P & M Homecare Limited

# Bluebird Care (Newbury)

## Inspection report

Benyon House
Newbury Business Park, London Road
Newbury
Berkshire
RG14 2PZ

Tel: 0163536953
Website: www.bluebirdcare.co.uk/newbury

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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 was an announced inspection which took place on 23 and 24 May 2017. Bluebird Care (Newbury) is a domiciliary care service which is registered to provide personal care to people living in their own homes. The service re-registered with the Care Quality Commission (CQC) in June 2016 after a change of address. The service currently provides personal care to 51 people who live in the Newbury and West Berkshire area. Most people offered a service are self-funding (pay for their own care).

There is a registered manager running the 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.

People were kept as safe as possible by staff who had been appropriately trained and knew how to protect people in their care. Care staff were recruited via robust recruitment processes to ensure they were suitable to provide safe care to people. General risks and risks to individuals were identified and action was taken to reduce them. People were supported to take their medicines safely, at the right times and in the right amounts by trained and competent staff.

People were provided with care that met their individual needs, preferences and choices. They were supported and encouraged to make decisions and choices about their care. Staff upheld people's legal rights with regard to decision making and choice. People's rights were protected by a management team who understood the Mental Capacity Act (2005). This legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. 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's needs were met by a committed and caring staff team who built strong relationships with people. People's diversity was recognised and respected and they were treated with respect and dignity at all times.

The service was well managed by a registered manager and management team who were described as approachable, open and supportive. The service had a number of ways to monitor and assess the quality of care they offered. Any shortfalls or improvements needed were identified and acted upon.

## 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 who used the service and staff were kept as safe as possible.

Staff were trained and knew how to keep people safe from all types of abuse.

Staff were recruited in a way which meant that the registered manager was as confident as he could be that the staff chosen were suitable and safe to work with vulnerable people.

Staff supported people to take their medicines, safely, if they needed help to do this.

### Is the service effective?

Good

The service was effective.

People's right to make their own decisions was encouraged and respected.

Staff were provided with training and supported by senior staff to ensure they were able to offer good quality care.

Staff met people's needs in the way they preferred.

### Is the service caring?

Good

The service was caring.

People were supported by a kind, respectful and caring staff team

People's needs were met by staff who respected and promoted people's privacy, dignity and independence.

The service tried to offer people support from care staff who 'matched' their needs and preferences.

## Is the service responsive?

Good

The service was responsive.

People were offered the care they wanted, designed to meet their individual needs.

People's needs were regularly assessed and support plans were changed as and when necessary. People were involved in the assessment and care planning processes.

People were able to use the complaints procedure and were confident that complaints would be acted upon and resolved as quickly as possible.

## Is the service well-led?

Good

The service was well-led.

Staff felt they were well supported by the management team.

The registered manager and staff team made sure that the quality of the care they offered was maintained and improved.

People, staff and others were listened to and their views on the quality of care the service offered were valued.

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# Bluebird Care (Newbury)

**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 23 and 24 May 2017 and was announced. The provider was given notice because the location provides a domiciliary care service. We needed to be sure that the staff would be available in the office to assist with the inspection.

The inspection was carried out by one inspector.

Before the inspection we looked at the Provider Information Return (PIR) which the provider sent to us. 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 also looked at all the information we have collected about the service. This included notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

On the day of the inspection we spoke with the registered manager (director), a director, the 'care manager' and six other staff members. The 'care manager' worked closely with the registered manager in the day to day organisation and working of the service. After the day of the visit we received comments from six people (or their representatives) who use the service. We contacted eleven local authority and other professionals and received responses from three. We looked at a sample of records relating to the people's care and general management of the service. These included six people's care plans, a selection of policies, four staff recruitment files and the service's training records.

Good

# Is the service safe?

## Our findings

People told us they were confident the service was safe. A relative commented, "I do feel that they are extremely safe and very well treated and I have no worries about the carers letting themselves in and out of the property…" Another said, "Yes my mother feels safe and well treated, especially with the carers she knows well."

People were protected from abuse by staff who were trained to understand and take action if they had any concerns about people's safety. They clearly described how to recognise signs and symptoms of abuse and told us the action they would take if they identified any issues. Staff were totally confident that the management team would take immediate action to safeguard people, if necessary. However, they knew how and when to use service's whistleblowing policy. Safeguarding training was included in induction and up-dated every two years.

A local authority representative told us they were concerned that that there may be under reporting of safeguarding issues (from the service) but that they had no specific concerns about the agency at this time. However, the service told us they reported any safeguarding concerns to the local authority, as and when they occurred. A local authority routine annual quality report completed in August 2016 did not comment on any concerns about the service and did not note any further visits were required.

The safety of people and staff was taken very seriously by the service. There was a robust health and safety policy supported by detailed safety procedures and risk assessments. People's homes were assessed for any environmental risks and care plans included the identification of any risk to individuals. Risk management plans were incorporated into care plans relating to the areas that may present a risk. The plans described how care staff were to minimise risk to themselves and people using the service. Risks and hazards identified included location of the home, falls management and nutrition and hydration.

People's safety was further enhanced because the service learned from accidents and incidents. These were recorded, investigated and actions were taken to minimise the risk of recurrence. Examples of actions taken included reviewing care plans and amending risk assessments. However, whilst actions were clearly taken these were not always recorded or cross referenced on the accident and incident forms. The registered manager undertook to ensure that a senior staff member signed the forms and made the appropriate cross references to track the appropriate actions that had been taken.

The service had developed a business continuity plan to make sure that people were offered a service during emergencies. The plan dealt with issues such as adverse weather conditions, shortage of staff and IT failures. For example there was a specific 'snow plan'. People were assessed and risk rated to make sure those with the highest needs were given priority in any emergency. Staff were provided with personal safety and generic health and safety training which was up-dated at appropriate intervals.

People were supported to take their medicines safely, if assistance was required. People's individual care plans described the care staff's responsibilities for administering or supporting people with their medicines.

Trained care staff followed the comprehensive, up-to-date medication policy and procedure. All staff, who administered medicines, had received training and their competence to administer medicines was checked every year, as a minimum.  Medicine administration sheets (MAR) were completed via a computer based system which alerted office staff if there were any omissions or errors.

People were supported by staff who had been recruited using a robust procedure to ensure they were suitable to work with people. The service had appointed a recruitment manager who was responsible for advertising and recruiting staff. They ensured all the appropriate checks were completed prior to staff taking up post and/or working alone. Checks included those to confirm that candidates did not have a criminal conviction that prevented them from working with vulnerable adults. References were taken up and verified, as necessary and application forms were fully completed.

The service ensured there were enough staff to provide the correct amount of time and care to meet people's needs as identified in their care package. Care packages were only agreed if the service had enough staff with the correct skills and experience to meet people's needs. Care staff chose whether to be salaried, have a guaranteed number of hours or have zero hour contracts. This meant there was flexibility in the work force to ensure the needs of people could be met safely. Staff told us they could spend as much time with people, as necessary, to ensure their safety and wellbeing.

Good

# Is the service effective?

## Our findings

Care staff had received appropriate training to enable them to meet people's diverse and changing individual needs. Staff members told us they had good opportunities for training and refresher training was provided when required. For example, moving and positioning training was provided every year and safeguarding training was refreshed every two years. Of the 28 care staff, 10 had obtained a relevant qualification in social care and three were in progress. Staff told us they could request any training they felt they needed to do their job more effectively. Specialised training provided included dementia awareness and end of life care. Specialist nurses and or practitioners were utilised to offer specific training as appropriate.

The comments from people and other professionals regarding staff training were variable and included, "There have been some issues related to the lack of experience of newer staff. Family were concerned that some staff seemed unaware of how to operate quite basic equipment and some did not appear to have been adequately trained prior to starting work." However, we saw evidence that staff received appropriate training prior to starting work with people and staff confirmed that they did not perform tasks which they had not been trained and were confident to complete. Specialised training was provided as necessary and appropriate. A professional commented, "The service is too variable in quality. There are some very experienced excellent staff members but there is increasing throughput of short term and foreign staff who it is not clear have gone through the necessary induction and DBS checking procedures. Basic English comprehension is an issue for some [overseas] workers." There was no evidence to support his view, on the day of the inspection. At the time of the inspection the service had three (of 28) overseas workers. They were only recruited after their written and spoken English was evaluated as of an acceptable standard. Overseas workers were provided with additional English courses at the local college as necessary. The service used the care certificate framework (which is a set of 15 standards that new health and social care workers need to complete during their induction period) as their induction tool.

Positive comments included, "My final point is to mention how good Bluebird is at looking after people with dementia. They seem to have great experience and knowledge about dementia and a great sympathy and understanding to how the people they look after feel." Another said, "The needs of my relatives are definitely being met." An additional comment was, "[The carer] has always provided a first class service and related to my [relative] in an excellent manner. The administration office maintains good communications and we are extremely satisfied with the service extended to us."

Staff were well supported by the management team to assist them to offer good quality care. They had regular one to one meetings and annual appraisals with senior staff. We noted that two staff had not received a formal supervision for four months. However, they were experienced staff and told us they could ask for supervision, advice or support from any of the senior staff at any time. Staff told us they received a good induction and did not work alone until they and their supervisor were confident they were competent to do so. One staff member said, "I feel well supported and looked after. This helps me to look after others." Care staff told us the management team were very supportive of their development. This was evidenced by carers receiving promotion and progression opportunities within the service.

People's health needs generally remained their responsibility. However, people told us that care staff would deal with health issues, if and when necessary. Care plans clearly described the responsibility care staff had for people's health and well-being. Staff described the action they would take if a person appeared to be unwell. One family member commented, "When there were health issues and my relative had an accident recently the carer who was there at the time acted very professionally, contacting the emergency services and then me. This meant that the emergency care needed arrived quickly. The carer kept my relatives very calm and even stayed to make sure they were ok and waited until I arrived."

People were supported to make their own decisions and choices. Care plans included paperwork such as signed permission to share information, people's preferred contacts and whether there was someone who could legally make decisions on behalf of the individual. Care staff told us they always respected people's wishes and choices and asked their permission before completing any tasks. People and their carers signed initial assessments and subsequent care plans to say they had been involved in completing them and agreed with the content.

People's rights were upheld because the service had a clear understanding of the Mental Capacity Act (2005). 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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Paperwork confirming people's mental capacity status was held in people's files, as appropriate. Staff had received mental capacity training and were able to describe the action they would take if they felt someone's ability to make decisions was deteriorating.

Five of six people told us that care staff generally arrived on time and always stayed the correct amount of time. One person noted, "The staff usually arrive on time or very near to time." Another commented, "The carer has never missed an appointment or been late." However, a relative said, "They do not always arrive when my mother expects them and do not phone to let her know."

The registered manager told us the most dissatisfaction expressed by people using the service was about the timing of calls. He explained that some were due to miscommunication between commissioners, the service and people. However, the number of late calls was reducing because of the computer system now being used. The service used a comprehensive computerised scheduling system. Additionally there was a system that staff logged into on arrival and departure from the call. Office staff were able to see (from a large display board in the office) when staff arrived and left. The system flagged any late calls which meant that senior staff could deal with them immediately. Office staff were able to telephone people to advise them of a late call in a timely way. Staff were given and paid for appropriate traveling times, between calls.

Good

# Is the service caring?

## Our findings

People were offered support by caring staff who were committed to providing kind and compassionate care. A relative commented, "At the start my relatives were fighting any form of care and Bluebird have turned the whole situation round with the patience and kindness that they show." People told us care staff were, "Respectful and kind." A professional told us, "The carers I have seen are polite and relate to my client appropriately

Care staff established effective working relationships with people and were fully aware of people's likes and dislikes, needs and wishes. A relative commented, "Although they have to do lots of tasks for them both, they still make time to talk to them and have a laugh with them too. They have built up a real bond with them which is amazing to see and they look forward now to the carers coming." Staff gave examples of how they protected people's privacy and dignity whilst offering intimate personal care. An example given was carers being specifically trained to be able to move and position people in the way they prefer and which preserved their dignity. Another was care staff being 'matched' to a person such as offering same gender personal care. Others included closing doors and curtains and covering people when supporting people to bathe or wash.

Care staff supported people to maintain as much independence as they were able to. The service provided some six week packages of care which were designed to enable people to regain their independence after illness or hospital stays. Care plans clearly noted how care staff were to help people in ways which promoted their independence. People who were supported by live-in carers were supported to make their own choices and maintain control over their daily life

People's diverse needs were included in plans of care. The information included life history, religious, cultural and lifestyle choices as appropriate to the care package they were receiving. The service matched people, as far as possible, with staff who had the skills, training and characteristics to meet their individual needs. If people's needs changed the service provided additional training to enable care staff they knew to meet their current requirements.

People were given detailed information in a customer guide and customer welcome pack. Information about the services offered, policies and procedures and other relevant facts about the service and the provider were included. People were encouraged to give their views of the service in various ways. The management team completed 'spot checks' on care staff and people were asked their views of the staff at that visit. Surveys were sent to people and other interested parties and they were telephoned by office staff to ensure all was well.

Personal information relating to people was kept securely and confidentially in the care office. People kept their own records in their home in a place of their choice. The provider had a confidentiality policy which care staff understood and adhered to. People had access to their own computerised records and there was a specific procedure in place to enable people to grant access to family or friends of their choice. The

information was appropriately secured by the use of passwords and other data protection features.

Good

# Is the service responsive?

## Our findings

People's needs were assessed and care was planned and delivered in line with their individual care plan. People, their families and other interested parties were included in the assessment and care planning process (with the permission of the individual). The assessment was developed into a care plan which contained all the relevant information to enable staff to deliver the agreed amount of care in the way that people preferred. Care plans were re-assessed every six months, as a minimum and whenever people's needs changed, to ensure that the service being offered responded to people's current needs. People told us they were always involved in the assessment and review processes.

People's changing needs were communicated to staff by a variety of methods which included the computer phone system, phone calls and texts. The management team ensured any important issues were conveyed to care staff. Staff told us there was very good communication between the staff team and the office and said they were always kept up-to-date with any changes in people's needs and/or other important issues. People and staff had access to daily rosters, care plans and daily notes via the computer system in use.

Care staff told us they could respond to people's needs on a daily and long term basis. They gave examples of when people were ill or in need of additional care for other reasons. They said they were always supported by the office and could stay as long as they needed to make sure people were safe and appropriately cared for. People confirmed that staff would respond to their unusual or emergency needs. A relative told us, "The same carer has attended [for a year] which was one of our stipulations as my [relative] does not handle change well."

People were informed of how to make complaints and were able to do so. The service had recorded seven complaints and thirty seven compliments about the service in the preceding 12 months. Two of the seven complaints were not about care but other unrelated issues. The registered manager had identified that the majority of complaints were in regard to the timing of visits which had improved because of the use of the 'log in' system currently in use. Complaints were managed and dealt with appropriately. The service recorded whether people were satisfied with the outcome of the complaint. One complaint had been sent to the ombudsman and the service had acted on the recommendations made. People told us the service always react quickly to any concerns and resolve them as quickly as possible.

The large number of compliments included those made on an independent social media site. Examples were, "Thank you [carer's name] for excellent skincare. [Relative's] skin is in the best state for years." " I want to thank you all for the wonderful care she has received from Bluebird Care…" "I wish to thank Bluebird Care for the consistently good care I have been receiving" and, "I am very happy with everything that is being done and can't find anything negative to say about the care provided."

The service operated between 7am and 10 pm for seven days a week. There was an emergency contact number and people on call between 10pm and 7am. Specially trained staff were employed to cover the on call system. The on call system included the completion of a report to communicate information to day staff to ensure a timely response. For example cancelled calls and amended call times. Additionally the reports

included information about people's health and well-being, as appropriate.

Good

# Is the service well-led?

## Our findings

The registered manager was a director of the company, he worked with a care manager who dealt with most of the day-to-day management of the service. Staff told us they felt very well supported. Staff comments included, "There's a good team spirit." "There is a very open culture and your opinion is valued" and, "The (care) manager is very approachable and very good at customer and staff care." One staff member told us they felt, "well supported, the (registered) manager is approachable and will always listen to us, whatever the problem or concern." People told us they could always contact senior staff (including managers) if they needed to talk to them.

The management team encouraged people who use the service and staff members to express their views and opinions. They listened and took them into account when developing the service. Six monthly surveys were sent to people, their representatives and families to ask their views on the quality of the service provided. The last survey analysis was completed in May 2017. Actions to improve and develop the service were taken as a result of the surveys. People were asked their opinions during their reviews and people were encouraged to contact the service if they had any comments to make at other times.

The service held various meetings to give staff the opportunity to put forward their views. These included full team meetings, management meetings and office staff meetings. Meetings covered information giving, learning from complaints, incidents and accidents and the discussion of developments and changes. Policies and procedures, values and expectations of the company and general topics were discussed at meetings as well as at appraisals and one to one supervisions.

People benefitted from the provision of high quality care which was assessed and monitored regularly. Bluebird Care (Newbury) is a franchise of Bluebird care. They have to renew their franchise every five years and their performance and standards have to meet the requirements of Bluebird Care. A representative from that company acts as a quality advisor and completes a detailed quality audit of the provider and location periodically. Bluebird Care held national conferences, regional meetings and offered other support and advice to providers. This meant that a large number of locations of Domiciliary Care Agencies (who operated under the Bluebird Care banner) were able to exchange ideas, best practices and knowledge. An example was the imminent introduction of a new quality assurance system and the use of new IT systems which allowed daily, live auditing of the care provided. Quality of care was further monitored by the registered and care managers completing a number of audits. These included periodic audits of care plans, complaints, accidents and incidents. Audits ensured appropriate action was taken and learning points extracted as necessary.

The agency worked with other community services to ensure the safety and well-being of people who used the service and other older people in the wider community. Examples included the fire service, environmental health and the trading standards service. For instance care staff asked people if they could make referrals to the fire service for the provision of effective fire protection. The service additionally worked with other organisations such as those working with people living with dementia and those who were at the end of their lives. They asked the organisations to offer training and share best current practice with their

staff team to ensure people were receiving care to meet their specific needs in the best way. A professional commented, "Bluebird Care Newbury is positive and proactive in supporting our dementia friendly community work…"

The service had made improvements as a result of listening to people and staff and the auditing systems. These included contacting individuals to discuss their particular issues and increasing the use of IT (as appropriate). Recruitment was identified as one of the most significant issues and challenges the service faced. The provider had increased pay and made other positive adjustments to staff terms and conditions. Additionally, they had appointed a recruitment manager to enable them to retain and appoint staff of a suitable standard.

The quality of care provided to people who use the service was supported by good quality individualised records which were up-dated via the computerised system, in a timely way. The records were available to people who use the service either on line or in paper form.  Additionally records which were related to other aspects of running a regulated service were up-to-date and of good quality.