

AM-R-AZ LLP

Bluebird Care Northampton/Daventry

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

Bluebird Care Northampton/Daventry provides personal care for people living at home in Northamptonshire. At the time of our inspection there were 36 people receiving personal care. This announced inspection took place on 19 August 2016.

There was a registered manager in post at the time of our inspection, however they were absent on planned leave until December 2016. The day to day management of the company was provided by the provider. 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 had values and a clear vision that were person centred and focussed on enabling people to live at home. All staff demonstrated a commitment to providing a service for people that met their individual needs. People had positive relationships with staff.

People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005. Staff provided people with information to enable them to make an informed decision and encouraged people to make their own choices.

People received safe care and support. Staff understood their role in safeguarding people and they knew how to report concerns. There were enough staff with the right skills and attitudes to meet people's needs.

Staff had a full understanding of people's support needs and had the skills and knowledge to meet them. Training records were up to date and staff received regular supervisions and appraisals. Staff were clear about their roles and responsibilities in caring for people and received regular support from the provider.

Care records contained risk assessments and risk management plans to protect people from identified risks. They gave information for staff on the identified risk and informed staff on the measures required to minimise any risks. Staff were vigilant regarding people's changing health needs and sought guidance from relevant healthcare professionals.

Staff were aware of the importance of managing complaints promptly and in line with the provider's policy. Staff and people were confident that if they had any concerns they would be listened to and any concerns would be addressed.

The provider monitored the quality and safety of the service and staff regularly monitored the support people received. People and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement.

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 felt safe and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were reviewed regularly.

Staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good ●

The service was effective.

People received care from staff that had received training and support to carry out their roles.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA).

People were supported to access relevant health and social care professionals to ensure they received the care, support and treatment that they needed.

Is the service caring?

Good ●

The service was caring.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people using the service and staff.

Staff had a good understanding of people's needs and preferences.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

Is the service responsive?

Good ●

This service was responsive.

People were involved in the planning of their care which was person centred and updated regularly.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a complaints system in place and people were confident that any complaints would be responded to appropriately.

Is the service well-led?

Good ●

This service was well-led.

A registered manager was in post.

The provider offered regular support and guidance to staff.

People, relatives and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement.

Quality assurance systems were in place to review the quality of the service.

Bluebird Care Northampton/Daventry

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 19 August 2016. The inspection was announced and was undertaken by one inspector. We gave 24 hours' notice of the inspection as the service is small and we needed to be sure that they would be in.

Before the inspection, the provider completed a Provider Information Return [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. The provider returned the PIR and we took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

During this inspection we spoke with four people who used the service and four relatives of people who could not speak for themselves. We also looked at care records and charts relating to four people. In total we spoke with five members of staff, including two care staff, a supervisor and the provider. We looked at four records in relation to staff recruitment and training, as well as records related to the quality monitoring of the service.

Is the service safe?

Our findings

People were supported by staff that knew how to recognise when people were at risk of harm and knew what action they should take to keep people safe. People and their relatives told us they were treated well by staff and felt safe when they were around. Staff received training to enable them to identify signs of abuse and they understood their responsibility to report any concerns or allegations in a timely way. One member of staff said, "I wouldn't hesitate to report my concerns." We saw that appropriate safeguarding referrals had been made to the relevant authorities and full investigations had been completed when concerns were identified.

People were assessed for their potential risks such as falls. People's needs were regularly reviewed so that risks were identified and acted upon as their needs changed. For example where people's mobility had deteriorated their risk assessment reflected their changing needs. People's care plans provided instruction to staff on how they were to mitigate people's risks to ensure people's continued safety.

There was enough staff to keep people safe and to meet their needs. People told us that staff came to provide their care on time and stayed for the allotted time. One person told us "They [care staff] are usually on time, if they are going to be late, they usually let me know." Relatives confirmed that staff did not miss visits and that staff always turned up to provide care. Staff told us they were given travel time between visits, so people were given care at the time they expected and received their full allocated length of time. If staff were running late, they informed the office who contacted people to apologise and confirm when they would be there. The provider was implementing a system to electronically monitor people's calls to ensure they received their visits on time and for the whole time allocated.

People could be assured that prior to commencing employment with the agency, all staff applied and were interviewed through a recruitment process; records confirmed that this included checks for criminal convictions and relevant references.

People's medicines were safely managed. Staff had received training in the safe administration of medicines. Staff recorded when they gave prescribed medicines on medicine administration records. They followed guidelines for medicines that were only given at times when they were needed for example Paracetamol for when people were in pain. There were regular medicines audits where actions had been taken to improve practice.

Is the service effective?

Our findings

People's needs were met by staff that had the required knowledge and skills to support them appropriately.

New staff spent time with other experienced staff shadowing them to enable them to get to know the people they were to support. One person told us "New staff know what they are doing, they always come with someone else at first." Staff received 12 weeks of supervision where they reflected on their learning and identified areas they needed extra support when they first started working. One member of staff told us "Although I have been a carer for many years, I found the shadowing of staff very helpful; it allowed me time to get to know people and what they needed."

Staff completed a set of mandatory training courses which included safeguarding, manual handling and First Aid. New staff undertook the Care Certificate; the Certificate is based on 15 standards and aims to give employers and people who receive care the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff received regular updates to their training and senior staff were qualified to provide training such as manual handling. Staff were encouraged to complete vocational qualifications in Health and Social Care. Specific training was provided when people required care for conditions such as epilepsy.

Staff were supported to carry out their roles through regular supervision that provided them with opportunities to discuss their training needs and be updated with key policies and procedures. Staff told us they received regular supervision and they felt supported. We saw evidence that regular supervision was taking place, where training, staffing levels and people's support were discussed; ideas and actions to resolve issues were set and followed up.

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.

The registered manager and staff were aware of their responsibilities under the MCA code of practice. The care plans contained assessments of people's capacity to make decisions and when 'best interest' decisions had been made following the codes of practice. Staff gained people's consent before they entered their homes and before providing any care.

People were supported to have sufficient food and drink. People's risk of not eating and drinking enough to maintain their health and well-being had been assessed, monitored and managed. Staff received training in food hygiene and prepared food to people's preferences. Staff ensured that people were encouraged to eat and drink regularly.

Staff were vigilant to people's health and well-being and ensured people were referred promptly to their GP or other health professionals where they appeared to be unwell. Staff supported people to attend their health appointments.

Is the service caring?

Our findings

People received care from staff that were kind. People spoke positively about the quality of the staff that supported them. One person told us "I think they [care staff] are very good, they are very pleasant." One relative told us "The carers have a good relationship with [my relative], they are affectionate, they jolly [name] along, and they get a good response, the affection is reciprocated."

Staff knew the people they supported well; they were able to tell us about people's interests; their previous life history and family dynamics. One person told us "I know most of the carers quite well, they're very nice."

People's care was person centred. People had their individual routines and preferences recorded and carried out by staff. Two people had a preference for a cooked breakfast which staff incorporated into their allocated time as they understood the importance of this in their daily lives.

Staff demonstrated their awareness of the need to maintain people's dignity; they were able to provide examples of how they supported people in a dignified manner, such as using positive language to encourage people to be independent.

There were arrangements in place to gather the views of people that received personal care during care reviews and supervision of staff. People had provided positive feedback about the kindness of staff and the care they had provided. One person had fed back to the service in August 2016, they said "I am very pleased with the care package I receive from Bluebird Care, it is a considerable help to me." Another person had feedback, "I am happy with all the carers, all of them are good. I am happy with my service."

Is the service responsive?

Our findings

People were assessed before they received care to determine if the service could meet their needs. Initial care plans were produced before new people began to use the service; these were then monitored and updated as necessary.

Care was planned and delivered in line with people's individual preferences, choices and needs. People told us the staff understood their needs, one person told us "[care staff] keeps an eye on me, she always checks to see if I have any rashes or bruises or anything that changes." Senior staff visited people to assess their on-going needs and informed staff of any updates in care. Detailed care plans provided staff with specific instructions about people's preferences which staff followed.

People were involved in planning their care and staff demonstrated they were aware of the content of people's care plans. One person told us "I was very much involved in my plan of care, it's been updated recently with a new task." One relative told us "we meet up with Bluebird Care every six months to review [my relatives] care, we do it together." Risk assessments and care plans were regularly updated to reflect people's changing needs.

Where people experience illness or changes in their health, the manager ensured that their care was adapted to meet their needs. For example, Bluebird Care had worked with healthcare professionals and the family for one person when their care needs changed. The relative told that Bluebird Care had "Done a good job in upgrading the arrangements" as they had arranged for more frequent care staff.

People said they knew how to complain and felt confident that their concerns would be listened to. There was a complaints policy and procedure in place, and all the complaints had been addressed promptly. We saw that issues had been resolved such as timings of calls.

Is the service well-led?

Our findings

There was a registered manager in post at the time of our inspection, however they were absent on planned leave until December 2016. The day to day management of the company was provided by the provider who was aware of their legal responsibilities to notify CQC about certain important events that occurred at the service. The registered manager had submitted the appropriate statutory notifications to CQC such as accidents and incidents and other events that affected the running of the service.

The provider demonstrated commitment to providing a good service for people. They had a clear vision of providing person centred safe care. They told us "We believe that people get the best care from staff that are empowered to reach their potential." The provider had implemented incentives for staff to continually develop their roles through training and supervision.

The provider listened to the feedback they received from people who used the service and staff. As a result of what people had told them they had reviewed people's call times. Staff had monthly team meetings which all staff had to attend. The team meetings were used to inform staff of any changes in people's needs, and of new people joining the service. Team meetings were used to feedback positive and negative feedback from people who used the service and the results of audits, for example findings from the medicines audit.

There were arrangements in place to consistently monitor the quality of the service that people received, as regular audits had been carried out. Actions were identified from audits and feedback; records showed that these actions had been implemented, such as training needs that had been identified had been resolved.

The provider was pro-active in maintain the quality of the service as they had recently achieved their Investors in People Silver award. Investors in people use an assessment framework to demonstrate how organisations work to improve practices and performance.