Mutual Benefit Care Limited

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

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

This was an announced inspection which included a visit to the offices of Mutual Benefit Care Limited on the 2 December 2014. This was followed up with visits to people in their own homes on 3, 4 and 5 December 2014.

There was a registered manager in post who was in transition to another role within the company. 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 and associated Regulations about how the service is

Summary of findings

run. A new manager had been appointed and had submitted applications to CQC to become registered with us. The manager was supported by a management team who were actively involved in service delivery.

Mutual Benefit Care Limited t/a Bluebird Care is based in Gloucester and provides personal care to over 120 people living in their own homes in North Gloucestershire. It is a franchisee of a national franchise Bluebird Care Limited which monitors service delivery and offers support and advice.

People said, "I feel safe having them (staff) in my home". People were supported by sufficient staff with the skills and understanding to provide their care and support. Staff knew how to reduce risks and to recognise signs of abuse keeping people safe from harm. People were given advice on how to stay safe. Staff were well supported and kept their knowledge up to date through training and courses. People wanted a consistent staff team to help them each day and for most people this was provided. Bluebird Care was recruiting staff to help achieve this. People were matched with staff and changes made to their staff team where necessary to improve their experience of the care provided. People's health, nutrition and diet were monitored to keep them well. If necessary staff liaised with community professionals who said they found the service responsive and kept them actively involved.

People were treated with dignity and respect. Staff understood their preferences and background. Care and support reflected these providing individualised care. Staff had a good understanding of the needs of people living with dementia and had innovative and creative ways of working with them. People were supported to maintain their independence and to remain at home. People, their relatives and health care professionals were involved in the planning and review of their care. Visits to people reflected their wishes and preferences. Visits were arranged to respond to people's needs and there was flexibility about rearranging or rescheduling visits if needed. Staff quickly responded to changes in people's needs involving social or health care professionals if needed.

A person told us, "I can't fault Bluebird Care, they are all professional, I would recommend them, they are first class." Staff shared the vision and values of the managers to provide a family run business delivering high standards of care. People, their relatives, staff and community professionals were asked for their views which were used to make improvements and develop the service. Where complaints were received these were investigated and action had been taken to address any mistakes which had been made. Quality assurance systems monitored the standards of care provided and were used to maintain and improve people's experience. Managers and staff were involved with national and local organisations to make sure Bluebird Care delivered a service which reflected current best practice.

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?

Good

The service was safe. People felt safe with the staff supporting them. Staff kept people safe from harm and knew how to recognise potential abuse.

People were protected from the risks of harm. Hazards were reduced taking into account the need for specialist equipment.

People were supported by sufficient staff with the skills and knowledge to meet their individual needs.

People's medicines were administered safely.

Is the service effective?

Good

The service was effective. People were supported by staff who had the knowledge and skills to meet their needs. They were supported to develop through individual meetings and access to relevant training.

Staff were aware of the Mental Capacity Act 2005 and its application, supporting people to make decisions and choices about their care.

People had enough to eat and drink. Staff supported people who needed to maintain a balanced diet to keep them well.

People's health and wellbeing was monitored. Referrals were made to health care professionals in response to changes in people's needs.

Is the service caring?

Good

The service was caring. People were treated kindly and with compassion. Staff understood people's preferences and backgrounds.

People were involved in planning and reviewing their care. People were supported to make decisions and choices about their care and support.

People were treated with dignity and respect. They were encouraged to be independent.

Is the service responsive?

Good

The service was responsive. People's needs had been assessed and the care and support they received reflected their preferences, interests and wishes. People's care was monitored and reviewed to make sure they had the care they needed.

People's concerns and complaints were listened to and used to improve people's experience of their care.

Is the service well-led?

Good

The service was well-led. Feedback was encouraged from people, their relatives, community professionals and staff to drive through improvements to the service. The vision and values of the service were understood and upheld by staff.

Summary of findings

People and staff found the managers open and accessible. Staff were supported to carry out their duties and understood their roles and responsibilities.

Quality assurance processes were used to improve the standards of service provided. Through involvement with local and national organisations, managers and staff kept up to date with current best practice. Action was taken in response to complaints, accidents and incidents to learn from these and prevent them happening again.

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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 2 December and was announced. 24 hours' notice of the inspection was given because the location provides a domiciliary care service.

One inspector carried out this inspection. Before the inspection, the provider 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 looked at information we had received about the service such as notifications. Services tell us about important events relating to the service they provide using a notification.

As part of this inspection we visited eight people using the service in their own homes. We spoke with them and their relatives. We spoke with 12 staff, the manager and the registered provider. We received feedback from 25 people using the service in response to questionnaires we sent out, 12 staff and one health care professional. Following our inspection we had feedback from three social and health care professionals. We reviewed the care records for eight people using the service, six staff files, quality assurance audits and policies and procedures.

Good

Is the service safe?

Our findings

People told us, “I trust the staff”, “They are very honest” and “I feel safe having them (staff) in my home”. One relative said, “I am happy going out and leaving (Name) with the carers.” People said they were aware of the importance of keeping their possessions and valuables safe. One person told us, “I always check staff identity”. All people, their relatives and staff who replied to the questionnaires sent out by us confirmed they felt safe from abuse or harm from their care staff. A social worker told us, “They have really made a difference to his life, enabling him to stay at home safely.” The provider information return stated they gave guides to people which advised them about abuse and how to report concerns. A newsletter sent by Bluebird prompted people to look after their assets and reminded people to change their key code occasionally.

Staff knew how to recognise abuse and what action they needed to take to raise concerns. They completed training in safeguarding and were aware of the whistle blowing procedure. Staff had information about safeguarding procedures in the staff handbook as well as a copy of the “alerters guide” to local safeguarding procedures. Staff were confident the appropriate action would be taken by management to respond to concerns promptly. People and their relatives told us they would contact the office immediately if they were worried about the conduct of care staff. The provider had raised safeguarding alerts to the local authority and police when needed. The Care Quality Commission had also been informed. The provider had taken the necessary disciplinary action where needed to protect people.

For people identified at risk of falls, slips or trips risk assessments described the strategies to keep them safe. Staff liaised with health care professionals to assess hazards and seek their support to minimise risks to people. Feedback from a health care professional noted how staff worked with them to identify and resolve risks, “taking immediate action”. Staff said if they noticed changes in people’s wellbeing which impacted on their safety they contacted the management team for a re-assessment of their needs. Risk assessments were changed or amended to keep people safe. For example, after a person had fallen specialist equipment had been provided to help with their mobility. They told us, “I won’t be at risk of falling over the step.” Staff completed an update sheet in the records kept in people’s homes, which made sure all staff were kept informed of any changes. Records stored in the office were updated with this information to maintain a consistent approach.

People’s homes had been assessed to make sure any hazards were minimised to keep care staff safe. Checks were made during reviews of people’s care to ensure equipment they had provided, such as a hoist, was serviced when needed. People knew how to contact Bluebird Care outside of the normal working day. Staff confirmed they had support from an out of hours team who would cover visits to people if needed in an emergency.

If a person had an accident or incident a record was completed and the management team were informed. These recorded the action taken such as calling emergency services or referrals to community professionals. Where there was an increase in accidents and incidents the provider worked closely with social and health care professionals to keep the person safe and prevent them from further harm. When the management team felt care could not be provided safely to a person due to increasing accidents, they liaised with community professionals to find a safer form of care. If accidents were due to mistakes or errors by staff, the provider reviewed their performance and offered support through additional training or by shadowing other staff.

There were sufficient staff employed to meet people’s needs. People said, “Staff are very capable”, “My wife says they are all wonderful” and “Staff are very good”. They were supported by a staff team with the appropriate skills, knowledge and qualifications to meet their needs. The care co-ordinator allocated new staff to work alongside experienced staff whilst they learnt about their roles and responsibilities. People’s level of support was determined from an assessment of their needs. Some people were supported by one member of staff and others had two staff helping them.

The provider information return stated there were 10 vacancies for staff which they hoped to resolve by early 2015. Staff said they covered these visits as well as last minute sickness or emergencies. Two staff said they were working long hours to make sure people received the care allocated to them. The management team also provided personal care when needed. The manager said Bluebird Care was working hard to meet their commitments and to

Good

Is the service safe?

make sure all visits were completed. One relative had cancelled a visit because staff would have arrived too late due to a last minute staff emergency. They said this was very rare.

The recruitment and selection of staff assessed their character, skills and qualifications and whether they were suitable to support people. A full employment history was obtained and the reason they left former employment with adults or children was explored. A Disclosure and Barring Service (DBS) check was received. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people. There was proof the identity of new staff had been checked. A checklist was kept recording when information was received. This confirmed new staff did not start work before all the appropriate checks had been completed.

People received their medicines safely and at the times they preferred to take them. People's medicines care plan and risk assessment stated whether they had responsibility for their own medicines, needed reminding to take their medicines or if staff administered their medicines. People supported by staff to take their medicines were given them with a drink. Staff waited for the medicines to be taken before they signed the medicines administration record (MAR). Changes in people's medicines were communicated to the management team who amended the MAR and sent the updated version to the person's home. Staff said they made entries on the MAR to keep it up to date.

We raised a query with the manager about a new medicine prescribed for a person which the GP had authorised to be taken in their food. This was not recorded in their care plan. The person was aware their medicines were being given with their food and preferred this form of administration. The medicines policy and procedure was clear about the procedure for any medicines taken this way. Care plans were updated during the inspection. Where people were given medicines in their best interests, in line with the Mental Capacity Act 2005, their care plans clearly identified this.

Good

Is the service effective?

Our findings

People who responded to our questionnaires all said the staff who supported them had the right skills and knowledge. This was supported by staff questionnaires which stated they all had the training they needed to meet people's needs, choices and preferences. New staff described their induction programme which included theory and practical learning. This was delivered in line with the common induction standards which are nationally agreed minimum training standards for new staff. Two staff told us they had a named member of staff who was their mentor who they could call or meet with when and if they felt they needed advice or support. They said this had been "brilliant" and "I don't know how I would have coped".

Staff said they kept up to date with refresher training. They each had an individual training record which identified when this was due. Staff were attending medicines refresher training during our inspection. Staff said they had the opportunity to complete the Diploma in Health and Social Care. They also completed training specific to the needs of people they supported such as dementia awareness. Observations of staff delivering care were used to assess their competency and their understanding of their training. In addition they had monthly meetings with senior staff to discuss their performance and training needs. An annual appraisal was held to review their roles and responsibilities and aspirations.

People said having a consistent staff team was really important to them. One person said their staff team was constantly changing and they were unable to get used to staff. However, seven people told us their staff team mostly remained the same. People said, "I have a consistent team, rarely have staff I don't know", "I have a dream team" and "It's better now they make the effort to keep the same staff". The provider information return (PIR) identified an area for improvement as working on and improving the continuity of care for some people.

The manager discussed how they matched people with care staff according to their interests or preferences. A health care professional said the service had successfully matched "assertive and jovial" staff with a person living with dementia. Staff would be changed if a person informed them they would prefer someone else to help with their care. Two people told us this had been arranged quickly once they had told senior staff how they felt. One person said, "I told the agency I wouldn't have some girls through choice and they changed them."

Staff had completed training on the Mental Capacity Act 2005 (MCA) and understood the need to assess people's capacity to make decisions. The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. People had been asked if they gave their consent for their care and support to be provided in line with their care plans. People or their legal representatives had signed these forms. Where a person had a legal power of attorney for welfare evidence had been provided. Staff had guidance in the policy and procedure "Consent and mental capacity", where people lacked capacity to make decisions about their care and support. Staff sought people's permission before helping them with their personal care or supporting them to take their medicines.

Occasionally people became upset or anxious when being supported with their care. Their care plans and risk assessments suggested possible causes such as a new member of staff or being rushed. Staff were advised how to prevent this such as introducing new staff and supporting people at their own pace. A health care professional told us they had been impressed how staff had responded to a person who was often distressed, by singing or playing a game which totally relaxed them. They said this had been so effective staff had taught relatives to use these techniques.

People told us, "They make sure I have enough to eat and drink" and "They encourage me to eat". Staff discussed the support they provided to people living with dementia. They told us how they made sure one person ate their meal before the end of their visit and how they reminded another person to finish their meals. Staff offered people drinks and left cold drinks near them before they left. People were asked what food or drink they would like. People's nutrition and hydration care records provided clear instructions about people's preferences and the help they needed with their food and drink. Food and fluid diaries were kept if requested by health care professionals.

People's health needs were identified in their care records. Daily records and update sheets recorded when staff had liaised with health care professionals due to changes in

Good

Is the service effective?

people's health or wellbeing. A relative told us staff picked up really quickly when their husband was unwell and suggested they contact the GP. Another member of staff was praised by emergency services for contacting them when a person was unwell. They were unwell and the quick response of staff was vital to their recovery. A health care professional said the service always kept in touch with them and kept them up to date about changes in a person's condition. The PIR recognised staff were very good at monitoring the condition of people's skin and raising concerns with the relevant community professionals. A relative confirmed this saying, "The girls tell me if there are any marks or changes to his skin."

Good

Is the service caring?

Our findings

A person told us, “They treat me very well.” A relative commented, “They are all very professional, it’s the way they interact with (Name), its first class”. In response to the questionnaires we sent out all people and their relatives said staff were caring and kind. One person commented, “I have a polite, helpful and consistent carer.” Staff supported people with patience, sensitivity and compassion. They shared jokes and laughed with people enjoying each other’s company. Staff asked people if they needed any other support or help and made sure they were alright before they left.

Staff considered the needs of people living with dementia. One member of staff waited outside a person’s door to make sure they had locked the door before they left. Other staff sang along with people or used music to engage with them whilst helping with their personal care. Staff understood people’s interests and preferences. One member of staff had been taught a foreign language by the person they supported as they completed tasks together.

Staff understood people’s preferences and personal histories. A relative told us, “Staff picked up he was unwell before I did, they picked up on clues and I called the GP.” They showed concern for people’s wellbeing. When people were admitted to hospital care staff had not been kept informed of people’s progress. Senior staff said this had been raised with them by the team and now as soon as they had information about people they passed this onto their team of care staff.

People and their relatives told us they had been involved in planning their care and support. They told us they called senior carers or the management team if they wished to make changes about the care provided. They said changes were implemented quickly. They also said senior staff visited them to review their care and support. They felt listened to and action was taken to make sure their care reflected their expectations. For example people living with dementia liked to have the same carers. Relatives had agreed they would be informed if new staff were visiting them so they could prepare the person. Staff involved people in day to day decisions about how their care was delivered. Occasionally people changed their minds about what support they needed and staff respected this. One person liked to choose when they had a shower and when they had a wash. Staff discussed this with them before personal care was provided.

All staff and relatives who responded to our questionnaire said they thought people were treated with dignity and respect. The provider information return stated Bluebird guided new staff to treat people respectfully and as an individual, “Do with, not do to”. Care plans prompted staff to greet people, to be polite and respectful. Interactions between staff, people and relatives were professional and considerate. Staff discreetly helped people with their personal care closing doors between rooms and covering people when transferring them between rooms. Conversations in the office were respectful and professional. Information about people was kept confidential whether in the office or in their home.

People were supported to maintain and improve their independence. Care plans stated what people could do for themselves. Where people needed prompting this was identified. One relative said staff had been so successful encouraging their husband to do things for himself the number of staff helping him had been reduced. Staff understood how to support people living with dementia. We saw a member of staff gently redirect a person to the task which needed completing whilst warmly talking with them. For another person their care plan stated, “I will need you to give me time to talk as I can be slow”. Staff took this into consideration when supporting the person and at no time rushed them.

Good

Is the service responsive?

Our findings

A person told us, "I heard Bluebird Care offered bespoke care, they kept times to when we needed them and they kept the same team." This was the experience of people we spoke with. People and their relatives said they met with senior staff to discuss the levels of care and support they needed. This initial assessment was used to prepare care plans and risk assessments which reflected people's preferences and wishes. A health care professional commented on the assessment process which involved them and the family in developing the person's care plan together. They said the care provided by the service was "true person centred care".

Staff understood people's routines and how they wished to be supported. For some people this meant guiding and prompting them to complete tasks and for others this involved helping with all aspects of their care. As part of the planning of their care people and their relatives agreed to the length and frequency of visits. If people needed to change visit times or arrange additional visits they said the staff would arrange this. One person said, "They are really helpful, they go out of their way to do what I want them to do."

People's care plans identified what they would like to achieve for themselves. For many this was to be as independent as possible and to remain at home. One person said without the support of staff they would be unable to live at home. The provider information return (PIR) stated care and support was not "limited by what is usual" and they were happy to consider any requests for support. Care plans also stated whether people had preferences for the gender of staff helping them with their personal care. When this was requested, for instance a preference for male care staff, this was provided.

People's sensory needs were recorded and whether staff needed to make any adjustments to their care and support. Staff checked with people whether any sensory equipment they used was working satisfactorily such as hearing aids or glasses. A person told us, "I can't hear or see, staff are very capable, they try and make it easier for you." For two people we visited, an important part of their care and support was to have a chat with staff over a drink. This was recorded in their care plan.

People's care needs were monitored closely and staff highlighted any changes in their health or wellbeing. Care plans and risk assessments were updated to reflect these. An update sheet in people's records drew the attention of staff to any changes. Staff said they were also alerted electronically by text or email about any changes in care or support. A member of staff said, "The office is really great at responding to changes in people's needs." Formal reviews of people's care took place six monthly or sooner if needed. People said there was a great deal of flexibility. A relative described how they had reduced the staff from two each visit to one a visit due to the person's changing needs. Another person said they had asked for additional visits over Christmas and this had been arranged. All people and their relatives who replied to our questionnaires said they were involved in making decisions about their care and support.

People knew how to make a complaint. Each person had a copy of the complaints procedure. This could be provided in alternative formats if needed according to people's needs such as audio or large print. All questionnaires returned from people and their relatives confirmed that if they raised complaints they thought they would be listened to. People told us, "If I have concerns I go straight to the top and they deal with anything untoward straight away", "They are dealing with a complaint now" and "I would raise any complaints with the agency and they respond to them". One person gave us an example of a concern they had raised and how it had been dealt with effectively. The provider had received five complaints during 2014. These had been responded to within the appropriate timescales and action had been taken to address any issues raised.

The Care Quality Commission had received one complaint. There was evidence the appropriate action had been taken by the provider in response to this. For example providing refresher training for all staff. Feedback was provided to complainants for example in face to face meetings or by letter. A health care professional said managers had worked with them to resolve a complaint and had met with all parties concerned. The PIR stated, "We seek to learn from mistakes to avoid a reoccurrence."

Good

Is the service well-led?

Our findings

The manager was supported by a management team which consisted of a business manager, quality assurance manager, a care co-ordinator and supervisors. The manager was aware of their role and responsibilities. They had notified the Care Quality Commission about incidents affecting the safety and wellbeing of people using the service. They had also liaised with the police and the safeguarding team about safeguarding alerts. A person told us, "When I have contact with the manager they are helpful and go out of their way to do what I want them to do."

People told us, "I can't fault Bluebird Care, they are all professional, I would recommend them, they are first class" and "Bluebird Care are really good". Health care professionals said they were impressed with the service and one social worker said, "they are very proactive and responsive". In response to our questionnaires, 75% of people and 100% of relatives said they were asked for their views of the service they received.

People and their relatives were sent surveys a month after the start of their service and again throughout the year. Comments received included, "You cannot make it better" and "The service you provide is excellent". Our questionnaire indicated 56% of staff who responded felt they were asked for their views about the service. Those spoken with said they would feedback to the management team their views and how the service could be improved. One member of staff told us how they had suggested new staff were supported by experienced staff during induction. This had been successfully introduced. Social and health care professionals said their opinions were listened to and implemented and they were kept informed about people's health and wellbeing.

People and their relatives said they had regular visits from senior staff to check on the quality of service provided to them. Senior staff said this gave them the opportunity to observe care being provided and to check whether staff were promoting the values and culture of the service.

Staff told us Bluebird Care valued it's ethos as a family run business delivering high standards of care and the majority of staff "shared their drive, working towards the same principles". A member of staff said, "They (management team) are very adaptable, listen to our needs, are family orientated and nurture staff." A member of the management team said, "We look after customers as we would look after our mothers." The manager commented, "All our customers are looked after as we would look after our loved ones." Bluebird Care Limited (the franchise) monitored the conduct and quality of the service delivered by its franchisees to make sure they promoted their visions and values. They promoted a "good old fashioned service tailored to people's needs".

Staff said they felt supported through one to one meetings, staff meetings and the availability of support over the telephone at any time. They said they could talk through personal as well as work problems. If staff needed additional support, a change to their roster or refresher training this was provided. Disciplinary processes were followed if needed to challenge poor practice. The provider information return (PIR) stated staff were motivated by feeding back compliments made about them. A "carer" of the month scheme identified a member of staff who had been nominated by people using the service. They received an award and a gift.

A person told us about an annual event held by Bluebird Care called "Silver Sunday". This was influenced by the national charity Silver Line. People and their relatives were invited to a community event where they could learn about other organisations and resources available to them. They said it was also a good opportunity to meet with the management team informally to share feedback and information. Bluebird Care had appointed dementia link workers and a dementia champion who met with a local dementia organisation to promote and share best practice. Bluebird Care also offered free "Living well with dementia" workshops to family members.

Bluebird Care had representatives who attended meetings or conferences with local care organisations and national organisations to discuss changes in social care and to keep up to date with current guidance. This knowledge was passed on to staff through newsletters, staff meetings and individual meetings. Staff kept their knowledge up to date by working closely with a local hospice and stroke recovery team.

People received a monthly newsletter which told them about any changes or improvements to the service as a result of their feedback. People were given guidance about risks or potential hazards in the November 2014 newsletter which highlighted how to reduce the risks of falls and fractures. People were kept up to date with staff training or

Good

Is the service well-led?

staff changes and the likely impact this would have on their experience of their care. For example the appointment of a new care co-ordinator to match people with carers and provide consistent teams.

A new quality manager had been appointed and was building up a range of quality audits to monitor the standard of care plans, staff training, medicines and visits to people. Action plans had been developed which were monitored by the management team to check improvements to the service had been completed. The PIR stated action was taken in response to complaints "to put right anything wrong and to seek to learn from mistakes to avoid recurrence".

Accidents and incidents were analysed to look for any trends developing. Action was taken to prevent these happening again by involving community professionals if needed. The management team and staff were aware of the challenges which faced them as an organisation such as retaining a full staff team and matching people using the service with a consistent staff team. The PIR described how they were planning to achieve this with a new recruitment programme to appoint new staff and providing more support to new staff through induction.