

Watra Limited

# Bluebird Care (Birmingham West)

## Inspection report

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14 June 2016

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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

The inspection took place on 10 and 14 June 2016 and was announced. We gave the provider short notice before our visit that we would be visiting to ensure the registered manager was available. The last inspection of the service was 5 February 2014 where they met all the standards assessed.

Bluebird care is a domiciliary care service that provides care and support to people living in their own homes. Some people's care was funded through the local authority and some people purchased their own care. At the time of our inspection 40 people received support from this service.

There was a manager who was registered with us however we were informed by the provider that the manager had left the organisation a week before our inspection. The manager will remain registered with us until an application to deregister is received. 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 provider has made arrangements to manage the service until a new manager is appointed.

People felt safe with the staff that supported them because staff knew how to protect people from harm. Procedures were in place that ensured the service was safe and that people's rights were protected.

People were protected because management plans were in place to manage risks based on people's individual assessed care needs. People were consulted about their care so their wishes, choices and preferences were known so they could receive care that met their individual needs.

There were sufficient numbers of suitably recruited staff available to support people and keep them safe. Staff had received training that ensured they had the skills and knowledge to care for people.

People were supported with their medication when required and staff had been trained so people received their medication safely

People were able to make decisions about their care and were actively involved in how their care was planned and delivered. People's rights to make decisions were promoted by the staff.

People were able to raise their concerns or complaints and these were addressed. Monitoring of complaints had taken place to enable improvements to be made and prevent reoccurrence.

Staff supported people with their nutrition and health care needs and referrals were made in consultation with people who used the service if there were concerns about their health.

People's privacy and dignity was promoted and maintained.

Systems were in place to monitor and check the quality of care provided and where changes for improvement were required we saw that action was taken.

## 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 received a safe service and procedures were in place to keep people safe and staff knew how to keep people safe from abuse and harm.

Risks were identified and managed appropriately.

There were sufficient staff that were safely recruited to provide care and support to people.

People were supported with medication when required.

### Is the service effective?

Good ●

The service was effective.

Staff were trained to support people and had the skills and knowledge to meet people's care needs.

People received food and drink to meet their needs and were supported with their health care needs as required.

### Is the service caring?

Good ●

The service was caring.

People told us they had a good relationship with the staff who were kind and caring.

People were able to make informed decisions about their care and support they received.

Privacy, dignity and independence was fully respected and promoted.

### Is the service responsive?

Good ●

The service was responsive

People were involved in all decisions about their care and that

the care they received met their individual needs.

People were able to comment on their experience of using the service and were confident that they could speak with staff if they had any concerns and that they would be listened to.

**Is the service well-led?**

**Good** ●

The service was well led

There were systems in place to monitor the service provided to people and make improvement when required.

The provider was open and transparent and was fully aware of the improvements needed to ensure that people received a safe and reliable service that met their needs.

# Bluebird Care (Birmingham 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.

The inspection took place on 10 and 14 June 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office when we visited. The inspection was undertaken by one inspector. At the time of our inspection the service provided a domiciliary care service to 40 people. During our inspection we spoke with twelve people who used the service, three relatives, seven staff, and the Director.

As part of our inspection we reviewed previous inspection reports and the Provider Information Record (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 reviewed all the information we hold about the service. This included notifications received from the provider. Notifications are required from the provider about their service in relation to accidents/incidents and safeguarding alerts which they are required to send us by law.

We looked at three people's care records and the recruitment records of two staff. We also looked at the records of complaints and compliments, minutes of staff meetings, and quality assurance records.

# Is the service safe?

## Our findings

People told us they received a safe service. One person told us, "If you mean am I well cared for and not worried about the staff coming and am I comfortable; yes I am very safe." Another person told us, "Oh very safe, and happy with the service." Another person said, "They are all fine and treat me very well." A relative told us, "[Person's name] feels safe."

Three staff told us because they had developed relationship with people and got to know people well there they were able to quickly identify any concerns. One staff member told us, "You just know if something is not right, you can spot it straight away, even if people cannot tell you. This is the benefit of having the same people to support." Another staff member told us, "I would have no hesitation in reporting any concern. All staff spoken with knew who to report concerns to; both internally to management and externally to other agencies, such as social service or the police. The PIR told us that all staff had received safeguarding training which gave staff the information on how to report and support people if it was suspected abuse was taking place. All staff confirmed that they had received training in relation to ensuring people were safeguarded against abuse. One staff member told us, "We complete E learning." This is on line training that staff complete. We can also revisit the course if we are unsure. Another staff member told us, "We have the right training to do our jobs which is always being updated as required." All staff confirmed that on-going training was available and completed so they had the skills to ensure people were supported safely.

People told us that the staff had discussed with them any risks that may be relevant to the care they received, such as using a hoist, the environment or when providing personal care. One person who used the service told us, "I feel as safe with them [staff] as I do with my family." Staff spoken with were clear about how to maintain safety when supporting people and gave examples such as making sure when a key safe was used that the key was placed securely in the safe. When using a hoist staff told us they checked the slings were not thread bare and reported any concerns about a person's safety to the office.

Records looked at showed that risk assessments were in place and personalised to the individual. Management plans were in place to minimise any risk involved when providing the service to people. One staff member told us, "It's mainly common sense, I would always discuss things with the individual if I felt there was a risk to their health. I would report it to the office so that action could be taken to prevent the person becoming unwell or to prevent any injury." All staff knew the procedures for reporting new risks and felt that an assessment would be undertaken which would include the new information. This showed that staff made efforts to ensure people were protected from the risk of unnecessary injury.

People spoken with confirmed that there were no missed calls and the log books we looked at showed no missed calls. This meant people were supported at the right time which eliminated risks to their health and wellbeing. People spoken with told us they were supported by the same member of staff at each visit which meant people received continuity of care. Staff spoken with said there was enough staff to provide care. Office staff were alerted to any potentially missed or late calls by the electronic monitoring system in place. This gave managers the opportunity to check with the person receiving the service and the staff member to ensure there were no issues that would prevent care from being delivered.

We saw from the provider's employment records they had made checks to ensure staff were suitable to deliver care and support. Before staff started working at the service they completed an application form and were interviewed before they commenced their employment. We saw that the provider had checked staff references and with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. The care staff records we looked at showed results of these checks to make sure the people the agency had employed did not put people at risk through their recruitment practices.

People told us they were supported to take their medication or were prompted by staff as a reminder when the medication was due. Staff spoken with understood the difference between assisting people to take their medication and prompting. One person said, "They always make sure I take my medication. They haven't missed any medicines." Another person told us, "I could not miss any if I wanted to because they [staff] keep reminding me until I have taken it, that's how good they [staff] are."



# Is the service effective?

## Our findings

People told us that they thought the staff were trained in what they did. One person told us, "They look after me very well, I don't have to tell them what to do and they do it very well, which gives us time for a chat." Another person told us, "They appear to be trained. I am satisfied with what they do for me and they do it well." Another person told us, "Very efficient." The provider told us that further training was planned in relation to certain disabilities and medical conditions so staff had more of an understanding about people's needs. Staff told us that they were supported to continually update their skills to a professional level. Some staff had completed the care certificate and others were working toward this. The care certificate is the new minimum standards that should be covered as part of induction training of new care workers. Staff told us that they were supported with meetings, observation supervision and training so they had the knowledge and skills to meet people's needs.

People using the service told us that their wishes and consent to the care they needed was considered before being offered support. One person told us, "They [staff] check with me first before starting to support me." Another person told us, "We discuss what I want, mainly it's the same thing but they [staff] will change things if I want. They are very flexible in their approach to my care." A relative told us, "The staff and the agency are really good, everything is discussed with my relative and myself." Staff told us it was important to always ask people before delivering care. Staff told us they took into account each person's wishes and adapted the support accordingly.

Staff told us they would respect people's choices such as what they would like for lunch, what time and how they preferred their personal care to be done. People and relatives spoken with told us they were involved in discussing people's care needs with staff and had been asked questions about their routines and preferences. One person told us, "They [staff] are excellent in what they do for me, they give me choice, respect my wishes and most of all they [staff] are always friendly." A staff member told us, "It does not matter if you have had a hard day as long as you have a smile and are jolly when you go to someone. You are the only people they may see, it's not hard to be happy for an hour."

People said that staff listened to them and did exactly what they asked them to do. One person said, "They always discuss what I want, and ask me if there is anything else I need before they go. If I ask them to do anything they do it with good will, and to my satisfaction."

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.

Care staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and had received training in this area. The provider was aware they would have to support people through best interest meetings, involving family members and professionals as necessary.

The provider had not made any applications to the Court of Protection for approval to restrict the freedom of people who used the service or deprive them of their liberty but was aware of the procedures to follow should it become necessary in the future.

Staff told us they respected people's rights to make choices for themselves and encouraged people to maintain their independence, but were also aware if the choices they made impacted on their health and their ability to make these choice. Staff told us they would report to the office if they felt that a person's ability was deteriorating.

Staff told us and people spoken with confirmed that staff supported them with their healthcare needs when required. One person told us, "They [staff] look after me and if I am poorly they let my relative know." Staff spoken with were clear about what they would do in an emergency. One staff member told us, "We would make sure the person was okay before we left or wait for a relative to come if needed." This showed people were supported with their health care needs when required.

We spoke with one person about the support they had with their meals. They told us staff always offered a choice, and prepared what they wanted. Staff spoken with were aware of how to support people who may be at risk of not eating and drinking enough to remain healthy. One staff member told us, "If people were not eating and drinking, I would try to encourage them and report the concerns so we could monitor them." This showed that where required, staff supported people with managing their nutrition, and was able to identify and take action where risks to people's health through poor diet and fluid intake were indicated.

## Is the service caring?

### Our findings

People spoken with told us they had a good relationship with the staff. One person told us, "They [staff] always have a chat; I look forward to seeing them." A relative told us, "I am pleased with the service provided and my relative told me she was happy." People told us that they had been involved in discussions about their care needs with staff so a plan could be completed. All the people we spoke with told us that things were added as needed. One person told us, "I cannot complain at all they [the agency] are very good".

All the people we spoke with said their privacy, dignity and independence were respected by staff. One relative told us, "They maintain [person's name] privacy and dignity." Another person told us, "Privacy and dignity respected, spot on." Another person told us, "They do help with my confidence and my independence will improve." A relative told us that staff were sensitive to the specific needs that their relative had and without this their relative would not be able to continue to be independent and go to work. Another relative told us, "Since using the service they have [person name] has more confidence and independence. The staff member who supports my relative is excellent and I think they are very experienced." All the people spoken with spoke highly of the staff that supported them. One person said, "Very friendly and caring people."

All staff spoken with gave good examples of how they ensured people's privacy, dignity and independence was maintained. This included, discussing care with people to ensure they were in agreement and making sure doors and windows were kept closed whilst providing personal care. One staff member said, "At some point in our lives, our dignity maybe compromised. It is important to maintain as much dignity and privacy when supporting people to make people feel comfortable."

## Is the service responsive?

### Our findings

People told us they were involved in the assessment of their care needs with staff and were involved in planning their care, so that they decided how they wanted their care and support to be delivered. Relatives told us that they felt the agency was very supportive; and there was good communication and flexibility of staff. One person who used the service told us, "I can review my care record when I like and see what staff are recording because the agency use a system that allows this. My relative can also access this information so she can keep an eye on me." Another person who used the service told us, "I am involved in everything the staff do; down to the little details. They [staff] don't do anything without asking me."

The PIR told us, "The Pass system [an electronic system which records care provided] enables us to see all communication from care staff, care tasks completed and any issues can be picked up straight. We have 24 hours access to this and can remotely monitor and recognise if a review is required." Records looked at showed that care was based on people individual needs.

People were asked if they were happy with the care they received. People spoken with told us that they received the support they wanted and were asked their views about the service provided. One person who used the service told us, "Someone comes from the office and checks staff and asks my opinion about the service, I always tell them I am happy because I am."

All the people we spoke with knew how to complain about the service and were confident their concerns would be listened to, acted upon and resolved to their satisfaction. One person told us, "I know how to complain. I would ring [registered manager's name] if worried, and it would be sorted out there and then." During our conversation with people one relative told us that they had one concern. We discussed this with the Director who had a previous conversation with the individual. The Director contacted the individual and this was resolved. We spoke with the individual to see if they were happy with the action taken. We were told they were fully satisfied with the agency's approach. Records of complaints sampled showed that they were investigated and responded to in line with the provider's policy.

## Is the service well-led?

### Our findings

The Director of the service was open and transparent and told us that the registered manager had left the organisation recently, and was no longer working for the agency. In the interim period while another manager was sought the director and senior staff was managing the service.

The PIR told us that people who used the service, their relatives and staff were involved in developing the delivery of the service by being open and honest and supportive with people using the service and staff. People using the service, relatives and staff all confirmed that they felt supported and involved in how the service was being provided.

The provider sought the views of the people using the service about the quality of the service provided in the form of questionnaires. We saw that where issues had been identified this was followed up, so people knew that the provider listened to their views and made changes where necessary. One person told us, "I did not think I would get a response but I did and very quickly at that so I feel confident that they listen."

People who used the service told us they were able to contact the office staff and there was always someone available to talk to them if they had any worries. One person told us, "They [office staff] are very good if you ring them, they are polite and try their best to help."

All the staff spoken with told us that they were comfortable in raising issues with the senior staff and felt that they were always listened to. There were staff meetings where staff were able to raise issues and make suggestions for improvements. One staff member told us, "We are able to make suggestions and where they can change things they do." Staff told us there was an on call system where they could seek advice if the needed to. People using the service told us they were able to contact the office staff and there was always someone available to talk to them.

Staff spoken with were clear about their roles and responsibilities and told us the provider was open and accessible to them if they had any concerns or needed advice. All staff spoken with told us that they enjoyed working at the agency as they felt that they were supported.

We saw that there were systems in place to monitor the service which ensured that it was delivered as planned. We saw a recent copy of an annual audit undertaken where action had been identified. The director showed that most of the recommendations had been met and the ones outstanding were well on the way to be completed.