

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Bluebird Care (Central Bedfordshire)

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Staffing ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Details about this location

Registered Provider	McCoy Family Ltd
Registered Manager	Miss Emma Marie Stimson
Overview of the service	Bluebird Care (Central Bedfordshire) is a recently established domiciliary care agency. It provides personal care services to approximately 40 people in their own homes in the central Bedfordshire area.
Type of service	Domiciliary care service
Regulated activity	Personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 15 November 2012, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

During our visit to Bluebird Care (Central Bedfordshire) on 15 November 2012, we spoke with five people, or their relatives who received care and support. One person told us they found the service "...brilliant...they speak respectfully and know what they are doing..." when providing care and support to their relative. Another said "I find them very, very good. They are always on time, as planned. I look forward to them coming." People told us staff respected their privacy and dignity. People said the staff were helpful, friendly and trained to carry out their duties. People commented they appreciated the same staff consistently providing care to them.

We saw that individual, personalised care plans and daily notes were kept for people, ensuring they received safe and appropriate care. Office staff made regular telephone contact with people to ensure the service was meeting their needs. People expressed a high level of satisfaction, commenting upon the consistency of service provided by the staff.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

Peoples' views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

During our visit to Bluebird Care (Central Bedfordshire) on 15 November 2012, we spoke to five people or their relatives about the care they received. One person told us the care was "...wonderful, they are very accommodating...", which had helped the person attend appointments elsewhere. Another person told us that the service was "...very co-operative ..." in delivering care and support in line with what their relative wanted.

People told us they were involved in developing their care plans and that staff discussed with them what they would like to be done during visits. We looked at care plans for four people receiving care from Bluebird Care (Central Bedfordshire). These showed that the provider explained to people that their wishes would be taken into account, to ensure people had their wants and needs supported. Care notes also described to staff how they should encourage people to be as independent as possible and offer support to enable people to achieve this; an example included supporting one person to take themselves to the bathroom. The people we spoke with confirmed that staff respected their wishes and their privacy and dignity.

People expressed their views and were involved in making decisions about their care and treatment.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Peoples' needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

During our visit to Bluebird Care (Central Bedfordshire), we examined the care plans of four people and their associated daily care notes. Care plans were generally written in a personalised manner and included the person's concerns and the aim of the support. Plans were very detailed and explained to staff exactly what was required of them at each visit. Daily notes had been completed in a factual way, showing that peoples' needs were met.

We noted that care staff had recently started assisting some people in undertaking exercises. The provider may find it useful to note that not all instructions for these exercises were appropriately detailed in the care plans. During our visit, the provider corrected inadequate language in one set of care notes, to ensure the person continued to receive safe and appropriate care. The provider also assured us that full descriptions of the exercises would be placed in the office files the next day and that these were already available in the person's home, ensuring the delivery of safe care.

Risk assessments, linked to care plans and the home environment had been completed in all cases.

We spoke with three people who received care from Bluebird Care and the relatives of two others. All told us they received the care and support they were expecting and needed. One told us the care was "...very, very good. I'm really pleased." Another said the carers "know what they are doing" with their relative and delivered a consistent quality of care.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We spoke with four members of staff at Bluebird Care (Central Bedfordshire) about safeguarding. Staff we spoke with knew how to recognise signs of possible concern and told us they would report any abuse immediately to a senior member of staff or manager. There were posters and other information in the office giving the contact details to report to the local authority and others such as CQC and the police. The provider may find it useful to note that not all staff mentioned to us how they could report concerns to the authorities themselves.

Training records showed that staff had completed a safeguarding module during induction. Staff we spoke with confirmed this and described it appropriately to us. The provider told us that staff had been booked on additional safeguarding training and that the company would also shortly be starting an e-learning programme, which included safeguarding training to update all staff. We saw records confirming this.

Records held by CQC demonstrate that the provider has reported possible safeguarding concerns appropriately to the local authority and CQC. People we spoke to who received care from Bluebird Care (Central Bedfordshire) told us they "...felt safe..." with the care provided.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet peoples' needs.

Reasons for our judgement

During our visit to Bluebird Care (Central Bedfordshire) we were told that around 30 staff were employed. We were shown training records which showed staff had undergone a comprehensive training package including a module-based workbook on recruitment earlier in 2012, when the provider commenced providing care. We also saw that staff had undergone training in areas such as manual handling, medication administration and health and safety. We spoke with four members of staff and they told us that they had undertaken 'shadowing' with other staff before providing care for the first time. Staff had regular supervision sessions with supervisors or managers and this was recorded. Spot checks of care in peoples' homes were also completed by managers and recorded.

We saw the rostering system which allocated staff to calls on a weekly basis. People who received care could request a copy of their rota if they wished. Bluebird Care at the time of the visit had sufficient staff to fulfil the existing number of people requiring care and support from them. People receiving care, or their relatives, we spoke with told us they appreciated generally having the same staff visit them consistently.

One person we spoke with about the care their relative received told us they found the staff well trained. Another person said staff were "well trained and I can leave them to it..".

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

We saw that the provider asked people for views on their service shortly after starting to provide it. In addition, office staff also contacted people at regular intervals to ask about the service, including timekeeping or what additional care and support might be required. We saw that peoples' answers were recorded in care files and showed that people were generally well satisfied with Bluebird Care (Central Bedfordshire). We spoke with five people, or their relatives, who received care and all told us they were very satisfied. One said "I find them very very good. I'm really pleased." Another said "They are excellent, superb."

Bluebird Care (Central Bedfordshire) was a franchised company. The provider of the main franchise offers a quality monitoring service. The provider may find it useful to note that this system had not been fully embedded into its operations at the time of our visit. However, we saw good evidence of people being consulted about the quality of their care and expressing satisfaction with it, through personal contact by managers and staff at Bluebird Care (Central Bedfordshire). Where changing needs had been identified through this process, they had been acted upon.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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