D. J. Haswell Limited

# Bluebird Care (South Tyneside)

## Inspection report

Woodstock Way
Boldon Business Park
Boldon Colliery
Tyne And Wear
NE35 9PE

Tel: 01915194825
Website: www.bluebirdcare.co.uk

Date of inspection visit:
06 July 2016
07 July 2016
08 July 2016
11 July 2016

Date of publication:
22 December 2016

## 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 6 July 2016 and was unannounced. On 7 and 8 July 2016 telephone interviews were completed with people who used the service. A further announced day of inspection took place on 11 July 2016. This was the first inspection of Bluebird Care (South Tyneside) following registration with the Care Quality Commission.

Bluebird Care (South Tyneside) is a domiciliary care agency which provides personal care for people living in their own homes to meet their individual social care needs and circumstances. Bluebird Care (South Tyneside) is registered to provide care for older people, people living with dementia, people with a learning disability or autistic spectrum condition, people with mental health needs and people with a physical disability.

A registered manager was registered with the Care Quality Commission at the time of the inspection. 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.

Concerns and incidents were investigated and action taken.

Risks had been assessed and mitigated against.

Care plans were detailed and reflected people's current needs. Some people had very detailed and personalised care plans and risk assessments which specified their preferences and supported them to maintain their independence. People said they had been involved in their care plans and had attended reviews.

Various audits were completed and had been effective in identifying areas for improvement.

Staff understood mental capacity and ensured they involved people in decision making, supporting them to make their own decisions about their care wherever possible.

People and their relatives told us staff were caring, respectful and treated them with dignity. One person said, "They are wonderful," another person told us, "I see the same girls they know me well and they are part of the family."

Medicines were managed appropriately.

Recruitment practices were appropriate and included seeking references and Disclosure and Barring Service checks prior to applicants starting in post. Inductions for new staff were comprehensive and staff training

was up to date.

Staff told us they were well supported and that they attended supervisions which were meaningful.

Complaints were logged, investigated and appropriate action was taken to respond.

Feedback was sought and acted upon. A community newsletter shared the key findings with people and noted the areas of improvement and how they would be addressed.

Partnerships had been developed with various agencies and this was being used to develop the service and ensure people received holistic care and support, which included advice around home safety.

The provider was very involved and visible within the day to day operations and his commitment to inspiring his staff to provide a quality service was clear.

## 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.

Concerns had been investigated.

Identified risks had not always been assessed and mitigated against. Risk assessments were detailed.

Recruitment processes were appropriate.

### Is the service effective?

Good

The service was effective.

There was a comprehensive induction and training programme.

Staff were well supported and told us supervisions were meaningful.

Staff understood mental capacity and supported people to make their own decisions.

### Is the service caring?

Good

The service was caring.

People were positive about the care they received. One person said, "The girls are wonderful."

People told us they were treated with dignity and respect and were supported to maintain their independence.

Equality and diversity was high on the provider's agenda.

### Is the service responsive?

Good

The service was always responsive.

Care plans were detailed and contained information about people's preferences.

People had signed their care plans as a record of their agreement

and consent.

Complaints were investigated and action taken was logged.

## Is the service well-led?

Good

The service was well-led.

Various quality assurance systems were in place.

Several partnerships with external agencies had been developed.

The provider had clear visions and values which put people at the centre of the service.

# Bluebird Care (South Tyneside)

**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 6 July 2016 and was unannounced. This meant the provider did not know we would be visiting. On 7 and 8 July 2016 an adult social care inspector conducted telephone interviews with five people who used the service and two of their relatives. A further announced visit took place on 11 July 2016.

The inspection team was made up on one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about.

We also contacted the local authority safeguarding team to gain their views of the service provided.

During the inspection we looked at five care plans for people who used the service. We examined five staff records, including recruitment, supervision and training records. We also reviewed various records about how the service was managed.

We spoke with the director, registered manager, one co-ordinator, a supervisor and seven members of care staff.

Good

# Is the service safe?

## Our findings

On the first day of our inspection we asked to view safeguarding records. The registered manager told us an investigation was currently underway and provided the documentation. They advised the matter had been referred to the local authority safeguarding team. We saw an investigation file had been produced. Safeguarding concerns and alerts were recorded, alongside other risk factors, on a risk log and the customer dependency profile.

When we spoke with staff and people who used the service we were made aware of concerns raised to the provider. On the second day of inspection we discussed these concerns with the registered manager and director. We asked to review all safeguarding records. The registered manager was unable to provide the investigation report for one concern as a previous manager had been responsible for investigating safeguarding concerns and at the time of the inspection they were unable to retrieve the investigation due to IT difficulties. We asked to see corresponding staff files for the staff involved in each of the incidents to review any disciplinary action taken.

Since the inspection the provider has submitted investigation reports and records relating to the outcomes and action taken.

The registered manager told us how a specific incident involving a medicine error had been managed. They said, "After one mistake it was discussed and then further training was given." We saw records that the staff member concerned had received a verbal warning and additional training in medicine management. Records stated, 'future errors will result in disciplinary action and/or immediate dismissal.' They advised that a number of months later the same care worker was involved in a further incidents. Records stated this related to poor performance, including, 'failure to give medication and not following medication policy and procedure.' These concerns were discussed with the staff member who tendered their resignation.

Bluebird (South Tyneside) safeguarding policy stated, 'If the allegations against a member of staff are substantiated and the person has either been removed from their role, or they would have been had they not left of their own volition then you must refer to the Disclosure and Barring Service.' It is unclear from the records presented whether the additional concerns had been investigated prior to the staff member's resignation being accepted. It is therefore not possible to ascertain whether the allegations would have been substantiated and whether, in line with the providers policy, they should have been referred to the Disclosure and Barring Service.

To this end the Provider had failed to follow their own process in completion of a thorough investigation.

We reviewed recruitment procedures. Applicants had completed an application form and there was a requirement to have two references and a Disclosure and Barring Service (DBS) check before new staff started their employment. DBS checks help employers make safer recruitment decisions and help to prevent unsuitable people from working with vulnerable adults. We noted one applicant had discussed their DBS check during their interview. A risk assessment had been completed to assess their suitability to work with

vulnerable adults.

We looked at how risks were assessed and mitigated against. One person's daily notes recorded that the person had repeatedly taken their medicines at the incorrect times. The service was proactive in discussing the issue with the person and their family in order to resolve the issue. A mental capacity assessment had been completed to assess if the person had capacity to make their own decision with regard to medicine management. In concluded they did have. The medicine care and support plan was re-written and storage of medicines was changed to mitigate the risks until a safe could be purchased. Another person who had a history of falls had a risk assessment in place to mitigate the risk and guide staff on how to keep the person safe.

For other identified risks, risk assessments were in place which assessed and managed the risk appropriately. An internal and external environment risk assessment was completed at the commencement of a person's care package. This detailed each area of risk and described the hazard and the risk and gave clear control measures for staff to follow to mitigate the risks.

The registered manager maintained a record of accidents and incidents, however there were no records for 2015. They said, "We record accidents but we have not witnessed any incidents during our visits." We found incidents such as a deflated mattress, toothache, and ants were recorded and acted upon as well as accidents such as falls. A process for analysing the information to identify lessons learnt was in place.

The provider had a detailed business continuity plan to ensure people would receive continued care and support, for example, if there was a loss of an office base or computer system.

The registered manager told us staffing levels were set by the needs of the people using the service. They said, "We look at the needs of the person and their interests. We match staff with the appropriate skills and personality." People received care and support from the same group of care workers which gave them consistency.

One person told us, "I've never had missed calls." Another person said, "They are so reliable." A relative told us, "We had problem years ago but they were so remorseful and resolved the issue immediately and we have never had a problem since."

Where people needed support with medicines a 'medication care and support plan' was in place. This described the support required and recorded the medicines prescribed with their frequency and dose. In one person's daily notes reference was made to administering eye drops however there was no corresponding medicine care and support plan. We spoke with the registered manager about this who explained there was an up to date care plan in the persons home and they would ensure the up to date plan was in the office records. After the inspection the care plan was sent to CQC.

The registered manager told us medicine administration records (MARs) were removed from people's homes each month so they could be reviewed. Audits were conducted regularly to identify any gaps and audit medicines administration.

People who used the service and their relatives told us they received appropriate support with their medicines. One person said, "They make sure I take the right tablets at the right times." A supervisor said, "We monitor and know when prescriptions need picking up so customers always have their medication."

Good

# Is the service effective?

## Our findings

People and relatives felt staff were well trained and were competent in carrying out their role. One person we spoke with said, "They do a great job." Another person said, "They are having the relevant training when they come here." An external health care professional told us, "The staff are trained to a high calibre."

On the day of the inspection a new group of staff were joining Bluebird Care (South Tyneside). New staff completed an intensive five and a half day induction programme which included training on person centred care, manual handling, safeguarding adults and children and infection control. This was followed by shadowing a competent, experienced staff member before lone working. The manual handling training took place at a specifically designed venue which contained all the specialist equipment care workers might need to use.

One care worker told us, "I spent my first week in the class room environment completing training and induction sessions. The second week I went out into the community shadowing another experienced carer."

A training and development plan was in place and was up to date. All new staff had completed an induction and a shadowing period which included spot checks by their supervisor or the registered manager.

Training records showed staff members received training in subjects considered mandatory by the provider. This included manual handling, fire safety, food hygiene and first aid and were all up to date. All care workers had achieved National Vocational Qualifications in health and social care (NVQ) level two or were working towards the training. The service was aiming for all staff to be trained to NVQ level three. Induction for new staff included the Care Certificate. The Care Certificate is an identified set of standard skills, knowledge and behaviours for care staff to provide compassionate, safe and high quality care and support. Staff we spoke with were complimentary about the training they received. One care worker said, "The training is brilliant."

Staff supervisions and appraisals were up to date. The registered manager advised staff received six supervisions a year and an annual appraisal. Care workers also received observation supervisions whilst working in people's homes. Supervisions were conducted by competent staff members and gave staff the opportunity to discuss the service and their own development.

Staff felt supported in their roles through individual supervision sessions with their supervisor. One care worker said, "My progress is monitored in one to one planned supervisions or at any time my manager or I feel the need to address any concerns. I am listened to and given the time whenever I have needed support." Another staff member told us, "Yes, I have supervisions and spot checks and I am able to approach my supervisor if I ever have any issues."

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 so that they can 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.

The registered manager had received training in relation to MCA and was aware of their role and responsibilities in relation to obtaining people consent to care and assessing whether people had capacity to make decisions about specific aspects of their care and support.

Staff were able to tell us when the MCA applied to a person receiving care. They described how and when they asked people for permission before supporting them. One care worker said, "It's about a person's choice, it's their right to refuse." People told us they were always asked for their consent before care staff carried out any care or support. One person said, "[Care worker] always asks me do I need help, or if I'm happy before they do things for me."

We saw one person had a mental capacity assessment in relation to changing a medicine prompt to a medicine administration. The outcome was that the person had capacity to make decisions in relation to medicine administration.

People we spoke with told us they received their required support at meal times. One person said, "They have helped me; they make sure I am eating." One care worker said, "I prepare meals for people and make sure they have all they need on each call." Another care worker said, "I do have meal calls I always offer choice of meals, make sure I cook it the way the customer likes it and stay at the call as long as possible to make sure some or all of the meal has been eaten."

People using the service and relatives told us appointments were arranged with their health care professionals. Care workers attended medical appointments when requested. Relatives told us care staff were attentive to their relatives well-being. One relative said, "[Care worker] noticed a change in my [family member] and let me know then we got the doctor out."

Good

# Is the service caring?

## Our findings

People and relatives we spoke with were complimentary about the service. Comments included, "Very happy with the service, ticks all the boxes," "They are wonderful, they are so nice," "They give me peace of mind I know they are there for my [family member]." Another relative said, "Splendid girls they always include me and have helped me," "I can't praise [care worker] enough, [Care worker] has always been here, always on time, never let me down."

Relatives and people told us care workers were friendly, caring and compassionate. One person said, "Really canny girls, nicest lot of lasses I have ever met." They went on to say, "Always takes the time to chat." Another person said, "I couldn't pick the best one out they are all brilliant, so caring." A relative said, "All the staff are friendly and reliable."

People told us about the importance of having the same care workers. One person said, "I have had the stability of the same care worker, continuity is important to me." Another person told us, "I see the same girls they know me well and they are part of the family."

We asked people who used the service if care workers spent the allocated time with them. One person said, "They always give me the time I need, never rush me." Another person said, "Oh yes they sometimes stay longer if they can." The registered manager told us how one care worker would pop in on a weekend to ensure the person got their newspapers."

People who used the service told us care workers treated them with respect and dignity. One person said, "I didn't like the idea of receiving care and was so nervous. They put me at ease, nothing is a problem." They added, "I wanted a male care worker, they ensured I received the support I requested. [Care worker] is amazing." Another person said, "The girls are wonderful they do everything I ask of them." A relative said, "We have used other agencies but these girls really care."

Care workers described how they maintained people's dignity. One care worker told us, "I respect people's dignity and privacy by asking them what they would like me to assist with." Another told us, "Closing curtains and doors during personal care, making sure the person is covered up during washing or bed bathing. Knock on the door before entering. If assisting someone to the toilet, allow them privacy and to be alone until they have finished. Asking and advising of what you are about to do before doing it so the individual knows what to expect."

Staff spoke of the significance of maintaining independence for people who used the service. One care worker said, "Encourage independence and enable people to maintain their levels of independence where possible and safely by offering that little bit of help." Another care worker told us, "Allow the person to make their own choices, allow them to complete day to day tasks such as personal care or phone calls for themselves if they are able to and feel comfortable."

We saw the provider utilised an equality impact assessment tool to ensure equality and diversity was

considered throughout the service. This included areas such as race, religion, disability, gender, age and sexual orientation. The provider had begun training with OLGA the Older, Lesbian, Gay, Bisexual and Trans Association. The registered manager said, "Staff will wear the OLGA badge. We hope it will open up some conversations with people. We aim to combat loneliness in all communities."

The provider had created a dedicated team to provide end of life care. Staff received specialist training ensuring they had the skills to support both the person and their family. An external health care professional told us, "Bluebird have appropriately trained specialist palliative care staff in a well-established team. They listen to what we need and review what they do." They recalled one occasion and said, "[Coordinator] goes that extra mile. One [person] was discharged from hospital and we did not receive the full information which resulted in the person having to go into a care home. [Coordinator] went to the end of the earth to ensure the person's home was ready for them."

The registered manager advised us that people were supported to access advocacy services where concerns had been identified or if people required additional support.

Good

# Is the service responsive?

## Our findings

Care plans were detailed. They had specific sections to record power of attorney details, important contacts and details of the persons support network. As well as the information about how to respect people's lifestyle choices, there was detail on people's communication methods, such as sight, hearing and body language and whether or not support was needed and how to support the person to make their own decisions. This included orientation, self-awareness, memory and daily living as well as health needs and finances. There was also a brief summary of people's medical history and how this affected the person. Generic care and support plans detailed people's expectations. We noted one persons recorded, 'I am expecting staff to care for me in a friendly and professional manner, I expect a high standard of care.' It went on to detail their expectation for continuity of care, the main areas they would like support and how they expected to be treated with dignity and respect. More detailed information was recorded in sections headed 'how I would like to be supported.'

We saw one person's care records included a falls risk assessment which stated the person had a history of falls. The risk assessment included information on the walking aids the person used and when, for example, 'walks slowly, uses a crutch (right arm) whilst upstairs and three wheeled trolley when downstairs or outside for support.' This information was also detailed in a section of the care plan titled, 'what is important to me, what you need to know and do to respect my lifestyle choices.' The detail within the 'care and support plan, how I would like to be supported' section did not contain this detail but focused on person centred support in relation to asking the person what they would like to do with the care staff. It detailed that they would make decisions on the day about how they wanted the support time to be used. This included that the person may want to go shopping or out for lunch. It stated the person, 'loves to go to Marks and Spencers' and 'I would enjoy a cup of tea with my care worker while I am out and maybe a slice of cake.' It went on to detail that the person may want a bath or a body wash, but they would instruct the staff member as to which they would prefer on the day. Detail included areas where the person could be independent and where they needed support.
Another person's care plan stated, "I would like care assistants to support me with my medication." We noted there was no medicine care and support plan in place. We asked the registered manager to explain the process. They said, "If people need support with medicines a plan should be in place." We asked how often reviews were conducted, they said, "Six monthly or should a change occur." Following the inspection the provider forwarded the medicine care and support plan. This included an assessment of risk, action to mitigate the risk and the support that should be provided by care staff.

People had signed their care and support plan as a record of their agreement and consent for the care to be provided as described in the care and support plan. For one person the provider advised us that they were able to consent to care but unable to consent to medicine and required support (with medicines). This was not specified within the agreement section of the care and support plan. Their care and support plan did detail how they would like their care worker to prompt and administer their medicines in line with the MAR and prescription. This person's spouse had signed to give agreement on the persons behalf, whilst it was not apparent that they had lasting power of attorney for health and welfare to authorise them to give consent on the persons behalf, it was apparent from reading the care plan that their needs were such that they

would have experienced some difficulty with signing the form themselves.

Other care plans were detailed, and contained the information staff needed to support people in a personalised way. They described people's preferences as well as providing detail on how care workers should be caring for the person. One person had a detailed falls risk assessment and detailed care and support plans for personal care and moving and handling.

People's needs were assessed before the service was provided. The registered manager told us they met with the person and their family and completed an assessment of the person's needs. This ensured the service was able to meet the needs of the person they were planning to support.

One person told us, "I have been involved in reviews and had numerous visits from the supervisor."

The provider had a complaints procedure which was included in the service users guide given to people at the start of their care package. This outlined how a complaint would be investigated and the timeframes for actions to be completed. A complaints log was in place which included detail of the investigation, findings and action taken.

Good

# Is the service well-led?

## Our findings

Various quality assurance systems were in place. A document titled, 'customer file quality monitoring form' had been completed in June 2016. This form included a check on areas such as customer care and support plan fully completed and fully meets customer requirements, risk assessment fully completed and evidence of annual review. It also verified whether the medicine support plan had been fully completed and consent obtained, as well we customer visit sheets being completed and quality checked and medicine administration records being audited. We noted the document viewed had not been signed, nor was there a record of the person who had completed the monitoring form or their role.

Monthly compliance reports were in place and authored by the business manager. They were signed by the registered manager and the director. This report provided information on areas such as staff turnover, enquiries, complaints, concerns and incidents, safeguardings and notifications, reviews, staff competency and supervision, training and audits. Within each area there was numerical information and action. Within the audits section it stated the area of the audit and a number, such as daily notes 34, medicines 13, errors 0, peoples files 12. Actions included the number of errors and what they related to and the action taken to address it. For audits it stated within daily notes errors had been identified such as 'staff notes not to do with customers'. The staff member had been spoken to about this.

Within the compliance report for June 2016 action had been recorded in relation to care plans such as updating needed due to a change in circumstances, risk assessments being complete and changes made to reflect peoples changes and reviews not occurring due to family wanting to be present and not available at the current time.

A quality standard assessment and action plan was in place in relation to dementia care. Actions to improve the service included increased training for care workers supporting people who were living with a dementia. The development of memory boxes and completion of 'This is Me' documents to ensure people's history was recorded. There was also an action to ensure the dementia pathway was implemented and that supervisor staff had the skills and knowledge to be able to write effective personalised care plans.

The registered manager said, "The director has invested in the service, if he thinks we need it, we get it. Staff are valued and we have never lost a customer through not being satisfied."

The director said, "The service is personalised for people and we recruit the right staff. [Business managers] work hand in hand driving improvement in all areas." They went on to say, "We have developed a new induction named 'Inspire People' to drive standards. Any issues staff can go to team leaders who will address it. I'm passionate about the work; I'm trying to champion the 'career in care champion'[to publicise] that the role can make the difference in people's lives." They added, "We try to learn and put things in place. We engage with all the family to pull together for what is best."

The director advised they were part of the South Tyneside Dementia Action Alliance (STDAA). The STDAA aims to transform the quality of life of people living with a dementia and their carers via the development of

local Dementia Friendly Communities through agreed partnership action.

The service had introduced a home's safety agenda which supported people to live safely at home. They had worked in partnership with Tyne and Wear Fire Service and Northumbria Police crime prevention team to provide a holistic approach considering environmental factors and the person's specific needs, such as safeguarding and falls prevention.

Weekly risk meetings were held to assess ongoing risks to the management of the service. Agenda items included an update of the on-call system, complaints, missed calls, missed medicines, staff issues, training and performance. The registered manager said, "We can deal with issues quickly. A person is tasked to sort it and we set a time for completion and check. If it isn't completed we ask why?"

The service was proactive in gathering feedback from people who used the service. Following the most recent feedback the service had produced an action plan outlining areas for improvement with clear directions on how to resolve matters. An external human resources consultant had been commissioned to support the provider in delivering their vision. It also included some mentoring support for the registered manager.

Several schemes were in place to acknowledge commitment and good practice from staff. Staff who had achieved three years continuous service received an extra day's holiday and those who had five years received a gift. One staff member had received a weekend away. The provider had obtained staff discounts at Halfords Auto Centre to assist with the maintenance of vehicles.

A quarterly staff newsletter had been introduced and a community newsletter for people using the service. The staff newsletter reported on staff achievements, monthly success stories and detailed the introduction of the 'Bluebird Care achievement' badges acknowledging staff who had completed their induction and gained certain training. The community newsletter stated, 'This is your newsletter and I hope as it develops you will let us know what you think and also what you want to see and hear about.' It outlined recent collected feedback and detailed the actions which were to be introduced to improve the service. It also contained useful information about current activities and a feature on slow shopping.