

Ajit Ltd

Bluebird Care (Stevenage & North Herts)

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?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 2 November 2017. On the 3 and 6 November 2017 we contacted people and relatives to obtain feedback about the service they received. The inspection was announced. We told the provider 48 hours before our visit that we would be coming to ensure we could access the information we needed.

This was the first inspection since the service was registered on 25 July 2016. Bluebird Care (Stevenage & North Herts) is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. At the time of our inspection, Bluebird Care were providing support to 86 people.

The service had 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.

Quality assurance checks and annual audits were completed. However, we found that systems in place were not effective to ensure areas of concern were audited or monitored properly.

People were supported to take medicines by staff that received training and competency checks to ensure they were safe. However, there needed to be a system in place to allow better monitoring by the registered manager.

Complaints were documented and appropriately responded too. However, we found not all complaints had been documented in the same place. To ensure these were reviewed.

We found care plans did not always contain the updated guidance and risk assessments to meet people's needs. However, there was evidence that demonstrated people's needs were met but the documentation required improvement.

Recruitment practices were in place to ensure suitable staff were employed. However, gaps in people's employment history needed to be documented.

People who used the service felt safe. Staff understood how to keep people safe and how to report any concerns.

People received their care on time from staff they knew and were contacted about any changes to staff or delays.

People were happy with the care and support they received. Staff received appropriate training and were supported to develop their skills and knowledge.

Staff had the opportunity to attend meetings; they were supported with supervisions, appraisals and regular spot checks to ensure they had the skills and delivered best practice.

The registered manager was working within the guidelines of the mental capacity act (MCA). Staff understood the importance of choice and consent.

People where required were supported with their nutritional requirements.

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 ●

People confirmed they received their calls on time and were contacted about any changes.

People told us that they felt safe receiving their care from staff of Bluebird Care.

Staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse.

There were enough staff available to meet people's needs.

Safe and effective recruitment practices were followed to help make sure that all staff were of good character and suitable for the roles they performed at the service.

People received their medicines regularly from staff that received the appropriate training.

Is the service effective?

Good ●

People and their relatives told us that the service provided by Bluebird Care was appropriate to meet people's needs.

People received care from staff who knew them and had the knowledge and skills to meet their needs.

Staff completed an induction when they commenced employment with Bluebird Care and a programme of training was in place to support staff to provide safe and effective care.

People were supported with daily choices.

Staff supported some people to have food and drink of their choice.

Is the service caring?

Good ●

People and their relatives were happy with the staff that provided people's care.

People told us that staff respected their dignity and encouraged them to remain as independent as possible.

People received care, as much as possible, from the same care staff or team.

People's care records were stored in a lockable office in order to maintain the dignity and confidentiality of people who used the service.

People were regularly asked about their care and support needs so that their care plan could be updated as their needs changed.

Is the service responsive?

Good ●

People's care needs were reviewed regularly to help ensure the care provided continued to meet people's needs. However not all care plans had been updated to reflect the changes.

People and their relatives where appropriate, had been involved in developing people's care plans.

People's care plans were sufficiently detailed to be able to guide staff to provide their individual care needs.

Concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved. People's care needs were reviewed regularly to help ensure the care provided continued to meet people's needs. However not all care plans had been updated to reflect the changes.

People and their relatives where appropriate, had been involved in developing people's care plans.

People's care plans were sufficiently detailed to be able to guide staff to provide their individual care needs.

Concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved.

Is the service well-led?

Requires Improvement ●

There was not an effective auditing system in place to ensure potential risks were identified and managed appropriately.

People we spoke with told us that they felt Bluebird Care was well managed, well run and that they would recommend the service to other people.

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service.

Staff told us that the registered manager and office staff team were approachable and that they could talk to them at any time.

People received regular opportunities to provide feedback about the service they received.

Bluebird Care (Stevenage & North Herts)

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.

We gave the service 48 hours' before our visit that we would be coming to ensure we could access the information we needed.

The inspection was undertaken by two inspectors.

Inspection activity started on 02 November 2017 and ended on 06 November 2017. The inspection process included speaking on the telephone with a sample of people who used the service, relatives of some people who used the service and some staff members in order to obtain their views.

We reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We requested a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We visited the office location on 02 November 2017 where we spoke with the registered manager, the director, supervisor, care co-ordinator and we interviewed two staff members. We reviewed care records relating to three people who used the service and other documents central to people's health and well-being. These included medicine records and quality audits.

Is the service safe?

Our findings

People and relatives told us they felt the service they received was safe and met their needs. One person said, "I feel very safe. [Staff member] is such a trustworthy person, I could leave them in my home and not worry."

People were supported to take their own medicines by staff that were properly trained and had their competencies checked and assessed. Staff had access to guidance about how to support people in a safe and person centred way. A supervisor told us, they regularly check the medicine administration records sheet (MAR) and addressed any errors with staff. They confirmed that a six monthly check had been introduced to ensure staff had regular training on how to complete MAR charts correctly. They said, "This has made a big difference." We asked the registered manager how many incidents had occurred in October and September. However, they were not able to provide this information due to the way these errors were documented. We have addressed this in the well led part of this report. People we spoke with who were supported with their medicines told us that they always received their medicines on time.

All staff had been through recruitment procedures that involved obtaining satisfactory references and a criminal records check before employed by the service. This ensured staff were of good character and were suitable to work in the care environment. However, we noted that there were gaps in people's history of employment; these gaps were not explored. We discussed gaps in employment histories with the director and registered manager; they were able to give verbal explanations. The director stated he would add a section to interview questions to ensure gaps were explored and documented.

Staff received training about safeguarding people from harm. Staff we spoke with were knowledgeable about how to identify any signs of abuse. They knew how to raise concerns, both internally and externally. One member of staff told us, "I would report any concerns I had to the office." They also explained that it is best to report your concerns to ensure people were kept safe.

The registered manager told us that staff were always introduced to people and shadowed experienced staff before they were allowed to cover the calls on their own. This meant that people knew the staff who visited them and felt safe when they arrived at their homes. Staff we spoke with all confirmed they were introduced to new clients. One staff member commented, "We are introduced to people before we can give care. They [Bluebird Care] don't let anyone go in blind." This meant that staff attending calls were aware of the person's support needs and had previously been introduced. One person told us, "Yes all the staff have been introduced to us."

People and their relatives told us staff arrived on time and if they were running late they were called by the office to let them know of the delay. One person told us, "[Staff] are always on time but if [they] are held up because of someone being unwell. I will get a call to let me know." Staff we spoke with told us that there was enough travel time allowed between calls and they would always update the office if they were running late. We viewed a selection of call times and found that calls were on time. The office staff monitored call times by reviewing the documentation completed by staff. The director confirmed that they were in the process of

adopting a new electronic system that would enable monitoring calls as they happened. The system was in place but the training was required, the director demonstrated that this training has been arranged.

Is the service effective?

Our findings

People who used the service and their relatives were positive about the staff that provided care and support. One person told us, "[Staff] are always very professional and know what they are doing." A relative commented, "They [staff] were incredibly flexible and helpful, they delivered the care we needed."

Newly employed staff were required to complete an induction programme during which they received training relevant to their role and achieved the nationally recognised 'Care Certificate'. They worked alongside other experienced colleagues and were not permitted to work unsupervised until they were competent in their duties. Staff received training in areas such as safeguarding, medicines, health and safety, dementia and moving and handling. One staff member told us, "I am happy with the training and if I wanted to I can do more training." Staff were also encouraged and supported to obtain national vocational qualifications (NVQ). We noted in staff meeting minutes that NVQ training was promoted to staff. Staff we spoke with felt the training was good and they were supported to develop.

Staff received 'one to one' supervisions, where they had the opportunity to review and discuss their performance. One staff member told us, "Yes I have supervisions and regular spot checks to see how I am doing." Staff told us that the registered manager and director were approachable. They confirmed they had the opportunity to attend meetings and staff we spoke with felt they had a voice and the registered manager and director listened to them. One staff member said, "[Name of registered manager and director] are really friendly and I could speak to them. If I was unhappy they would support me."

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. At the time of our inspection we found that the provider was working within the principles of the MCA where necessary and appropriate to the needs of the people they supported. Staff told us they always obtained people's consent before commencing support. One staff member said, "Choice is important, because people may not like what we like. We are all different and it important to listen to what they want."

Staff supported people to eat a healthy balanced diet that met their needs. Staff confirmed that where required they helped and supported people with their food and fluids. One person said, "[Staff] will always say do you want a drink first, [they] are very thoughtful." Another person said, "They help me get my breakfast, there very good." A staff member told us that when they are supporting people with their food, "I always ask them what they would like."

Is the service caring?

Our findings

People who used the service and their relatives told us that staff provided support in a kind, compassionate and caring way. One person told us, "Staff are kind and caring, they spend time to complete the tasks and will sit down and have a chat.

People we spoke with confirmed they had the same regular staff members provide their support; this gave both staff and people the opportunity to develop relationships and staff the opportunity to learn about people's likes and dislikes. One person said, "My carer is wonderful and I wouldn't want anyone else. [Name of staff member] is very kind and caring and instantly knows when I'm not having a good day." A staff member said, "That's the one thing about Bluebird care I like, the clients always receive good care. We are always asked about our clients." One person told us that staff always went the extra mile they told us that they had needed new slippers. The staff member looked them up on the internet using their phone. The staff member showed them pictures of the slippers and the person told us they were just what they wanted. The staff member helped me get them". They also told us that when they had run out of things like milk that staff would always help with this.

People we spoke with confirmed that staff promoted their independence and supported them to live at home. People and their relatives confirmed they were treated with respect. People confirmed they felt the care and support they received was excellent. People told us that staff made time for them one person said, "Staff chat and talk to me, within their time. They take time and never rush me, I feel very looked after. I have a wonderful carer." Another person said, "The staff are very respectful and I feel comfortable when supported with my personal needs." A relative commented, "We have always been really happy with the care my [relative] receives. Staff are always kind and caring." Another relative told us about a staff member who had supported their relative, "They were so helpful and went above and beyond, they would do anything to support them. They were vigilant and sensitive to their needs."

Records were stored securely and staff understood the importance of respecting confidential information. They only disclosed it to people such as health and social care professionals on a need to know basis.

Is the service responsive?

Our findings

There was a system to monitor calls, to ensure people received their calls. The call times were audited regularly to ensure people were receiving their calls at the correct times. One person said, "Staff are always on time." People we spoke with also confirmed that they always received their support and were contacted and informed about any changes. People were involved with their care and support and had opportunities to have their say.

We found care plans generally gave good guidance to staff on how to support the person, this guidance reflected the needs for the different call time through the day. One care plan we looked at had details of the basic support the person needed but although the person was at risk of falls there were no risk assessments or relevant guidance for staff on how to mitigate the risk of falls.

However, the supervisor was able to demonstrate they had reviewed this care plan and gave the chronology to the support with other professionals that had been put in place. We spoke with the relative about the care and support in place and they said, "The care package has been reviewed, my [relatives] mobility was changing and bluebird care have supported us with this. They have liaised with the occupational therapist, GP and the incontinence nurse. They have been great." Other people we spoke with confirmed that their care was reviewed and they were happy with the care they received. One person commented, "Yes the care plan has been reviewed a couple of times and things have changed." We have addressed this in the well led part of the report.

Complaints were logged and we saw examples of where these had been investigated and responded to in line with their complaints procedures. We noted there was one complaint that had been logged, there was no evidence to demonstrate this complaint had been investigated or responded to. However, the director after investigating was able to evidence that this had been resolved to the person's satisfaction; the documentation had been stored in their care plan. We also found another complaint that had been stored in someone's care plan and not in the complaints folder. This meant that the system required improving to ensure all complaints were reviewed.

Is the service well-led?

Our findings

There were systems in place to monitor the quality of the service. There were annual audits completed by the Bluebird quality team. We noted that there had been an action plan in place to address any shortfalls found in these audits. However, we found that the registered manager had not completed regular audits to ensure that actions were completed and that they were aware of any potential issues that may be present.

We found that there were no accident and incident log to demonstrate how many incidents and what these incidents were. This meant the registered manager was not able to identify potential areas of concern. We also noted as part of the information sent to us before the inspection that there were errors occurring with medicines. Although the supervisors reviewed these, the information was not stored in a way that could easily be reviewed. The registered manager was unable to tell us how many errors and what type of errors had happened for September and October. The supervisors were able to demonstrate this was looked at and any issues addressed. However, the registered manager was unable to review this information to ensure the practice was improving and safe.

Care plans were not audited on a regular basis to check the required updates had always been made to ensure care plans reflected people's changing needs. In one care plan we noted risk assessments and guidance for staff had not been updated to ensure they reflected the person's needs accurately.

People who used the service told us that the service was well led and they felt listened to. One person said, "Any problems I have, I will just call them. They are always very helpful." Another person said, "If I have to cancel a call, the office is always helpful and kind."

The registered manager was knowledgeable about the people who received support, They ensured that staff had the tools, resources and training necessary to meet people's needs at all times. The provider and director were clear about the values and the purpose of the services provided. The registered manager told us that providing people with good quality care was very important. "One relative commented, "Bluebird provides excellent care."

Staff were positive about the registered manager, the director and staff who worked in the office, they felt there was strong leadership. One staff member said, "The communication with staff is good, they [people who worked in the office] will always try and help me, they are there for the staff." The registered manager ensured there were enough staff to meet people's needs and was actively recruiting. The office staff were knowledgeable about the people who used the service and about their needs. There were teams for different areas to ensure reasonable travel times.

The manager told had regular meetings to talk about any concerns or ideas they had, there was lots of daily communication. There were links to the local authority and the use of web sites such as CQC for up to date information to support best practice. There was an out of hour's service operated for people to ensure that people had support when required. Staff understood their responsibilities and confirmed there was good teamwork.

