

Wye Valley Independent Living Ltd

Bluebird Care (Herefordshire)

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 (Herefordshire) is registered to provide personal care for people who live in their homes. At the time of our inspection 24 people were receiving personal care.

The inspection took place on 15 September 2016 and was announced. We gave the provider 48 hours' notice of the inspection because we needed to be sure that they would be in.

A registered manager was not in post at the time of our inspection. 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 was run. The provider was taking reasonable steps to address this.

People were supported by staff who understood their individual risks and who knew what actions to take if they had any concerns for people's safety. Risks to people's health and well-being were assessed and people were supported to receive the support they needed. Where people wanted assistance to take their medicines this was given by staff who knew how to do this safely. People's care plans gave clear guidance for staff to follow in order to promote people's safety.

Staff had the knowledge and skills they needed to care for people and were encouraged to obtain further training to meet people's needs. Staff understood how to promote people's rights and encouraged people to have enough to eat and drink to remain well. People received the support they needed to encourage them to see their GPs when needed, or to have care from emergency services if this was required.

People were very positive about the staff who cared for them and had built good relationships with staff. Staff understood what was important to people. People were treated with dignity and respect and dignity. Staff cared for people in ways which helped them to maintain and celebrate their independence. People and their relatives could rely on staff to provide the care they needed.

Staff encouraged people to decide how they would like their care to be planned and given. Care plans and risk assessments were updated as people's needs changed. Where people were not able to make all of their own decisions the views of their relatives and key parties were listened to. People and their relatives knew how to raise any concerns or complaints about the service. Systems for managing complaints were in place, so any lessons would be learnt.

People and their relatives and staff were encouraged to provide their views on the quality of the service. The provider and senior staff checked the quality of the care people received. Changes had been introduced to develop people's care and the service further. Staff understood how the senior team and manager expected people's care to be given, so people would receive the care they needed in the ways they preferred. Staff told us they felt supported to make suggestions for developing the care people received further.

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 cared for by staff who understood the risks to people's safety and supported people to reduce risks. There was enough staff available to care for people. Where people needed assistance with their medicines they were supported by staff.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who had the skills and knowledge needed to care for them. Staff checked people agreed to the care offered and people's rights were promoted by staff. People were encouraged to have enough to eat and to see health professionals when this was required.

Is the service caring?

Good ●

The service was caring.

People were positive about the staff who cared for them and the relationships they had built with staff. People were encouraged and supported to decide how they wanted their day to day care to be given. Staff worked in ways which promoted people's dignity, independence and privacy.

Is the service responsive?

Good ●

The service was responsive.

People chose what care they wanted and how their care was to be given. Staff supported people so their changing needs were met. People were confident if they raised any concerns or complaints staff would take action to address them.

Is the service well-led?

Good ●

The service was well led.

People and their relatives were positive about the way the service was managed. Checks to monitor the quality of the

service provided were regularly undertaken and action taken to develop the service further. Staff knew what was expected of them and felt supported to provide good care.

Bluebird Care (Herefordshire)

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 15 September 2016 and was announced. The provider was given 48 hours' notice because the organisation provides homecare services and we needed to be sure someone would be in. One inspector carried out this inspection.

We reviewed the information we held about the service and looked at the notifications they had sent to us. A notification is information about important events which the provider is required to send us by law. We requested information about the service from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care.

We spoke with three people who used the service by telephone to gain their views about the care and support they received. Not all people who used the service were able to talk to us directly so we spoke with three relatives by telephone. We spoke with the manager, a member of senior care staff and four care staff.

We looked at five records about people's care and three people's medicines. We sampled two staff recruitment files and staff training records. We also looked at records about people's safety. We checked records showing the actions the manager had taken when people or their relatives had raised concerns or complaints. We saw minutes of meetings with staff and how information on people's changing needs were communicated to other staff.

We looked at the checks the provider and senior staff made to satisfy themselves the service was meeting people's needs. These included checks on the care and medicines people received and questionnaires people and staff had completed about the quality of the service. We saw the action plans the provider had devised so the quality of the service people received would develop further.

Is the service safe?

Our findings

People told us staff took into account their safety needs when caring for them. One person told us, "They (staff) know my safety needs, and do what they need to do to look after me." Another person we spoke with highlighted how consistently staff supported them to feel safe. The person told us, "Staff always remind me to wear my alarm, in case I need any help." A further person said, "They (staff) make you feel safe because of the help they give you." One relative we spoke with told us staff communicated well with them about their relative's changing safety needs, so action would be taken to keep their family member as safe as possible.

Staff understood the different types of abuse people may experience. All the staff members we spoke with were confident if they raised any concerns senior staff would take action to promote people's safety. One staff member gave us an example of action they had taken when they had raised concerns for one person's safety and well-being. The staff member explained how senior staff had worked with professionals with responsibilities for helping to keep people safe. This made sure the person's safety needs would be met. We saw records which showed the provider and senior staff had taken actions so the person's safety needs would be met.

People told us staff talked with them about risks to their safety. One person told us, "Staff always remind me to be careful when walking, they support me in a way that helps me to keep my independence." One relative we spoke with told us their family member's safety needs had been discussed before their family member's care started. The relative said this had provided reassurance their family member would receive the support they needed to stay as safe as possible.

People and their relatives said staff always used the equipment needed to reduce risks to people's safety. This included equipment so the risk of infection was reduced, and by using the equipment needed to help people to move safely. One staff member said, "It's about making sure people have their (walking) frames in reach, and you do things step by step. You don't rush people." Another staff member gave us an example of the action they took to reduce the risk of people becoming anxious. The staff member told us, "It's about confidence. Some people need reassurance."

Staff told us they found out about people's safety needs by regularly talking to people about these and by checking people's care plans. Staff said by doing this they knew the best way to reduce people's safety risks. We saw risks to people's safety were regularly reviewed, so staff knew what action to take to promote people's safety as their needs changed.

The provider had checked with the Disclosure and Barring Service, (DBS), before new staff started to work with people. The DBS helps employers make safer recruitment decisions. We also saw the provider had obtained references for staff, so they were assured new staff were suitable to work with people. The provider told us about some changes they were introducing, to further strengthen their recruitment practices.

People told us they could rely on staff providing the care at the time planned and there were enough staff to meet their needs. People and their relatives told us staff knew people's safety and care needs as they were

supported by staff who knew them well. One person told us extra help had been available when they returned home after staying in hospital. The person told us there had been enough staff, "To make sure I was alright." One relative told us, "Staff always come on time, and work hard." Staff told us there was enough time to provide the care people needed. Two staff members gave us examples of how they were supported by senior staff to stay longer with people, if this was needed to meet people's safety needs.

Some people told us staff supported them to have the medicines they needed to stay well. Other people told us they managed their own medicines, but staff supported them by asking if they had taken them. One person we spoke with told us staff had temporarily supported them to have the medicines they needed when they were unwell. By doing this, the person was able to recover as soon as possible. Staff we spoke with said they had received the training they needed to support people to take their medicines safely. Staff said their competency to administer people's medicines was checked by senior staff.

We saw staff kept clear records of the medicines they had supported people to take. We also saw the provider and senior staff undertook regular checks to assure themselves people were receiving their medicines in ways which helped them to stay as safe as possible.

Is the service effective?

Our findings

People said they were supported by staff who had the skills and knowledge needed to care for them. One person highlighted how skilled the staff were at helping them to regain their independence and celebrating this with them. The person told us because of the way staff had used their skills to support them they no longer needed to use a wheelchair, and said, "I can now get around outside." One relative we spoke with told us, "It would not matter who they sent. They (staff) are all competent, as it's organised so they have regular training."

Staff told us they had undertaken a wide range of training so they could develop the skills they needed to care for people. One staff member explained about the training they had been supported to do and said, "You never stop learning and refreshing your knowledge." Another staff member said training, "Gives people and their families, colleagues and bosses confidence we can do it." The staff member explained how they had requested additional training and this had been organised, so they would know the best way to meet one person's needs.

Two staff members explained about the support and training they had received when they first came to work at the service. Both Staff members said the support they had received had prepared them to meet people's care needs. One staff member explained senior staff checked their knowledge through regular one to one meetings with their managers and at staff meetings. The staff member told us, "This helps to stop errors." Both staff members highlighted they had worked with more experienced colleagues initially, so they would develop the skills and experience needed to support people in the best way for them.

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. We checked whether the service was working within the principles of the MCA.

People told us staff always made sure they were in agreement for care to be given to them. One person told us, "Staff make sure it's my choice." One relative said staff were skilled at finding ways to encourage their family member to accept care, by offering to support them in different ways and at different times. Staff understood people's right to make their own decisions and told us they had received training so they would understand how MCA affected the way they needed to care for people. One staff member said, "It's their right to decide." Another staff member told us about the processes that the provider had put in place to support people if they were not able to make some specific decisions. The staff member told us, "The only time we would make a decision for people is when it is written in their care plan."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive someone of their liberty must be made to the Court of Protection. Senior staff we spoke with understood the role of the Court of Protection and how this may affect the way they needed to care for people. The provider had not needed to make any applications

to the Court of Protection. The provider had a good understanding of MCA and had put systems in place so people's rights were promoted. For example, they had identified which people and organisations needed to be consulted before specific decisions affecting people's care and liberty were made.

Some people enjoyed the independence of preparing their own food. Other people told us staff supported them to have enough to eat and drink. One person told us, "They (staff) prepare my meals well, I've no complaints." Another person said staff prepared a hot meal for them regularly. Another person told us, "Staff always get me a drink and leave me with a glass of water." One staff member said, "You use labels to show when food has been opened." The staff member told us by doing this they could be assured people were being supported to have enough to eat in ways which promoted their well-being.

People told us they were confident staff would support them to see health professionals if they needed this. Three relatives told us staff took action if they had any concerns for their family member's health and well-being. One relative told us how effective staff were at identifying if their family member needed extra help to stay well. The relative gave us an example of when staff had contacted health professionals so their family member would have specialist advice and be able to recover as quickly as possible. One staff member we spoke with explained how they had followed the advice given by district nurses, so they could be sure one person was receiving the support they needed to stay as well as possible.

Is the service caring?

Our findings

People and their relatives said staff were very caring and told us they had built good relationships with all of the care staff and senior staff. One person told us, "The staff are nice. I would give them an A plus mark." Another person said, "I get on very well with the carers, (staff), they are very good to me." One relative told us, "Staff are lovely." Another relative said, "They (staff) are always cheerful and pleasant, and chat to [person's name], so they see them as friends." All the staff spoke warmly about the people they cared for and showed they valued the relationships they had built with the people they supported. We heard staff in the office were keen to find out how people and their relatives were and took time to chat to them when they contacted the office.

People told us they had regular carers, and this had helped them to build good relationships with staff. Two people we spoke with told us how much they enjoyed talking to staff and how this enhanced their sense of well-being. One relative we spoke with said staff had started to find out about what was important to their family member before staff started to care for them. The relative said, "The assessment included [person's name] and looked at [person's name's] likes, preferences and histories. It gave staff an opening for conversations with [person's name]."

Staff told us they got to know people by chatting to them about their life histories and checking their care plans. One staff member told us, "You always check care plans so you can find out about people's hobbies and what they like." Another staff member said, "You home in on something they want to talk about. I want to make it (care) a special experience for people." A further member of staff we spoke with explained that staff were matched to the people they cared for. The staff member said this helped to put people at their ease, and encouraged people to ask for their care to be given in the ways they preferred. One staff member said because of the way people were supported by staff, "Many of the clients (people) talk to us like friends."

People told us they were involved in day to day decisions about their care. One person told us they were encouraged to decide what order they wanted their care to be given. The person told us they also made decisions about what support they wanted from staff, including what they wanted to wear and what they wanted to eat. Another person explained how they had been supported by staff to reduce the number of care visits they had, as their health improved. A further person told us staff had involved them in decisions about their how their medicines were managed. By doing this, the person was able to stay as well and as independent as possible, as their needs changed. Staff we spoke with recognised the importance of people being able to determine how their care was provided. One staff member gave us an example of how they supported one person to make their own decisions by using equipment which helped them to communicate their choices.

People and their relatives said staff treated people with dignity and respect. One person said staff showed their respect in the way they supported them by recognising areas where they were independent. One relative told us staff were always discreet when assisting their family member with personal care. The relative said, "They (staff) take [person's name] dignity into account, they do this so well [person's name] is no longer embarrassed when they are cared for. They (staff) never make a fuss." Staff gave us examples of

the actions they took to help people to maintain their dignity and privacy. These included making sure people were covered during personal care and people's information was kept secure. The provider explained new systems were in the process of being introduced which would further develop the security of people's information.

Is the service responsive?

Our findings

People told us they were involved in planning and reviewing their care. One person explained they needed help from staff to do this owing to their sensory impairment. The person said they valued staff support in this area, as it meant they received the care they needed in the way they preferred. Another person told us they had been involved in deciding their goals and the best way to achieve these. The person said, "I would not be able to stay at home without the support staff give me." One relative told us their family member's care and support needs had been discussed before their support started. The relative said, "The assessment included [person's name] and their likes and preferences and histories."

Staff told us they were supported to get to know people's care needs before they began to work with them. One staff member said this gave them the chance to, "Get to know their (people's) routines and how people like to do things." Staff told us they regularly gave support to the same people, and this helped them to understand how to care for people. One staff member said this included knowing how people liked to be addressed. The staff member explained, "You use their (people's) preferred names. It's about respect."

People and their relatives said staff were adaptable and supported them so their needs were met. One person told us, "Staff have a remit, but they will step outside of that to help me. They often do more than stated (in the care plan)." This person further explained, "They (staff) are flexible at Bluebird Care (Herefordshire) and this means I can keep more independence." The person told us as a result of the way their independence had been nurtured by staff, "I am now able to get out and about outside." Another person said, "Staff think ahead, and think of what I would need." One relative said special arrangements had been put in place to support their family member, to reduce the risk of them becoming anxious.

Staff gave us examples of the ways they sensitively supported people to enjoy the best well-being possible. One member of staff told us, "The time you spend together is important. It's special for that person at that time; if they are quiet or want to be bubbly you fit in with them. People will not be the same every day." Another staff member gave us an example of the plans which had been agreed to support one person. The staff member told us as a result of the actions staff had taken the person's well-being had been enhanced, and risks to them reduced. The staff member told us, "You look at the bigger picture and you plan." A further staff member gave us an example of the practical way staff had varied the support given to one person, who had temporarily been without electricity. The staff member said they had "Taken in a flask so [person's name] could have a hot drink. The staff member told us how much the person had appreciated this.

People told us their care was regularly reviewed, and changes were made where required, so they would continue to receive the support they needed. One person said about their reviews, "Staff remind me about what I have achieved, and give me a boost." Another person told us "They (staff) always ask if I want anything extra." One relative told us they had been involved in a telephone review, as their family member's needs changed. This gave them an opportunity to make any suggestions they had to develop their family member's care further. The relative told us, "They (staff) have a good understanding of [person's name] and respond well to their needs."

We saw people's decisions were recorded in their care plans, and people had been involved in reviewing the support they needed to manage risks to their well-being as their needs changed.

Staff gave us examples of how they used their knowledge of people's life histories and things which interested them, so the risk of people becoming lonely or isolated was reduced. One staff member told us how they had found things of interest for one person to do in the local community, so they did not become isolated. A further staff member explained how they took opportunities to support people to do things which were important to them. This included making sure people received the care they needed at times which supported them to go into the community so their spiritual needs would be met.

Three staff members explained the provider had organised a social event which past and present people who used the service and their families had been invited to. One relative told us, "[Person's name] had such a good time at the tea party." One staff member told us, "People loved this and talked to us for weeks after about it."

People and their relatives told us they had been given information on how to raise any concerns or complaints they had. Every person we spoke with told us they had not needed to make any complaints. People and their relatives said this was, because senior staff listened and took action if they made any suggestions for improving their care. One person told us, "I have no complaints, I am really satisfied with the care."

All the relatives we spoke with told us they had not needed to make any complaints about the care their family members received. One relative we spoke with told us they had raised a concern and senior staff had addressed this swiftly. Staff told us they were confident if they raised any complaints or concerns on behalf of people these would be addressed. We saw the provider had systems in place to manage any concerns or complaints made. We saw where a complaint had been received this was investigated and responded to promptly, in an open and accountable way.

Is the service well-led?

Our findings

A registered manager was not in post at the time of our inspection. The provider had made arrangements for a temporary manager to work with the provider to support people and staff. This was to drive through improvements to the quality of the care people received. The provider was taking reasonable steps to recruit a new manager. This gave us assurances once a permanent manager was appointed they would apply to become a registered manager with CQC without delay.

People were very positive about the service and the way the provider and senior staff managed it. One person said, "It's an excellent service, they (senior staff) are fantastic." Another person told us, "[Provider's name] is the king pin and she is lovely. [Provider and senior staff's names] are always brilliant and very conscientious." One relative said, "We are lucky to have found Bluebird Care (Herefordshire), it's a great help. [Provider name] is very good at picking her staff, they are all nice. We are very fortunate, and I am really impressed with the person who runs it." Another relative told us the culture of the service was, "Open and flexible." A further relative said, "I have never had an occasion when I have not been able to speak to someone when needed. This is about [person's name] being safe."

Staff told us they were supported by the provider and senior staff in ways which encouraged them to deliver good care. One member of staff said, "It's very open here, if there are any problems they (senior staff) are supportive, they meet you half way." Another staff member said because of the way the service was managed, "We work as a team, it's the (about the) difference you make to people." A further staff member said, "People see I am happy in my job. I love it, as you are encouraged to have a chat to people, if this is what they need." Another staff member said, "[Provider's name] is passionate about how she wants the company to run. [Provider's name's] philosophy is stop and have a cup of tea with them (people), it's important to them. They (provider and senior staff) make you feel valued and supported and trained. I feel proud to be working for this company."

People told us they would not have any hesitation in making suggestions to senior staff for the development of the service or their own care. People and their relatives gave us examples of when they had done this. Two people highlighted how supportive senior staff were when people contacted them to make arrangements for altering the time of their care. One person said, "I will ring up and change to what I want. [Provider and senior staff names] are all good tempered about it." One relative gave us an example of when their family member had been supported by senior staff to make the changes they wanted to their care. The relative explained senior staff had visited them to check the person was safe and happy with their new care arrangements. Another relative said, "They (staff) take our views into account and will always ask questions and give us support."

Staff gave us examples of suggestions they had made to further develop the care people received. One staff member told us, "I feel staff are listened to." The staff member gave us an example of how staff were encouraged to reflect on their own practice, and how this had led to one person receiving the care they needed as their needs changed. The staff member said, "If you have a concern for a customer, (person who uses the service), it will be looked at, and the office (senior staff) keep us informed if things need to change."

Another staff member highlighted how social events had been introduced by the provider as a result of suggestions made by staff to improve people's well-being. A further staff member told us, "It feels collaborative working here. We look at suggestions for improving things each Monday. You get an email back to say if suggestions have been adopted, so you know what you have got to do."

The provider told us they checked people and their relatives' and staffs' views on the quality of the care they received through discussion at reviews, telephone contact and by encouraging people and relatives to complete questionnaires. We saw the provider had offered incentives for people to return quality questionnaires so they would have a good understanding of people's views of the service they received. We sampled some of the returned questionnaires. People had been positive about the care they received and the way the service was run. We saw where possible improvements had been identified actions had been taken to develop the service further.

The provider also undertook checks to make sure people were receiving the care they wanted in the way they preferred. We also saw the provider and senior staff regularly checked people received their medicines in ways which promoted their safety. Checks were also made to make sure staff had undertaken the training they needed to support people well. We saw senior staff took opportunities to check people and their relatives' views on the quality of the service when they rang in. We also heard senior staff reinforcing staff recruitment policies when they were contacted by prospective employees. By doing this, the senior team would be assured people were being supported by suitable staff.

The provider told us they were supported to understand current best practice through working with other Bluebird Care providers and other local forums. The provider told us about plans to develop the service further. These included more opportunities for people to do things they enjoyed, further development of the way people's information and privacy was managed. The provider also told us about their plans to contribute to the establishment of a rural dementia network, so people would continue to benefit from receiving a service where the provider, senior staff and staff team understood and implemented best practice.