

Black Country Management Limited

# Black Country Management Limited trading as Bluebird Care Walsall

## Inspection report

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07 September 2018

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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 announced inspection took place on the 06 and 07 September 2018. The provider was given 48 hours' notice that we would be visiting the service. This was because the service provides domiciliary care and support to people living in their own homes and we wanted to make sure staff would be available to talk to us about the service. Bluebird Care is a domiciliary care agency registered to provide personal care to people living in their own homes. The service currently provides care and support to 33 people.

This was the first inspection of this service since registering with the Care Quality Commission on 07 December 2016.

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.

People were safe because they were supported by staff who had the skills and knowledge to meet their needs. Staff had a good understanding of how to spot signs of abuse and how to report concerns. Individual risks were assessed and staff knew how to minimise the risks to people. People received their medication as prescribed.

People's consent was sought before staff provided support. People were supported to make their own decisions and were given choices. Staff were aware of how to protect people from the spread of infection and wore personal protective equipment (PPE) as required.

People and relatives told us staff were kind and caring. People were supported to maintain their privacy and dignity and were encouraged to remain as independent as possible.

People and their relatives were involved in the assessment, planning and reviews of their care. Where changes had occurred, their care plans and risk assessments reflected these changes and staff were aware of them. People and relatives knew how to raise concerns and felt confident doing so.

Staff felt supported in their roles and felt able to approach the registered manager and the provider. There was a quality monitoring system in place. People and their relatives spoke positively about the registered manager.

## 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 were protected from the risk of abuse because staff knew how to spot signs of abuse and how to report concerns.

Individual risks to people were assessed and staff knew how to minimise them. People were supported by consistent staff and there were enough staff to meet people's needs.

People received their medication as prescribed.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills and knowledge to meet their needs.

People's consent was sought before staff provided support.

People were supported to meet their nutritional needs. People had access to health professionals when required.

### Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff.

People were supported to maintain their privacy and dignity.

People were supported to be as independent as possible and were communicated with in their preferred way.

### Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in the assessment and reviews of their care.

People's care records were personalised so staff could meet their individual needs.

People and relatives knew how to raise concerns and felt confident doing so.

**Is the service well-led?**

**Good** ●

The service was well-led.

The provider had systems in place to monitor the quality of the service and improve it.

The provider had strong links with the local professionals.

People, relatives and staff spoke positively about the management team and said they would recommend the service.

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## **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 06 and 07 August 2018. The inspection was announced and the provider was given 48 hours' notice. The first day was spent with the provider, the registered manager and staff at the provider's office and the second day was spent making phone calls to people who use the service and their relatives.

The inspection team consisted of 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 this type of care service.

When planning our inspection, we looked at the information we already held about the service. Providers are required to notify the Care Quality Commission (CQC) about specific events and incidents that occur such as serious injuries and incidents that put people at risk of harm. We refer to these as notifications. We looked at the notifications we had received from the provider as well as the Provider Information Return (PIR). A PIR is information we require providers to send us annually to give key information about the service, what the service does well and what improvements they plan to make. We also spoke with the local authority and the commissioners of people's care to obtain their feedback.

We spoke with four people, nine relatives, seven members of staff, the registered manager and the provider. We looked at a range of records. This included five people's care plans, people's medicine records, staff

records and quality assurance systems that were in place.

# Is the service safe?

## Our findings

People told us they were happy with the care they received and felt safe when being supported by staff. One person said, "Very good. They are reliable and I've no improvements to suggest." Relatives also spoke positively about the care people received and felt they were safe. One relative told us, "[Person] feels very safe with them [carers]."

Staff demonstrated a good knowledge of how to spot signs of abuse and where to report concerns of abuse, both within the organisation and to external organisations such as the local authority and CQC. One staff member said, "I would look for physical signs, how the person is in themselves and how their general manner is. I would call the office to speak to [registered manager] and I know you can approach CQC or other organisations."

There was a system in place to monitor accidents and incidents, including making safeguarding referrals where appropriate. We saw that information about an incident had been recorded and an action plan developed where required. Where lessons were learnt, these were shared with staff either in supervisions or team meetings to reduce the risk of reoccurrence.

People had risk assessments in place to reduce individual risks to people. Some of the people's care records we looked at showed they were at risk of falling. There were clear instructions for staff on how to reduce these risks. For example, one person's risk assessment included information about what footwear the person should wear and how the person's home environment should be left to reduce the risk of this person falling. Staff we spoke with were aware of the risks to people and how to minimise them.

People and relatives told us they had the same staff supporting them most of the time and that staff stayed for the allocated amount of time. One person told us, "They are mostly staff I know, it's not like having strangers call." A relative said, "[Person's name] likes the carer who calls and they have got to know them" and another told us, "It's just one person, mainly regulars. They are mostly on time and they will phone her if they are running late. They are reliable." Another relative explained, "They stick to the times, not missed once."

There were enough staff to meet people's needs. Staff told us they had enough time to complete each call and there was enough time to travel in between calls. One staff member told us, "There's enough time, I don't feel rushed." Another one said, "We have time to sit with people and get to know their background."

People were supported to take their medication as prescribed. Staff were trained to give medication safely and their competencies to do so were checked on a regular basis. One person told us, "My medicine has been done ok with no mishaps." A relative we spoke with said, "They do his meds and there's been no mishaps and they do the MAR (medication administration record) charts."

Staff were aware of procedures to prevent infection such as wearing personal protective equipment (PPE) and washing their hands before handling people's food. Staff told us they had access to PPE when they

needed it. Relatives and people confirmed the correct equipment was worn when staff were providing care. One relative said, "They use gloves and an apron...they are good that way." Another one told us, "When they cook they wash hands and are very clean."

We looked at recruitment checks and found that appropriate recruitment checks had been carried out prior to the staff member starting work at the service. The provider had completed reference checks, looked at any gaps in employment and they had completed checks with the Disclosure and Barring Service (DBS). DBS checks help providers reduce the risk of employing staff who are potentially unsafe to work with vulnerable people.



## Is the service effective?

### Our findings

Staff received an induction to prepare them for their role. This included relevant training, shadowing a more experienced member of staff and being made aware of policies and procedures. As part of this induction, if staff did not already have a care qualification, then they completed the Care Certificate. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and effective care. Staff told us they found the induction process useful and that they had been supported and encouraged to complete extra training. One staff member who had started as a carer and progressed into a more senior role told us, "They [the management team] knew exactly what my goal was and they supported me to progress. They believe in me." We saw that staff received regular refresher training to keep their knowledge and skills up to date and they also had spot checks of their practice. These spot checks included a senior member of staff observing staff during a care call to identify improvements and ensure staff were meeting people's individual needs. Staff told us they found this helpful and we saw the spot checks also identified if there was any learning or training need required. People and relatives told us they felt that staff were well trained. One person said, "They are excellent the ones I've met, they are nicely trained and I'm very pleased." A relative explained, "They seem to be well trained and the seniors spot check the care staff. Its good."

The provider's PIR stated they had plans to 'allocate champion roles to care workers in line with their individual development objectives to provide further knowledge and understanding within individual areas throughout the team.' Staff members confirmed this was in progress with certain members of staff being identified to champion areas such as safeguarding, pressure sores, falls and medication dependent upon their interests and background. The registered manager explained becoming a champion included completion of a college course which they were currently waiting to be enrolled on.

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 people lack the capacity to make 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. Staff we spoke with demonstrated a good understanding of this legislation and how to support people in the most least restrictive way. One staff member said, "We assume everyone has capacity, if they don't, we cannot decide for them." Another staff member explained, "People can have the capacity to make some decisions but not others."

Staff understood the importance of gaining consent from people before providing care and support. One staff member explained how they will gain consent if someone cannot verbally communicate, they stated, "Some will give a thumbs up or nod and I've got to know them so I know when they are unhappy." Another staff member stated, "You have to make sure you have consent by talking to people, notice if they are smiling and their general body language."

People and relatives said they were happy with the support they received with their meals. One person told

us, "They do meals if we want. Nicely prepared and they tidy up afterwards. The meals are our choice." A relative said, "They set it out nicely and they help [person] eat, it's done with respect and they seem to be ok or they would tell me." Where people were at risk of losing weight, relatives confirmed that staff encouraged people and recorded what the person had eaten and updated family members of any changes. One relative explained, "They are constantly encouraging [person] to eat but they won't eat much but they are keeping us fully up to date with their notes and they check the fridge to see what has been had and the Sell by dates."

People were supported to maintain their health and well-being. We saw that referrals were made appropriately to other professionals such as mental health professionals, social workers or the person's GP. People and their relatives explained that staff were quick to call the GP if they had any concerns and called them to feedback and update them. One relative told us, "They alert us if [person] needs the doctor or nurse and they called them and let us know... immediately and we get feedback on how she feels as well as how well she is. If she may have any infection they understand her condition." Another relative told us, "They handle emergencies ok with the right level of response, they know when to call people in."

## Is the service caring?

### Our findings

People and relatives told us staff were kind and caring in their approach with people. One person told us, "The girls are all lovely girls and I'm really fond of them and they do whatever I ask. Very pleased with the care." Another person explained, "I'm very pleased with them and grateful I have such nice care."

Relatives told us that staff have the time to spend with people and get to know them. One relative said, "The main carer has been pleasant and professional. They have a laugh together. They are a good listener as [person] tells them about their life and the carer responds well. Another relative told us, "My sister stayed [during the care call] and told me she heard them chatting away. [Person] treats them like friends and looks forward to them calling."

People were supported to maintain their privacy and dignity and staff were able to give examples of how they do this such as closing doors, curtains and ensuring nobody else is in the room when they support people with personal care. People and relatives confirmed that staff were polite and respectful. One person told us, "They do help me in the morning to have a wash. I do it mostly myself if I can. They will help and if so, they will take the time to do it safely and with dignity." A relative explained, "[Carer's name] helps [person] shower and it's done with dignity and they respect their privacy. If he has a toilet accident they do not make a fuss, they take the full time to do it right."

Staff told us and people and relatives confirmed that people were encouraged to be as independent as possible. Staff told us how they will encourage people to do what they can such as washing their body but helping them to wash their back. One person explained how they do some things on their own and have help with others. They said, "I do my own wash but they might do some food for me and they help make it." A relative we spoke with told us, "We were not sure [person] would like it, they are still very independent and we were worried about it. They understood and could see [person] wanted their say and choices and to do things herself."

People were supported to communicate in their preferred way, people had plans in place to guide staff on how that person preferred to be communicated with and staff demonstrated they were aware of this. For example, some people used body language or hand gestures to communicate and others speaking verbally but slowly and loudly to the person. We also saw that people had been offered the choice of receiving their care plan and information in other formats.

## Is the service responsive?

### Our findings

People and their relatives told us they were involved in the assessment and reviews of people's care and that it was a thorough and personalised process. One relative explained, "[Registered manager] was very thorough...how [person] feels, as well as their needs, interests and life style. We were impressed enough. They were clear on [person's name] gender preference and age group of the carers." Another relative told us, "[Registered manager] got an idea of what [person] might like and involved them as well." One relative told us they had reviews on a regular basis and said, "July was the first one [review] and another will be in October."

We saw that people's care records were personalised to them including their personal history, their likes, dislikes and preferences. Relatives we spoke with confirmed that this had been discussed and that the person's care plan reflected their current needs and wishes. One relative told us, "At each stage they have discussed it with us and they have responded very quickly. They tailored the people to her needs and her likes and wants." Another relative said, "Incredibly thorough so the care plan is very detailed. [Person] is registered blind and they are very understanding of their needs." Staff confirmed they had access to people's care records and had the time to read them so they could meet the person's individual needs. One staff member told us, "Care plans are really detailed, they take notice of all the little details in people's life and that's really important for people."

The service was not currently supporting anyone who was receiving end of life care. However, we saw end of life care plans that were in place for people that they had previously supported and this information showed the person and their family were involved. The information was personalised and included their wishes and any information about a funeral plan.

We saw that where reviews had taken place, care records had been updated to reflect any changes in needs. For example, one person we looked at had a care review due to being diabetic, and their care plan had been updated as a result of the review.

Staff we spoke with were knowledgeable about people's cultural and religious needs and people were supported to meet them. For example, one staff member told us about a person who follows the Islam religion and therefore their personal care routine is in line with their religious needs. We saw that people's care records included any religious needs or wishes. The registered provider told us they were not aware of anyone using the service that identified as being Lesbian, Gay, Bisexual or Transgender (LGBT). However, we saw there was an equality and diversity policy in place which included LGBT and the registered manager told us they would be protected from any form of discrimination.

Most people and relatives told us they had not had to make a complaint but knew how to and felt confident doing so. We saw the provider had a complaints policy in place which people, relatives and staff were aware of. One person told us, "They've been first class and I've no complaints at all." Another person said, "I've had no complaints at all. Nice to have the company. Breaks the days up." Relative's explained, "We've not really needed to complain, issues are well dealt with" and, "They have good communication they do get back. I've

had no need to keep chasing them." We saw that where complaints had been raised, they had been investigated and responded to in an open, honest and timely way and discussed with staff members where appropriate.

## Is the service well-led?

### Our findings

We found the provider had audits in place for areas including; medication, daily logs and missed calls. The audits had been used to identify issues, develop an action plan and improve the service. For example, due to issues identified in a medication quality check, a memo had been sent out to all staff to reduce risk of future reoccurrence.

As part of the inspection process, a Provider Information Return (PIR) was sent to the provider to complete and return to us. The PIR included the areas identified for improvement at the previous inspection as well as what the service does well. We found the information in the PIR reflected what we saw on the day of our inspection.

The provider's PIR stated they were in discussions about implementing a new electronic system called the 'The pass system'. We discussed this with the provider who explained they are continuously trying to improve their service and therefore had purchased this system but were currently waiting for a training date. The provider informed us that this system will improve and develop the service by allowing changes to care plans to be instant via an electronic device in the person's home and by allowing senior staff members to monitor calls closely.

We saw there were quality questionnaires developed for people and relatives to complete. However, there had not been a high volume of respondents. The registered manager explained, they send them regularly but rarely get any back. They told us they had recently started to take them out as part of the review process to hopefully encourage people and relatives to complete them. The registered manager explained that their plan was to bring all of the feedback together, analyse it and identify any common issues that have arisen.

The provider had good links with other agencies and professionals. We saw they had frequently been in contact to share information with the local authority, district nurses and local doctors surgeries to ensure people's health and wellbeing was maintained.

The provider encouraged and recognised success within the staff team; one staff member would get employee of the month for their practice and care towards people. This was discussed in team meetings and they would receive a gift as a result.

Staff told us and records confirmed that staff had regular supervision and team meetings. Staff told us they felt supported and able to give feedback about the service. One staff member told us, "Anyone can comment or give feedback and we have a suggestion box in the hallway [at the office]. We are asked for our feedback and if it's possible then it will be acted upon." Another one said, "Supervision is good, I give my thoughts and they give their feedback, I feel listened to."

People and relatives spoke positively about the management team. They said they would recommend the service to others and found the management team approachable. One person told us, "Would recommend them oh yes." Relatives we spoke with said, "The managers are very hands on" and, "Would recommend

them very much, very good, excellent. No improvements that jump to mind."

Staff also spoke positively about the management team and said it was a nice place to work. One staff member told us, "If you're ever stuck, they're [management team] are always there to support you." Another one said, "It's such a nice company to work for."

All organisations registered with the Care Quality Commission (CQC) are required to display their rating awarded to the service. As this was their first inspection since registration, they did not have a rating for the service at the time of the inspection. The provider had correctly notified us of any significant incidents and events that had taken place. This showed that the provider was aware of their legal responsibilities.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in line with this regulation and had been open in their approach to the inspection.