Care Quality Commission

A & E Witt Limited

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Inspection report

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Date of inspection visit:
28 February 2019
01 March 2019

Date of publication:
16 April 2019

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:
A & E Witt Limited, also known as Bluebird Care Dudley, Wyre Forest & Malvern Hills and called that throughout this report, is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service mainly to older adults but can also cater for people with dementia, a mental health need, a sensory impairment and younger adults. At the time of this inspection, Bluebird Care Dudley Wyre Forest & Malvern Hills was supporting 24 people living in their own homes.

Not everyone using Bluebird Care Dudley Wyre Forest & Malvern Hills receives regulated activity; the Care Quality Commission (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.

People's experience of using this service:
At this inspection we found the evidence the service met all the characteristics of Good in all areas inspected. More information is in the full report.
People were safe because there were effective risk assessments in place, and systems to keep them safe from abuse or avoidable harm. The provider had suitable systems in place to protect people from abuse including accidents and incidents.

Medicine administration was managed safely. Protocols or detailed instructions for the administration of 'as required' medicines were in place.

There were sufficient numbers of trained staff to support people safely. Recruitment processes were robust and helped to ensure staff were appropriate to work with vulnerable people.

People's needs were thoroughly assessed before starting with the service. People and their relatives, where appropriate, had been involved in the care planning process.

Staff were competent and had the skills and knowledge to enable them to support people safely and effectively. Staff received the training and support they needed to carry out their roles effectively. Staff received regular supervisions and annual appraisals were planned.

People were supported in a friendly and respectful way. People and their relatives were complimentary about the staff and their caring attitude. People told us staff took their time when caring out care and support. Staff were patient and did not rush.

People's care plans were person-centred and provided staff with the information they needed to provide care and support in a way that met people's needs and preferences. There was evidence that care plans were reviewed regularly or as people's needs changed.

People knew how to make a complaint, although no formal complaints had been made to the service. There was an effective complaints process in place to deal with any complaints that might be raised in the future.

People and their relatives told us they were extremely satisfied with the care provided. They said that there was good communication between themselves and the service.

There were processes in place to monitor the safety and quality of the service and the registered manager explored ways to continuously improve the quality of care. The provider worked in partnership with people's families and other people involved in their care, for example other health professionals.

Rating at last inspection:
This was our first rating of this service. Bluebird Care Dudley Wyre Forest & Malvern Hills was first registered with CQC in August 2017.

Why we inspected:
This was a planned inspection to provide the service with its first rating.

Follow up:
We will continue to monitor intelligence we receive about the service until we return to visit in line with our re-inspection programme. If any concerning information is received we may inspect sooner.

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

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**

CareQuality Commission

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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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection team consisted of one adult social care inspector and an Expert by Experience (EXE). An EXE is a person who has personal experience of using or caring for someone who uses this type of care service. On this occasion the EXE's area of expertise was in dementia.

Service and service type:
Bluebird Care Dudley, Wyre Forest & Malvern Hills is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to people with various needs, including older adults and people with dementia.

Not everyone using the service receives support with a 'regulated activity'. For this type of service, CQC only inspects the service being received by people provided with 'personal care', which includes help with tasks relating to personal hygiene and eating. Where people receive this support, we also take into account any wider social care provided.

At the time of our inspection, the service was supporting 24 people, with the majority receiving a regulated activity.

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 48 hours' notice of the inspection visit. This is a small service and we weren't sure if the manager also provided support to people. We needed to check someone would be available at the office to

help us carry out the inspection.

Inspection site visit activity started on 28 February 2019 and ended on 1 March 2019. We visited the office location on 28 February 2019 to see the registered manager and office staff, to review care records and policies and procedures. On 28 February and 1 March 2019, we spoke with people on the telephone to gather their views on the service and spoke with one other member of staff.

What we did:
Prior to the inspection we reviewed information we held about the service. This included:
• Feedback about the service published on public review websites.
• The provider information return (PIR) submitted prior to our inspection visit. A PIR 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 six people using the service at their home.
• Spoke with nine relatives or representatives of people using the service.
• Spoke with five members of staff whilst on site at the office. This included the registered manager, the care co-ordinator, one of the directors and two care workers.
•Spoke with one other member of care staff by telephone shortly after the inspection.
• Reviewed records relating to the care people were receiving, including three people's daily records of care, three people's care plans and risk assessments and electronic medication administration records (MARs).
• Reviewed other records relating to the running of a domiciliary care agency including; four staff personnel records, records of training and supervision, policies and procedures and audits of the service.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

• Staff were trained in safeguarding and knew what to do if they were concerned about the well-being of anyone using the service.
• Processes were in place for safeguarding concerns to be promptly reported to the local authority and other key agencies and action taken to ensure people's safety.
• Relatives we spoke with had no concerns about the safety of their family members. For instance, when asked if they thought care workers kept a family member safe one relative told us, "Absolutely, I believe [name] is in safe hands with them."
• Care staff told us they would report any safeguarding concerns to the registered manager or other senior staff.
• The service had a safeguarding policy, easily accessible to staff that covered key areas such as how to identify abuse or neglect.

Assessing risk, safety monitoring and management

• Staff assessed risks to people's health, safety and wellbeing.
• Staff assessed relevant risks including those relating to moving and handling, medicines management, the home environment, nutrition, smoking and pressure ulcers. Care plans and risk assessments outlined measures to help reduce the likelihood of people being harmed.
• The provider had not notified the CQC of any serious incident from when the service started operating and we found no evidence of any serious injuries having occurred.
• The service had a system for recording and monitoring accidents and incidents. We saw staff had recorded the actions they had taken in response to any incidents and to any 'near misses' to prevent these reoccurring.

Staffing and recruitment

• Safe recruitment procedures were in place. All pre-employment checks were completed before a new staff member started working at the service, including checks with the Disclosure and Barring Service (DBS) to ensure staff were of suitable character to work with vulnerable adults.
• There were procedures in place to help assure the provider that staff employed had the required skills to undertake the role of a care worker. The service employed 14 staff at the time of our inspection.
• The provider used electronic call monitoring software. The office was alerted if staff had not attended a call within 15 minutes. This system allowed the registered manager to monitor the timeliness of calls.
• There was an on-call service available in the evenings and at weekends so that staff members could

contact a manager for advice or support at any time.
• People and their families told us staff turned up for their calls on time, completed all required tasks and didn't rush off. One relative told us, "They [care staff] are always here dead on time, or five minutes either way, and they stay for the full hour. If they finish early they'll stay and chat."
• If staff were running late, for example due to traffic congestion, people told us they were contacted and received an apology.
• The provider told us there had been no missed calls since the service had started, and no-one we spoke with reported any missed calls.

Using medicines safely

• The provider had a good understanding of potential risks associated with particular medicines. Risk assessments reflected the importance of people receiving their medicines on time.
• The electronic Patient Assisted Safety System (PASS) contained details of medicines people received if these were administered by staff. There were mechanisms in place to ensure that people received these medicines and records were electronically 'signed' by the care worker. This provided management with an auditable record of all medicines administered by members of staff.
• Records we saw and comments we gathered from people using the service and their relatives confirmed medicines were administered safely and in a timely manner. One person we spoke with told us, "They get them for me, and give them to me; they never forget them."
• Staff administered some people 'when required' (PRN) medicines. Protocols or detailed instructions for the administration of 'as required' medicines were in place.

Preventing and controlling infection

• People we spoke with told us care staff had supplies of gloves and aprons that they used as required.
• We saw the provider considered whether staff followed good practice in relation to infection control procedures during their observations and meetings with staff.
• The provider asked people using the service for their feedback in relation to staff practice regarding good hygiene and infection prevention and control.

Learning lessons when things go wrong

• The registered manager could evidence that service improvements had occurred when things had gone wrong. Following a 'near miss' incident when taking someone out in a wheelchair in the community, we saw that this had been robustly risk assessed and actions communicated to staff to prevent it from happening in the future.

Good

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

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

• Senior staff had assessed people's holistic care needs. Care plans identified the expected outcomes and purpose of the planned care and support.
• The service used an electronic care planning system called PASS. The registered manager demonstrated to us how PASS worked. We saw that staff could securely access information about people's care and support via a mobile phone application.
• Staff were able to access people's care plans, risk assessments, care visits and what needed to be done, and record any notes relating to the visit.
• Relatives could also access information about their family member, if the person consented to this, or if it was in their best interests. There was also a facility for relatives to leave notes and messages for staff. People felt reassured and told us that staff were fully aware of their needs and one person told us, "When they shower me, they do it exactly how I like it."
• Care plans recorded people's choices and preferences in relation to how they received their care. Staff were provided with detailed routines that each visit entailed.
• The provider carried out regular reviews of people's service. They asked people or their representatives if they were happy with the service and whether any changes needed to be made to meet their needs and preferences.

Staff support: induction, training, skills and experience

• Staff received adequate training, support and induction to enable them to meet people's needs.
• All the staff members we spoke with told us they felt they had received appropriate and relevant training to meet the needs of the people they were supporting
• People using the service consistently told us they felt staff were capable and competent in the caring role.

• Staff were supported to complete the care certificate as part of their induction. The care certificate is a set of 15 standards that all staff new to health and social care are expected to meet as part of their induction. It helps ensure staff have the required skills and knowledge to provide safe and effective care.
• Staff we spoke with told us that after initial induction they completed a series of 'shadow shifts,' at first observing, then working with more experienced members of staff. Staff did not support people on their own until they were confident in doing so. The registered manager gave us examples of when staff had received additional coaching and mentoring prior to working alone.
• The provider assessed staff competence following induction and as part of routine spot-checks and observations.

• The staff members we spoke with told us they felt they received consistent support. Records of supervisions, audits and spot-checks demonstrated the provider had considered staff competence, learning and support needs.

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 with appropriate legal authority.

We checked whether the service was working within the principles of the MCA.

• Staff told us they always sought consent from people before carrying out any task. This was further supported by the "Our Promises To You" document, that was given to people when they first started to receive a service. One of the company promises was that none of the carers would act without an individual's consent. People confirmed they were consulted and their consent was sought prior to support being offered.
• The registered manager was aware that one family member was in the process of applying for Lasting Power of Attorney (LPA) for health and welfare. A copy of the certificate would be requested once granted.
• Where people had capacity to consent to care we saw they had signed their care plans accordingly. Staff we spoke with were aware of the need to assume people had capacity and that people might have the capacity to make some decisions, if not all.
• Staff were issued with laminated pocket-sized cards that reminded them about the implementation of the MCA and their role in this. The service was working within the principles of the MCA.

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

• Staff recorded people's preferences and dietary requirements in relation to food and drink. There was good detail in notes we saw about people's preferences and choices in relation to food and drink.
• People were supported to maintain good nutrition and hydration where this was an identified need and, on occasions, even when this was not. People and their relatives confirmed that staff supported them effectively to eat and drink. This involved assistance with meal preparation and eating. One relative told us how staff cooked a hot meal for their family member every night. Another person we spoke with told us carers did not normally prepare meals but added, "On a bad day if I ask them, they'll happily do me a meal. They'd never say, 'That's not my job'."
• People's risk assessments considered whether there were any risks in relation to eating and drinking.

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

People's healthcare needs were recorded in the care plans that we saw. Where staff had a role in meeting people's healthcare needs there were appropriate care plans in place. Care plans were replicated on the electronic systems in place and updated in real time.
• People and their relatives told us that staff were 'on the ball' when it came to supporting their health and wellbeing. One relative said, "They [care staff] keep a very close eye on my relative's health. This morning

[staff member] told me to ring the surgery; they are very good at giving advice. I trust their judgement." Another relative told us that care staff immediately contacted them if they were concerned about any aspect of their family member's health and well-being. They considered communication from the service to be 'very good.'

• We saw evidence that staff communicated pro-actively with other professionals involved in people's care, such as district nurses and speech and language professionals.

• Comments from one health professional were extremely positive. They considered care workers were doing a 'great job' in keeping the therapy sessions relaxed and fun.

Good

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

• This was a service with a small staff team. This meant people got to know the staff that provided their care and support well, and helped ensure consistency. People told us they were introduced to new carers before they provided support.
• We received positive feedback from people and their families about the kind and caring approach of staff. Comments included, "They really care; I feel so comfortable with them; they always go above and beyond for me," and, "They are such kind, caring, friendly people; I look forward to them coming," and, "They are all excellent; very caring."
• Staff we spoke with were knowledgeable about people's personalities, likes and dislikes. One member of staff told us, "We are given the opportunity to get to know people. We have time to do the little extras."
• The provider told us they would ask people about any support needs relating to protected characteristics such as age, sex, disability or sexual orientation as part of their assessment process.
• We noted that at the time of our inspection the provider was not employing any male care staff. The registered manager told us this had not been a problem as us no-one using the service had stated a preference for care from a male member of staff. They recognised that best practice was to offer choice in relation to the gender of care workers and planned to try and recruit male care workers in the future as the business expanded.

Respecting and promoting people's privacy, dignity and independence

• Staff promoted people's independence when it was safe to do so. One person told us, "They [staff] don't take over. I may be nearly [age], but I want to do as much for myself as I can and they understand that."
• Care plans outlined people's abilities and aspects of their care they could undertake independently. Care plans indicated the tasks that people would need help with from staff.
• People were supported by staff in a way that enabled them and the language used in care plans reflected this. For example, we saw words such as 'encourage', 'promote', 'prompt' and 'remind'.
• People we spoke with said that staff did not rush them. They told us staff were patient and kind. One person said, "They [staff] don't keep looking at the clock. I feel so comfortable with them; they always go above and beyond for me."
• Paper based records were stored securely in locked filing cabinets at the provider's office ensuring confidentiality was maintained.

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

• There were regular reviews of people's service. The provider checked that people were satisfied with their care during reviews, spot check visits and observations of staff, to see if any improvements could be made.
• When possible, people were asked about who they wanted to be involved in supporting them to make decisions about their care. There was evidence in people's paper and electronic records that showed they and their relatives, where appropriate, had been involved in the care planning process.
• Relatives we spoke with told us there were good levels of communication between the agency, staff and families. One relative said, "They [the agency] will ring us if necessary, or just leave a message for us if we need to know something." The agency was praised for the way they kept relatives informed about their family members.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

• People's care plans were person-centred and provided staff with information about how to provide people's care in a way that met their needs and preferences.
• Staff we spoke with knew the people using the service well. The provider introduced new staff to all clients as part of their induction. People met with staff even if they weren't their regular care worker in case they ever needed to cover. People felt reassured with this.
• Staff had identified any communication support needs that people had. These were recorded in people's care plans, along with details about how staff should communicate effectively with them.
• Care plans included appropriate equality and diversity information, details of people's specific communication needs and any impairments, such as sight or hearing loss. This helped to ensure the service met the Accessible Information Standard (AIS), introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.
• People told us the service was flexible in their approach. One person we spoke with confirmed this. They explained how they had needed help on one occasion on a day the agency didn't usually attend and told us, "I rang at the last minute to ask if they could come and it all worked fine; I was very grateful."
• Two relatives told us they had spoken with management about their family member not getting on with a care worker, for example, perhaps because of a personality clash. The agency had listened and sent different care workers on both occasions.
• Staff supported one person to take part in social activities. Staff had identified what the person wanted to do by chatting to them about interests and accompanied the person on walks and outings in the community.

Improving care quality in response to complaints or concerns

• There were systems in place to identify, respond to and learn from complaints. A complaints policy set out how people could expect their complaint to be handled, and how to escalate their concerns if they were not satisfied with the outcome from the provider.
• No formal complaints had been made to the service at the time of this inspection although everyone we spoke with told us they would feel comfortable raising a complaint if they were unhappy with any aspect of the service. They were confident they would be listened to.
• People consistently told us they felt comfortable and at ease with the carers. Everybody we spoke with told us they would recommend the agency. One relative said, "We were recommended to go to this company, and we'd certainly recommend others. We have no complaints at all."

End of life care and support

• The service was not providing end of life care at the time of the inspection. The provider told us they would provide end of life care and considered staff had appropriate knowledge and experience to provide effective care. End of life care is an element of the Care Certificate, completed as part of the induction. The registered manager told us this would be done with support from other health professionals, such as district nurses.

Good

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

• There was a registered manager in post and the service had also recently recruited a new care coordinator to help with the growing business.
• The service was wholly owned by A & E Witt but operated as part of a franchise of Bluebird Care. The registered manager, and a director present during our inspection, told us that the franchise organisation offered significant support, advice and guidance. We met with one of the directors on the inspection and spoke with the nominated individual over the telephone. Both took an active role in running the business, ensuring the registered manager and other staff received the necessary support.
• At this inspection the agency covered the surrounding area of Dudley but plans were in place to expand the business to the Wyre Forest and Malvern Hills. The registered manager explained this growth would be steady so as not to detrimentally affect people currently receiving a service.
• The provider acted in an open and honest way. One relative told us they had met the registered manager and a supervisor and described them as 'very professional'. We were told by people we spoke with about the agency's 'very high standards' and their commitment to providing a caring service. One relative told us, "Day or night we have emergency numbers we could contact. They [the management] have always been as good as their word."
• All the staff members we spoke with told us they thought the service was consistently well-led by all tiers of management. They told us both the provider and the registered manager were approachable, and that they felt well supported.

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

• The provider had effective systems in place to help them monitor the quality and safety of the service, one being the use of electronic call monitoring.
• The electronic systems in place provided the registered manager with an overview in relation to the timeliness of calls and any issues in relation to staff logging into or out of calls. The likelihood of a missed call occurring was greatly reduced as the system alerted the provider if any calls were over 15 minutes late. This meant the agency could take appropriate action, for example identify the reason for the late call and inform the person receiving the service.
• People and their relatives told us the provider communicated extremely well with them and kept them

informed about developments within the service.
• The provider held regular reviews of people's care where they sought their feedback about the quality of the service. We noted that whilst feedback had been sought during reviews of care and spot checks of staff, people had not received a general survey. The registered manager told us that now the care coordinator role was filled this would free them up to address this.
• Everyone we spoke to on this inspection employed by the agency were passionate about delivering good quality care. The owners had invested in thorough recruitment practices, staff training and systems, such as the PASS care planning and call scheduling application, to help staff deliver good quality care.
• Whilst the agency did not currently actively seek feedback via a questionnaire we saw examples of feedback sent in from people who used the service and their relatives. These were in the form of emails, cards, letters or messages left on the electronic system. All this feedback was highly complimentary; people had nothing but praise for the service and its staff. One person we spoke with said, "I'm very glad to be able to give them all a good report; they do the right thing in the right way."
• Staff were motivated to provide good quality care to people. There were incentives for staff, including a staff structure with opportunities for progression, travel time, a company pension and enhanced rates of pay. Staff told us they enjoyed working at Bluebird Dudley, Wyre Forest and Malvern Hills. The staff we spoke with knew about the company values of being courteous and respectful and gave us examples of how they put these into daily practice. They displayed these same values during our interactions and interviews with them.

Working in partnership with others

• The provider worked in partnership with people's families and other people involved in their care, for example other health professionals. One package of care involved assisting a live-in care worker to help support an individual. We also saw examples of where care workers had 'shadowed' family members to get to know a person's routines and their preferred ways of support.
• The nominated individual was a Dementia Champion and since completing the training had held six sessions and cascaded this training to 117 dementia friends. This demonstrated partnership working and encouraged those taking part in the training to talk about dementia more openly.
• Information was shared with other people involved in their care when appropriate to do so.