Scoona Ltd

Bluebird Care (Worthing)

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

This inspection took place on 17 and 18 March 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

Bluebird Care (Worthing) is a domiciliary care agency located in Rustington, West Sussex. It provides personal care to 54 people in their own homes, 53 of whom are aged 65 years and over. They include 11 people living with dementia, two people living with a sensory impairment and three people with a physical disability.

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 the location since it was registered with the Care Quality Commission in May 2014.

According to its brochure, the ethos of the provider was to provide a, 'Good old fashioned service with a "can do" attitude." People who used the service and their relatives spoke highly of the care they received. One person told us, "I would recommend them because I am satisfied with the service they provide." Another person said, "The care workers are caring. They do go the extra mile, especially with the little things! They contact me regularly to keep me 'in the loop' and to make sure things run smoothly."

The culture of the service was 'open.' People and relatives were able to raise any issues directly with the management and were assured of a quick response. Carealso felt able to raise any concerns.

People received a safe service. Risks to people's safety were assessed and reviewed. People and relatives had confidence in the care workers who supported them. Care workers received training to enable them to deliver effective care. They were supported in their roles and professional development by a system of supervision and appraisal.

The CQC monitors the operation of the Mental Capacity Act (MCA) 2005. The service had policies and procedures regarding the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). People were able to determine the care they received and the registered manager understood how consent should be considered in line with the Mental Capacity Act 2005.

Care workers supported people to prepare meals and to eat and drink if required. They ensured people at risk of malnutrition received adequate nutrition and hydration.

The service worked with community professionals to ensure people's health needs were met and that they had the necessary equipment to support them in their independence and to maintain their safety.

People and relatives were involved in planning their care and were supported to be as independent as they were able.

The service had systems in place to allocate calls and to ensure consistency of care workers so that they people understood their people's and knew how they wished to be supported.

The provider had an appropriate system in place to monitor and review the service provided, taking into account the views of people and their relatives. They were also able demonstrate how this information had been used to improve the quality and safety of the service.

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 said they felt safe. Care workers had been trained in safeguarding so that they could recognise the signs of abuse and knew what action to take.

Risk assessments were in place and reviewed to help protect people from harm.

There were enough care workers to cover calls and ensure people received a reliable service.

Where necessary, medicines were administered safely.

Is the service effective?

Good

The service was effective.

Care workers had received all necessary training to carry out their roles.

People had been consulted about the care they received.

People were given appropriate support with food and drink if required.

People were supported to liaise with health care professionals when required to ensure they maintained good health.

Is the service caring?

Good

The service was caring.

Positive relationships had been developed between people and care workers.

People's care had been planned and reviewed with them to ensure that it met their needs and wishes.

People were treated with dignity and respect

Is the service responsive?

Good

The service was responsive.

People received person-centred care.

People's care had been planned and reviewed with them to ensure it met their needs.

People were able to share their experiences and concerns and knew that they would be listened to by the management of the service.

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Is the service well-led?

Good

The service was well-led.

The culture of the service was open and transparent.

People and their relatives were routinely asked for their views of the service which had been used to make improvements.

A system for auditing the service was in place to monitor the quality of care provided and to improve the service where required.

Bluebird Care (Worthing)

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 17 and 18 March 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

One inspector undertook this inspection.

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. We looked 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 to us by law. We considered responses we received from questionnaires we sent out to people who use the service, relatives and friends, care workers and community professionals. We received responses from nine people, three relatives, four care workers and one community professional. We used all this information to decide which areas to focus on during our inspection.

We visited the office where we met with the registered manager and two office based staff. We looked at four care records, medicine administration records (MAR), visit record sheets, quality feedback surveys, minutes of care workers' meetings, care workers' rotas and three care workers' files, which included recruitment, training and supervision records. Following our visit we also spoke by telephone with three people who used the service and four relatives. They had not been sent questionnaires.

This is the first time this agency has been inspected since it was registered in May 2014.

Good

Is the service safe?

Our findings

Care workers were aware of their responsibilities in relation to keeping people safe. People and relatives confirmed they had no concerns about how care workers behaved when they visited. They told us they felt safe and were well treated. The provider's PIR advised, 'Care workers are trained to recognise and report signs of adult and child abuse. All reports are actioned by supervisors or the care manager who follow company policy and West Sussex County Council's procedures to raise concerns about the welfare of an adult…' Records we examined indicated that all care workers had received appropriate training and refresher training so they knew what was expected of them. The provider has notified us of an allegation of abuse, which occurred in December 2014, where it was confirmed the agency had reported it to the local authority as required.

People and relatives confirmed that the registered manager or senior care workers had visited them to carry out risk assessments and reassessments. One relative told us, "I have discussed with (registered manager) potential risks to my friend when they carried out risks assessments. They need to have two care workers when they take a shower. Nothing is left to chance!" Another relative told us, "The registered manager carried out risk assessments at the beginning. This also included an Occupational Therapist to help my mother in the bathroom." Records confirmed this and identified that the areas covered included the environment, manual handling, medicines and equipment. Assessments also included personal care needs which had been discussed with the person and/or their relatives. Following this, care plans had been drawn up which detailed the days and times of the visits and the level of care to be provided. The provider confirmed, "Risks are assessed and care workers have access to risk assessments within care plans and they are trained to understand their role to monitor tasks and report changes identified."

People and relatives informed us there were very few instances when care workers had been late and could not recall any occasions when their call has been missed. One person told us, "They have stuck to the times we agreed. I am given a list of who will visit me the week before. Sometimes this has to be changed, but the office will ring to tell you." A relative said, "I am very happy with the care workers. As I've got used to them, I have asked the office not to change them. So they try to send me the same group of care workers.

The registered manager advised us that, following assessments, each care plan identified the number of care workers each person needed for each visit and the number of hours required to meet their needs. This information was then used to calculate the number of care workers that needed to be employed. Each person was linked to a team of care workers to ensure consistency. The registered manager also advised us of a computer based system that was used to calculate the number of care workers available at any time during the day. This information was reviewed daily and weekly by the registered manager and senior care workers. When the system identified where there would be a lack of availability of care workers due to planned leave or planned absence, other care workers would be contacted and extra hours offered. If care staff, who had had appropriate training, would make themselves available to cover the call. The provider also advised, 'An "out of hours" on call service telephone number is passed on to all care workers, our customers and other professionals. A computer system was employed to monitor visits to reduce the risk of missed calls and late calls.

There were effective care worker recruitment and selection processes in place. We were informed that applicants were expected to complete and return an application form and to attend an interview. It was also confirmed that appropriate checks and references were sought to ensure any potential candidate was fit to work with people at risk. We looked at the recruitment records of three care workers which demonstrated the recruitment process was robust and ensured safer recruitment decisions.

People confirmed they, or their relatives, managed their medicines, with occasional prompts from the carer. Care records we looked at included support to take medicines. They indicated that the person themselves or their relatives dealt with this. The registered manager informed us that the care worker's role was mainly to remind people when their medicines were due to be taken.

Good

Is the service effective?

Our findings

People and relatives confirmed the care provided met their needs and that the care workers understood them and how to provide for them. One person commented," It is all very satisfactory." Another person said, "The service continues to be good. They (the care workers) will ask me what I want done. On the whole I am very happy."

People and relatives also told us they were consulted about their care plans and consented to the care they received. One relative told us they had been afforded Power of Attorney by the person who received care with responsibility for making decisions about finances and health and social care. This was because the person lived with dementia and could no longer make decisions for themselves. This relative told us, "I have been involved with drawing up my relative's care plan. A copy has been printed out for me so I know it has been followed." Another relative said, "They (the agency) are very good at contacting us if there are any changes."

Care records we looked at provided documentary evidence that people, their relatives or representatives had been involved when care plans had been drawn up and had given consent to the care they received. We also saw evidence that the registered manager and senior care workers had made routine visits when care workers were providing personal care. Such visits were known as 'spot checks'. Senior care workers checked to make sure care had been provided in accordance with agreed care plans and people's wishes and preferences.

The registered manager demonstrated they understood their responsibilities under the Mental Capacity Act 2005 (MCA). They confirmed they understood the basic principles they were expected to put into practice. They also knew that, if a person lacked capacity, decisions would need to be made in the person's best interest. The 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 lacked mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People and relatives confirmed care workers were competent when delivering personal care. One relative said, "They give me the impression they are good at their job. They are industrious and spotlessly clean." One person said, "Yes, the care workers are competent. Some are more efficient than others. The older care workers are better." Another person said, "I would say they are competent. They understand what is needed if I am not well." Another relative told us, "I have met most of the care workers who visit. They are extremely good. They are caring and have a nice approach to my relative."

Records confirmed the training, including induction training, care workers received. This included health and safety, fire safety, food hygiene, infection control, identifying abuse and neglect, and reporting this to the appropriate authority. The records also included evidence of training with regard to the MCA, the role of the care worker in domiciliary care, and dealing with death, dying and bereavement.

The registered manager informed us they were in the process of signing up with the National Certificate Framework for Education (NCFE) with regard to needs specific training. The training provided included understanding diabetes, stroke awareness, and understanding sensory loss. A group of four staff would be commencing training on 8 March 2106 whilst a further four staff were due to commence on 23 March 2016.

People and relatives we spoke with confirmed that they dealt with the provision of food and with arranging access to community health care services. However they advised us that, care workers were very good at monitoring the health of people and would either notify the relative immediately or contact the emergency services. The provider advised us, "Care workers report any changes they observe, allowing supervisory care workers to support customers further, seeking consent to make referrals to external professional such as doctors, nurses, occupational therapists if necessary, or by sign posting them to access external support services in the community which may be available to them."

Good

Is the service caring?

Our findings

People and relatives spoke warmly about the care workers. One person told us, "They always treat me with dignity and respect. I am very fond of them, they are very nice." A relative said, "My husband and I enjoy their visits. They all get on extremely well with him. They know his little routines and habits. They will have a laugh together." Another relative explained, "We have very good relationships with the care workers who visit. My mum enjoys their company. She enjoys having a good chat with them; they have a good rapport with her. Her privacy and dignity is always respected." Another person told us, "I am an extremely independent person. I believe the care workers have developed a very positive relationship with me. We have little chats; we talk about all sorts of things. They respect my privacy and dignity every day, and they respect my wishes."

The registered manager informed us that all new care workers were issued with a handbook which set out the values of Bluebird Care (Worthing) and what was expected of care workers. It advised care workers how to address people, how to treat them with respect and dignity and also how to communicate with them. It also outlined how to provide social and emotional care. In addition all care workers were supported to develop positive relationships through regular one to one supervisions with a more senior member of care workers. The provider's PIR also confirmed, "Care workers are given sufficient time to deliver care and build positive relationships with customers… Care workers are selected because they are suited to the profession and are able to demonstrate compassion, kindness, flexibility and are motivated to make a difference…"

People and relatives confirmed they were actively involved in making decisions about the care that was provided. One relative explained, "(name of relative) makes decisions about what they are wearing and the food they eat. Their own views about their care have been taken into account. One person told us, "I don't need to talk about my care very much as it is all very satisfactory. Occasionally somebody comes along and we go through my care plan." A relative said, "(name of relative's) care plans are reviewed with us every couple of months."

Care records we looked at confirmed that care plans have been reviewed on a regular basis with the involvement of each person or their relative. The provider's PIR stated, "Care plans include, customer preferences, interests, likes and dislikes which enable care workers to deliver meaningful and personal care to their customers. Care plans identify what customers are able to do themselves and how they would like their support carried out."

Good

Is the service responsive?

Our findings

People and relatives confirmed they received personalised care which was responsive to their needs. One relative said, "They do provide person centred care. My aunt likes to look at the birds. They used to go into the conservatory, but now it is too dangerous. So they have made sure they can look through the back door." One person told us, "It is definitely person centred care. They do respect my wishes." Another relative explained, "The care my mother receives is person centred. It is because of the way the care workers speak to her. They are always making sure they give her choices."

There was a system of regularly reviewing care plans to ensure they were person centred and responsive in meeting people's needs. Care plans indicated they were last reviewed with people and their relatives in March 2015. The registered manager confirmed they would be reviewed annually, or more frequently if necessary. Care plans included sections to describe each person's individuality. For example, there were sections entitled 'What is important to me,' 'My living arrangements,' and 'How I like to live my life.' There was also a clear description of each person's preferred routines together with information for care workers to follow to provide the support required. This included the time and duration of each visit and level of care required for each visit. This demonstrated a person-centred approach to care planning and delivery which involved people and reflected their needs and preferences.

People and relatives knew what to do if they wished to make a complaint. A relative told us," I do know how to complain. I've met the owner and the manager. They do listen to what we need – it is all written down in print." One person said, "I would say the manager would listen to me if I wished to complain, but it has not been necessary." Another relative explained, "I have never had to make a complaint, but if necessary, I would phone the registered manager. There is good communication with her. I have trust and confidence in her."

The registered manager informed us that each person, or their relative, was given an information pack when they started to use the service. This included a copy of a document entitled, 'Compliments, Concerns and Complaints Information for Customers.' This detailed who any complaints should be sent to and how they would be dealt with. It also included contact details of the local authority and the local government ombudsman.

The registered manager showed us the system for recording and investigating complaints. Records confirmed no complaints about the personal care provided have been received. The registered manager also showed examples of compliments they had received. One relative had written, "Thank you for always being there on time and not rushing when your time was getting short. You are the first lot of hourly care workers whom I have worked with, who do not try to cut time from one client to make it to the next." Another relative wrote, "Thanks so much for all your hard work, and please would you extend our family's sincere gratitude to everyone involved in (person's name) care."

Good

Is the service well-led?

Our findings

People and relatives confirmed the service practiced what it had advertised in its brochure. That is, 'The ethos of Bluebird Care is good old fashioned service, which has been built around a passion to deliver high quality care and an excellent level of service.' They also confirmed it promoted an open, inclusive and empowering culture. They also told us they considered the service was well managed and well run. A relative explained, "We are definitely getting a good service. The care workers are caring; they go the extra mile, especially with the little things. The registered manager contacts us regularly to keep us 'in the loop. They make sure everything runs smoothly.' One person told us, "The registered manager is caring, very efficient and well organised. A relative informed us, "The registered manager was very helpful when we needed to change some things. We met her when she came out a few times since my aunt was unwell. The service has been well managed. I have nothing to complain about."

The registered manager explained to us the culture of the organisation. "We are a professional, caring and responsible service. We provide care workers with training and supervision to provide them with the support they need. We carry out spot checks on a regular basis to check on the quality of the care provided." She went on, "The essence of our culture is person centred care. To achieve this our customers are involved in making choices and decisions about the care they receive. Our care workers are expected to follow this."

Care workers met regularly with the registered manager or senior staff to discuss issues related to their daily work and how they delivered care people. Supervision meetings for each member of care workers had taken place every three months and an appraisal yearly. This meant the registered manager had opportunities to communicate any changes to improvements to the service, Care workers were provided with opportunities to reflect on their practices to focus on what was good and to identify where further training was needed.

The registered manager explained her principles with regard to good leadership. "I treat all the care workers fairly and equally. I encourage development in the care workers team. I like to focus on the good things, such as good care that care workers provide. However, if there is a problem, I would discuss the company's policy with the member of care workers and will explain the reason for it." Care workers we spoke with confirmed they found the leadership was open and supportive.

Feedback from people and their relatives about the service was obtained by satisfaction surveys. Documents we reviewed indicated that the last survey took place in January 2016. Sixty one surveys were sent out and 33 were completed and returned. The responses were analysed and where there were comments which indicated a shortfall in the service provided, the provider had taken action to address them. For example, when asked if they were satisfied with the service they received, one person had replied "No." The report indicated a review had been arranged in order to discuss where the service was not adequate. Two people had indicated they had not received information about the agency. The report advised that guides had been sent out in the post to them.

The registered manager provided us with documentary evidence that demonstrated how the service was monitored. This included routine health and safety checks, audits of the management of medicines and

infection control. It also included auditing care records, supervision and training records. We were also advised that senior care workers conducted spot checks during calls to observe interactions between care workers and people using the service and to monitor and improve the quality of care provided. The registered manager showed us how they routinely monitored accidents and incidents, including missed calls, to determine if there were patterns that could be learned from to improve the service.