Sage Home Care Limited

Sage Home Care Limited t/a Bluebird Care (Wirral)

Inspection report

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Ratings

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

Overall summary

We undertook an announced inspection of Bluebird Care (Wirral) Domiciliary care Agency on 11 February 2015. We told the provider two days before that we were going because the service is small and the manager is often out supporting staff or visiting people who use the service. We also spent time on the 16 February 2015 visiting people in the community and making telephone calls to people and their relatives. Bluebird Care (Wirral) provides care and support to 27 people living in their own homes in the community.

During the two days we spoke with a total of eight people using the service. We telephoned seven of them and

Summary of findings

visited one person in the community. We also spoke with five relatives involved in the care of the people. We talked with five members of staff, the new manager and the provider.

The new manager has been in place since December 2014 and is currently registering with the CQC to be the registered manager. There has been no registered manager in post since October 2014. 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 and associated Regulations about how the service is run.

At our last inspection on the 14 February 2013 we found the service was meeting the regulations we looked at.

Five people using the service told us they felt safe. Staff were knowledgeable in recognising signs of potential abuse and followed the required reporting procedures. The three care staff we spoke with were able to tell us how they ensured that people were protected from abuse. All staff had received training about safeguarding and this was updated every year. There were enough qualified and experienced staff to meet people's needs.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience to provide the required support and care. There was an on-going recruitment drive at the service where safe systems of recruitment were being followed.

The five staff we spoke with knew the people they were providing support and care to. Care plans were in place detailing how people wished to be supported and people and their families were involved in making decisions about their care. All of the people told us they were happy with their carers and that they followed the care plan.

People were supported to eat and drink. Staff supported people to meet their healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

Care plans had been developed to inform staff what they should be doing to meet people's needs effectively. All of the staff we spoke with knew the people very well and in discussions were able to tell us what care and support they provided. Staff also liaised with other healthcare professionals to obtain specialist advice to ensure people received the care and support they needed.

There were systems in place to assess the quality of the service provided with action plans implemented when issues were raised.

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?

Requires Improvement

The service was generally safe.

Staff were knowledgeable in recognising signs of potential abuse and followed the required reporting procedures to inform the office where the manager or senior was on duty.

Assessments of risk were undertaken for people using the service and staff. However more information was required in the action plans to inform staff of the risks identified and how to minimise the risk. There was a process in place for recording incidents and accidents.

There were adequate staffing levels at the service to meet the needs of the people using the service.

Staff were recruited appropriately at the service and had an induction and continuous training programme.

Is the service effective?

Requires Improvement

The service required some improvements to always be effective.

The office staff were not communicating effectively at all times with the people using the service and their relatives.

Staff had the skills and knowledge to meet people's needs. Staff were up to date with their training in areas such as dementia care and palliative care. However all staff required training in the Mental Capacity Act.

People were supported to attend healthcare appointments in the local community. Staff monitored their health and wellbeing.

People were supported to eat and drink appropriately according to their plan of care.

Is the service caring?

Good

The service was caring.

People told us that staff treated them with respect and were caring towards them.

The people who used the service and their relatives were supported in making decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about the people they provided regular support to and provided person centred care.

Summary of findings

We saw a copy of the complaints procedure in the office and also in a person's pack in the community.

Is the service well-led?

Good

The service was well led.

There were systems in place to assess the quality of the service provided at the service. People using the service, their relatives and staff were all requested to complete satisfaction quality assurance questionnaires on an annual basis.

Staff were supported by the new manager, staff were able to communicate with the manager and senior staff and felt comfortable discussing any concerns.

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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 checked 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.

We visited the service on 11 February 2015 and on the 16 February 2015 we conducted a home visit and made telephone calls to people using the service and their relatives. The inspection on the 11 February 2015 was announced and we told the provider two days before our visit. We did this as the manager and senior staff could go out into the community to review care plans and visit people and may not be available. The inspection team consisted of an Adult Social Care (ASC) lead inspector and an expert by experience. An expert by experience is a person who has experience of using or caring for someone who uses this type of care service. We focused on talking with the people who used the service and their relatives and speaking with staff and looking at staff records, care plans and other records related to the running of the service.

Before our inspection we reviewed the previous inspection reports and notifications of incidents that the provider had sent to us since the last inspection in February 2013. We also contacted local commissioners of the service.

We requested information from the provider after the inspection. The information sent by the registered manager was the staff training records.

Requires Improvement

Is the service safe?

Our findings

The eight people we spoke with said they felt safe using the service, one person commented "I do feel safe using this service".

We spent time talking with the manager and looking at safeguarding incident notifications. There were no safeguarding issues raised at the service in 2014. The safeguarding notifications procedure was in place and the manager was aware of their responsibility to report to the local authority and the CQC. There was a copy of local safeguarding protocols in place in the main office and the managers office. Staff we spoke with were aware of the procedure for reporting incidents to the manager or senior member of staff on duty. There were up to date policies and procedures to follow when there was an incident.

The five staff we spent time talking with were all aware of the whistleblowing policy and procedure and told us they knew how to report any concerns. All staff were given a hand book that contained the policies and procedures of the organisation. All of the staff told us they thought they provided good care and support to the people they provided a service to and they would report any bad practice or mistreatment.

We discussed the staff recruitment with the manager and were told that they had a rolling recruitment programme at the service. We looked at three staff personnel records including one recently recruited member of staff's file which we saw had the correct evidence of qualifications. We saw that references and appropriate checks such as Disclosure and Barring Scheme (DBS) records had been obtained. The provider had a disciplinary procedure and other policies relating to staff employment.

As part of the assessments of care, there were risk assessments completed for people using the service and staff if they were needed. They included the person's mobility, mental health and wellbeing, environment, moving and handling and health and safety, medication and use of equipment. The three care plans we looked at all had risk assessments to inform staff of any risks identified. However risk assessment action plan records were not completed thoroughly to inform staff how they should minimise any risk areas. We saw that three people required a hoist to transfer them but the information was not clear and did not work in conjunction with the care plans that were very informative.

There were sufficient staff levels at the service to meet the needs of the people receiving care and support. The eight people we spoke with and five of their relatives said that they were happy with the regular carers. The relatives of two people told us that their relatives had dementia and that at times the office did not communicate with them when there were changes to their care plan; specifically time and staff changes. All the people and their relatives told us that staff usually contacted them if they were going to be delayed.

Bluebird Care (Wirral) provided care across the Wirral and had teams of carers working in specific locations to try and minimise travelling time. The staff spoken with told us they were happy with their permanent rotas and knew the people they caring for. Comments from staff were "We work as a team and the office staff will also help out if we are short staffed". Another carer said "The office do ask me to go to cover people's care when staff are off. I don't mind because I know everyone is sharing the work". We discussed the short notice cover of people not on staff rotas with the manager. The manager said that new care packages would only be provided when they had the amount of staff required to meet people's needs. We were also informed that due to sickness, training and other circumstances staff would be requested to cover other people's care that was not on their schedule.

We spent time looking at the medication policy and procedure that had recently been updated by the provider in 2014. We looked at three care plans which included people's medication care plans and risk assessments. There was detailed information on what the medicines were and the frequency of when staff were to support a person to have their medication and how this was to be provided. The staff we talked with said that they would provide the relevant medication support required in the care plan, including 'prompting to take' This included handing the medication appliance aids or bottles to the person. The staff said they completed a Medication Administration Record (MAR) that showed they had provided the support. The care plans we looked at did not contain any completed MAR sheet records. The manager provided completed MAR sheets which had been stored at

Requires Improvement

Is the service safe?

the office. We looked at 20 completed MAR sheets and noted they had been completed correctly by care staff. The person we visited in the community did not require medication support from staff. The other people spoken with said that medication was provided properly.

The staff we talked with, told us that they had a good supply of personal care gloves and aprons supplied by the provider. These were collected at the office or the coordinators would distribute if requested.

Requires Improvement

Is the service effective?

Our findings

We asked eight people about the skills of the staff and if they were competent in their roles. Comments received included, “Yes my carers are very good and know what they are doing” and “They are really good at their jobs and lovely too”. Another commented, “They are all lovely and do what I need they always ask what I want and when they finish they sit and talk to me”. A relative told us, “The carers are very good, no complaints”. Another relative said, **“**My father didn't want the service, now he is 'made up' they have really worked hard to be accepted”.

The people we spent time talking with and relatives told us that continuity of care was not a problem. However we did note that because of the amount of staff required for some people’s care plans such as two care staff who were needed four times a day, a lot of staff did visit people. Two relatives told us this was an issue at times for their relatives as they had dementia and became agitated. Reliability was mainly good and staff did turn up on time. Comments made were “I have regular carers and they are all good” a relative commented “We have two people four times a day, it's hard work, I helped with the care plan, no problems, social services wanted to change us to another agency but I wouldn't let them”.

Two relatives told us that the office staff did not always communication effectively about their relatives who had dementia, they were not always provided with information when carers were changed or the carer was not going to turn up on time.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

Staff were aware of the Mental Capacity Act (MCA) 2005; however none of the staff had received training in the MCA. In discussion with the provider and manager about MCA awareness and training for staff and the importance of understanding the procedure the provider and manager acted immediately and contacted a training provider who confirmed by e-mail to the CQC. The manager and coordinators will attend the MCA training in February 2015, then all staff in March 2015. The provider was in the process of updating the policy and procedure at the time of our inspection and informed us that the training will be part of the induction training programme for all new staff.

We looked at records for staff training. We saw that staff were up to date in training for providing care and support. The provider had a training department with a lead training coordinator that provided an induction that included theoretical and practical training and shadowing experienced staff in the community. The training was based on the ‘Skills for Care Common Induction Standards. . We looked at the training matrix for staff that showed how the service monitored staff training and that triggered the manager and senior staff when refresher training was due. Staff training included personal care, health and safety, food hygiene, moving and handling, dignity and respect, medication, dementia, record keeping, notifications and communication. The staff spoken with said the training was very good and relevant to their roles in the organisation. Staff spoken with told us that they had also completed or were in the process of completing a Health and Social Care qualification.

All staff spoken with told us that they had received supervision on a regular basis. There was an annual appraisal procedure that had been implemented for staff. We were told by all of the staff we spoke with that they had received an annual appraisal. They told us that they were appropriately supported by the staff in the office and that there was an open door policy. We were told that Friday was open day when staff went to the office to collect their weekly timesheets and equipment. Staff told us that the manager and provider were always there to discuss issues.

We were told by the manager that after a new person had been initially assessed they would look at matching the person to staff that had the skills to meet their required needs.

People were supported at meal times to access food and drink of their choice. Most of the food had already been prepared or was a readymade meal that staff reheated fore the person. All five staff spoken with said they always encouraged people to eat and drink, we were told that if

Requires Improvement

Is the service effective?

there were issues with a person not eating or drinking that all staff would report to the office and to their GP. Staff records and talking to staff informed us that food preparation and food hygiene was part of the training provided at Bluebird Care (Wirral).

The three care plans we looked at had the person's GP and contact details for any other multi- disciplinary health or social care being provided. Staff told us that they would contact the person's GP if required and inform the office. Staff told us that they would call the emergency ambulance service if required. Staff said that any communication on behalf of the person would be recorded in the daily records book completed at the person's home. Staff monitored people's health and wellbeing. Staff were also competent in noticing changes in people's behaviour and acting on that change and reporting as required to the office. We looked at a care plan record in the community that had information recorded when a carer had liaised with the office and a relative when there was a change in the person's health.

Good

Is the service caring?

Our findings

The people and relatives we spoke with told us that staff treated them well and comments included, “I have had them for three years, excellent, no problems. Well trained polite, always in uniform, no worries at all. They’re all very nice, respectful and caring”. “Very happy with the girls, they are all respectful to me and my family”. A relative commented, “The carers are very good and provide good care to my husband. They always speak to him and reassure when doing personal care”. The people who used the service told us they were supported where necessary, to make choices and decisions about their care and support. Another relative said, “They do everything I want; the other agency was a nightmare. My dad has been so much happier since we changed”.

We discussed respect and people’s privacy with the people using the service. We were told that staff were always respectful; comments made included, “The girls are always respectful to me, I look forward to them coming”, and “So lovely, they have been such a help to me, I could not ask for better”.

People told us they had been initially involved in their care plan and agreeing what care and support was required to meet their needs. People’s preferences and important information had been recorded to inform care staff what was important to them. All of the people spoken with told us that the carers did what was agreed in their care plan.

All of the staff we spent time talking with were asked if they provided good care, all said they did. Staff told us that they were aware of issues of confidentiality and would not discuss the personal information of the people they were supporting.

The service responded well to people’s diversity. There were people using the service who had dementia and other mental health illnesses. We were told that an assessment of need took place if being commissioned by a social worker from the Wirral local authority who would assess the individual and request a care plan be put into place by Bluebird Care (Wirral) that met the person’s needs. If the care was private the manager would assess the person and initiate a care plan to meet the person’s needs.

Contracts were in place for the community care being provided to all of the people using the service. We saw all three care files looked at had an agreement signed and dated. The local authority had monitoring systems in place to assess the quality of care provided to the people they had commissioned care for. The manager told us that if a person had difficulty making a decision or if there was a change to a person’s ability to make a decision they would liaise with the local authority who commissioned the person’s care and support and request a review of care take place.

Good

Is the service responsive?

Our findings

People using the service and their relatives told us that the care was person centred. Their care plans had been developed to meet their needs and the staffing levels were in place to meet the care plan that was agreed. Comments made included, “My carers are really good, they know exactly what I want”, another commented, “I don’t know what I would do without the girls, they know what I want”.

Staff were knowledgeable about the people they were contracted to provide regular care to and received a scheduled weekly rota of the times and care and support tasks of each visit. All five staff told us that they were aware of the preferences and interests as well as the support needs that enabled them to provide a personalised service to the people they went to on a regular basis. They understood the importance of providing good care and commented that they all would report to the office if they felt the care was not good.

We looked at people’s care plans. These contained personalised information about the person, such as their background and family, health, emotional, cultural and spiritual needs. People’s needs had been assessed and care plans developed. The information was up to date and relevant. People told us that their care plans were up to date; all the staff told us that they always checked the care plans to make sure they were up to date and nothing had changed.

The care plans we looked at had review records in place to inform staff if the care and support had changed from the initial assessment. The manager told us that reviews took place annually or before, if a change of care was required. All of the care plans looked at had review records in place as did the persons records we looked at in their home.

People using the service and their relatives told us that they were aware of the complaints procedure at Bluebird Care (Wirral) and would use it, if necessary. We looked at a person’s records in the community and it contained details of how to make a complaint and the procedure to follow. People told us care staff listened to any concerns they raised. We looked at the complaints records that had two complaints recorded. We saw that they had been investigated, and had an overview of what actions had taken place. We saw the correspondence linked to the complaints.

All of the people required varying amounts of support from staff in respect of their personal care. The manager and staff told us that people were always supported and encouraged to attend to their own personal care if possible and practicable; staff would mainly assist and support and ensure the safety of the person.

Good

Is the service well-led?

Our findings

There was a manager at the service who had been in place since December 2014, they had worked at the service for over a year and in discussions with us and information from staff informed that they were really passionate about the care they provided.

Staff told us that the manager was supportive and gave advice when requested. People and relatives told us that the manager was approachable and tried to resolve issues. Comments were, "I know who to talk to if I have any issues" and "The manager contacts me regularly to ask if I'm ok and happy with the care and has visited me and telephoned me regularly over the last few weeks". A relative told us, "The manager is really good".

Staff told us that the manager always enquired if they were happy in their role and always fed back information from the people who used the service. We saw a lot of compliments and thank you cards on the notice board and in a compliment folder. Staff said that they always received a copy of any compliment sent to the office, one member of staff said "Sometimes it's a no thanks job and then you get a call saying 'well done' it really makes my day knowing people are happy with the care I provide".

There were systems in place to assess the quality of the service provided. Satisfaction questionnaires were in the people's records we looked at, all were positive about the care provided. The manager told us that satisfaction surveys were given to all people using their service and relatives. The satisfaction questionnaires were then looked at by the manager. We requested a summary of the collated satisfaction surveys with any action plans. We received this information from the provider. There were clear action plans with dates for instance one person requested staff visit later in the evening. Information shared by the manager showed that this had been implemented. People who used the service, their relatives and staff told us there was adequate staffing levels in providing continuous continuity and reliability for the people.

We discussed with the senior coordinator the feedback from the two relatives of people who told us that communication was not always taking place from the office. We were told that they would ensure that relatives who were the person's advocates were informed of any changes or issues with the plan of care provided. We were also told that letters were being sent to all people using the service to inform them of the new office structure and who they were, with relevant contact details.

There was a manager or a senior member of staff always on duty to make sure there were clear lines of accountability and responsibility within the service they had an 'out of hour's' team that was initiated at 5pm until 9am Monday to Friday and over the weekend.

The manager provided us with information on spot check visits and reviews that took place by her and the coordinators to ensure they were providing a good service. We were given 10 records to look at and saw that the information had a lot of positive feedback from people using the service. Information included compliments on the staff provided and that people's dignity and respect was met.

We spent time in the office listening to staff talking to people using the service. We saw and heard that this was done in a respectful and friendly manner. Staff visiting the office were seen to be confident in discussing any issues with the manager and coordinator. All of the staff spoken with told us they were happy in their role as carers.