

Cognitio Quality Consultancy Limited

Tramway Offices

Inspection report

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13 September 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

About the service

Tramways Offices (known as and referred to in this summary and the full report as Bluebird Care Rochdale) is a domiciliary care provider providing support to adults and children. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection the service was supporting 23 people who received personal care.

People's experience of using this service and what we found

People felt secure and confident in the service's ability to keep them safe. Staff understood safeguarding procedures and risk assessments were comprehensive. There were enough staff to meet people's needs and systems ensured that they had been recruited safely. Procedures ensured medicines were well managed where people required assistance with this.

Care and support was provided by trained staff who understood the needs and wishes of people, and how they liked to be supported. Regular supervision ensured that they remained aware of current guidance and best practice. People told us that they were always offered choices in how their care was provided.

People were treated with respect by kind and caring staff. Privacy and dignity were respected, and people were introduced to any new member of staff before they began working with them.

The service was well managed by a registered manager and providers who took an active interest in the service and supported staff and people by providing hands-on care. Systems were in place to monitor the quality of service delivery, and the service was looking at ways this information could be used to determine how the service could improve. Links had been established with other agencies to keep abreast of good practice through the Bluebird network and local forums.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 11/10/2018 and this is the first inspection.

Why we inspected

This was the first planned inspection of this service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Tramway Offices

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service Three days notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 9 September 2019 when we visited the office and ended on 13 September when we visited people in their own homes.

What we did before the inspection

We reviewed information we had received about the service since the service was first registered with us. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with eight members of staff including care workers, the registered manager, and the providers, one of whom was the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included six people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to protect people from abuse. One staff member said, "It's part of my job to keep people safe. If I think something isn't right I get in touch with the office to let them know and document my concerns, so other staff are on the lookout".
- The registered manager knew the procedure for reporting safeguarding concerns to the local authority and to us (CQC).
- People told us that they felt safe. They told us staff were security conscious and would identify and minimise any risks. For example, one person who was at risk of falls told us that staff had helped to rearrange their furniture to assist them to mobilise around their home.

Assessing risk, safety monitoring and management

- The service completed risk assessments to identify any potential hazards such as moving and handling, the physical environment or taking medicines.
- Support plans gave guidance for staff on how to manage risk and included control and support measures to minimise harm.
- Assessments were person-centred. Where people had chosen to take a known risk, support plans included their choice and capacity to make their own decisions.

Staffing and recruitment

- There were enough staff to meet people's needs. People told us that they were usually supported by the same staff, which meant they received consistent care and support.
- People told us staff generally came on time, but that they received a call to let them know if they were going to be late. One person told us, "I usually get the same person, but no matter whom, they are here on the dot. They are very good."
- Appropriate character and employment checks were carried out when the service considered new staff. This included reference and Disclosure and Barring Service (DBS) checks.

Using medicines safely

- Staff were trained to support people with their medicines and their competency was checked during spot checks made by the registered manager.
- People's independence to manage their own medicines was promoted if it was safe to do so. Where people needed support from care staff, risk assessments relating to medicines were carried out.
- Where people required assistance with medicines this was noted in their support plans.
- When staff administered medicines, they recorded this on a medicine administration record (MAR).

Preventing and controlling infection

- Care staff had completed infection control training and were issued with personal protective equipment (PPE) such as disposable gloves and aprons. We saw staff used this equipment when providing care. Spot checks were conducted by senior staff who noted the correct use of PPE.

Learning lessons when things go wrong

- Any accidents and untoward incidents were recorded and investigated. The registered manager took appropriate actions following incidents and learning was shared with staff.
- As a new service the providers had been keen to respond to people's requests, raising expectations of what the service was able to deliver. They had recognised the need to step back to encourage people to meet their own needs where possible.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments were carried out in line with current guidance. Assessments of people's needs were thorough, and people's expected outcomes were identified. Care plans were regularly reviewed.
- The registered manager or service provider carried out an assessment of a person's needs before they were supported by Bluebird Care Rochdale. The registered manager told us that this enabled them to get to know the person and how they liked care to be delivered.
- All new packages were started by the RM who would introduce the support workers to the person to ensure a familiar face and conduct the first shift with them.
- Staff had access to a secure mobile phone app which automatically updated care plans allowing them access to the most recent changes in need and allowed them to input care notes. This system included an option to allow people and their relatives the opportunity to view all non-confidential information with the person's permission.

Staff support: induction, training, skills and experience

- All staff said they received an induction which was linked to the care certificate. One care assistant told us, "I had a good induction, learning the ropes and essential skills and it was good for getting to know the people I support."
- People told us staff were competent and knowledgeable. One person told us, "I can't fault the care. They really know what they are doing". 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.
- The registered manager and providers worked alongside care workers and conducted spot checks to observe care worker practice. Staff had supervision each week during their probation period and then every twelve weeks.

Supporting people to eat and drink enough to maintain a balanced diet

- Care staff monitored people's food and drink where this was needed.
- Support plans provide instruction around people's likes and dislikes, nutrition and hydration.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked with other agencies to meet people's health care needs. Records showed referrals were made to various agencies where this was needed. This included referrals to GPs, and district nurses.
- The service had established good working relationships with the fire service. Where spot checks identified any fire risks, the registered manager sought permission from the person to make a referral to the fire service

for a full fire inspection.

- Staff were vigilant to people's mental and physical health and monitored their health needs. When a person's needs changed support, plans were reviewed and altered accordingly.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of the MCA. Mental capacity assessments had been carried out along with best interest decision meetings. Where someone held power of attorney for a person, the service had checked and made a record of this.
- Consent to care and treatment was recorded and signed in support plans by the person.
- Staff understood the importance of enabling people to consent to the care provided and to be able to make choices over that care. People told us their consent was sought. One person said, "They know me, and how I like things done, but they always ask and offer me choices all the time."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness. One person told us, "They treat me with respect, compassion and kindness. I am extremely happy with the care and support they provide."
- Support was person centred. The registered manager told us that staff were recruited according to their values. We saw staff responded to people in accordance to their needs wishes and customs, for example, using their preferred term of address.
- Care staff talked fondly of the people they supported and demonstrated a good understanding of how to adapt their approach to ensure support was provided in a person-centred way. They had received training in equality and diversity and were sensitive to people's background, cultural and religious requirements
- Each care record included a 'this is me' section, which provided general information about the person. This was updated as staff learnt new facts about people and their lives.

Supporting people to express their views and be involved in making decisions about their care

- People were empowered to make choices and have as much control and independence as possible. They were fully involved in developing support plans. Where people wanted their relatives to have a say they were consulted and involved.
- Staff supported people to make decisions about their care and knew when people wanted help and support. One person told us, "It's a good organisation, the carers explain everything. The manager and owner stay in regular contact, they ask about me and what could be done better."
- Where needed they sought external professional help to support decision making for people, such as independent advocates.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. They told us that care staff respected their needs for privacy. Consideration of privacy was embedded in care plans and staff showed a good understanding of the importance of respecting people's privacy, dignity and independence.
- Where people expressed a preference for the gender of their carer, this was respected.
- Records were stored securely and managed in line with the General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew people's likes, dislikes and preferences. They used these details to care for people in the way they wanted. The service used an electronic care recording system which allowed changes in need to be passed on quickly, and notes were checked daily by the registered manager.
- Support plans were well written, well thought out and detailed. They were regularly updated and person centred; they began with a section, 'what is important to me' which indicated people's preferences for support. Plans gave a clear picture of the person, their presenting needs and how they liked their support to be delivered
- People told us that the care staff went beyond routine tasks and had developed supportive relationships with them. One person told us, "It's not just about the tasks, it's the motivation and encouragement they provide. Bluebird have saved me, I would be lost without them".
- The registered manager liaised closely with each person new to Bluebird Care Rochdale to ensure information was relevant, support was responsive, and it was delivered in a person-centred way.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged and supported to attend local interest groups and events.
- Staff were recruited locally and worked in areas they were familiar with. This meant that they had a good understanding of local communities and had co-operated to produce a directory of local groups, activities and events which might be of interest to the people they supported.
- People were supported to maintain their social routines, such as attending church services.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood their responsibilities to meet the Accessible Information Standard and told us that they ensured people were provided with information in a format they could understand.
- Care plans indicated people's communication needs and how to overcome any difficulties.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place which gave timescales for how long it should take to address a complaint, and details of who to contact if they remained dissatisfied with the service. However, they had not received any formal complaints.

- People told us they knew how to complain. They told us they had regular contact with the providers and were confident that they would be listened to if they raised concerns.

End of life care and support

- People's wishes for support at the end of their lives were respected. Where necessary the service had advocated on behalf of people at the end of their life in accordance with their wishes
- Whilst staff had not been given any specific training or signposts to good practice and guidance around end of life care, they demonstrated a good understanding of how to support people and their relatives during this time.
- The service provider was in the process of establishing links with a local hospice.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us they found the service to be open and inclusive. They told us that they had good communication with the providers and registered manager and had develop good relationships with them.
- Leaders demonstrated a commitment to provide person-centred care which provided good outcomes for people. Both the registered manager and the provider undertook calls, so they had first-hand knowledge of and were known to the people whom they supported. The provider told us, "I am happy when we see we have made a positive difference. Our aim is to provide good reliable care."
- People and their relatives told us they were happy with the direct care delivery and that they felt the support they received helped them to maintain their independence. One person commented, "They are there when I need help, but they don't mollycoddle. They know what I can do for myself and help with the bits I find difficult".
- All the people we spoke with praised the leadership and the culture of the service. One person told us "I feel very supported and from what I can see [the registered manager] is very good with staff. She understands their needs as well as ours." A care worker remarked, "The office is very welcoming, everyone there is supportive. They are there to help and I can 'phone anytime and don't feel I'm being a nuisance."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- The service had a registered manager in place and there were clear lines of accountability. Staff were aware of their individual responsibilities and whom they reported to.
- The registered manager was aware of their regulatory requirements. For example, they were knowledgeable about what events they were required to notify the Care Quality Commission about and records confirmed they had done so as appropriate.
- The service had not reported any incidents, and on inspection we were satisfied that there had been no untoward events. This demonstrated the high-quality care and support people received from kind, caring and patient staff.
- A secure electronic system was used to maintain accurate and up to date records. People and - with permission - their relatives could access these records to view non-confidential information. The registered manager had encouraged transparency and openness. They told us, "We try to be honest with people from the start; for example, we can't always guarantee the same worker but always let people know and we keep to familiar staff."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was led by a provider partnership and a registered manager who were committed to providing high-quality person-centred care. They had recruited and retained staff who shared that vision. Staff morale was high.
- The providers played an active role in the day to day running of the service and in the delivery of care. In cooperation with the registered manager they completed regular audits to monitor the quality of the service
- Systems in place monitored lateness and missed calls, daily checks to ensure medicines had been administered and care notes appropriately recorded.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People were encouraged to keep in regular contact with office staff to report any concerns they might have. They were asked to comment on the service they received during spot checks. One person told us, I see [the registered manager and provider] most weeks. They are very good, they will do anything I ask and listen to my suggestions."
- The service had sent out the first annual survey of people asking them for their views. The initial response to this had been positive
- Staff told us that they were involved in discussions about issues in service provision during monthly team meetings. They told us they found team meetings useful. They also told us that they were encouraged by the service leaders to visit the office on a Wednesday to discuss any concerns or issues that had arisen from their work, and they were sent a weekly email updating them on any service developments.
- The service subscribed to a number of care publications and received email alerts to ensure they kept abreast of any changes in legislation and informed about best practice in care delivery.

Working in partnership with others

- The service worked closely with social workers, health care professionals and commissioners, informing them of any changes in people's needs.
- As part of the Bluebird Franchise the service stayed in regular contact with other franchise services and attended conferences arranged by the provider organisation.
- At the time of our inspection they were liaising with the local commissioning team and establishing links with other local providers through the area care provider forums.