Bayford New Horizons Limited

Bluebird Care (Sussex Weald)

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**

Overall summary

The inspection took place on the 3 June 2015 and was announced. Forty eight hours notice of the inspection was given to ensure that the people we needed to speak to were available in the office.

Bluebird Care Sussex Weald is a domiciliary care service which provides personal care and support services for a range of people living in their own homes. These included older people, people living with dementia and people with a physical disability. At the time of our inspection 90 people were receiving a care service.

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.

This is the first inspection of this service under the new provider of Bluebird Care Sussex Weald who registered on 10 October 2013.

The experiences of people were positive. People told us they felt safe, that staff were kind and the care they received was good.

There were good systems and processes in place to keep people safe. Assessments of risk had been undertaken and there were clear instructions for staff on what action

Summary of findings

to take in order to mitigate them. Staff knew how to recognise the potential signs of abuse and what action to take to keep people safe. The registered manager made sure there was enough staff at all times to meet people's needs. When the provider employed new staff at the service they followed safe recruitment practices.

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. We found that care plans were detailed which enabled staff to provide the individual care people needed. People told us they were involved in the care plans and were consulted about their care to ensure wishes and preferences were met. Staff worked with other healthcare professionals to obtain specialist advice about people's care and treatment.

The provider had arrangements in place for the safe administration of medicines. People were supported to receive their medicine when they needed it. People were supported to maintain good health and had assistance to access to health care services when needed.

The service considered peoples capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. Staff observed the key principles in their day to day work checking with people that they were happy for them to undertake care tasks before they proceeded.

People were supported at mealtimes to access food and drink of their choice where needed.

There were clear lines of accountability. The service had good leadership and direction from the registered manager. Staff felt fully supported by management to undertake their roles. Staff were given training updates, supervision and development opportunities. For example staff were offered to undertake additional training and development courses to increase their understanding of needs of people using the service.

Feedback was sought by the registered manager via surveys which were sent to people and their relatives. Survey results were positive and any issues identified acted upon. People and relatives we spoke with were aware of how to make a complaint and felt they would have no problem raising any issues. The provider responded to complaints in a timely manner with details of any action taken.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures.

Assessments were undertaken of risks to people who used the service and staff. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

People were supported to receive their medicines safely.

There were appropriate staffing levels to meet the needs of people who used the service.

Good

Is the service effective?
The service was effective.

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities.

Staff had an understanding of and acted in line with the principles of the Mental Capacity Act 2005. This ensured that people's rights were protected in relation to making decisions about their care and treatment.

People were supported at mealtimes to access food and drink of their choice in their homes.

Good

Is the service caring?
The service was caring.

People who used the service told us the care staff were caring and friendly.

People were involved in making decisions about their care and the support they received.

People's privacy and dignity were respected and their independence was promoted.

Good

Is the service responsive?
The service was responsive.

Assessments were undertaken and care plans developed to identify people's health and support needs.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that complaints would be listened to and acted on.

Staff were aware of people's preferences and how best to meet those needs.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

Staff were supported by the registered manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

People we spoke with felt the registered manager was approachable and helpful.

The registered manager carried out regular audits to monitor the quality of the service and make improvements.

Bluebird Care (Sussex Weald)

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.

The inspection took place on the 3 June 2015 and was announced. The provider was given 48 hours notice because the location provides a domiciliary care service; we wanted to be sure that someone would be in to speak with us.

The inspection team consisted of two inspectors and an expert by experience with experience in adult social care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider had 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.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with eleven people and five relatives who use the service, four care staff, one co-ordinator, two supervisors the registered manager and the operations director. We observed staff working in the office dealing with issues and speaking with people who used the service over the telephone.

We reviewed a range of records about people's care and how the service was managed. These included the care records for seven people, medicine administration record (MAR) sheets, six staff training records, support and employment records, quality assurance audits, incident reports and records relating to the management of the service.

We spoke with two health care professionals after the inspection to gain their views of the service.

The service was last inspected on 18 April 2013 under the previous provider and there were no concerns.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe using the service.

One health care professional told us "Bluebird care provide a safe service and always take the client's needs in to account and follow all the appropriate procedures and go above and beyond".

People were protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the policy and procedures if it occurred. They told us they had received training in keeping people safe from abuse and this was confirmed in the staff training records. Staff described the sequence of actions they would follow if they suspected abuse was taking place. They said they would have no hesitation in reporting abuse and were confident that management would act on their concerns. Staff were also aware of the whistle blowing policy and when to take concerns to appropriate

agencies outside of the service if they felt they were not being dealt with effectively. Staff could therefore protect people by identifying and acting on safeguarding concerns quickly.

We saw the service had skilled and experienced staff to ensure people were safe and cared for on visits. We looked at the electronic rotas and saw there were sufficient numbers of staff employed to ensure visits were covered and to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service and we saw that the number of staff supporting a person could be increased if required.

Recruitment procedures were in place to ensure that only suitable staff were employed. Records showed staff had completed an application form and interview and the provider had obtained written references from previous employers. Checks had been made with the Disclosure and Barring Service (DBS) before employing any new member of staff.

Individual risk assessments were reviewed and updated to provide guidance and support for care staff to provide safe care in people's homes. Risk assessments identified the level of risks and the measures taken to minimise risk. These covered a range of possible risks such as nutrition, skin integrity, falls and mobility. For example, where there was a risk to a person regarding falling in their own home, clear measures were in place on how to ensure risks were minimalised. These included for staff to ensure clear pathways around the home and ensure the bathroom floor was mopped and cleaned after being used. Staff could tell us the measures required to maintain safety for people in their homes. One member of staff told us, "People need to be comfortable and safe, we need to make sure we look out for potential hazards and report them to the office". Another staff member told us "We need to ensure we use equipment we are trained in like a hoist to assist people around their home. I have one lady we need to hoist in and out of the bath and we always make sure she is happy with what we are doing and ensure we are doing it correctly".

Staff were aware of the appropriate action to take following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. We saw specific details and any follow up action to prevent a reoccurrence of the incident. Any subsequent action was updated on the person's care plan.

People were supported to receive their medicines safely. We saw policies and procedures had been drawn up by the provider to ensure medicines was managed and administered safely. Staff were able to describe how they completed the medication administration records (MAR) in people's homes and the process they would undertake. Staff received a detailed medicines competency assessment on a regular basis. We looked at completed assessments which were found to be comprehensive to ensure staff were safely administering or prompting medication. Audits on medicine administration records (MAR) were completed on a monthly basis to ensure they had be completed correctly. Any errors were investigated, on one record a missing signature had been highlighted for the administration of creams. The member of staff had been spoken with to discuss the error and invited to attend medication refresher training.

Good

Is the service effective?

Our findings

People and relatives felt that staff were sufficiently skilled to meet the needs of people and spoke positively about the care and support they received. Comments we received included "Definitely, they are so good" and "Yes the staff are very good".

People were supported at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes had been completed by family members or themselves and staff were required to reheat and ensure meals were accessible to people. One member of staff told us "We encourage people to eat and drink and leave drinks and snacks out for them if needed. We record what has been eaten and fluid intake and if we have concerns we report back to the office and a GP would be called". People's nutritional preferences were detailed in their care plans. One person told us "I choose what I would like and they cook it for me". Another person said "Sometimes if I feel under the weather they will cook me something".

People were supported by staff who had the knowledge and skills required to meet their needs. Staff records showed staff were up to date with their essential training in topics such as moving and handling and medication. The online training plan documented when training had been completed and when it would expire. On speaking with staff we found them to be knowledgeable and skilled in their role. One member of staff told us "I had a detailed induction with training and shadowed other care staff until I was confident. I also had supervisions every week in my first twelve weeks". Another told us "The training is good and we can have more if we would like it, I have just signed up to do a qualification in health and social care". We were told the service offers qualifications in care to its staff. The registered manager told us of additional and updated training they were working on for all staff. This included end of life and palliative care and further training in dementia awareness. This meant people were cared for by skilled staff trained to meet their care needs.

The registered manager told us how they were introducing the new Skills for Care care certificate for all of the staff. The certificate sets the standard for health care support workers and adult social care workers and will develop and demonstrate key skills, knowledge, values and behaviours to enable staff to provide high quality care. We were shown the records set up ready for the introduction of the certificate and how it was being added to their own online system for staff to access.

The provider offered a career pathway for care staff and management. This included various levels of development opportunities which included a member of staff becoming a mentor for new staff joining the service or becoming a specialist in an area of choice for example dementia. The registered manager had recently gained a qualification in train the trainer in dementia and planned to hold extra training sessions for all of their staff over the next couple of months.

Staff had regular supervisions and a planned annual appraisal. These meetings gave them an opportunity to discuss how they felt they were getting on and any development needs required. Staff had contact regularly with their manager in the office or via a phone call to receive support and guidance about their work and to discuss training and development needs. Staff also received spot checks when working in a person's home. This was to ensure that the quality of care being delivered was in line with best practice and reflected the person's care plan. This also helped staff if they wanted to discuss any concerns or ideas they had. Staff said they found these to be beneficial.

Care staff had knowledge and basic understanding of the Mental Capacity Act (MCA) because they had received training in this area. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. If people did not have the capacity to make specific decisions around their care, the staff involved their family or other healthcare professionals as required to make a decision in their 'best interest' as required by the Mental Capacity Act 2005. A best interest meeting considers both the current and future interests of the person who lacks capacity, and decides which course of action will best meet their needs and keep them safe. Staff told us how people had choices on how they would like to be cared for and would always ask permission before starting a task. We were shown additional training that had recently been implemented to enhance staffs knowledge in the MCA. This included information and a workbook that needed to be completed and discussed with their manager.

Good

Is the service effective?

We were told by people using the service and their relatives that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed.

For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available in the information guide given to people who used the service

Good

Is the service caring?

Our findings

People and their relatives told us the staff were caring and listened to their opinions and choices. One person told us "They are caring and respectful they will always knock on the door and are cheerful". Another said "Sometimes I want something different for breakfast and they will do it and if my regular carer brings a new member of staff along she will tell them my likes and dislikes and how I like things done and how many sugars in my tea". Another told us "They come three times a day they are very caring, very particular and they really are all excellent".

Relatives we spoke with told us they were happy with the service and thought the staff were caring. One said "On the whole all the carers are kindly spoken and professional". Another told us "There is always a nice conversation and plenty of humour".

People praised highly the care and support staff provided. One person told us "My carer takes me shopping or if I don't feel well enough she goes for me. She goes out of her way for me, she even put some plants in the garden for me". A relative told us "The carer gave my husband a shave this morning because he didn't feel able to do it".

A health care professional we spoke with told us "Bluebird Home Care show in every way that their service cares about their clients and from the carer to the manager they go above and beyond to achieve this". Another told us "All the carers we speak to over the phone have a friendly, caring manner and seem very sympathetic with regards to a person's situation".

Staff said they felt they had enough time to carry out people's care needs on each visit. One staff member told us "You can't rush people so if I am running late I would call the office to let them know. If we feel that there is not enough time to cover everything in a call we would ask for the care to be reviewed as the call might need extending".

People were involved in decisions about their care and support at care plan reviews and meetings with care staff. People were able to express their views via feedback surveys which gave them an opportunity to express their opinions and ideas regarding the service.

Staff were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care, but ensured they were nearby to maintain the person's safety. Staff all spoke on how they promoted peoples independence. In one care plan it stated that a person was nervous of using their new wet room and slipping. It detailed the walking aid the person uses and guided the staff to encourage independence and be patient to the person's needs and ensure a mat was down to prevent the risk of slipping.

Staff told us how they assisted people to remain independent and said if a person wants to do things for themselves for as long as possible then their job was to ensure that happened. One staff member described, when someone can't manage to dress themselves any more without support we encourage them to do as much as they can. Another told us "Our aim is to keep people in their own homes for as long as possible with our support. This involves encouragement and helping them to remain independent". We observed staff in the office speaking to people on the telephone in a warm and caring manner. Staff were patient and took time to let the person speak and discuss any issues they may have.

Good

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. Comments from people included "I am quite satisfied with everything" and "It is an invaluable service, excellent I would definitely recommend them".

A health care professional told us that the service responded to people's needs and if it was outside of what they could deliver, they would refer to another relevant service to get the support and help for that person.

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. The care records were easy to access, clear and gave descriptions of people's needs and the care staff should give to meet these. Staff completed daily records of the care and support that had been given to people. All those we looked at detailed task based activities such as assistance with personal care and moving and handling. In one care plan it detailed the equipment needed to assist a person into the bath and how staff should undertake this activity including checking the water temperature. This included using a ceiling hoist to safely lower the person and how staff should encourage the person to aid their mobility. It also detailed for care staff to monitor pressure areas on the person's body and to report any signs of skin damage to the office immediately. In another person's care plan it detailed their preferences which included no soap on their face when assisting with washing and for staff to assist with the person's earrings and glasses after a wash. People's activities were detailed in their care plans. In one we saw a care call had been altered so it did not impact the time the person spent watching their favourite soap opera on television.

There were two copies of a care plan one in the office and one in people's homes, we found details recorded were consistent. Care plans were detailed enough for a carer to understand fully how to deliver care and for the ease of use for people. The outcomes for people included supporting and encouraging independence for people to enable them to remain in their own homes for as long as possible. Staff we spoke with told us how they promoted independence. One told us "Everybody is an individual and we need to meet that person's needs while supporting and encouraging them". Another told us "You need to know about a person, their likes and dislikes and their life history. The care plans are detailed and we really get to the know the person".

Care staff told us they felt that most of the time they had enough travel time in between visits to people but not always. One staff member told us "Most of the time it is ok". Another staff member told us "Majority of the time but sometimes you are rushed". We found that this had not impacted upon staff providing care in a responsive way. We spoke with the member of staff who completed the staff rotas and discussed this with them. They told us they were new to the role and were looking into ensuring staff had sufficient time to travel in between calls and also regularly received feedback from care staff on what travel times they required. We were told "We are working hard to ensure staff have enough travel time and work closely with them to ensure it is correct. If staff are running late for a care call for whatever reason, they would call the office so we can call the person to let them know, communication is key".

People and relatives we spoke with were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible for people and complaints made were recorded and addressed in line with the policy. Complaints had been recorded with details of action taken and the outcome. Follow ups to the complaint were in place where needed. One complaint was from a person requesting the same carer for all of their care calls. The response was that their carer only worked two days however the service would ensure the person had continuity of care from the same carers on other days. After this was explained to the person we saw they were happy with explanation. Compliments we saw included "Thank you to the care staff for their professional, kind and caring approach". The registered manager had sent letters to the care staff that had received compliments to recognise and thank them for their hard work. The provider also offered a carer of the month award in recognition of their work. People and staff could nominate who they would like to receive the award each month.

Good

Is the service well-led?

Our findings

People and relatives all said how happy they were with the management. One person told us "I would strongly recommend them, if everyone is dealt with in the same way as me they will have nothing to complain about".

A relative we spoke with told us how their family member now required care and support and he found the manager extremely good and professional and asked all the right questions at the start. They said that they had been concerned about the set up of the care but the manager covered everything and they sat down together and discussed the needs and now it was working very well.

A health care professional told us "Bluebird care is led well by the supervisors and manager and due to this fact this goes down the line, which results in excellent carers who deliver an excellent service".

The atmosphere was friendly and professional in the office. Staff were able to speak to the manager when needed, who was supportive. The manager had created an open and inclusive culture at the service. Staff we spoke with all complimented the service and the manager. One told us "The level of support you get is very good, if you need any further training you can just ask for it". Another told us "We have a good manager, if ever we have a problem someone is always available to talk to".

Feedback from people and relatives had been sought via surveys. Comments from a recent survey included a request for a change in a call time for a person. The manager had addressed this by speaking with the person and rearranging the time to suit their needs. The surveys helped the provider to gain feedback from people and relatives about what they thought of the service and areas where improvement was needed.

Staff felt they had regular communication with their manager and office staff through supervisions, phone calls and coming into the office but felt they would like more group staff meetings. We raised this with the registered manager who agreed and told us they were working on arranging this for the staff. They also told us how difficult it is for all the staff to meet each other so they were arranging team building events and were organising for staff feedback to influence how to take this forward.

The registered manager assured themselves they were delivering a quality service by the use of checks and carried out internal quality audits on the service monthly. The audits covered areas such as complaints, medicine records and care records. This highlighted areas needed for improvement. Findings were sent to the provider and ways to drive improvement discussed. The manager also carried out a combination of announced and unannounced spot checks on staff to review the quality of the service provided.

The provider produced a seasonal newsletter throughout the year for people. The newsletters had details on updates about the service, safety advice for people, recent charity work staff had been involved in and recent winners of carer of the month.

We spoke with the registered manager and operations director who told us that they had been looking into improving the service and were due to launch their new "Pass System" in the next month. This system will computerise care plans and also audit real time issues. Staff who create the care plan with the person will record all the information in the person's home on a computer tablet. The information will be sent to the main database. Care staff will be able to access this information on a smart phone which will contain all the details about that person. The staff will be able to log in and out of their care call on the phone so the office can see that they have arrived safely at the call and the person has received their call on time. The member of staff monitoring the system in the office will be able to see if a person has not receive their call and investigate straight away. Staff we spoke with about this new system were looking forward to using it and seeing how people would benefit from it.

The registered manager told us about the on-call rota that was implemented weekly. This is where a member of the office staff has a mobile phone out of office opening hours, to ensure someone is available for people and staff to contact at all times with any concerns or issues. Staff and people we spoke with told us how they could always get hold of someone if they needed to.

The registered manager showed passion about the service and talked about ways of improving. We were told about how the staff had worked closely with health care professionals such as GP's and district nurses when required. The registered manager had sought specialist training and told us about a person who had Motor neurone disease (MND). This is a progressive disease that

Good

Is the service well-led?

attacks the motor neurones, or nerves, in the brain and spinal cord, which means messages gradually stop reaching muscles, which leads to weakness and wasting.

They had been recently working closely with The Motor Neurone Disease Association to provide workshops for staff to enable them to have a greater understanding on how to support people with this disease.