Verafrank Aji Limited

Bluebird Care, Newmarket and Fenland

Inspection report

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14 January 2019
16 January 2019

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This announced inspection took place between the 11 and 16 January 2019. At our last inspection in October 2015 we rated the service good. This is the service's first inspection at its current address. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Bluebird Care, Newmarket and Fenland is a domiciliary (home care) care agency. It provides personal care to people living in their own houses and flats. This also includes a 'live-in' care service where staff cared for people in the person's home for most of the day. Bluebird Care, Newmarket and Fenland provides a service to younger adults, older people, people living with dementia, people with a physical disability and people with sensory impairments. Not everyone using Bluebird Care, Newmarket and Fenland receives the regulated activity of personal care. CQC only inspects the service being received by people provided with personal care, help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of our inspection there were 106 people receiving the regulated activity of personal care.

A registered manager was not in post. They left in November 2018. A new manager had been in post for two weeks and had already applied to us to be registered.

People continued to receive a safe service. Staff had a good understanding of safeguarding systems and how to report any concerns. Staff continued to be recruited in a safe way with checks undertaken on their suitability. Only staff who successfully passed pre-employment checks were recruited. Sufficient staff were employed and they met people's needs safely including the safe administration and management of their medicines. Staff helped people to keep a clean environment in their homes. Risk assessments relating to the health, safety and welfare of people using the service were completed. Lessons were learned when things went wrong.

The service remained effective. Staff were supported to have the right skills to meet people's needs. Staff supported people to eat and drink well. People were enabled to access health care services. People were given choice and control over their lives and staff supported them in the least restrictive ways possible. The policies and systems in the service supported this practice. The registered manager worked with other organisations involved in people's care to help ensure when they moved between services, they received consistent care.

The service remained caring. People received a service from staff who showed compassion, kindness and respect of people's dignity. Procedures and policies were in place to help people to access and use advocacy services. People were involved and had a say in how their care was provided. People were treated

with fairness whatever their needs were and could be as independent as they wanted to be.

The service remained responsive. People received person-centred care that was based on their individual needs. Staff used technology to record their care visits to people. Monitoring of this helped identify the need for prompt deployment of additional staff resources. This helped improve the quality of people's lives. Concerns were found and responded to effectively and this helped drive improvement. People, when needed, were supported with end of life care by staff who had the necessary knowledge and skills to do this with dignity. Procedures were in place to support people with their end of life care wishes when needed.

The service continued to be well-led. The operations' manager and the manager led by example and ensured the staff had skills relevant to their role. Staff worked as a team and promoted the values of the provider to help people live fulfilling lives. People contributed to how the service was run. An open and honest staff team culture was in place. The provider and staff team worked in partnership with others involved in people's care.

Further information is in the detailed findings below.

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 remained Good.	**Good**
Is the service effective? The service remained Good.	**Good**
Is the service caring? The service remained Good.	**Good**
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service remained Good.	**Good**

Bluebird Care, Newmarket and Fenland

Detailed findings

Background to this inspection

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

We gave the service 5 days' notice of the inspection site visits because some of the people using it could not consent to a phone call from an inspector, which meant that we had to arrange for a 'best interests' decision about this. This was to ensure we only spoke with people and relatives who had mental capacity to understand our questions. We also needed to be sure the manager or nominated individual was in.

This inspection was undertaken by one inspector, took place on 11, 14 and 16 January 2019 and was announced. Inspection site visit activity started on 11 January 2019 and ended on 16 January 2019. It included speaking with seven people and eight other people's relatives. We visited the office location on 16 January 2019 and met with the newly appointed manager, the operations manager and the directors of the company.

Before the inspection the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least annually. This provides us with information about the service, what the service does well and improvements they plan to make. We used this information to assist us with the planning of this inspection. We also looked at other information we held about the service. This included information statutory notifications the provider sent to us. A notification is information about important events which the provider is required to send to us such as incidents or allegations of harm.

Prior to our inspection we contacted the local safeguarding authority and commissioners of the service to ask them about their views of the service. These organisations' views helped us to plan our inspection.

We looked at care documentation for five people using the service and their medicines' administration records. We also looked at two staff files, staff training and supervision planning records and other records relating to the management of the service. These included policies and records associated with audit and quality assurance, accidents, incidents, complaints and compliments.

Good

Is the service safe?

Our findings

The provider continued to have policies and procedures in place to support staff to protect people from the risk of abuse. Staff treated people equally and with respect; they ensured people's diverse needs were met safely. Staff received training about safeguarding and they were knowledgeable about identifying and reporting any concerns they may have about people's safety. One person told us, "I feel very safe. [Staff] always leave my walking aid within reach so I use it around the house." Staff told us about the different types of abuse and whom and how to report these including the manager and local safeguarding authority.

Staff assessed and managed risks to people's health and wellbeing such as moving and handling, the security of people's homes and their home environment. Risks were also managed by having competent staff administering people's medicines. Care plans included the detail needed for staff to safely administer medicines and how to keep people safe in emergency situations. One person told us, "[Staff] get my tablets out of the packet, give me some water and make sure I take all of them." Risks were mitigated where needed with the use of equipment. This included checks on people's bed rails, hoisting equipment and medicines' records. A relative said, "I am confident that staff hoist and move my [family member] slowly and carefully." One staff member told us, "We are trained on medicines' administration and the equipment people need to help them stay safe."

Staff were trained in the safe use of oxygen and feeding people through a Percutaneous Endoscopic Gastrostomy (PEG). This is where people are given their nutrients and medicines through a tube through the stomach wall. People received their medicines safely, as prescribed and procedures were in place to help staff make sure this was consistently done. Where people needed to take their medicines before food, this was adhered to.

The provider continued to apply safe recruitment practices by having robust checks that helped ensure only suitable staff were employed. These included checks through the Disclosure and Barring Service, criminal record, previous employment history and references. The provider had also introduced performance and personality testing as part of the selection process to assess potential new staff suitability to a caring role. One relative said, "It has made a huge difference having staff who I know I can trust." Systems were in place to ensure people had a choice in who provided their care and support. Relatives told us that they could trust staff with their family members safety as there was always enough support to keep them safe.

There were enough staff with the right skills to meet people's needs effectively and on time. People told us that staff were, "always on time", "they are only ever a little late if there are traffic problems" and "I need and I always have two staff to help me into my wheelchair". All staff told us they never had to rush and had enough time to travel between each person and cover for any staff absences was always provided. Staffing levels fluctuated on a day to day basis according to the support each person needed. The staff rota reflected changes in numbers during care and support as well as social support when people were accessing the community.

The provider had systems and training in place to support the prevention and control of any infections. Staff

adhered to the provider's policies by wearing protective clothing, including disposable gloves, when giving personal care to prevent the spread of infection. Staff told us how they kept people's homes clean and adhered to good standards of food and personal hygiene by using anti-bacterial hand soaps.

Lessons were learned and improvements made when things went wrong. For example, if staff had not correctly administered or recorded people's medicines. The provider investigated complaints, accidents and any incidents of concern. Prompt action was taken to resolve issues, improve practice and prevent reoccurrence. For example, retraining staff and sharing information with the local safeguarding authority. Care staff had the openness to report their own errors. Health professional's guidance and advice had been sought and this had been acted upon. This had reduced the risk of further errors.

Good

Is the service effective?

Our findings

Staff were trained in various subjects which included Parkinson's disease, the Mental Capacity Act 2005 (MCA) and dementia care. Staff were, competent and able to meet people's needs effectively without discrimination. Staff completed the provider's mandatory training programme. They were provided with regular refresher training to keep up-to-date with changes and best practice guidance. People's needs were reassessed regularly. One person said, "I have [health condition] and it is very important for staff to do my care in a certain way, they always do. I need that assurance." A relative told us how skilled staff were at supporting their family member with singing due to the person living with dementia. The relative said that despite their family member's dementia, "staff were exceptional" in enabling the person to do tasks, such as eating and drinking. A staff member said, "We have regular training both practical and on-line. We also get trained by health professionals on equipment people use." Staff knew the importance of getting people's care right and they put their skills to beneficial effect.

The nominated individual and manager ensured that staff were supported with regular supervision and observation of their working practices. A structured in-house induction programme supported new staff throughout the first 12 weeks of employment. This included a mentoring programme with a dedicated mentor and periodic meetings to discuss training needs. A staff member told us their induction had included a period of shadowing experienced staff and said how helpful they found this to settle into their role. This included as much support as needed during staff's induction. At the seven-week point staff were given the opportunity to discuss any further training needs they might feel they need. Staff got to know people well, they took account of any changes in people's care needs and adapted their training to meet those needs. Staff understood how to promote people's independence.

Staff supported people to have a healthy and balanced diet and to drink enough fluids. Care plans contained information which enabled staff to support people with eating and drinking and specific to their dietary needs. One person said, "I look forward to my meals. [Staff] know exactly how I like my tea, with two sweeteners." Staff understood the importance of ensuring people stayed hydrated. The provider used a technology system known as 'PASS' to prompt staff to provide drinks and record quantities for monitoring purposes. This real-time provision of care records helped identify any person at risk. A relative told us that "Staff are for ever encouraging [family member] to eat enough sugar free foods."

The service worked together with other healthcare professionals to ensure people received timely, well-coordinated care and support. One person said, "[Staff] check to make sure I don't have any redness on my skin. They really look after me well." Staff supported people to manage their long-term health conditions such as diabetes which included blood sugar monitoring and appropriate diet.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to make decisions 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 who normally live in their own homes or within a supported living setting can only be

deprived of their liberty through a Court of Protection Order. The manager and staff were familiar with this process. We checked whether the service was working within the principles of the MCA and found that it was.

Staff understood the principles of the MCA and applied their knowledge to safeguard people. One relative told us, "Staff are very good at prompting [family member] using different strategies to get them to eat or use the toilet. For example, they say 'let's go into the kitchen or into the bathroom'. It wouldn't work if they said, 'It's time to eat'." Staff understood when to respect people's decisions and when to alert the manager if this put people at risk such as not taking medicines. People were offered choices in all areas of their welfare and were supported to make decisions about their health. Any restrictions such as bed rails were agreed by the person as well as staff assessing any risk to the person. Lawful decisions had been agreed to support people such as, relatives appointed through the Office of the Public Guardian (OPG). The OPG protects people who may not have the mental capacity to make certain decisions for themselves.

Good

Is the service caring?

Our findings

The nominated individual and manager continued to put people at the heart of the service. For instance, by having planned acts of kindness including the free provision of a fleece blanket for whenever people needed this. Staff were motivated and showed people empathy in everything they did. One person said staff no matter what their age were 'always exceptionally caring'. This was because they engaged with the person. One relative told us how staff provided "significant support" for their family member who communicated by blinking their eyes to say 'Yes'. One staff member told us, "Caring is about respecting people, treating them equally well, some people like warm towels, or little things like having a chat about the horse racing."

Staff valued people. A regular and positive theme throughout our inspection was how complimentary people were about their care. Staff helped people undertake activities of daily living based on what their aspirations were. People received care from staff who made sure their care and support was without discrimination no matter what their care needs were. For example, for people with complex communication support needs and assistance with non-oral eating and drinking.

Staff did everything to benefit people's care with particular kindness and sensitivity to arrange additional help. The provider identified people's preferences, life histories, interests and pastimes. To assist with this, they also used a computer based programme to record and provide a stimulation for people's memories. People could view as many photographs, films and other records as they wanted. This provided a point of conversation to share with staff and enabled staff to provide care which was tailored to each person's needs. For example, staff researched people's occupation history where people wanted further information. One person told us, "It doesn't matter which staff care for me. They all know me well, take as much time as needed, share a laugh or a moment from my life. It means so much to me."

The provider's representatives had systems in place to enable people to access independent advocacy. Advocacy had been provided through the Court of Protection and power of attorney as well. Advocacy provided people with a voice to express their views, access information and services and promote their rights. One relative told us they made decisions that were in their family member's best interests, such as when care and support was needed. The provider also had procedures to enable people to access and be involved in their care such as video or large print care plans and braille.

Staff upheld the provider's values in putting people first and respecting their beliefs and identities, choices, confidentiality, privacy and dignity. Staff gave people the time they needed to be independent and staff listened to what people communicated whatever way this was. The provider ensured that only authorised staff and people could access information held on the PASS system. One person told us how good staff were when being hoisted and having their modesty protected as far as possible, A relative said, "[Staff] absolutely and always keep [family member's] dignity intact. It is important to have female staff for them and this is what happens, always."

Good

Is the service responsive?

Our findings

People told us that staff were responsive to their care needs and they received their care in a way they preferred it. For example, one person told us that because of their health condition, "[Staff] always keep everything in my house exactly where it should be. I need to have that reassurance. They put my favourite drink of tea right where it needs to be, on my table near my chair." A relative told us that staff always adhered to their family member's nutritional needs with PEG feeding. Care plans gave staff detailed guidance how this needed to be done safely, effectively and to the person's greatest benefit. A relative told us, "I only ever see staff doing precisely what they should. My [family member] is now a healthy weight."

The provider supported people to access information from any period of the person life using a memory app. The app is a type of computer programme. One person had complimented the provider's use of this app which learned what people's preferences were. They stated, "I look forward to my (memory) session with the staff. We have a lovely time and a laugh." People were supported to access the internet to download music and access social media and any friends associated with this. Staff described how people had been supported with this free facility. The app could link any memory including downloaded family photographs. For one person with many anxieties, the use of this app and their favourite songs had put them at ease and enabled staff to perform personal care in a calm and relaxed manner. Previously the person had behaviours that could challenge others. A staff member said, "Each person's history can be built on. It can include film clips, famous actors, puzzles, games, and TV programmes from the past which can be linked, using the internet, to other areas of interest."

The provider's use of the PASS system helped them to provide timely care, monitor this and confirm that all aspects of people's care had been provided as, and when, it should have been. In addition, other technology included tablet computers people used to communicate with office staff about any reviews or updates to their care. A person said that even despite their age, "I look forward every single day to the difference [staff] make to my life. I can still live at home and be independent."

A complaints procedure was in place and access to this was enabled by staff so that people could raise their concerns. One person had written to the nominated individual and their complaint about staff had been resolved. Complaints were resolved to the complainant's satisfaction. Another person told us, "I have never had to complain. All I have to do is ring the office (staff) and 'hey presto'. I can change the timings of my care visits, the duration of these and stop my care if I am out. It's that easy." Staff told us how they listened to people's concerns and acted on them. For instance, being informed if a person had not taken their medicines. Staff reported this to the provider's representatives to act on and changes to the person's medicines' management was made.

At the time of our inspection no person was receiving care at the end of their lives. However, staff were provided with end of life care training. Staff had discussions with relatives, where appropriate, about people's preferences. Information about people's end-of-life wishes were shared with those organisations involved in the person's care such as their GP. People had been cared for with compassion in their final days to have a dignified and pain free death.

People's advanced decisions including those for resuscitation had been respected. One relative's compliment had praised staff for 'being there when needed and always having a cheery smile even during the previous harsh winter weather'. One staff member told us, "We have staff champions who have a lead role for advising how to support people at this sensitive time of their lives. We can request involvement of palliative care nurses and any 'just in case' medicines from the GP. We also support family members."

Good

Is the service well-led?

Our findings

A registered manager was not in post. They left in November 2018. However, a new manager had been in post for two weeks and had applied to us to be a registered manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) 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.

The provider had ensured CQC continued to be informed about events including allegations of harm. They were also correctly displaying their previous inspection rating in the office and on their website. One relative told us that the reason they had chosen the provider for their family member was because of their CQC inspection rating and from other people's recommendations.

The provider's representatives and management team ensured that staff were supported in their role. Well-being sessions were provided for staff teams to visit the care hub and talk about anything they felt they wanted to share, and provided additional support both emotionally or within their caring role. An out of hours contact service provided support to staff when the office was closed and they needed assistance or advice.

Staff were complimentary of the support they consistently had from the provider and innovative ways they were supported. One example of this was an event held at the service which involved a 'dementia bus'. This is a facility where staff experienced what it was like for a person living with dementia. For instance, simulating visual impairments, extra weighted clothing to make coordination more challenging. One staff member said, "It was amazing. I have a much better insight into the condition and can tailor each person's care where they are living with dementia." Another staff told us, "The office is as open as the (nominated individual). I can speak with them at any time, in private if needed. They are available, approachable and listen and act on what I tell them." For example, one staff member had suggested alternative ways to support a person with knitting despite the person's health condition preventing this being done in a traditional way.

All staff we spoke with had a shared understanding of people's needs and a passion to make a positive difference to each person's life. For instance, working together to achieve a successful outcome for people such as, the use of various technologies.

Staff meetings and daily handovers of people's care were used to remind staff of their responsibilities such as, always correctly recording information on the PASS system. One person told us that they always had regular and reliable care staff who all worked to the same high standard. These standards were set out in the provider's policies. One staff member said that their induction had been a good starting point where their shadowing of experienced staff had taught them the right skills and how to use these to benefit people. They told us, "If I need any information about a person's health condition I can get this from various staff care champions for subjects including pressure area care, stroke awareness and Parkinson's disease. Knowing support is there gives me more confidence to be able to ask in future." The provider based people's

care and support on national best practice and guidance.

The provider enabled and encouraged open communication with people using the service or their representatives. This included responding effectively to phone calls or e-mails from people with minor concerns before they became an issue. Other information was shared using a monthly newsletter where people, relatives and staff could read about the success of the 'dementia bus` event. One relative had complimented the service for, always being impressed by the speed with which queries were dealt with by the management team. The provider organised events for people to socialise such as, people supported to attend the office and spent an enjoyable day making Christmas cards, learning some new skills and having tea and cakes.

Audits, quality assurance and governance systems were effective in identifying and driving improvements. For example, by contacting those involved in people's care when needed such as, a GP if there had been an incident involving medicines' administration. This was as well as liaising with the safeguarding authority to make sure people achieved the outcome they wanted. The provider's representatives took on board learning from incidents and implemented effective actions to prevent recurrences. The provider's systems had supported them to maintain the high quality of care people received.