

Safe and Sound Wiltshire LLP Bluebird Care (Wiltshire North)

Inspection report

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16 January 2019

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Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Summary of findings

Overall summary

This inspection was carried out on the 15 and 16 January 2019 and was announced. Bluebird Care (Wiltshire North) is a domiciliary care agency and provides personal care to people living in their own houses and flats in North Wiltshire. It provides a service to people living with dementia, older people, younger adults, physical disability and sensory impairment. There were 75 people using the service at the time of inspection.

Not everyone using Bluebird Care (Wiltshire North) received regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated as Good

People told us they were being supported by kind and caring staff that did not rush them and helped them to maintain their independence. Staff we spoke with told us they enjoyed their jobs and working with the people they supported.

People's needs had been assessed and personalised care plans were in place giving staff guidance on how to meet people's needs. Staff worked with healthcare professionals to make sure people got effective care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us they felt safe and systems were in place to assess risks. Risk management plans were detailed and reviewed as needed. Medicines were managed safely, people had their medicines as prescribed.

People were supported by staff that had been recruited safely. Staff were trained and had the skills needed to support people. Staff were aware of the different types of abuse and how to report any concerns.

Systems were in place to monitor the quality and safety of the service. The provider was aiming to continuously improve how the service was delivered. Partnership working was demonstrated with a variety

of agencies.

Further information is in the detailed findings below.

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 remained Safe.

Good 

Is the service effective?

The service remained Effective.

Good 

Is the service caring?

The service remained Caring.

Good 

Is the service responsive?

The service remained Responsive.

Good 

Is the service well-led?

The service remained Well-led.

Good 

Bluebird Care (Wiltshire North)

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 was carried out on the 15 and 16 January 2019 and was announced. We gave the service 48 hours' notice of the inspection visit because the manager is often out supporting staff or providing care. We needed to be sure they would be in. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection visit, we reviewed the information we held about the service. We looked at information within the statutory notifications the provider had sent to us. A statutory notification is information about important events, which the provider is required to send us by law. We also reviewed information the provider had sent us in the provider information return (PIR). This is information the provider sends us annually to give us key information about the service, what the service does well and the improvements they plan to make.

During our inspection we spoke with 10 people and three relatives on the telephone to gain their views of the service. During our site visit we spoke with two directors, the registered manager and eight members of staff. We looked at six care plans, four recruitment files, medicines administration records, health and safety records and reviewed records relating to the management of the service. The provider prepared some case studies about the work of the service which we were able to view at our site visit.

Following our site visit we contacted four healthcare professionals for their views on the service.

Is the service safe?

Our findings

People continued to receive a safe service. Comments from people and relatives said, "I feel very safe", "I am very happy with them [staff] and they make me feel safe when they are here", "I feel very safe and comfortable with them [staff], they are very competent and reassuring" and "I think [relative] is very safe with them [staff], and I have peace of mind that they are checking on [relative]."

The service obtained the necessary pre-employment information and carried out Disclosure and Barring Service checks (DBS). The DBS helps employers to make safer recruitment decisions and reduces the risk of unsuitable staff from working with vulnerable people. Systems were in place to safeguard people from the risk of abuse. Staff received safeguarding training which was refreshed. Staff we spoke with were aware of safeguarding procedures and how to report any concerns. Staff were confident the management would take appropriate and timely action.

There were sufficient numbers of staff to meet people's needs. The registered manager told us they had stopped taking new packages of care when staff numbers had reduced earlier in 2018. They had recently recruited new staff so were in a position to increase care packages. All staff, including office staff employed by Bluebird Care (Wiltshire North) were trained to deliver care so they could cover if needed. For example, if a member of staff was sick then office staff could support people to make sure their needs were met and no visits were missed.

Systems were in place to make sure staff were safe whilst lone working. A senior member of staff told us rotas were set and care workers were not able to change their shifts. This meant the office staff knew where staff were and at what time. The service was introducing an electronic rota system where staff would log in and out before and after each visit. This would enable the office staff to immediately know staff whereabouts.

Medicines were administered safely. One person told us, "That is very important to me as I rely on them [staff] to give me my medication safely. I have not had any problems with medicines." People's needs and support required for medicines administration was recorded in their care plan. Medicines were recorded in full on individual medicines administration records (MAR) so that care workers would know what to give and when. People generally used 'dosette boxes' prepared by a pharmacist. This type of system supported people to be as independent as they could be. Staff received training on how to administer medicines and were observed to make sure they were competent.

Systems were in place to identify risks and risk management plans were in place to give staff guidance on how to reduce risks. Risk assessments covered a range of areas to keep people safe and were reviewed as needed. Staff were supplied with personal protective equipment such as gloves and aprons and had received training on infection prevention and control and food hygiene.

Accidents and incidents were recorded on incident forms and reviewed by the registered manager. Any learning or follow up actions were recorded and shared at team meetings so all staff could learn any

lessons. Where trends were identified the registered manager organised additional training for staff. For example, the registered manager noted that there had been some medicines errors. Whilst no harm was caused to people the registered manager organised a medicines refresher session for all staff to improve practice.

Is the service effective?

Our findings

People continued to receive an effective service. People and their relatives told us the staff were trained. Comments included, "I think they [staff] are very well trained, they are very good carers", "Staff are very professional and competent", "The carers are generally well trained and they also have special training for example, dementia. They have passed this knowledge on to me which has helped me care for [relative]" and "I think they [staff] are well trained... they have a very difficult job and do it very well."

People's needs were assessed in an initial assessment prior to any care package being agreed. The registered manager told us that a member of the management team would visit the person and spend time discussing their needs, wishes and preferences. If the service could meet people's needs then a care package would be offered. Where needed the service liaised with healthcare professionals to gain any advice or support. Records demonstrated if staff were concerned about people's health they would take action to help. The directors of the service were GP's which gave staff additional healthcare professionals to contact if they were worried. The service had supported some staff to become 'champions' in identified areas. This meant that staff had additional knowledge to look for early signs of illness.

Support people needed with food and drink had been identified during the initial assessment process. There was guidance in people's support plans for staff to follow to help people with their meals. Staff told us for some people they prepared a ready meal, for others it may be a sandwich or some soup.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The service was working within the principles of the MCA. People were supported to make their own decisions and all had the capacity to consent.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. For people living in their own homes this would be through the Court of Protection. The service was not supporting people with this authority in place but had systems in place to do so if needed.

People and their relatives thought the staff had the skills and support necessary to meet people's needs. New staff attended a three-day initial induction at head office. This enabled them to learn about different aspects of the role. We observed part of day one and saw that staff had the opportunity and were encouraged to ask any questions. Staff shadowed more experienced staff for a number of visits and also completed the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. One member of staff told us, "My induction has been fantastic, I have had great support."

Following induction staff received refresher training regularly and could ask for any training they felt they needed. The service employed a trainer who was a registered nurse to provide most of the training. They

told us they had written most of the materials used and reviewed them regularly. They told us they kept the training interactive and gave staff opportunity to learn by experience. For example, staff were encouraged to use the hoist and sit in a wheelchair. This enabled them to experience what it may feel like for the people they were supporting.

Staff had regular supervision where they could discuss any training needs or raise any concerns. Staff had access to the service policies and procedures using an application on their mobile phones. This meant if they could access guidance at any time. The registered manager had commenced an appraisal process where all workers would have an appraisal by the end of January 2019. The registered manager told us there was career progression available to care workers and they wanted to encourage staff to develop their skills and knowledge.

Is the service caring?

Our findings

People told us they continued to receive a caring service, people were happy with the staff who visited them. Comments included, "I feel very comfortable and safe with the carers, they look after me very well" and "The staff I have now are excellent. They look after me very well." One relative told us, "I was pleasantly surprised at how good they [staff] all are. They are exceptional carers."

People and their relatives told us the staff were kind and promoted their independence. One person said, "Staff will let me do as much as I can for myself... but are always there if I need them." Another person told us, "I think it is very important for me to do as much as possible for myself... for my self-esteem. They [staff] do understand that." Comments about the staff being kind included, "I think they are all very kind and caring people. They always ask me how I am and sit and chat if they have a few minutes", "They [staff] are all lovely, very kind and caring... very thoughtful" and "They [staff] are absolutely brilliant, very kind people. They do take an interest in me and always have a laugh and a joke, which I appreciate."

People were being supported by staff who enjoyed their work. Comments from staff included, "I never feel I have to rush", "I love it here, I love my job", "I like the variety, every day here is different" and "I feel like I have plenty of time to spend with people." People told us that staff arrived on time and didn't rush them. Comments included, "If they [staff] are going to be late they do ring me to let me know. They have never missed a call and do everything I need", "The staff are very punctual and never let me down. They never rush in and out... they do everything I need" and "The staff do call if they are going to be a bit late."

People were supported to maintain their privacy and dignity. One person said, "The staff are all very, very respectful and are always aware of preserving my dignity... they do everything very calmly and quietly." Staff we spoke with gave us examples of how they maintained people's privacy and dignity. They told us they made sure curtains were closed when supporting personal care and people were never left uncovered as staff made sure a towel was wrapped around them. One relative told us, "The girls are very respectful and very good when helping [relative] have a shower. They make sure doors are closed and [relative] is not left uncovered. They are very aware of [relative]'s privacy." People's records were kept secure with only authorised staff able to access them.

People were involved in their care and support as much as possible. The registered manager told us that people using the service were all able to consent to their care and had a copy of their care plan. The service kept some documents in people's homes so they could access them if they wished. During the first two months of the service starting people were called by the directors or the registered manager. This was a call to make sure they were happy with the care service from the outset. A director then called people annually to make sure people continued to be happy with the service.

The registered manager told us they tried to match people with staff who they would get along with. People were able to specify if they wanted a female or male care worker. The service employed both male and female workers. Where people had specified a preference, this was noted in their care plan. Care was taken with staff rotas that there was ample time to travel in-between visits so staff did not have to rush. People

had a regular member of staff visiting which meant that people could get to know their worker. Comments from people included, "I usually have the same ones [staff] which is important to me. I need the continuity" and "The carers all know me very well now. I have the same ones usually." Staff we spoke with told us how they had developed positive relationships with people they visited on a regular basis.

People were kept up to date with news from the service with a quarterly newsletter. We saw that recent issues had pictures of staff and their roles as there had been changes. Details were shared of local advocacy services. Advocates help to make sure people's views and preferences are heard if they have nobody to act on their behalf.

The service promoted equality and people's human rights. Staff received training on equality and diversity and the policies were written to respect people's rights and choices. For example, the medicines policy promoted medicines management for people who may have cultural requirements. There was a culturally based services policy which recognised that a person may have a preference about who provided their care based on their ethnic background.

Is the service responsive?

Our findings

People's needs had been assessed and recorded in their care plans. People had their own personalised care plans that recorded a range of information. One person told us, "I do have a care plan and it is up to date I think." The management team reviewed care plans when needed. One relative told us, "There is a care plan and they [staff] have been to review it a while ago."

Staff kept daily notes for people which were written using appropriate language. Some daily notes were basic and task orientated. We discussed this with the registered manager who told us they were working to improve how staff recorded their visit. They told us they had been out and supported people so they could record in people's daily notes. They hoped this role modelling would encourage staff to think about what they were writing and record more social interactions.

The provider was meeting the Accessible Information Standard which requires them to ask, record, flag and share information about people's communication needs. Care plans contained detail on people's communication needs and how best to communicate with them.

People's records were in the process of becoming electronic. The service had made a commitment to embrace new technology and transfer care plans, daily notes and any monitoring records to a digital system. The registered manager told us this would improve care delivery as any missed actions would be alerted to the office electronically. They would then be able to address the issue at the time. For example, if a medicines dose was missed, an alert would be sent to the office. They would be able to check with the care worker immediately so the issue could be remedied.

The provider had a complaints policy, since our last inspection the service had received no complaints. People and relatives we spoke with knew how to complain and were confident any concerns would be addressed by the service. Comments included, "I have never needed to complain but would be happy to do so, if necessary", "I would ring [director] if I was not happy. I have never needed to", and "I have never had any complaints but would definitely tell them if I had any."

End of life care could be provided. People had been given the opportunity to record their wishes for the end of their lives. Some people had 'do not resuscitate forms' which had been written by their GP. Staff were made aware of these forms and people's wishes so that they could be shared with any medical professional if needed. One member of staff told us they were going to be the 'lead' for end of life care at the service. They were booked on training provided by a local hospice. They told us they really enjoyed this type of care and wanted to support other staff to provide compassionate care. The service had received many compliments about the end of life care provided. One relative had written, 'Thank you all from the bottom of my heart for the dedication, care and compassion you showed to [relative] and to me, enabling them to stay in the comfort of their own home until the end'.

Is the service well-led?

Our findings

There was a registered manager in post for this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had joined the service in 2018 as the previous manager had left. A director told us that when the previous manager had left many staff had also left. They said, "It was a tough time for us, we did not let anyone down, we did not miss any visits, but it was hard."

Bluebird Care (Wiltshire North) is part of the Bluebird Care franchise. There are over 200 locations nationally providing care and support in identified areas. Whilst day to day management was provided by the local team there was a Bluebird Care central office. Support was provided by the Bluebird Care central team to help with areas such as policy, marketing and peer support. Conferences were organised annually and regional meetings were quarterly. This meant the directors and registered manager could keep up to date with their knowledge and skills.

People and their relatives told us they thought the service was well managed. Comments included, "I do think it is well managed", "It is well managed and it runs very smoothly", "I think it is well managed. They all work together as a team and communication is good" and "They are quite agreeable...a very good service for people."

Bluebird Care (Wiltshire North) had a clear mission statement which was known by staff we spoke with. A director told us they wanted to make a difference to people at every visit. Staff we spoke with told us they felt the service was well managed and there was good morale amongst the team. One member of staff said, "We all look out for each other, support each other."

The directors and the registered manager operated an open and inclusive culture. Staff we spoke with told us they felt able to approach directors and the registered manager at any time. They had felt welcomed by the management and able to share their views easily. One member of staff told us, "I don't feel like a tadpole in a big pond, I feel able to phone anyone at any time for anything." Team meetings were held monthly. Staff we spoke with enjoyed being able to meet with their colleagues and benefit from peer support. Directors of the service attended team meetings to support staff to develop their skills and knowledge. Directors also provided opportunities for tailored training sessions.

Systems were in place to monitor and improve the quality and safety of the service. The Bluebird Care quality improvement manager visited the service annually to complete a full audit of systems. Senior staff did regular unannounced observations of visits so they could check care workers were punctual, dressed appropriately and working according to procedures. During these observations senior staff checked with people that they were happy with the service and care provided. People's medicine administration records (MAR) and daily notes were checked monthly. Records demonstrated that improvement was needed to make sure MAR were completed in full as there were gaps in recording. Daily notes recorded that people had

their medicines as prescribed however the MAR had not been signed. Audits had identified shortfalls and action plans were put into place to address the shortfalls.

People using the service were encouraged to share their feedback about the care and support they received. There were regular surveys sent out and people were encouraged to nominate staff for 'carer of the month'. This was a reward system where a member of staff would be 'carer of the month' and receive a gift such as flowers and/or chocolates as a thank you for their hard work. One care worker who had received this award told us, "It was lovely to get this reward, it is inspirational and has motivated me." Staff were also rewarded for long service and for introducing friends to work for Bluebird Care (Wiltshire North). Staff had the opportunity to complete work based qualifications.

The directors and registered manager remained committed to partnership working with a wide range of local organisations. The service had been involved in local events and offered support for local charities. There was a positive approach to continuous improvement. Staff were being upskilled to complete observations such as blood pressure and temperature checks. This was to work with local healthcare professionals to prevent people being admitted unnecessarily to hospital. A director had commenced a new project around hearing assessments. Staff would be trained to complete basic maintenance of hearing aids and support people with hearing needs. The service was working in partnership with the local audiologists to support people.