Piromar Ltd

Bluebird Care (Ashford)

Inspection report

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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

We inspected the service on 18 and 19 June 2018. This was our first inspection since the service was registered on 6 June 2017.

Bluebird Care (Ashford) is a domiciliary care agency which provides care and support for people in their own homes. Care is provided for a range of people including older people, people living with dementia and children up to the age of 12. The agency operates within the Ashford area. Not everyone using Bluebird Care (Ashford) receives a regulated activity; 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 the inspection there were 13 people receiving a regulated activity.

There was a registered manager in post who was also the registered provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe with their care staff. Staff understood the importance of keeping people safe and knew the action to take if they had any suspicions that someone was at risk of harm. Risks to people within their home environment and out in the community had been assessed and where issues were identified action was taken to mitigate the risk of harm. People were protected by the prevention and control of infection. Staff understood their responsibilities to report safety incidents, and improvements were made when things went wrong.

There were enough staff to meet people's assessed needs. People were provided with consistency and continuity of care, with a small staff team that knew them well. Safe recruitment practices were followed to reduce the risk of unsafe staff working with people. Staff were trained and supported to have the skills and knowledge to meet people's needs. Staff enjoyed their role and felt valued by the registered manager.

People that received support with their medicines did so safely. Staff had been trained in medicine administration and regular checks were made to ensure people were receiving their medicines safely.

People's needs were assessed before staff began to support them. The assessments took into account peoples protected characteristics such as their ethnicity and religious beliefs. Where staff were responsible, people were supported to eat and drink enough to maintain a balanced diet. Referrals and advice was sought from relevant health care professionals to ensure people remained as healthy as possible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were

asked for their consent prior to any care or support tasks being completed. The registered manager had taken the necessary steps to ensure that people only received lawful care that was in line with legislation.

People received a personalised, person-centred service that was responsive to their needs. People informed staff how they wanted their care and support needs met and these were followed by staff. People were supported to maintain and increase their independence. People were supported to maintain links with the local community and continue to practice their religious beliefs, if this was part of their care package. Care records were regularly reviewed with people to ensure they were meeting people's needs.

Staff treated people with kindness and respect, whilst maintaining people's privacy and dignity. People were regularly asked for their views about the service and be actively involved in their care. Staff understood the importance of maintaining people's confidential information. The systems in place supported the management of confidential personal information, in line with legislation.

People and their loved ones were encouraged and supported to raise any issues or concerns with the registered manager. There was a formal complaints procedure in place, and details of how to complain were held with the person's care records at their home.

The registered manager had made the necessary arrangements to ensure that regulatory requirements were met. People that were supported by the agency, their relatives and members of staff were actively engaged in developing the service. Systems were in place to monitor and improve the quality of the service that was provided to people. The registered manager and the staff team actively worked in partnership with other agencies to support the development of joined-up care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The agency was safe.

People were protected from the potential risk of harm or abuse, by staff that understood the appropriate action to take.

People were involved in managing potential risks to them and were supported to take risks whilst minimising any potential harm.

There were a sufficient number of suitable staff to support people safely.

People received their medicines safely as prescribed by their doctor.

People were protected by the prevention and control of infection.

Is the service effective?

Good

The agency was effective.

People's needs were assessed and their care was delivered in line with current legislation.

Staff received the training they needed to carry out their roles effectively.

Staff were supported in their role by their line manager.

People were supported to drink and eat enough to maintain a balanced diet.

People were supported to remain as healthy as possible.

Suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance.

Is the service caring?

Good

The agency was caring.

People were treated with kindness and respect.

People were supported to express their views and make decisions about their care and support.

People's privacy, dignity and independence was promoted by staff.

Confidential information was stored securely to keep it safe.

Is the service responsive?

Good

The agency was responsive.

People received care that was personalised to the needs and wishes.

People were supported to access their local community, if this was part of their care package.

Equality and diversity were promoted including supporting people to meet their religious beliefs.

People felt confident that any concerns or complaints they had would be dealt with promptly.

Is the service well-led?

Good

The agency was well-led.

The registered manager promoted an open and inclusive culture.

Staff felt valued in their role by the registered manager and the management team.

People's feedback was sought and acted on to improve the service. Systems were in place to monitor the quality of the service people received.

The registered manager was aware of their responsibility to comply with CQC registration requirements.

The service worked in partnership with other agencies to promote the delivery of joined-up care.

Bluebird Care (Ashford)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered persons continued to meet 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 used information the registered persons sent us in the Provider Information Return. This is information we require registered persons to send us at least once annually to give some key information about the agency, what the agency does well and improvements they plan to make. We also examined other information we held about the agency. This included notifications of incidents that the registered persons had sent us since its registration. These are events that happened in the agency that the registered persons are required to tell us about.

We visited the agency on 18 and 19 June 2018. We gave the service 48 hours' notice of the inspection visit because staff may be out of the office supporting other staff or providing care. We needed to be sure they would be in. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using this type of service.

During the inspection we spoke with six people who used the service and with four relatives. We also spoke with two members of care staff, the registered manager, the care co-ordinator and the administrator. We reviewed a range of records. This included three people's care plans and records including care planning documentation, risk assessments, nutrition and hydration information and medicine records. We looked at documentation that related to staff management and staff recruitment including three staff files. We also looked at records concerning the monitoring, safety and quality of the service.

Good

Is the service safe?

Our findings

People told us they felt safe receiving care and support from Bluebird Care (Ashford). Comments from people included, "I feel totally safe with the carer, it is so helpful having someone there when I stand up and take a few paces. I know there is someone there if I was to lean too far forwards or backwards.", "I feel very safe with the carer. She always makes sure I am alright, she is very kind."; "Definitely feel safe, I am a bit nervous in the shower. They [carer] watch me, stand by me, and give me confidence." And "She [carer] walks beside me, always watches while I walk safely into the bathroom."

Relatives told us they felt their loved ones were safe with the care staff. One relative said, "My husband has mobility issues, and unsteady on his feet. The carer is always nearby to keep him safe." Another said, "Yes, definitely safe. Mother appears very relaxed, not in the least apprehensive, she looks comfortable with them [carers]."

People were protected from the potential risk of abuse or harm. Staff had been trained, followed a policy and procedure, and knew what action to take if they had any suspicions. People told us they understood what keeping safe meant and felt confident to raise any concerns they had. The registered manager was aware of their responsibility to report any concerns to the local authority, and records showed they had been involved in investigating concerns in a transparent way. One concern that had been raised by the registered manager had been closed by the safeguarding team; however, this was dealt with through the provider's disciplinary policy and procedure. Policies in place for 'Discrimination' and 'Bullying and Harassment' were actively implemented.

People were protected from potential risks relating to their care, and their environment. Specific risks and hazards relating to each individual had been assessed, recorded and guidance was available to staff, informing them how to keep people safe. For example, risks relating to people's care and support needs and equipment used to support people's mobility. Risks within the person's home environment were established to help ensure the safety of people and staff. Each area of the person's home had been assessed both internally and externally. For example, external lighting and pathways, internal rooms and escape routes in the event of an emergency.

People were encouraged to make decisions about potential risks, and encouraged with positive risk taking. For example, one person had requested to go to the local shops to get a newspaper each day. A system was put into place which staff followed to reduce the potential risks, and enable the person to continue to do what they wanted. Concerns had been raised regarding one person who was at risk of falling, and had been getting up during the night. The management team sourced and discussed various alarms and monitors which could be used to maintain the person's safety and independence.

There were enough staff to keep people safe and meet their needs. Each person had an allocated amount of care hours; these were covered by a core staff team, providing consistency to people. Safe recruitment practices were followed to check the suitability and fitness of potential staff. Pre-employment checks were made, including obtaining a full employment history, and references were sought and checked. Staff

completed a Disclosure and Baring Service (DBS) check before they began working with people. DBS checks identified if applicants had a criminal record or were barred from working with vulnerable people.

People received their medicines safely if this was part of their care package. An assessment of people's needs was completed including their ability to manage their medicines safely, prior to support being given. Staff followed guidance within people's care plans that detailed the medicines that had been prescribed, what they were used for, where it was stored and instructions for its use. Staff were trained in the safe administration of medicines. Staff were regularly observed and had their competency assessed by a member of the management team.

Staff recorded the support they provided on a medicine administration record (MAR), and if errors or omissions were identified they were followed up by a member of the management team. Records showed a member of staff had been completing the MAR incorrectly, as a result the member of staff was given additional support and mentoring; this reduced the risk of a reoccurrence. Where changes to medicines were identified, these were also checked. For example, the management team checked the MAR against the medicine list from the person's GP, when they noticed the medicines within the person's house did not match the MAR. The registered manager spoke to the person's GP and requested an updated prescribed medicine list to enable an audit of the person's MAR.

People were protected by the prevention and control of infection. Staff had been trained, and were given information regarding reducing the risk of cross contamination, and infection. Staff were provided with personal protective equipment (PPE) such as gloves and aprons, and the management team checked they were using them during spot checks in people's homes. This helped make sure good standards of hygiene were maintained in people's homes.

Care plans provided instructions for staff on how to use any chemical products within the person's home, and the action to be taken in the event of an emergency, such as ingestion. Products included shampoo, deodorant and shower gel. This meant that staff knew the action to take if products came into contact with areas they were not intended for, such as eyes.

There were procedures in place to enable lessons to be learned when things went wrong. Staff were aware of the provider's policy to report accidents and near misses, and the registered manager kept a log of all reports and action taken. Each accident had been investigated and an analysis was completed, this enabled the registered manager to identify any patterns or trends that had developed. Action was then taken, if required, to reduce the risk of reoccurrence. Another example had occurred when staff had been emailed their rota of calls to people. A member of staff did not receive the email and as a result one person's care call was missed. The registered manager altered the procedure and a text message alert was sent to all staff informing them that their care call rota had been sent.

Good

Is the service effective?

Our findings

People told us the service was effective in meeting their needs, wishes and expectations. One person said, "There is a file here [person's home] setting out what care I have agreed to. All the new carers have a look through to see what is expected from them. The carer always asks how I like to be helped." Another person said, "The carers do what I want them to do. Depends how I feel if I want a shower or just a wash. They always ask first."

People's needs were assessed and their care was delivered in line with current legislation. Pre-admission assessments were completed with people in their own home prior to receiving support from the agency. The pre-admission assessment took into account the person's care and support needs, the person's ability to make decisions about their support and their personal preferences. People's protected characteristics under the Equality Act 2010, such as their race, religion or sexual orientation, were recorded during the assessment, and this was then transferred into the care plan. There were equality and diversity policies in place for staff to follow, and staff received training in this subject as part of their induction.

People told us they felt the care staff were adequately trained and skilled in carrying out their roles. One person said, "Yes, they are trained. They know how we take our medicines, understand how we feel. They are good cooks, often cooked from fresh. Great puddings." Another person said, "Definitely well trained, she [staff] lets me dress myself and makes me a cup of tea the way I like it and will sit with me and have a chat." Staff told us they received training to fulfil their role and meet people's needs. The organisation used a number of training courses which they considered as mandatory; these were monitored by the registered manager. Records showed staff had received regular training to meet people's needs. Staff were offered the opportunity to complete a formal qualification during their employment. For example, QCF in Health and Social Care, this is an accredited qualification. New staff completed the Care Certificate (this is a set of standards for health and social care workers) during their induction, this gave staff the knowledge they required to complete their role. New staff also worked alongside experienced members of staff before working as part of the care team.

Staff told us they felt supported in their role by the registered manager and the management team. Staff received support and supervision in different formats which included face to face supervisions, spot checks and observations with a line manager in line with the organisation's policy. These meetings provided opportunities for staff to give and receive feedback about their role and working practices. Staff told us they felt valued and appreciated in their role by the registered manager. The registered manager ensured staff's cultural needs were met, for example, a member of staff's shifts were changed during a religious festival that they celebrated. Where applicable staff received an annual appraisal with their line manager.

Where required, people were supported to maintain a balanced diet. Each person completed a 'dietary needs questionnaire' during the initial assessment, this contained information about people's specific dietary requirements and their likes and dislikes. Staff received training regarding food safety and nutrition, and followed specific guidance regarding people's preferences within their care plan. Staff sought and followed advice from the speech and language therapy team (SaLT) for people that had been assessed at

high risk of malnutrition or dehydration.

Staff were working with organisations to deliver effective care and support. Staff had access to information about others involved in the person's care and support. People were supported to access healthcare services and receive ongoing healthcare support. Records showed if a person needed support, prompt action was taken. For example, a relative had raised concern about their loved one standing whilst showering. The registered manager contacted the person's GP and requested a referral to be made to the occupational therapy team. The registered manager had also developed a leaflet that contained information about the local services available to people. For example, chemists, chiropody and opticians.

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. In domiciliary care, these safeguards are only available through the Court of Protection.

People told us they were asked for their consent before care was given and they were supported and enabled to make their own decisions. One person said, "They also knock before they come in. Always greet with a 'Good Morning and how are you' they [staff] are lovely." Another person said, "I have lovely ladies who won't do something like getting my clothes out until I tell them they can do it. They always ask my permission first." Staff had been trained in the principles of the MCA and followed the provider's policy and procedure. People's capacity to consent to care and support had been assessed and recorded within their care plan.

The registered manager kept a record of relatives or friends who had a Lasting Power of Attorney (LPA). An LPA is a legal document where a person being supported can appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf. The registered manager had contacted the court of protection to check whether an LPA had been authorised, when they noticed the document had not been officially stamped.

Good

Is the service caring?

Our findings

People told us the staff were kind, caring and respectful. One person said, "She [staff] is very caring. Good rapport between us, she is interested in talking about the old times and what is going on in the world". Another person said, "It is just their general attitude and friendliness. I feel I can talk to them and ask them for help. I don't see anyone over the weekend, really nice having them come and help and have a little chat." A third said, "They [staff] are very kind. I can tell she is caring by the way she asks me if I am alright. She helps by mopping the floor and empties the bin out as she goes."

Staff knew people well and consistency was provided to people, with a small team of care staff. The registered manager only accepted care packages which were a minimum of an hour. The registered manager told us that this was to ensure consistency and continuity of care to people; and to enable time for people to talk with their staff. People told us they did not feel rushed during their care call and that staff always had time to spend talking to them. One person said, "I look forward to them coming the next day. Right from the start I felt that I was going to be comfortable with this company." Guidance about meeting people's emotional needs had been recorded within their care plan. For example, one person's care plan detailed how staff were to offer reassurance to the person if they became anxious.

People told us they were supported to express their views and were involved in making decisions about their care. One person said, "Within 4-5 days everything was in place, I had my assessment, I was asked what help I wanted and my likes and dislikes. The manager told me what they could offer me and they told me who my carer was going to be. I am thrilled with them." Another person said, "The manager came out to see me and between us we decided what help would be best for me." Some people required support from their loved ones when making decisions about their care and support. One relative said, "Very comprehensive assessment. Left us with a detailed pack. I sat in with my mother for some of the assessment. We have got precisely what my mother needs and a proper record of what help the carers are going to provide." Another relative said, "Very thorough assessment, sat and chatted to dad and us about his capabilities, what care we had before, the manager had a tick list she followed so nothing was overlooked."

People told us that staff respected their privacy and dignity. One person said, "They [staff] always ask permission before fetching towels for me. They don't go round poking about anywhere." Staff understood the importance of treating people as individuals and gave examples of how they maintained people's dignity, whilst offering care. For example, closing doors, curtains and covering people with a towel. People's independence was promoted and encouraged by staff. One person said, "The carer knows I am quite capable and like to be independent. They stay with me in the shower for reassurance, I dress and cook for myself." People's care plans recorded what people were able to do for themselves, followed by the supported they required from staff. Some people had recorded within their care plan that their aim had been to maintain their independence as much as possible. People confirmed that staff enabled them to do as much for themselves as possible.

Information about people was treated confidentially. The registered manager and administrators were aware of the new General Data Protection Regulation (GDPR); this is the new law regulating how companies

protect people's personal information. People's care records and files containing information about staff were held securely in locked cabinets. Computers were password protected and all documents were encrypted and sent password protected.

Good

Is the service responsive?

Our findings

People told us the staff were responsive to their needs and offered an individualised service. One person told us about a health condition they had which the staff supported them to manage. They said, "My carer understands my needs." A relative said, "The carer understands what help my husband needs, it is all written down in the care plan. They help him to shower, dress and make him a cup of tea."

People received care that was personalised to their needs. People were involved in the planning of their care, and received support that was responsive to their needs. People's care plans included information such as, medical and life history, communication, emotional needs, preferred morning and evening routine including information about their wishes and preferences in relation to these areas. This information guided staff to deliver the care the person needed and in a way the person wanted. People's care plans were reviewed with them on a regular basis to ensure the information was up to date and continued to inform staff how to meet their needs. People could be assured that they would be offered person-centred care, which put themselves and their wishes at the centre of everything they needed care and support with.

People were supported to take part in activities within the community, if this was part of their care and support needs. The registered manager completed a social inclusion assessment with people, this enabled people to create a plan to meet their specific needs and interests. Records showed that people were supported to maintain their religious beliefs, by accessing their place of worship. They were supported to have coffee out in the local community and to go out for a walk.

The agency was meeting the accessible information standard. The accessible information standard sets out a specific approach to recording and meeting the information and communication needs of people with a disability, impairment or sensory loss. Care plans contained information about people's communication needs. Documents had been made accessible to meet people's needs such as easy read versions and pictorial documents.

People told us they felt the management team and staff within the office were very easy to approach, and felt if they had a concern it would be dealt with promptly. One person said, "I believe they would do anything in their power to sort any issue out." Another person said, "If I had an issue I would talk to the manager, I am sure she would sort it out straight away." A policy and procedure was in place which was made available to people when they started to use the agency. The registered manager confirmed there had not been any formal complaints made in the past 12 months. However, informal concerns or suggestions that had been made had been formally responded to and resolved. For example, one person had requested a new member of staff; as a result another member of staff had been allocated to the person, with their agreement.

The agency had received a number of compliments from people using the service or their relatives in the form of telephone calls, emails or in person. One compliment, when talking about a member of staff from a person using the service read, 'What a delightful, sunny person. Nothing is too much trouble and she carries out everything without fuss and willingness.' Another online review from a relative read, 'The service

provided by both Bluebird Care and the carer has been outstanding.' Another review read, 'I would recommend Bluebird Care which my [loved one] has been using for the last year. Staff are always polite, caring, respectful and helpful.' Another written review regarding a member of staff read, 'What a lovely person, always cheerful and good humoured. A very competent and knowledgeable carer who makes you feel valued and cared for.'

At the time of our inspection no one was receiving support at the end of their life. However, the registered manager understood the importance of ensuring people were supported to have a dignified death and their wishes respected. People's wishes for the end of their life would be recorded within their care plan for staff to follow.

Good

Is the service well-led?

Our findings

People told us they felt the agency was well run and they found the management team and the office staff very approachable and easy to speak with. One person said, "The managers are very kind, well run compared to my previous service here is much better. The carer is always here at 7am." Another person said, "I found the managers, very approachable, very easy to talk too. Excellent service." A third person said they felt the, "Manager very easy to talk to, like talking to seeing an old friend. You can say what you feel and they always take notes."

The registered manager was supported by a field care supervisor and a care coordinator who managed the care staff. Staff understood the management structure and who they were accountable to. Staff told us they felt there was an open culture and visible leadership. One member of staff said, "The management team are very supportive and if there are any updates required to care plans they come out straight away. I enjoy my job and feel supported in my role." Another member of staff told us what made them feel valued they said, "There was a time when the snow was bad and I had to stay on as the other member of staff could not get in. [Registered manager] thanked me personally and sent flowers to my home."

The registered manager spoke passionately about providing people with a high quality person-centred service. This way of working had been embedded into the general working practice of staff. Staff told us they felt proud to work for the organisation and the registered manager. The registered manager had created an annual development plan which outlined the business vision and expectations for the next year. One of these actions was to enhance people's well-being whilst in hospital. The registered manager had set an action for hospital passports to be completed with each person. A hospital passport is a document that contains essential information, which hospital staff need to know about the person regarding how they want their care needs met.

People and staff were involved in the development and improvement of the service. Surveys were sent out annually and staff were encouraged to make suggestions in team meetings. Staff were kept informed about changes to their working role and any updated policies and procedures, through a monthly newsletter. Feedback from the February 2018 staff survey showed that staff were happy within their job role and enjoyed working with the agency. Records showed that changes were made to the agency as a result of people's feedback. For example, one person had commented that advocacy services had not been made available to them, as a result the contact details for advocacy services was sent round to people. One person raised a concern about their personal information being stored securely. As a result a letter was sent out to people ensuring them that their personal information was stored securely.

People were also asked for their feedback about the service they received through the telephone and face to face reviews. Action was taken as a result of people's direct feedback. For example., one person had said a member of their care staff was not the best at cooking. As a result the registered manager supported the staff with cooking a range of meals to meet the person's needs. Following the cooking workshop the person commented that the meals the staff cooked had improved.

Systems were in place to monitor the quality of the service that was being provided to people. Audits were completed by the registered manager or a member management team on a monthly basis. These checks included making sure that care was being consistently provided in the right way, staff recruitment files were up to date and staff had the knowledge and skills they needed. Action plans were generated as a result of the audits; these were monitored by the registered manager.

The agency worked in partnership with other agencies to enable people to receive 'joined-up' or integrated care. Staff followed guidance from health care professionals involved in the person's care and support. The registered manager attended regular meetings with other franchisee owners in the local area. These meetings provided an opportunity to network with other managers, discuss best practice and share experiences or concerns.

The registered manager had a clear understanding of their role and responsibility to provide quality care and support to people. They understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, when a person had died or had an accident. The registered manager was also aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. We saw that any incidents that had met the threshold for Duty of Candour had been reported correctly. The agency had a range of policies and procedures in place to support staff in their role, any updates had been included in the staff newsletter.