Clarity Bristol Ltd

Bluebird Care Bristol West

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 16 June 2016. The inspection was announced, which meant the provider knew we would be visiting. This was because we wanted to make sure the provider, or someone who could act on their behalf, would be able to support the inspection. Bluebird Care was last inspected on 11 June 2014 and was meeting all legal requirements

Bluebird Care provides personal care to people living in the Bristol area. At the time of this inspection they were providing care to people for 30 people.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The feedback we received from people and their relatives was positive. They spoke highly of the registered manager and the staff team. Comments included, "I trust all of the staff, they are good and very patient" " and "We have a good rapport with the coordinator and the team and things always get done."

People were safe with the staff that supported them. Robust recruitment procedures were in place and staff received training and understood their responsibilities for keeping people safe from avoidable harm and abuse. Staff had received training and understood their responsibilities for supporting people with taking medicines when needed.

People were treated with kindness and respect. Staff spoke knowledgably about the people they provided personal care for. People and their relatives were confident that staff knew how to meet their needs. People were encouraged to provide feedback about the care they received. Feedback was acted upon and actions taken to improve the quality of the service.

People were supported to access healthcare services when needed. Staff worked well with other health professionals and we saw they acted upon recommendations made.

Staff were well supported by the management team. Care staff told us the service was well-led and they were managed well. They had opportunities to speak with the directors who staff said, were approachable.

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 told us they felt safe and they were provided with care and support when they needed it.

Staff were aware of the risks of abuse and knew how to report any concerns they had.

Medicines were managed in a safe and consistent way and records were fully completed.

There were sufficient numbers of staff to meet peoples' needs and recruitment procedures were followed.

Is the service effective?

Good

The service was effective.

The provider had an induction programme for staff that ensured they were suitably equipped to undertake their role.

Staff received supervision and training to help them do their jobs well.

People received the support they needed with food and drinks.

People's healthcare needs were met, and the care records were fully completed and up to date.

Is the service caring?

Good

The service was caring.

People said they were treated with kindness and respect by staff.

Staff demonstrated a caring approach to providing person centred care and were knowledgeable about people's needs.

Is the service responsive?

Good

The service was responsive.

People had detailed personalised plans which set out how their care and support would be provided.

People's views about the service were obtained on a regular basis and these were acted upon.

The provider had a complaints procedure and people felt they would be listened to if they complained.

Is the service well-led?

Good

The service was well-led.

People spoke positively about the service they received, and they were given the opportunity to provide feedback.

There were quality assurance systems in place to monitor the quality of the service provided. Actions were taken if shortfalls were identified.

Staff felt very supported by the directors, the registered manager and the management team. Staff felt they could openly express their views and opinions.

Bluebird Care Bristol West

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.

Prior to our inspection we reviewed the information and notifications we had received about the service. A notification is information about important events that the provider is required by law to tell us about. We also received a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and what improvements they plan to make.

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 or has used this type of service.

We spoke with 13 people or relatives of people who received care from the service. On the day of inspection, we met with two directors, the training manager, the registered manager and one member of staff. Later that day, we spoke on the telephone with four care staff.

We looked at four people's care and support records, together with other records about people's care and the running of the service. These included staff recruitment records, staff training, spot checks and supervision records, quality assurance audits and reports and records relating to medicine management.

After the inspection, we received feedback from two health professionals involved with supporting people who used the service.

Good

Is the service safe?

Our findings

Everybody we spoke with told us they, or their relatives, told us they felt safe with the staff that supported them. We received comments such as, "I trust them all and they are all very good and patient" and "It is a good service…they turn up on time…they know the people well and get on fine." People also told us they felt safe with the arrangements for staff entering and leaving their home.

Staff understood the importance of making people feel safe and secure. They had all received training in safeguarding people, and knew how to recognise and report abuse. One member of staff told us, "I know what I would need to do if I thought someone was being abused and if needed we have been told how to contact the local safeguarding team."

Risks of abuse to people were also minimised because there was a robust recruitment procedure in place. Staff had completed an application form prior to their employment and provided information about their employment history. Previous employment or character references had been obtained by the service together with proof of the person's identity for an enhanced Disclosure and Barring Service (DBS) check to be completed. This DBS check ensures that people barred from working with certain groups such as vulnerable adults are identified.

People were supported by sufficient numbers of staff to meet their needs. People told us they were not rushed and that staff stayed for the required length of time. One person commented about their care staff, "He is efficient…a fabulous wonderful man ….knows how to help me and where things are in the house."

The registered manager told us they were currently recruiting additional staff to meet the planned increases in the number of people requiring their service. We saw that staffing was well managed. There had been no missed calls, staff stayed for the required length of time and people were happy with the staff that supported them. Where there had been an issue with a member of staff, action had been taken and the issue was resolved.

The current arrangements for staff logging their visits was a paper based system completed at each visit. The directors told us about their plans to introduce a new electronic recording system that would also provide care planning and recording details. The registered manager told us how they believed the introduction of this system would enhance their monitoring and checking systems.

Care plans contained risk assessments that established whether it was safe for people to receive a service in their own home. The risk assessments included risks relating to personal safety, such as risks associated with poor nutrition or mobility difficulties. For example, one person had an identified risk when eating. Their care plan had been written to make sure the person's risk of choking was reduced. It stated, "I am on a soft diet so all my food must be easy to swallow to avoid me choking." The records also included assessment of risks within people's homes such as obstructions and equipment.

Accidents and incidents were recorded and monitored. We saw actions taken to reduce the likelihood of

further accidents or falls. For example, for one person, their care records stated, "Advised not to wear the slip on slippers." It had been observed that this footwear did not fit well and increased the risk of the person falling.

The external environment was also risk assessed to consider risks associated with adverse weather conditions such as ice and snow. The provider had an emergency business plan to make sure people would continue to receive a service in the event of an emergency situation. This meant people could feel safe and secure that they would receive continue to receive care if an emergency situation arose.

Some people needed support, prompting or their medicines were given to them by staff. Risk assessments and agreements were in place to show how and what support was needed. Medication support plans provided detail of the support people needed and when they needed it. Where people had medicines 'as needed' for example, for pain relief, these were clearly recorded Staff recorded the medicines they gave to people, or explained the reasons for people not taking their medicines on the Medicine Administration Record sheets (MARs). Staff had received training and they were also supervised or 'spot checked' by senior staff on a regular basis to make sure their medicine management practices were safe.

Where staff were required to wear personal protective clothing, this was recorded. For example, in one person's care plan their records stated, "Please wear gloves and aprons when preparing my food and drink." We spoke with staff who told us they always had sufficient supplies of protective clothing.

Good

Is the service effective?

Our findings

All of the people and relatives we spoke with told us they felt people's health care needs were being met. We received comments such as, "All needs are met and they [staff] use the record book well" and "the staff bend over backwards to assist her [person who used the service] and are aware of her health issues."

The training manager told us about the staff induction training programme and explained this followed the Care Certificate, a nationally recognised training programme. All staff recently recruited completed the certificate within three months of starting in their role. The training was delivered using a combination of face to face, classroom and video training sessions. Staff shadowed other staff before they worked unsupervised. Staff spoke positively about the induction training. They told us they received support and they had regular supervisions with senior staff. These were meetings where they discussed the work they did with their line manager or a senior member of staff. They told us their work was also spot checked. They told us they found this useful and helped them.

Supervision and training records were maintained for each member of staff. Spot check records included checks that the care staff arrived and stayed for the length of time and that they worked safely and in accordance with the provider's policies and procedures. They were also assessed to make sure they treated people with respect, and people's dignity and privacy was maintained. One member of staff commented, "I do get spot checked and get told if I am doing things well and told if I need to do things differently."

People were supported by staff that had the skills and knowledge to meet their needs. Following induction, staff received regular refresher and update training in key areas such as moving and handling, first aid, food safety and medicine administration. Further specific training was arranged to make sure the people's specific needs could be met. For example, where people received their dietary intake through percutaneous endoscopic gastrostomy (PEG) tubes, staff had received training and had been assessed to make sure they were competent to deliver this care. The specific care requirements were referred to in the care plan which also referred to specific instructions displayed in the person's home. This included details of the 'feeding regime' and the position the person should be in when they were being supported. Staff told us they would benefit from more 'intensive training' as they described it about some of the more 'complex' and specific illnesses and diseases. For example, one member of staff told us, "I have had training about diabetes but it is more complicated than I thought and more training would be helpful."

The Mental Capacity Act 2005 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.

The provider's policy for consent reminded staff to, "Listen to how each customer wants their care and support provided each and every time you visit."

People received care they had consented to. People told us, "The carer always asks is it ok that I do this before they start the care" and "they always give good explanations of what they are going to do." Care plans contained evidence that consent to care had been obtained, and where appropriate, that relatives had been involved in discussions about care and treatment, and best interest decisions made. Care staff demonstrated their understanding of the need to obtain consent to care from people. One member of staff told us, "I always ask permission and usually start with asking the person how they are if they are ready for me". Another member of staff told us, "People can refuse care and that's their choice. We would try and persuade the person but if they really do not want it [the care] I would contact the office and let them know.

People were provided with support to eat and drink where this had been identified as part of their care needs. The care plans provided clear detail about the support people needed and for some people, their dietary intake was monitored and recorded. For example, one person's care plan stated, "Please make me a drink for my tea and a snack." There was a list of the types of snack foods the person liked to eat. All the people we spoke with told us they were happy with the support they received with their meals. One relative told us they had agreed the care staff would contact them directly if they had concerns their mother was not eating enough and this was recorded in their care plan.

Good

Is the service caring?

Our findings

People spoke positively about the caring nature of staff. Comments included, "Our carer is experienced, respectful and caring" and, "They [the staff] always ask if there is anything else they can do." One relative told us, "The staff met his personal care needs with dignity and they respect him. They take time to talk to him."

The care records provided detail about people's preferences and their life stories in a document called 'My day, My life, My portrait'. Care staff told us this information was useful and helped them get to know and understand how to provide care and support in the way people wanted. For example, we noted in one person's records their career history was recorded. This gave staff a topic of conversation that the person liked to talk about when they were being supported with their care needs. Staff were able to tell us about the people they supported and knew about their backgrounds and preferences.

Staff received training in dignity and respect as part of their induction programme. They understood how to promote and respect people's privacy and dignity, and why this was important. One member of staff told us, "I think I am a natural carer, I automatically do this. Some staff, when they are new and haven't done this type of work before need to be taught." They told us they wouldn't hesitate to report another member of staff if they felt they were disrespectful to people.

People acknowledged there had been issues with continuity of staff and that these issues were now resolved. One relative told us, "At first there were lots of different carers and although the care she [relative's mother] received was good we prefer a more regular small team. Things have settled down now and we have our regular team."

Care plans described how people communicated their needs, preferences and wishes. For example, for one person their records stated "I can be abrupt and do not like small talk." For another person their care plan recorded details about the types of soap, deodorants and shampoos the person used. One person told they were always asked by staff, "Is there anything else I can do?" before the care staff completed their visit.

The registered manager kept a record of the compliments received. We looked at the most recent complimentary cards and letters and saw one such as "Each carer arrived on time with a smile on their face and did exactly what was needed, if not more. They are wonderful people, friendly and efficient, and almost turned the process of recovering from an operation into a pleasure."

People were supported to express their views and remain involved in decisions about the care they received. People were included in care reviews and their comments were taken into account. Initial contact was made with people by telephone at the end of their first visit, the end of their first week of receiving care and at the end of the first month. The call at the end of the first month was completed by the registered manager. They told us they did this to make sure the care team was meeting people's care needs and that any issues they could be discussed and addressed.

Good

Is the service responsive?

Our findings

People and their relatives told us they received care that met their needs. People and their relatives all told us staff gave them the information needed and kept them well informed, for example, if there were going to be any changes to the staff team. People told us they appreciated they were encouraged to make their views about the care known. One relative commented, "Quite a while ago there were some unexpected changes to staff calling but after contacting them [the office team] we are now given the rota for the week and we are contacted by phone if there any changes."

One person told us how Bluebird care provides support if they go on holiday to make sure care staff at the destination are able to provide the care needed. The person told us, We inform the office when we are going and arrange for two local carers to visit the hotel we are staying in." This meant people could be confident their care needs would continue to be met even when they were away from their home.

Care records were personalised and demonstrated care that was responsive to people's individual needs, choices and preferences. Records contained information for staff that clearly stated people's individual needs and how they liked to be supported. This included detail about how peoples' physical and emotional needs were met. For example, for one person their care records stated, "I can get confused and may need reminding to do certain tasks….I would like the carers to make sure I have clean clothes on and to make sure I am eating enough."

Staff completed the documentation each time they visited. This provided detail about how the person was on the day and the details of the care they had been supported with.

We received feedback from a health professional who told us they believed the staff were genuine and highly professional. Staff told us they believed they provided a good standard of care that was responsive to each person's individual needs. The staff we spoke with demonstrated they knew the needs of the people they supported. A member of staff told us, "I never go in (to a person's home) without knowing what their needs are. If I am not sure about anything I would double check the care plan and if I was still not sure I would contact the office team. There is always someone who will help us out or give us advice."

Complaints and concerns were taken seriously and the registered manager showed us the records held in the complaints folder. Complaints were responded to in a timely manner and in accordance with the provider's policy. Outcomes were clear and follow up actions, such as training and staff supervisions were clearly recorded.

People and their relatives were supported to provide feedback about their care. Surveys were completed and people were asked for their views when senior staff visited people in their homes to complete care reviews. We looked at the care records for a person who had their care reviewed in June 2016. The review covered all aspects of their care and what they thought about the staff that provided their support. The person had commented, "They are wonderful."

The care provider operated an out of hour's service. An on call manager was available by phone when the office was closed. Staff told us there was always someone available "At the end of the phone" when support, guidance or direction was needed.

Good

Is the service well-led?

Our findings

People spoke positively about the service and how it was run. All the feedback we received was positive. Everyone we spoke with told us they thought the management was efficient. People and their relatives knew who the registered manager was and told us they felt comfortable to contact them at any time if they had concerns. People told us, "I can contact her [the registered manager] anytime, even if it is to say my husband is having bad day so the carers shouldn't come" "Even the manager will come out if they are short staffed" and "We have a good rapport with the coordinator and things always get done."

Staff told us they were well supported and told us they worked for a good company. One member of staff said, "Bluebird management are passionate about the quality and the care. They talk about how we will develop..even the directors are really involved and want to connect our customers with the community." Another staff commented, "[name of registered manager] or [name of care coordinator] meet with people and so they know people's care needs and how we might need to be supported." Another member of staff told us, "[Name of registered manager] is fantastic as a manager. She will pick you up if you do something wrong but she will really support you and she is very hot on quality."

We spoke with the registered manager who also told us their focus and priority was to make sure people received a good quality of care and support. They told us they had faced some challenging situations with regard to staff recruitment and this was their priority. The recently appointed registered manager told us they were inspired by the ethos of the company because they were not pressurised to take on care packages unless they really believed they could meet people's needs. They told us they believed the company was dedicated to the provision of a quality service and they were not pressurised to take on new care packages unless they really believed they could meet people's needs.

There were effective quality assurance systems in place. Where issues were identified, through spot checks, audit or feedback, actions were agreed and progress was monitored. Quality assurance audits and checks included audits of medication practices and care plans. Where audits identified shortfalls action plans were implemented

Staff attended meetings on a monthly basis. Meeting minutes and agreed actions were recorded and reviewed at the next meeting. We read the minutes for a recent meeting and saw one of the provider's policies was circulated as a reminder and to heighten staff awareness.

The office and management team had weekly meetings with the directors. They discussed issues relating to the quality of the service provision and the overall performance of the service. They agreed actions and priorities and the directors were kept informed about specific and key issues.

The registered manager told us they were supported and encouraged by the directors to keep up to date with current practices and with local issues. They told us they kept in contact and attended local domiciliary care network meetings and they subscribed to relevant care newsletters and publications. This meant people could be confident the management and leadership were informed and updated with regard to

current and best practice issues.

The registered manager had notified the Care Quality Commission of all significant events that have occurred, in line with their legal responsibilities.