

Watra Limited

Bluebird Care (Birmingham 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

About the service: Bluebird Care (Birmingham West) provides support to people in their own homes including people with physical disabilities and people living with dementia.

People's experience of using this service: Staff had awareness of safeguarding and knew how to raise concerns. Steps were taken to minimise risk where possible. Staff supported people to manage their medicines safely. Systems were in place to recruit staff safely and they were equipped with the skills required to provide effective care and support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff supported people to monitor their wellbeing, access healthcare and maintain a nutritious diet.

People were supported by regular staff which provided continuity. Staff were matched to people based on their needs and preferences. Staff had developed relationships with people and knew them well; people received person-centred care as a result. Staff promoted people's independence and treated them with dignity and respect.

Thorough assessments of people's needs were completed and person-centred support plans were developed which were outcome focused. People's care was regularly reviewed and people were involved in making decisions about their support. The service was responsive to people's needs and electronic records meant updates could be shared quickly and the delivery of care could be monitored in a timely manner.

The registered manager created a positive team culture that was open and transparent and where staff felt supported. Their passion and commitment to providing high quality care and support for people was shared amongst staff. Robust quality assurance systems were in place to ensure a good standard of care was provided. The service embraced new ideas and learning, including using technology to continually improve their delivery of care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: Good (report published 29 July 2016).

Why we inspected: This was a planned inspection based on the previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was Safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was Effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was Caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was Responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was Well-Led.

Details are in our Well-Led findings below.

Good ●

Bluebird Care (Birmingham West)

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by one inspector.

Service and service type: The service is a 'domiciliary care agency' providing care to people living in their own homes in the community including those with physical disabilities and people living with dementia. Not everyone using Bluebird Care (Birmingham West) receives a regulated activity; The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks relating to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection, 50 people were receiving a regulated activity.

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

Notice of inspection: We gave the service 48 hours' notice to ensure we would be able to access the office.

Inspection site visit activity started on 22 March 2019 and ended on 28 March 2019. We visited the office location on 22 March 2019 to see the registered manager and office staff; and to review care records and policies and procedures.

What we did: Before we inspected the service, we reviewed information we held about the service, to help inform us about the level of risk for this service. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information is called a Provider

Information Return and helps support our inspections. We also contacted the local safeguarding team and commissioners.

During the inspection, we reviewed two people's care records and two medication administration records. We also looked at a selection of documentation in relation to the management and running of the service. This included quality assurance audits, complaints, accident and incident records, recruitment information for two members of staff, staff training records and policies and procedures.

We spoke with two people who used the service and four relatives. We also spoke with three members of staff, the registered manager and nominated individual.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- Staff were aware of how to recognise abuse and protect people from harm; they had received training in safeguarding. They felt confident raising any concerns with managers and were aware of the whistle-blowing policy.
- People told us they felt safe in the presence of staff members and relatives told us they were happy with the support people received.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- Staff understood how to identify and manage risks to people's health, safety and welfare.
- Care plans contained explanations of the control measures for staff to follow to keep people safe. However, we found one person was missing risk assessments for catheter care and Percutaneous endoscopic gastrostomy (PEG). We highlighted this to the registered manager who implemented these following the inspection.
- Accidents and incidents were recorded appropriately. The registered manager had oversight of these, so any patterns and trends could be identified to reduce the likelihood or impact of these reoccurring.

Staffing and recruitment.

- The provider operated a safe recruitment process.
- Staff calls were monitored using an electronic system so any missed calls could be identified. Where calls had been missed in the past appropriate action had been taken by the registered manager to reduce the likelihood of this reoccurring. They demonstrated a commitment to improving through continuous learning and development.
- People and their relatives confirmed staff arrived on time and stayed for the allocated time. People told us where changes were required to call times the registered manager was responsive to meeting their preferences.

Using medicines safely.

- Safe systems were in place to manage people's medicines. Staff recorded medicine administration records on a live electronic system. This meant if they did not keep an accurate record it could be identified by staff at the office and responded to sooner.
- People received their medicines as prescribed from trained staff.

Preventing and controlling infection.

- Systems were in place to protect people from the spread of infection.
- Personal protective equipment was available to staff.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs.

- Assessments of people's needs were thorough and focused on the outcomes people wanted to achieve. A plan of care was then developed with specific tasks for staff to support people to achieve their goals.
- Care and support was reviewed regularly to reflect people's current needs and make changes where needed. Any changes to people's care was shared in real time through an electronic care records system. This meant staff always had access to up-to-date information.
- Risks in people's home environments were assessed to promote people's safety in their home.

Staff support: induction, training, skills and experience.

- Staff completed a comprehensive induction and training programme.
- Staff were equipped with skills to provide effective care and support. One person told us, "I think they are a good agency; they seem to train their staff very well." Staff told us the training was good, relevant to their role and they felt well supported to deliver good standards of care.
- Staff received regular supervision to discuss their role and the care they provided.
- A staff guide app had been developed, which staff accessed from their mobile phones. Staff told us this was informative and guided them to relevant information including instructional guides, videos and policies and procedures.

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

- Staff supported people to maintain a diet of their choosing. Further support was provided dependent on the person's requirements, whether this be with shopping, eating and drinking or preparing meals.
- Staff were knowledgeable about people's dietary requirements and people confirmed staff followed their preferences.

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

- Staff monitored people's health and wellbeing and supported them to access healthcare services. Staff liaised with a range of healthcare professionals and services including GP's and district nurses.
- Staff were committed to working collaboratively with other professionals and services supporting people to achieve better outcomes.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- People's care records contained relevant information about their capacity. People signed forms giving consent to their care records being maintained. Where people lacked capacity, their legal representative signed on their behalf. Most people receiving a service had capacity or a legal representative, but where this was not the case records were available to record best interest decisions.
- Staff were aware of the importance of gaining people's consent before providing care and support. People told us they were supported to make their own decisions and choices. One person said, "Yes they always consult me."

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.

- People were complimentary about the staff and felt they were treated with kindness.
- People were supported by a small group of regular staff members which provided continuity. People's preferences were considered when deciding which staff would support them. An electronic staff system enabled this, as well as ensuring staff with the correct skills were allocated to that person. For example, a person who had requested female staff and required support with a PEG meant the system would only allocate female staff with training in this area.
- A person told us, "Staff notice if my mood is down and try and get me to talk with them. They try and line up people and staff to form a good match."
- Staff had developed trusting relationships with people and people told us they felt comfortable in their presence. One person said, "The staff member at present is lovely. They have been coming for quite some time. They put me at ease."
- Staff were aware of equality and diversity and respected people's individual needs and circumstances. For example, staff supported one person to follow their religious needs by learning how to assist them with washing rituals and daily prayer. This supported the person to practice their faith.

Supporting people to express their views and be involved in making decisions about their care.

- People and their relatives had been included when care was being planned and reviewed.
- People were involved in making every day decisions and choices about how they wanted to live their lives and staff respected these.
- Staff understood how people communicated. Care records contained relevant information about people's communication needs. One person spoke Urdu so the service tried to send staff who could speak this language to visit them as often as possible.
- Staff would support people to access advocacy services if required.

Respecting and promoting people's privacy, dignity and independence.

- Staff were committed to providing the best possible care for people. They respected people's privacy and dignity. Staff told us about some of the ways they did this.
- Staff valued the importance of maintaining people's independence and promoted this where possible.
- Systems were in place to maintain confidentiality and staff understood the importance of this.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People's care plans contained detailed and personalised information about their abilities, health needs, religion, culture, likes and dislikes. Staff could tell us details about people's needs, the support they required and their preferred routines. This enabled staff to provide person-centred care and support people in line with their preferences.

- People's care was regularly reviewed to ensure they received appropriate support.

- People's care records were electronic which meant information could be shared in real time.

- People were involved in decisions about their care and supported to engage in care planning. People and their relatives could access their records electronically, if they wished, and could communicate with staff through a live chat system.

- The service was responsive to people's needs and developed bespoke packages of support with them. For example, the registered manager assessed one person in their home country then supported them during their flight to England. They received a service while staying with their relative then staff supported them during their return flight home.

- People's communication needs were assessed, recorded and highlighted in their care plans. This helped ensure staff understood how best to communicate with each person. For example, one person used picture charts.

- The registered manager was aware of the Accessible Information Standard and provided adapted information for people.

- People were supported to live their lives the way they wanted.

- Support was available for people to access the community or engage in social and leisure activities if chosen.

- A person told us, "There was a tea party last year and I met other people who receive a service. It was lovely and I think they are doing it again this year."

End of life care and support.

- People were supported to make decisions about their preferences for end of life care if they chose to. People's wishes were respected if they did not feel ready to discuss this.

- The registered manager liaised with relevant professionals to ensure people got the care they needed. For example, the registered manager referred one person to other agencies for support and helped them access the equipment needed to ensure they were comfortable.

Improving care quality in response to complaints or concerns.

- The provider had a complaints policy and procedure in place for responding to any complaints.

- People told us they knew how to raise any concerns.

- Any issues which had been raised were responded to appropriately.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- Robust quality assurance systems were in place to ensure a good standard of care was provided. There was a keen focus on driving continuous improvement through the provision of regular and on-going quality assessment and monitoring. Shortfalls were identified and action was taken to improve the service.
- The service embraced new ideas, including using technology to continually improve their delivery of care. For example, staff used an app on their phone enabling them to access information, which supported them in their role. People's care records were also electronic which meant updates could be shared with relevant people instantly. Staff documented their visits and medication administration records electronically. This enabled staff at the office to monitor care in a timely manner.
- The registered manager was aware of their regulatory requirements. For example, their responsibility to notify the Care Quality Commission and other agencies when incidents occurred which affected the welfare of people who used the service.
- The registered manager attended external groups to aid learning and share best practice. They were also a dementia champion, which meant they encouraged good practice in this area.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others.

- People and their relatives were at the heart of service development and their views were valued and acted upon. They gave feedback on the quality of the service and felt listened to. Questionnaires were regularly used and analysed to drive improvement within the service.
- The registered manager worked closely with other agencies and professionals to achieve good outcomes for people.
- People, relatives and staff confirmed the registered manager was accessible and they could get in touch with them. A relative said, "The registered manager is very good. If there is ever a problem they sort it out. I am confident about Bluebird."
- Staff felt supported in their role. A member of staff told us, "Managers treat you as part of the team."
- There was good communication between staff through a variety of means including regular staff meetings.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- It was clear the registered manager valued people and was committed to providing a person-centred service. They had developed a positive culture within the service which was open and transparent.

Discussions with staff demonstrated they shared the same culture and values. These visions and values ensured that people were at the heart of service delivery.

- The registered manager was committed to supporting people which extended to the wider community. Staff were involved in various charity fundraising events to support people in the local community which demonstrated values of team work, compassion and support.