

Benjamin Partnership Limited







Bluebird Care (Worcester & Wychavon)

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 announced inspection took place on 8 December 2015. This was the first inspection since the service was first registered. We gave the provider 48 hours' notice of the inspection. This was because the organisation provides a domiciliary care to people in their own homes and we needed to make sure someone would be available at the office.

Bluebird Care (Worcester and Wychavon) is registered with the Care Quality Commission to provide personal care and support to people with a range of varying needs including people who live with dementia. People either lived in their own homes or with a family member. At the time of the inspection the agency provided care and support to 62 people.

Summary of findings

There was a registered manager in place. 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.

People and their family members raised no concerns about the care and support provided. People felt safe when they were receiving care from staff. Staff had knowledge about how to protect people from the risk of abuse.

People told us staff treated them with respect and their privacy and dignity was maintained. Staff were knowledgeable about people's care needs and how to meet them. People were supported to receive their medicines as prescribed by staff who had undertaken training.

Checks were undertaken before new members of staff were permitted to work with people. Induction training

was in place to support new staff which included working alongside other experienced staff. Staff had training to provide them with the knowledge and support needed to meet people's individual needs.

People's consent was gained before care and support was provided and staff had an understanding of the importance of this. People and their family members believed they could raise any concerns or complaints with the registered manager and that they would be listened to and suitable action taken as required.

Staff felt well supported and were complimentary about the management arrangements. Meetings were held to ensure the office based staff were functioning correctly and therefore people's needs were being met. Other meetings involving staff were held. Staff told us they enjoyed their work and found the management to be open to their ideas. Audits and management systems were in place to monitor the quality of the service and bring about further improvements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People felt safe when they received care and support from staff. People were informed who would be attending the call to provide care. People were protected from the risk of harm as assessments were in place to guide staff. People had their medicines administered as prescribed.

Good



Is the service effective?

The service was effective.

People were supported by staff who knew how to meet their individual needs. People received care from staff who respected people's rights to make decisions and sought consent.

Good



Is the service caring?

The service was caring.

People received support from staff who were caring and aware of their needs. People's privacy and dignity was respected while they received personal care.

Good



Is the service responsive?

The service was responsive.

People were involved in planning their care and benefited from having their care reviewed. People and their family members were reassured any concerns they raised would be responded to.

Good



Is the service well-led?

The service was well led.

People were complimentary about the service provided and the management. Staff felt well supported and listened to. People benefited from a management team who were open and had systems in place to monitor the quality.

Good



Bluebird Care (Worcester & Wychavon)

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 8 December 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service we needed to be sure that someone would be available to see us.

We looked at the information we held about the service such as incidents, unexpected deaths or injuries which involved people who used the service. We refer to these as notifications and providers are required to notify the Care Quality Commission (CQC) about these events.

We asked the local authority if they had any information to share with us about the service provided. The local authority are responsible for monitoring the quality and funding for some people who use the service. They told us they had no concerns.

Prior to our inspection the registered manager completed and returned to the CQC their Provider Information Return (PIR). A PIR is a form which asks the registered persons to supply some key information about the service they provide what the service does well and improvements they intend to make.

During the time at the office we spoke with the registered manager, the business owner and the care co-ordinator. Following the inspection we telephoned people or their family members about their experiences. We spoke with four people who used the service and seven family members or friends. In addition we spoke with five members of staff who visited people to provide care.

We reviewed the care records at the office for two people who used the service and viewed staff recruitment records. We also viewed records relating to the management and quality assurance of the service including audits.

Is the service safe?

Our findings

People we spoke with told us they found the care provided to be safe because they were supported by staff who they knew and were aware of their care needs. One person told us, "I feel safe when they are with me." One family member told us their relative was, "Defiantly safe when receiving care because the staff know what they are doing."

Staff we spoke with were aware of their responsibilities regarding any concerns they had about the safe care of people who use the service. Staff told us they would take action to keep people safe. One member of staff told us, "I would report it (abusive practice) to the manager". Another member of staff was aware of other agencies they could inform of their concerns if needed. The registered manager was aware of their responsibility to contact the local authority and other agencies in the event of safeguarding concerns so people were protected against abuse. Staff confirmed they had received training in safeguarding to provide them with the knowledge and information they needed. Information on safeguarding was available for staff within a handbook as well as on line via a computer.

Staff were aware of risk assessments held in people's own homes and were able to describe how they managed different risks. For example staff were aware of risk assessments regarding how people were assisted when transferred. In addition they were aware of the need for two members of staff to carry out some people's care in a safe way. People we spoke with confirmed these risks were managed safely. Staff were also aware of environmental risk assessments which took into account any risks at people's own homes. We saw copies of risk assessments were held at the office and were regularly reviewed and up dated.

The registered manager and staff we spoke with believed there were sufficient staff available to carry out the calls to

people. The service provided was within a defined area to reduce the travel time staff needed between calls. Staff we spoke with confirmed they were given sufficient time between calls to ensure they were able to arrive at people's homes in a timely way to ensure identified care needs were able to be met. People who used the service and family members told us they regularly received a rota to inform them who was due to undertake the call. People we spoke with told us staff arrived on time and stayed for the agreed length of the call. One family member told us, "Their time keeping is very good. They are always here within two or three minutes of the time I expect them."

We spoke with staff about how they were recruited. They confirmed they had completed an application form and had attended an interview. Staff told us a Disclosure and Barring Service (DBS) check had been undertaken before they were able to work with people. The DBS is a national service who keep records of criminal convictions. The registered manager had used the DBS information to ensure suitable people were employed so people using the service were not placed at risk through their recruitment practices.

Some people who used the service needed staff to assist them with their medicines. People were confident they received the right medicine at the right time. One family member told us, "It's always given right. I have never found anything wrong."

Staff told us they were not able to administer medicines and sign they had been given until they had received training and were assessed as competent by a manager. Medicine records were returned to the agency office once completed and audited. We saw the audits were in place which picked up areas where improvement was needed in the recording of medicine administration.

Is the service effective?

Our findings

People we spoke with told us the staff who assisted them were aware of their care needs. One family member told us, "As far as I can tell the training is good". Another family member told us staff, "Know what they are doing".

Staff we spoke with told us they had received induction training before they visited people on their own. One member of staff told us, "I received training when I started." Staff told us they were well prepared to undertake their work due to shadowing experienced staff for a number of weeks as part of their induction training. One member of staff told us, "I was able to continue shadowing as long as I needed. This was until I felt fine to be on my own."

Staff confirmed they had received suitable training to ensure they were able to meet the needs of people they visited. One member of staff told us, "I have received refresher training since my induction." Another member of staff told us, "I am very happy with the training." Staff confirmed they had received training specific to people's individual care needs as required to ensure they were competent in these areas. Staff told us they had received spot checks undertaken by a manager to observe their care practices and they received feedback following these. Staff told us they felt well supported by staff at the office and able to discuss any concerns they had.

We spoke with the registered manager about the Mental Capacity Act. 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. We checked whether the service was working within the principles of the MCA.

The registered manager told us they had not made any applications to the Court of Protection for approval to restrict the freedom of anyone who used the service.

We spoke with people who used the service and to family members and they told us staff sought permission from the person receiving care prior to providing it. Staff told us they had received training and found they were aware of MCA principle. The management and staff who visited people in their own homes had a working knowledge of how MCA affected their roles. Staff we spoke with confirmed they asked people for their consent before they provided care.

We spoke with staff and they confirmed they supported some people with the preparation of meals. People we spoke with told us they were happy with the arrangements regarding meals and that staff did what they could in the time allowed. Family members we spoke with told us they usually prepared their relatives meals therefore not involving staff from the agency with this task.

Staff told us they had needed to contact healthcare professionals on behalf of people if they found them unwell. For example staff had contacted a doctor or emergency services. One member of staff told us, "If someone was not well I wouldn't leave them." Staff told us under these circumstances they would contact staff at the office to inform them they would be delayed. This would allow alternative arrangements to be made regarding their following calls to ensure people received a service to meet their assessed needs.

Is the service caring?

Our findings

People we spoke with were complementary and positive about the care and support they received. People told us staff were caring and kind. One person told us, "I am very satisfied with the staff. It's a joy to talk with them." Another person told us, "They (the staff) are all very good to me. I'm very pleased with them."

One family member described the care provided as, "Wonderful" and added "I can't fault them they are just so caring". Another family member described the staff as, "Very good, patient and kind." A further family member told us, "The staff are all so helpful and kind."

All the staff we spoke with told us they enjoyed their work. One member of staff told us, "I love it" and added, "We all work well as a team". Another member of staff told us, "I really like my job and working with the people I visit." A further member of staff described their job as, "Brilliant" and "Great" and added, "I really enjoy my work."

People we spoke with told us they were involved in their care. People told us staff spoke with them and consulted them while providing care and support. Family members told us they felt involved in the care provided and were

pleased with the level of input they received from staff at the office. Family members felt listened to and were confident they could contact the office if they needed to make changes to the care provided.

People told us they liked having regular staff visit as they felt more at ease and confident their needs would be met when this happened. Two family members told us they would like to see more regular staff attend to their family member rather than different staff over the week to ensure consistency in the care provided.

People told us staff were respectful of their privacy and dignity. One family member described to us how they worked with staff to ensure their relative's dignity was maintained. Another family member told us staff were always very considerate with regard to the privacy and dignity of their family member.

We spoke with staff and they were able to tell us the actions they took to ensure they upheld people's privacy and dignity. Staff were mindful of the fact they were working in people's own homes and were able to give us examples of how they respected people's privacy and dignity. For example they told us they made sure people were covered when they provided personal care and that curtains were closed.

Is the service responsive?

Our findings

People we spoke with told us they were aware of their care plan and confirmed they had been involved or continued to be involved in it if changes to their needs occurred. One person told us they were asked what they wanted staff to do for them when they first received a service from staff. A further person told us they believed their care plan to be, "Up to date" and confirmed they had involvement in reviews of the plan. Relatives we spoke with told us they were involved in the care plan of their family member. One family member told us a member of staff from the office had visited them recently and together they went through the care plan and made some changes. This was to ensure the care and support provided were appropriate to meet the person's needs.

Staff we spoke with told us they were given information about people's care needs before they visited an individual for the first time. Staff told us they were made aware of any changes in people's needs. They told us care plans or other records such as medicine records were regularly amended to reflect these changes. Staff who worked at the office regularly visited people's own homes to make the necessary changes. Staff we spoke with told us they believed care plans available at people's own homes to be up to date and an accurate reflection of people's needs.

Staff we spoke with had a good knowledge about people's care needs and how they were to support them. Staff were

aware of people's likes and dislikes and of their daily routines. We viewed the care plans of two people and saw these contained information about how needs were to be met at each of the calls. Care plans also gave instructions on how people were to be left at the end of the call. For example that people were left with a drink available to them. We saw these care plans had been up dated as required.

We saw people were asked for their views about the service provided and their experience of the staff who had provided care and support to them. A satisfaction survey had been undertaken during February 2015. The information returned to the office had been evaluated. The majority of the responses were favourable for example in relation to people's experience of staff's professionalism and respect towards them.

People we spoke with and their family members told us they had had no need to complain about the service provided. Everyone we spoke with was confident if they needed to raise a concern about the service they would be listened to and their concerns taken seriously. People were confident if improvements were needed they would be made. We saw the registered manager had acted upon complaints received and had taken or was in the process of taking action to redress the concerns to prevent them from happening again.

Is the service well-led?

Our findings

People were positive about the service provided either for them or their family member. One family member told us, "They run it very well." In addition people as well as their family members told us they liked the registered manager and the business owner who was the provider. One person who used the service described the registered manager as, "A very pleasant man". Another person told us the registered manager had, "The care of people as their number one importance." A further family member described the registered manager as, "A very helpful chap" adding he attends to people, "Very well."

All the staff we spoke with were complimentary about the registered manager and other staff at the office. One member of staff told us, "The management are effective and on top of the game." The same member of staff told us they believed the registered manager to be, "Doing a great job". Another member of staff told us, "This is a brilliant company to work for". A further member of staff told us, "The support is good, especially from the manager. I am confident I could speak with him at any time." All the staff we spoke with told us they found the registered manager to be, "Approachable" and confirmed they felt listened to.

We found the registered manager as well as the business owner had a good knowledge of the care needs of each person who used the service. For example they were able to give example of when they had provided care to enable people to do something important to them such as visit somewhere they liked or wanted to go to. They told us they believed it to be important they visited people before they started to receive a service from the agency. This enabled

people to get to know the management and for them to get to know who they were. The registered manager and business manager spoke about the importance of getting the service provided right and believed talking with people and seeking views to be paramount.

Systems were in place in order to develop the service and ensure people's needs were met. For example telephone calls to the agency were logged and action needed was recorded. The registered manager checked what needed to be done and what remained outstanding. Regular meetings were held at the office to review people's care and any other matters such as staffing.

Regular spot checks were undertaken to monitor staff and the care they provided. We saw where concerns were raised in relation to care provision these were acted upon and suitable action taken to improve the service provided.

Audits were undertaken of the care records written by staff and as well as medicine records. Staff confirmed managers from the office would attend people's homes to make changes to people's care plans as needed. For example when people's medicines changed.

We saw staff were able to progress within the service. The registered manager told us staff were offered additional training such as in team leadership. This provided staff with the skills to gain further experience and promotion.

Staff told us they were able to attend staff meetings and that these were held over a period of two days to enable all staff to attend while calls to people continued. Staff told us they felt involved in the running of the service and believed the management to be open with them and to ideas they had.