Protea Associates Ltd

Bluebird Care (Swindon)

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

The inspection took place on 14 April 2016 and was announced with 48 hours' notice.

Bluebird Care (Swindon) is a Domiciliary Care Agency (DCA) registered to provide personal care in people's own homes. The agency office is based in Swindon. At the time of this inspection 54 people were supported by the agency.

The service had a registered manager. 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 felt safe. Staff had the knowledge and training to recognise and report concerns. Risk assessments were in place for most areas, although a manual handling risk assessment was needed for one person re hoisting. Medicines were mostly managed safely. The transcription of prescriptions to the MAR sheets by the service should be checked by another person to ensure accuracy. Handwritten MAR sheets need to be checked by another person. Staff and customers feel there are adequate staff to keep people safe.

People were supported by staff that had the training and support by management to deliver effective care and carry out their roles and responsibilities. Consent to care was sought by staff before care was undertaken. People's hydration and nutrition was well managed. People were supported to have access to health professionals where needed.

People had caring staff who took the time to get to know those they supported. People were provided with information about their care and privacy and dignity was respected and promoted.

People's care plans were accurate, up to date and contained personalised information about people's care and emotional needs and relevant personal history. People knew how to complain and complaints were responded to in time with policy. Regular reviews of people's care needs had taken place.

The registered manager and provider promoted a positive culture that meant people had personalised care and felt involved in this. The service was well managed with staff commenting how supported they felt and how much they enjoyed their jobs. Records were well kept and up to date which meant care was monitored closely. Quality assurance was monitored and actioned if changes or improvements were needed.

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 and their relatives said they felt safe.

Staff had the training and knowledge to recognise and report safeguarding concerns.

There were adequate staff available to keep people safe.

Risks had been appropriately assessed as part of the care planning process and staff had been provided with clear guidance on the management of identified risks.

Medicines were managed safely, staff were vigilant in monitoring practice and their competency was checked.

Is the service effective?

Good

The service was effective. People were supported by staff that had relevant training.

Staff were well supported by management to deliver effective care and carry out their roles and responsibilities.

Staff and the registered manager understood the requirements of the Mental Capacity Act 2005 and consent to care was sought by staff before care was undertaken.

People's hydration and nutrition was well managed.

People were supported to have access to health professionals.

Is the service caring?

Good

The service was caring. People were supported by exceptionally caring staff.

People were supported by caring staff who took the time to get to know those they supported.

Staff went the 'extra mile' to ensure people's lives were enhanced.

Staff were provided with detailed information so that they understood people's preferences and what was important to them.

People were treated with dignity and respect during care.

Is the service responsive?

Good

The service was responsive

Care and treatment plans were accurate, up to date and contained personalised information about people's care and emotional needs and relevant personal history.

People had regular reviews of the care needs to ensure all information was up to date and relevant.

People know how to complain and complaints are responded to in time with policy.

Is the service well-led?

Good

The service was well led. The registered manager and director promoted a positive culture that meant people had personalised care.

The service was well managed with staff commenting how supported they felt and enjoyed their jobs.

Records were well kept and up to date.

Quality assurance was regularly monitored and actioned if changes or improvements were needed

Bluebird Care (Swindon)

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 14 April 2016 and was announced. We told the registered manager two days before our visit that we would be coming. We did this because we needed to be sure the registered manager would be in the office. This inspection was undertaken by two adult social care inspectors.

Before our inspection, we reviewed the information we held about the service. This included notifications submitted by the service. 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 PIR was returned as requested.

We contacted five professionals and received feedback from three. This information was reviewed and used to assist with our inspection. We visited the office and spoke with the provider, the registered manager, and eight care staff. As part of this inspection we visited three people in their homes. We also spoke with five relatives. We spent time looking at records, which included five people's support plans, four staff records and other records relating to the management of the service, such as training records and quality assurance audits and reports.

Good

Is the service safe?

Our findings

People supported told us they felt safe, comments included, "Very much so. Oh yes I feel safe." Another said "I am very safe; I know them all very well." We spoke with relatives of people in the service and we had comments including "No concerns whatsoever" and "Never worried – all's fine".

Staffing was adequate and people spoken with confirmed that timekeeping was good and that visits were rarely missed. They also thought that continuity of staff was good as they knew the staff well. We spoke with a staff member who said they would always notify people if they were delayed and commented, "I'd never leave anyone in the lurch".

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. For example, we saw advice on one person's file to avoid a certain cereal as there was a risk of aspiration. We also saw a moving and handling risk assessment for someone who needed assistance with this. One person required the help of staff when using a hoist to get out of bed. They said that there had been "no problems" using the hoist and that they had not had any accidents whilst being supported by staff. Another person's records documented the need to ensure the person had sun cream applied and advice around hot weather to keep the person comfortable and safe. We saw a risk assessment for finances which had details of minimising risks in managing this.

People were protected by the registered manager being familiar with the processes to follow if abuse was suspected. Copies of the local authority booklet about safeguarding vulnerable adults 'No Secrets in Swindon and Wiltshire' was available and on display at the agency's office. The training matrix recorded that all staff had undertaken training in relation to safeguarding adults over the past 12 months. Staff we spoke with all had a good understanding of what would need to be reported, saying "If I had safeguarding concerns I would notify office and follow it up and write in the notes". They added "We are kept in the loop". We heard of a current issue where staff had notified the local safeguarding team of concerns they had for a person they had cared for who had recently moved into residential care. Staff were being involved in safeguarding meetings regarding this as they knew the person very well and their input and knowledge was important in decision making.

The service had a whistleblowing procedure. A whistleblower is anyone who has and reports concerns of wrongdoing occurring in an organisation. This is usually reported to a manager or someone they trust or it can be to an outside agency such as the local authority safeguarding team or the Care Quality Commission. A staff member told us they had used the whistleblowing procedure with concerns and said "It had been dealt with well".

Staff files contained a completed application form detailing employment history, offer letter, proof of identify, two references and interview notes. For those staff that used their cars for work, checks were done about insurance and MOT. All of the files seen contained evidence of a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure the service had a good recruitment process; people employed were of good character and had been

assessed as suitable to work in the service.

People's care files seen contained 'medication care and support plans' which detailed the support they required with their medicines. Assessments were made about the person's ability to manage their medicines in order to confirm the support they required. This could be reminding or prompting the person to take their medicines; administering their medicines or providing support to administer specialised medicines. Medicine Administration Records (MAR) were kept that detailed prescribed medicines and staff completed these following administration.

Management staff undertook audits of MAR in order to check compliance. One audit indicated that there was sometimes a problem with staff not signing MAR sheets. The manager said that a new system was being introduced whereby staff would record administration using a computer software system, which should improve current practice. MAR sheets were being produced in printed form by a supervisor after they had received details of a person's prescription; however these were not being checked by a second person in order to lessen the risk of transcription errors. This was discussed with the manager who said that they would introduce a system whereby MAR's were checked by a second person.

One MAR sheet seen contained a handwritten addition. This was where staff had transcribed details of a prescription onto the MAR. The hand written addition had not been signed by the person who did the transcribing and a witness signature had not been obtained. Signing hand written amendments and getting them witnessed is seen as good practice as it reduces the risk of transcription errors. This was discussed with the manager. A new system was being introduced called the IPass system which enables carers to use a smartphone to input information about care plans and to say when medication has been given. If all processes are not completed, an alert is sent to the office. Therefore, it is anticipated that medication errors will be identified immediately.

One person required a specialised treatment (micro enema) to be administered. Records seen indicated that a specific staff member had been trained and was deemed competent to administer this. Another person required regular eye drops to be administered. They confirmed that the staff did this. They also had a body cream that staff applied for them. There was a 'body map' available that showed staff which area of the body to apply the cream to.

The provider had produced a Medication Policy and Procedure. This contained information such as training, controlled medicines, as required medicines, covert medicines, safe keeping and disposal. The training matrix recorded that all staff had received medicine training updates within the last year and all had undergone competency checks. A care assistant confirmed that their medicine practice had been assessed during a spot check.

One person's file contained an in depth assessment relating to food hygiene; as carers were preparing meals for them. However another person who received the same support did not have a food hygiene risk assessment completed. We spoke with the registered manager who noted this and said they would take action to ensure all of these were done to the same standard.

People's care files contained risk assessments relating to external and internal environments, moving and handling, medicines, infection control and food hygiene. Assessments detailed the hazard, risk and control measures required. Such as one for infection control in personal care that detailed the hazard as 'Lack of good hygiene practice when washing; the risk as 'Spread of infection and cross contamination; and the control as 'Use different flannels for different areas of the body.' Control of Substances Hazardous to Health (CoSHH), mentioned the risks of potentially inhaling deodorant and how to ensure this didn't happen.

Good

Is the service effective?

Our findings

People were supported by staff that were well trained and had the right skills to support people effectively. A relative when asked if they felt staff were adequately trained said "Yes, I have no reason to believe they aren't, they always seem to do things well".

Staff received an induction before they started work with people in the service. We spoke with one staff member who said, "I went through all the checks and references were chased up, and had a DBS check" they went on to say "It was a comprehensive process". One person was receiving support from a new member of staff. They confirmed that the member of staff was being supervised by a regular member of staff during their visits. They added "[Carer] is getting to know my likes and dislikes."

Staff had received the relevant training so they were able to care for people safely and effectively. The registered manager told us all staff received annual training in end of life care, food safety, health and safety, basic life support, equality and diversity, fire safety, first aid, dementia, infection prevention and moving and handling. The training matrix which indicated that all of the 35 staff listed had received the training within the last 12 months.

Staff told us they felt supported by their manager. Comments included, "Love it and enjoy meeting people. I have regular clients and we have lots in common due my age" and "I love it! Excellent training – the best". They went on to say management were "Friendly and doors are always open. My manager makes me a cup of tea. I'm always acknowledged. They're lovely".

The registered manager had a system which recorded when staff were to receive their next supervision. A staff member confirmed they had frequent supervision and said "[Registered manager] is very supportive and always listens to me". We looked at their records which confirmed that actions discussed at a supervision meeting had been completed by the next one. For example, moving and handling training that was due had been completed by the next supervision session.

Staff had appraisals annually, which gave them the opportunity to reflect on practice, identify development needs and set targets. We saw these had been carried out for all staff. Eleven staff had obtained national qualifications in health and social care.

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'. For example, if a person was unable to voice their views, family members and professionals were included to provide a care plan that was in the best interests of the person.

People can only be deprived of their liberty so that they can receive care and treatment when this is in the best interests and legal authorised under the MCA. The application procedures for this in care homes and

hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager and other staff had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had received training on MCA and DoLS. This meant staff were able to support people in line with the principles of the Act. People confirmed that staff asked their consent before they started helping them. One said "They're very polite, they always ask first." A capacity assessment had been completed for one person re taking medication. We saw very detailed information about a person's routine and a note stating "Offer medicine on a spoon. If they open their mouth to take this, that is their consent to taking their medicine". We saw that a relative had signed some paperwork for an individual but when we asked the person had capacity. We discussed this with the registered manager who noted that relatives could only sign if permission was gained from the individual and recorded.

People's health care needs were documented in their records. It was clearly recorded who was involved with the person, such as GP, dentist, continence nurse, optician, hearing specialist and podiatrist. One person said their regular carer had informed them of how they could contact health care professionals with regard to the supply of pressure relieving equipment and continence aids. Staff reported having good relationships with GP's and district nurses. A staff member said they had recently exchanged information with a GP to update them on someone's health situation and also let the office know to update the care record.

One person required support with nutrition and hydration. The person told us staff made meals for them and provided them with drinks during their visits. They added "I have enough; it's just what I want." Another person who had meals prepared by care staff commented that "They are all microwave trained." We saw on one person's record that 'They enjoy company when eating so carer should sit and eat meal at same time'. We saw this was happening from the daily records.

Good

Is the service caring?

Our findings

People told us staff were caring. One person said "I'm well looked after. The carers; I like them all. We have a laugh and a joke. They are all likable girls." When asked if they would recommend the agency to others they replied "Oh yes, definitely. It does what it says on the tin .They are care workers and they care for you; they really do care." Another said "I would recommend them. They're nice people." Another said "They are all very nice." One person told us how they were taken out for a surprise birthday meal by staff and the manager, which they enjoyed immensely. The person also told us how a carer had brought in a specially cooked dish that she liked as a surprise. We spoke with a relative who said "They're brilliant; we're like one big happy family".

Staff had a good rapport with people and had built positive relationships with people. Care workers visit reports seen showed staff took time to talk with people they visited and to think about their individual needs. One record stated, 'We had a good chat. Prepared (person's name) a pot of fruit as well; have left some crisps for later'.

Staff spoke fondly of the people they supported. One staff member said they spoke with the person about their family but respected their privacy also. For example, one person was very private and did not like to talk about personal things. The staff member said they respected this and ensured they remained professional. Another staff member said "I know people are safe and happy. There is not one carer I work with who I wouldn't let care for my mum". Another commented, "I care for them (people) as much as they care for me".

People's care plans contained details about what the person liked. For example, "Likes foot massage in the evening and needs feet up to avoid swelling" It described the position of pillows, to leave the door ajar and to give 'A kiss on the cheek and say 'night'. This meant the small important details of someone's care was considered and what was important to the person to make them feel cared for and have a routine they enjoyed and which comforted them.

A person who enjoyed gardening could no longer access their garden due to using a wheelchair. We saw that the service had carried out some fund raising for materials to adapt the garden to make it possible for this person to get about the garden and to build some raised beds. The staff were going to do the labour for free. We spoke with this person's relative who confirmed this and said they were looking forward to this happening.

People were encouraged to have a voice within the service and organisation. Care files seen contained a 'Review of Customer Care' document. People using the service were asked their views on issues such as timekeeping, whether staff were respectful and polite, agreed care was being given and personal choice respected. Also included was 'Do you know how to make a complaint?' Reviews seen were positive about the service.

People told us they were treated with dignity and respect and had their privacy respected. Staff explained

that before doing personal care, they made sure the door was shut and curtains closed if needed. They would cover up parts of body not being washed and would also explain when and what they were doing. Staff also described offering people the opportunity to do as much for themselves as they can, for example, cleaning intimate parts of their body if they were able.

People had been given information about the service. This included customer care and support plan, price list, care visits at home leaflet, compliments and complaints information. It also mentioned advocacy and sharing information. It described the service's philosophy as aiming to deliver a 'Friendly, family feel' and to 'Respect and treat customers in the way that we and our own relations would expect and wish to be treated'.

People were encouraged with maintaining independence as much as possible. We saw examples in people's care plans stating 'Promote [person] to have more independence" and 'Involve [person] in preparing breakfast' and 'Give flannel to encourage [person] to wash themselves'. A staff member said she "Coaxed people to get them to do as much as they can for themselves".

All people were offered end of life planning. However, there was an understanding how sensitive this was, so it was approached sensitively respecting people's wishes if they chose not to do this. One person's relative had recently received support from the agency during the end of the person's life. They said "The care was very, very good. Some of the carers even came to the funeral." We also saw a card which said "Please thank all the kind carers who supported us for those lovely weeks".

Good

Is the service responsive?

Our findings

People and their relatives were involved in developing their care, support and treatment plans. Care plans were personalised and detailed daily routines specific to each person. At the initial meeting the registered manager spent time with the person and their family talking about their past their interests, their views, likes and dislikes and to find out what the customer wants to make the care suitable for their needs. If the customer is unable to voice their views family members and professionals are included to provide a Care Plan that is in the best interest of the customer. People told us and indicated that staff supported them in the way they needed and preferred. One person commented, "I like to do what I want, and they help me to do that."

Support plans contained detailed information about people's life histories, preferences and goals and identified how they would like their care and support to be delivered. The plans focussed on promoting independence and encouraging involvement safely. We saw a person's plan had stated what was important to the person, for example, living arrangements, and how they communicated. It also described family relationships and who they saw and when. It described they liked routine and also said what activities the person did and when these were. This meant staff supporting this person would have a good understanding of the person's emotional needs and not just the tasks to undertake for the person. Copies of people's care records were kept at both the service and in people's homes. The care plans clearly set out in detail the tasks to be completed and how the planned care was to be provided.

People's records included information about individuals' specific needs and details of reviews that had taken place. They had all been reviewed in 2016 and updated to reflect people's wishes. Where necessary health and social care professionals were involved. People signed their care plans indicating that they were happy with the content.

One person's file contained care and support plans that had been written in the first person and reflected the person's preferences regarding their support. Information included 'What is important to me', 'How I like to live my life', 'Support I need for my safety and for the safety of those around me' and 'What I would like to achieve from Bluebird Care.' Agreed actions included support with personal care, moving and handling, medicines and nutrition and hydration. How this was to be carried out was detailed in a section 'How I would like to be supported' which contained statements such as "I would like the carer to help me by washing my back and hard to reach places.' One entry was 'I will need you to hoist me onto my shower chair' although specific details of how this would be done were not recorded. There was also a personal care support plan stating 'Support to get me into the shower, check water temperature, and assist with showering and drying', although specific details of any moving and handling procedures were not recorded.' Specific details were lacking also in the section entitled 'Support with moving and handling.'

Records indicated that one staff member was giving regular specialised treatments (micro enema's) to support the person's medical needs, although there was no specific medication support plan on file relating to this. We brought this to the registered manager's attention who said they would amend this. We visited the person. They confirmed the support they received as detailed in the care plans and confirmed that they

had been involved in care and support plan reviews. They said that they were happy with the support they received.

Another person's file indicated that they spent a lot of time in bed, and that this was their choice. The plan stated that they required help with personal care, moving and handling, nutrition and hydration and applying creams and administering eye drops.

When asked if carers made their visits on time, one person using the service replied "Usually yes. They normally ring if their running a bit late." They confirmed that they normally saw the same carer stating "I like to know that when they come in the door, I know who it is."

Staff responded to people in an individual and inclusive manner to ensure choice was offered. For example, we saw on a person's notes, 'Offer [person] a choice in what to wear, eat, and watch'. It also stated the person had a range of jewellery and had lots to choose from so to offer choice. It also gave guidance for doing activities at a certain time of the day when the person was most likely to respond positively with this.

People were provided with a copy of the service user guide and this was kept in the care files in their homes. One person's care file contained a 'Confirmation of Receipt' signed by them recording that they had received a customer guide, care and support plan, price list, care visits at home leaflet; compliments, concerns and complaints information, statement of purpose; and terms and conditions. The guide provided key information about the service, contact telephone numbers and out of office hour's arrangements.

There was a complaints policy and procedure in place. We saw a complaint about a missed call. Staff had spoken with the person and a letter of apology had been sent to the person and their daughter and there was a note for the registered manager to monitor. All complaints had been dealt with in line with policy, for example, dealt with in 15 days and people were updated. One person visited said that they would make a complaint to the manager if they felt they had to but added "I've no complaints at all so haven't had to." Another person told of a care assistant that they did not get on with. They informed the manager and they did not visit them again.

We saw many compliments recorded such as "I get a call each day. [Carer] has been detailing what she's made for lunch and what's been done around the house. [Carers] are doing over and above our expectations and have recommended". A relative had written about a helpful suggestion to support his mother and said this had "A positive impact on my life".

Good

Is the service well-led?

Our findings

People felt the service was well led, the feedback was positive about the service they received from all the staff. We had comments such as 'Excellent" and "We would recommend Bluebird to anyone".

The registered manager was a positive role model to the team. She said that she went and did calls as other workers do to stay in touch. She said, "I'm one of the team and I try to support them". She discussed the importance of knowing individuals well and said it was important to visit not "Just when things went wrong". Emphasis was placed on recruiting carers with the right value base rather than experience. She said, "Good people skills and recommendations help". The registered manager was well supported by the director of Bluebird Care (Swindon) and said communication good.

There was a registered manager in place and a clear management structure. The registered manager and other senior staff had a clear area of responsibility and staff knew who their line manager was. The registered manager was well supported by the director of Bluebird. Staff were clear of what was expected from them in their roles. There was evidence of an open and inclusive culture that reflected the values of the service. Every staff member we spoke with said they felt valued by their manager and the senior management team.

The registered manager analysed information about the quality and safety of the service and comprehensive quality assurance monitoring was in place. Audits were undertaken as part of the quality assurance process to monitor the quality of service people received. A recent contract monitoring report was seen which confirmed that audits were taking place every three months on spot checks, medication administration, supervisions and appraisals. We also saw documents in two people's care files included a 'Logbook audit' where the person's 'care worker visit' log had been audited in order to review the support delivered. Any gaps or shortfalls identified during these audits were addressed by improvement plans.

All of the staff spoken with said their managers' were approachable and supportive. Staff said they worked well together and supported each other. Staff members told us they felt the service was well managed and organised. Staff said "Brilliant organisation", "Good manager" and "Very supportive – both [registered manager] and [Director].

Team meetings had been held regularly and covered issues such as a questionnaire for carers, recent bereavements and the move to the new office. Staff meetings had a good attendance by most staff. Staff had also had regular newsletters to keep them up to date. These mentioned colleague's birthdays, a new system to monitor visits. It contained customer news and who had sadly passed away or moved to residential care. Each newsletter had a 'Tip of the month' and the one we saw mentioned pressure ulcers about recognition and advice.

People and those important to them had opportunities to feedback their views about the home and quality of the service they received. A survey was done with people who use the service in August 2015. For example, feedback had been sought about whether all people had received an information guide. The response was

not as good as expected so action was taken to contact or visit customers and ensure that at reviews that people had all the information. There was a positive response to care workers arriving at specified time and being informed if change of care worker and if they were going to be late. The survey said that care workers were polite and treated people respectfully and tasks were done properly and professionally. Comments included, "They are all friendly", "All who come are very good" "At the moment cannot see how I could have had better service – thank you" and "I enjoy the chats".

A staff survey had also taken place in 2015. This showed a positive response to questions about enjoying their role; training; support and supervision. There had been a request to improve communication and we saw this had been actioned by producing a newsletter and to increase supervision meetings.

Any accident, incidents or complaints received were logged and analysed. This meant the service had the opportunity to prevent reoccurrences and to make improvements where possible. The registered manager had notified CQC about significant events. We use this information to monitor the service and ensure they responded appropriately to keep people safe.

All policies and procedures were kept under review to ensure they remained up to date and appropriate. A contingency plan was in place in case the service was affected by situation such as severe weather or fire in the office premises. This included ensuring there was an arrangement of keeping information available online and flexible working and checklists and audits in place so priorities could be identified, including identifying the most vulnerable people.

The service worked well with other agencies and services to make sure people received their care in a joined up way. We had comments from two professionals, they told us "I have had no issues with the provider. The services that they are able to provide appear to be working successfully. I find it easy to contact the provider by phone or email – they always get back to me quickly if I leave a message" and "They are always polite on the phone and cheerful, even though they must be under the usual pressures to provide care".

The registered manager and the Director attend the Care Providers Forum which provide information, guidance and support within their region. They subscribe to the UKHCA to get updates on legislation and information relating to domiciliary care.