minimal disruption to the service and the lives of the people who used the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager and team understood their responsibility to be open and honest with people and their families when things went wrong. A clear system was in place to for staff to report any concerns, accidents and near misses promptly. The registered manager was aware of their legal obligation to report any concerns to CQC and to do so with transparency and to take action and learn from any mistakes.
- The provider had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Appropriate action was taken when things went wrong. The provider learned from incidents and ensured they were used in a positive way to improve the service.

Working in partnership with others

- The service had close working arrangements with local NHS hospitals and commissioners of health and social care. This helped people access and sustain the support they required.
- The service had enrolled in the 'Proud to Care' initiative which involved working closely with partner agencies and services to promote best practice within the sector and make a positive impact to people's lives.