

KDMO LTD

Bluebird Care (Bedford)

Inspection report

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Ratings

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

Overall summary

The inspection was announced and took place on the 22, 26 & 27 October 2015.

Bluebird Care Bedford provides personal care and support to people in their own homes. At the time of our inspection the service was providing care and support to 56 people. Visits ranged from half an hour up to five hours. The frequency of visits ranged from one visit per week to four visits per day depending on people's individual needs.

The service has 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 and associated Regulations about how the service is run.

Staff had been provided with safeguarding training to protect people from abuse and avoidable harm.

Summary of findings

There were risk management plans in place to protect and promote people's safety.

Staffing numbers were suitable to keep people safe. There were safe recruitment practices followed to ensure suitable staff were employed.

People's medicines were managed safely and in line with best practice guidelines.

Staff received appropriate training to support people with their care needs. People were matched with staff who were aware of their care needs.

The service worked in line with the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). People's consent was sought in line with current legislation and guidance.

People were supported by staff to access food and drink of their choice. If required, staff supported people to access healthcare services.

Staff treated people with kindness and compassion and had established positive and caring relationships with them.

People were able to express their views and to be involved in making decisions in relation to their care and support.

Staff ensured people's privacy and dignity were promoted.

People received care that was appropriate to meet their assessed needs. Their support plans were updated on a regular basis or when there was a change to their care needs.

The service had a complaints procedure. This enabled people to raise a complaint if the need arose.

There was a culture of openness and inclusion at the service and staff felt that the leadership inspired them to deliver a quality service.

The service had quality assurance systems in place. These were used to good effect and to continuously improve on the quality of the care provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Staff were aware of the different types of abuse and to report any they witnessed or suspected.

There were risk management plans in place to protect and promote people's safety.

There were sufficient numbers of suitable staff employed to meet people's needs.

There were systems in place to ensure medicines were managed safely.

Good



Is the service effective?

People were looked after by staff who were trained to carry out their roles and responsibilities.

People's consent to care and support was sought in line with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

If required, staff supported people to eat and drink and to maintain a balanced diet.

Staff supported people to access healthcare services if needed.

Good



Is the service caring?

The service was caring

People and staff had developed caring and positive relationships.

Staff enabled people to express their views and to be involved in decisions about their care and support.

Staff ensured people's privacy and dignity were promoted.

Good



Is the service responsive?

The service was responsive

People received care that met their assessed needs.

People were provided with information on how to raise a concern or complaint if needed.

Good



Is the service well-led?

The service was well-led

The culture at the service was open, inclusive, transparent and empowering.

There was good management and leadership at the service, which inspired staff to provide a quality service.

There were effective quality assurance systems at the service.

Good



Bluebird Care (Bedford)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the care Act 2014.

The inspection of Bluebird Care Bedford took place on 22, 26 & 27 October 2015 and was announced. The registered manager and provider were given 48 hours' notice of the inspection. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service.

The inspection was undertaken 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 use this type of care service.

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 also contacted the local authority who has a quality monitoring and commissioning role with the service; and checked the information we held about the service.

During our inspection we undertook telephone calls to 14 people who used the service and eight relatives. We spoke with three care workers, the care coordinator, two care supervisors, the registered manager and the provider. We also visited one person in their home to observe how care was delivered.

We reviewed a range of records about people's care and how the service was managed. These included care records for five people, five staff files and five Medication Administration Record (MAR) sheets. We also looked at minutes from staff meetings and quality assurance audits.

This was the first inspection of Bluebird Care since it was registered in August 2013.

Is the service safe?

Our findings

People told us they felt safe when the care workers visited them and they had never experienced any discrimination from staff. People also said if they had any concerns about their safety they would contact the office. One person said, “The staff look after me, I feel safe in their hands. They always wear gloves and aprons. It is important because they are going from person to person all the time and could pass on germs.” Another person said, “I always feel safe with my carer, especially when she takes me out.” A relative commented and said, “I can go to work without worrying as I know the staff look after [name called] safely.”

Staff told us they had been provided with safeguarding training. They were able to describe the different types of abuse; and the procedure to follow if they witnessed or suspected an incident of abuse. One staff member said, “If I witness or suspect any kind of abuse I would report it to the manager. We are supposed to treat people in the same way we would like to be treated.” All the staff we spoke with were aware of the service’s whistle blowing procedure and were confident if they had to use it their concerns would be acted on; and the registered manager would provide them with the appropriate support.

The registered manager told us that staff knowledge on safeguarding was regularly updated and their competencies were regularly assessed. They also told us that safeguarding was regularly discussed with staff during supervision and at team meetings. The outcome of safeguarding investigations was discussed with the staff team. This was to ensure lessons were learnt and measures were put in place to minimise the risk of recurrence. We saw evidence to demonstrate that staff had been provided with updated safeguarding training. Supervision records seen, showed that safeguarding was regularly discussed with care workers. We saw evidence that three senior staff from the management team had been provided with ‘Train the Trainer’ training in safeguarding. They provided training to staff at regular intervals. We saw information which included telephone numbers on how to report safeguarding incidents and who to contact in the event of suspected abuse was displayed on a notice board in the office. This was to remind staff of the external agencies that they could contact if they did not feel able to report incidents internally.

People and their relatives told us they had been involved with the development of their risk management plans which had been put in place to protect and promote their safety. A relative said, “My [name called] can’t stand for long. The staff follow his risk management plan when transferring him. They are very careful.” Staff told us before people were provided with a service, risk assessments to promote their safety were undertaken. These included risks to the environment, skin integrity, moving and handling, entering and leaving the home, nutrition and hydration, finances, travelling in the staff vehicles, as well as, safe handling and administration of medicines. This ensured measures were put in place to protect people from identified risks of harm.

Staff told us people were provided with information on how to contact the service in the event of an emergency, or out of office hours. One staff member said, “There is always a senior staff member on call and all calls get diverted to the on call phone after five o’ clock.” Another staff member said, “The customers and their relatives use the emergency number quite a lot to cancel calls or make us aware if they have been admitted to hospital.” The registered manager told us that the service had contingency plans in place to deal with emergencies such as, adverse weather conditions. We saw evidence that people’s needs had been assessed and they were given a red, amber or green rating depending on their individual circumstances. For example, if a person lived on their own, they would be given a priority rating of red. If a person lived with a family member who was able to assist them with support they would be given a green rating. An amber rating was given to a person who might be able to manage with some support from staff. The registered manager told us that the contingency plan was regularly updated and discussed with senior staff members. We saw evidence which confirmed this.

The registered manager told us that it was people’s responsibility to ensure that the equipment used to support them such as, hoists and wheelchairs were serviced regularly. She commented further and said that it was the staff’s responsibility to make sure they were in good working order and fit for use. One staff member said, “We always make sure that the hoist is fully charged before we use it and the slings are not worn. If we have any concerns we report them to the manager.” This ensured people’s safety was paramount.

Is the service safe?

People told us there were sufficient numbers of suitable staff to care for them and to meet their needs. All the people we spoke with said staff stayed for the allocated time and there were no missed calls. One person said, “Staff are very punctual and will not keep me waiting unless they are detained elsewhere.” Another person said, “If staff are going to be late they will contact the office, who will always ring and give a revised time.” Staff confirmed that the staffing numbers were adequate. They told us they worked to a weekly rota, which was flexible, and they were provided with traveling time.

Staff were able to describe the service’s recruitment practice. They told us they had completed an application form and attended an interview. They also had to provide

two references one of which was from a recent employer, proof of identity and a Disclosure and Barring Service (DBS) certificate. We saw evidence in the staff files we examined that the appropriate documentation had been obtained.

One person told us that staff supported them with their medicines; and they received their medicines at the prescribed times. The person said, “My [name called] arranged for staff to assist me with my medicines as I sometimes forget to take them.” Staff told us they had received training in the safe handling and administration of medicines; and their competencies were regularly assessed. We saw evidence to confirm that staff had been provided with training on the safe handling, recording and administration of medicines. We looked at a sample of Medication Administration Record (MAR) sheets and found that they had been fully completed and in line with best practice guidelines.

Is the service effective?

Our findings

People told us staff were sufficiently skilled and knowledgeable to meet their assessed needs. One person said, “The staff are very well trained. They are very professional and know how to communicate with us.” A relative said, “The staff are trained and are proactive if they think extra treatment is needed.” The relative commented further and said, “My [name called] had a swollen leg. The carers spotted it and advised that I should seek medical advice. They ended up in hospital. I would not have noticed until it had become much worse.” This demonstrated that staff were observant and ensured people received effective care and support.

Staff told us they had been provided with all the essential training to enable them to carry out their roles and responsibilities. One staff member said, “The training we get is fantastic and very informative. When we do e-learning we have to get 100% pass mark.” Another staff member said, “I completed dementia awareness training last year. I found it useful and it has helped me to care for people living with dementia.” We found that staff were working towards achieving a recognised care qualification. We saw evidence that some staff had been provided with specialist training such as, epilepsy awareness, Parkinson’s and Percutaneous Endoscopic Gastrostomy (PEG) feeding. (PEG allows nutrition, fluids and medicines to be put directly into the stomach, bypassing the mouth and oesophagus.)

People told us they were appropriately matched with staff who were aware of their needs. One person said, “My carer is aware of my condition and knows me very well. If anything crops up they are quick to notice and get the help I need.” Staff told us they were aware of the needs of the people they were supporting. For example, when a new care package was allocated, they were provided with information about the individual; and made aware of how their care needs should be met. Staff also told us they were reminded to read people’s support plans. One staff member said, “We have regular discussions about the customers and give each other tips to ensure we work with them in the same manner.” We observed when we visited a person in their home the care worker read the support plan. We found that the care worker had a good understanding of the person’s needs and was able to communicate with them effectively.

The registered manager told us that staff undertook five-day induction training. The induction covered the 15 standards of the care certificate. This ensured staff acquired the appropriate skills to meet people’s individual needs. At the end of the induction their competencies on the subjects covered were assessed. They were then allocated to an experienced staff member to be shadowed, until they felt confident to work alone. During the shadowing period spot checks on the staff member’s performance were undertaken to ensure they were working in line with best practice guidelines. We saw evidence to confirm this.

Staff told us they had received training on a variety of subjects, which included safeguarding, dementia awareness, health and safety, food hygiene, safe handling of medicines, moving and handling, privacy and dignity. We found there was an electronic system in place to monitor the training staff had undertaken. This ensured staff essential training and their knowledge and skills were kept up to date.

Staff told us they received regular supervision. One staff member said, “I enjoy supervision. It provides you with the opportunity to discuss issues and your personal development.” The registered manager confirmed that each staff member received three monthly face to face supervision, three monthly spot checks and a yearly appraisal. We saw evidence in the files examined that staff had been provided with regular supervision. Their practice was monitored three-monthly to ensure care was delivered appropriately and in line with people’s support plans.

The service had policies and procedures in relation to the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). This was to ensure that people who could not make decisions for themselves were protected. Staff had a good understanding of MCA Act 2005 and DoLS and how it worked in practice. The registered manager said that at the time of our inspection no one using the service was being deprived of their liberty unlawfully. Staff told us they always asked people for their consent before assisting them with care and support. When we visited a person in their home, we observed the care worker explained to the individual how they were going to support them and gained their permission. This ensured people provided consent to be supported.

People told us that staff supported them with their meals if required. One relative said, “The carers support my [name

Is the service effective?

call] with breakfast. They do it very well and where appropriate provide choices.” The registered manager and staff told us that people were supported with food and drink of their choice. One staff member said, “I usually cook a roast dinner for one of my customers every other week-end. They look forward to this.” We found main meals consisted of microwave ready meals that required little preparation other than heating through. Staff told us some people requested for drinks and snacks to be left out for them. This enabled them to have adequate amount of fluids and snacks throughout the day. Staff also told us if people had special dietary needs they would be supported to ensure they were met. The registered manager told us if people were at risk of poor food and fluid intake or had difficulty with swallowing they would be closely monitored. We saw evidence that staff worked closely with health care professionals including the GP. If needed people had access to the Speech and Language Therapist (SALT) and the dietician via the GP. This enabled people to access specialist advice if required.

During this inspection we visited a person in their home and observed the care worker preparing their lunch. The

person said, “They always ask me what I want to eat. I have a poor appetite and need encouragement to eat. It’s so much easier when someone does it for you.” The care worker ensured that the person had been given several choices on what they wished to eat. The person chose a sandwich, which was served in an attractive manner to stimulate their appetite.

Staff told us that people had access to healthcare services to maintain good health. One staff member said, “We are also provided with training to support customers to maintain good health. For example, one of our customers requires regular physiotherapy throughout the day to support their breathing. The physiotherapist provided us with training to support them.” Staff also told us that people’s care plans included details of their GP. Therefore, if they had a concern about a person’s well-being they would be able to contact their GP. We saw evidence in the care plans we examined, that staff worked closely with the continuing health team to promote people’s health and well-being. We found that the staff team was supporting a person by accompanying them to attend regular hospital appointments.

Is the service caring?

Our findings

People told us they had developed caring and positive relationships with staff. They also said that the staff were caring. Relatives also confirmed this. One person said, “The girls are thoughtful. They take the time to warm their hands on my radiator before they touch me...I think they are a very caring agency. They take a lot of trouble to care for us well. I can’t thank them enough.” The person commented further and said, “I was very reticent to accept help and did not like having different people in my home. I honestly don’t know how I would manage without them.” A relative commented and said, “My [name called] is well cared for at all times. The staff are absolutely brilliant and we are delighted with them.”

Staff were able to tell us about people’s individual needs, including their preferences, personal histories and how they wished to be supported. One staff member said, “We get to know the customers really well, and build up a rapport because we visit them regularly. We saw evidence that there was consistency with the care workers who visited people. This helped to ensure that staff got to know people really well.

During this inspection we visited a person in their home. The person said, “I am very happy with the care I receive from the staff. I see them as part of the family.” We observed the care worker supported the person in a kind and patient manner. For example, the care worker explained to the person how they were going to support them and gained their permission. They looked at ease in the care worker’s company and seemed to trust them.

People told us they were supported to express their views and be involved in making decisions about their care and support. One person said, “I tell the staff what I need help with. They don’t rush you.” A relative commented and said, “The staff always ask my [name called] how they like things to be done.” The relative commented further and said, “They ask him if he would like a shower or a shave and always have a laugh with him too.”

Staff told us the support provided to people was based on their individual needs. One staff member said, “We always ask the customers to choose what clothes they wish to wear or what they would like to eat. We don’t assume.” The

registered manager confirmed that people’s views were acted on. She said, “We contact the customers on a regular basis to find out if they are happy with the care and support they are receiving; and if there are any changes that need to be made.” An example given was a person wished to promote their religious beliefs and they were matched with a care worker who shared the same religious beliefs.

People told us that the staff provided them with information and explanations as and when needed. One person said, “Rotas are emailed to me, sometimes I chase them up. It is important I get the rota on time so I know what time to expect them.” Another person said, “I know all the ladies in the office by name. They are always very helpful and efficient and provide you with the information you need.”

The registered manager told us that she made people aware of the various advocacy services that would speak up on their behalf; and how the service could be accessed. On the day of our inspection we were told there was no one currently using the services of an advocate.

The registered manager told us that the service had a confidentiality policy. A copy of the policy was issued to all staff and they were expected to read and sign it to confirm they understood the contents and would adhere to it. Staff confirmed they were aware of their responsibility to ensure that information relating to people’s care was only discussed in line with their duties and on a need to know basis. We saw there were systems in place to ensure records relating to people’s care and support were stored securely in filing cabinets. Computers were password protected to promote confidentiality.

Staff were able to describe how they ensured people’s privacy, dignity and independence were promoted. They told us when assisting people with personal care they ensured they were not unnecessarily exposed and curtains and doors were closed. If people were able to, they were encouraged to assist with their personal care. They also told us that people were addressed by their preferred named. During this inspection we visited a person in their home and observed the care worker addressed them by their preferred name. The care worker also sought the person’s permission to share information about them with us. This showed people’s privacy was respected.

Is the service responsive?

Our findings

People told us the care they received met their needs. They also said they were involved in their care assessment and the development of their support plans and how they wished to be supported. One person said, “One of the office staff visited me and my daughter to find out about my preferences and what I wanted help with.”

The registered manager explained to us and said, “When we carry out our assessments we discuss with the customers what help they need and agree timings with them. We also have follow up discussions with them to make sure everything is to their satisfaction.” We found assessments were undertaken to identify people’s support needs and the plans seen outlined how needs were to be met. The support plans were reviewed on a regular basis and if needed changes were made to them. For example, the times and frequency of visits. We saw evidence that reflected people’s entire care package was reviewed yearly with their representatives to ensure the care they received was still relevant to their identified needs. Care workers were kept informed about changes to people’s needs. This was either in person or via a text message. During our inspection we observed care workers visited the office to discuss changes to the needs of some people they had visited.

People told us that staff encouraged them to maintain their independence. One person said, “They encourage me to be as independent as possible and would say, do you want to

wash your hair today, or shall we do it for you?” The person commented further and said that they appreciated staff giving them the time to maintain their independence. Staff confirmed that where appropriate they prompted people to undertake certain tasks for themselves such as brushing their hair.

We found some people were being supported to re-establish their social and daily living skills to avoid them from becoming isolated. For example, staff accompanied people on shopping trips, coffee mornings in the local village hall and weekly visits to the hairdresser.

People were encouraged to give their views. For example, the registered manager told us that people were contacted by telephone or asked to complete customer questionnaires on the quality of care they were receiving. The registered manager said, “We send out questionnaires and talk with customers regularly and act on the feedback received. Any changes suggested are acted on in a timely manner.” We saw evidence to confirm this.

People told us they knew how to make a complaint. Those spoken with said they had never had the need to make one. The registered manager told us that the service had a complaints policy and people were issued with a copy of the policy when they started to use the service. They also told us that lessons were learnt from complaints and they were used to improve on the quality of the care provided. We found complaints made had been dealt with in line with the provider’s complaints procedure and to people’s satisfaction.

Is the service well-led?

Our findings

People and their relatives told us that the culture at the service was positive, open, inclusive and empowering. They also told us that they would recommend the service. One person said, “I would recommend them. It’s a well-run company.” Another person said, “I have told lots of people to try Bluebird because they are a brilliant company.”

Staff told us the management team ensured that the culture at the service was open and transparent. They also told us that the registered manager was approachable and supportive and acted on suggestions made. For example, one staff member said, “If you report that there has been a change in a customer’s condition, someone from the office would come out immediately to re-assess their needs.” Another staff member said, “I reported once that a customer’s medicine was running out. New stock was ordered straight away.”

Staff told us when mistakes occurred there was honesty and transparency from staff as well as the management team. They also told us that the management team provided feedback in a constructive and motivating way. If required additional training was provided to minimise the risk of future errors occurring.

Staff told us that good management and leadership was visible at the service. They told us if they were experiencing difficulty in their day to day duties senior managers would work with them to provide support. This inspired them to deliver a quality service to people who used the service. All the staff we spoke with were enthusiastic about their roles and understood the service’s vision and values, which was to ensure that people were at the heart of the service and received quality care.

The registered manager told us that she was aware of the attitude values and behaviours of staff. These were monitored formally and informally through observing

practice, staff supervision and appraisal meetings. She also told us that recruiting staff with the right values helped to ensure people received a quality service. We found that the service worked with other organisations to make sure they were following current practice and providing a quality service. For example, the service had created strong links with local partners such as, the local hospice, the physical disabilities and older people’s team and NHS commissioners. The registered manager regularly attended forums and was part of a support network with other domiciliary care agencies in the local area. This was to ensure that good practice ideas were shared and people received a quality service.

The registered manager and provider told us that there was a bi-monthly incentive scheme at the service. This was called ‘STAR AWARDS’; care workers were nominated for service to customers, team work, availability and reliability by their colleagues if they went the extra mile and performed more and above their role. This ensured that staff commitment was recognised. There was also a three monthly customer newsletter to update people and staff of any changes that were taking place.

Information held by the Care Quality Commission (CQC) showed that we had received all required notifications that the registered manager was legally required to submit. A notification is information about important events which the service is required to send us by law in a timely way.

The registered manager told us there were systems in place to check the quality of the care provided. We saw evidence that people had completed satisfaction questionnaires relating to the quality of the care provided and audits relating to medication recording sheets and daily record sheets were regularly undertaken. These had been analysed and areas requiring attention were supported with action plans to demonstrate how continuous improvements would be made.